



## Specialty Mental Health Services

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This section describes program information and billing policies for specialty mental health services.

### **Consolidation Program Implementation**

The State Department of Mental Health (DMH) has implemented the Specialty Mental Health Services Consolidation Program for Medi-Cal recipients currently receiving or in need of outpatient or medical professional mental health services. This program expands the Psychiatric Inpatient Hospital Services Consolidation Program that has been in existence since January 1995.

Under the consolidation program, coverage for specialty mental health services is provided through Mental Health Plans (MHPs) in California's 58 counties. In most cases, the MHP is the county mental health department. MHPs render or authorize and pay for specialty mental health services.

### **Recipient Enrollment and Eligibility**

Medi-Cal recipients are enrolled automatically in the MHP serving their county. The MHP in the recipient's assigned county is responsible for providing MHP-covered services for eligible recipients in that county. Providers must use one of the following to obtain the recipient's assigned county and to verify Medi-Cal eligibility for each month of service:

- If using the Automated Eligibility Verification System (AEVS), refer to the *AEVS: Transactions* section in the Part 1 manual.
- If using a Point of Service (POS) device, refer to the *POS: Eligibility Transaction Procedures* section in the *POS Device User Guide*.
- If using the Internet, refer to the *Medi-Cal Web Site Quick Start Guide*.
- If using state-approved vendor software, refer to your vendor's software-specific instructions.

### **Specialty Mental Health Services Criteria**

When a service meets the following criteria for procedures, diagnoses and providers, it is an MHP-covered service and the provider should contact the appropriate MHP for billing information. For MHP contact information, refer to the *Specialty Mental Health Services: Eligible Counties* section in this manual. Claims for these services that are billed to Medi-Cal will be denied.

Program Codes

Specialty mental health services billed with the codes listed in *Table 1* (Specialty Mental Health Services – Procedure Codes) are covered by MHPs when they are delivered by an appropriately licensed specialty mental health provider to a recipient with a diagnosis listed in *Table 2* (Specialty Mental Health Diagnoses – All Places of Service Except Hospital Inpatient) or *Table 3* (Specialty Mental Health Diagnoses – Hospital Inpatient Place of Service).

| CPT-4 Codes   | HCPCS Codes                                  |
|---|--|
| 90785, 90791, 90792,<br>90832 – 90834,<br>90836 – <b>90840</b> , 90853, 90863,<br>90870, 90880, 90899, 96101,<br><b>96105</b> , <b>96110</b> , <b>96111</b> , 96116,<br>96118, <b>96120</b> , 99201 – 99285,<br>99304 – 99357, <b>99366</b> , <b>99368</b> ,<br>99499 | Z5814 – Z5816, Z5820,<br>Z7500, Z7502, Z7514 |

*Table 1.* Specialty Mental Health Services – Procedure Codes.

| ICD-9-CM Codes |                |                |
|----------------|----------------|----------------|
| 295.00 – 298.9 | 302.8 – 302.9  | 311 – 313.82   |
| 299.1 – 300.89 | 307.1          | 313.89 – 314.9 |
| 301.0 – 301.6  | 307.3          | 787.6          |
| 301.8 – 301.9  | 307.5 – 307.89 |                |
| 302.1 – 302.6  | 308.0 – 309.9  |                |

*Table 2.* Specialty Mental Health Diagnoses – All Places of Service Except Hospital Inpatient.

| ICD-9-CM Codes  |                 |                 |
|-----------------|-----------------|-----------------|
| 290.12 – 290.21 | 299.10 – 300.15 | 308.0 – 309.9   |
| 290.42 – 290.43 | 300.2 – 300.89  | 311 – 312.23    |
| 291.3           | 301.0 – 301.5   | 312.33 – 312.35 |
| 291.5 – 291.89  | 301.59 – 301.9  | 312.4 – 313.23  |
| 292.1 – 292.12  | 307.1           | 313.8 – 313.82  |
| 292.84 – 292.89 | 307.20 – 307.3  | 313.89 – 314.9  |
| 295.00 – 299.00 | 307.5 – 307.89  | 787.6           |

*Table 3.* Specialty Mental Health Diagnoses – Hospital Inpatient Place of Service.

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|--|---|
| Licensed Providers                                   | <p>Appropriately licensed specialty mental health providers are:</p> <ul style="list-style-type: none"><li>• Physicians with a psychiatric specialty designation</li><li>• Psychologists</li><li>• The following Early and Periodic Screening, Diagnosis and Treatment (EPSDT) supplemental service providers:<ul style="list-style-type: none"><li>– Licensed Clinical Social Workers</li><li>– Marriage and Family Therapists</li><li>– Registered Nurses</li></ul></li></ul>   |
| Psychological Testing:<br>Documentation Requirements | <p>Medi-Cal program policy requires that a copy of the report generated as a result of psychological testing performed must accompany claims for CPT-4 codes 96101, 96116 and 96118.</p>  |
| <b>MHP Responsibilities</b>                          | <p>MHPs are responsible for the authorization and payment of all medically necessary specialty mental health services for Medi-Cal recipients of that county in accordance with federal and state Medicaid requirements.</p>  |
| Emergency Services                                   | <p>Each MHP is financially responsible for payment of emergency psychiatric services provided to its recipients within California and specified border communities. <u>MHPs may not restrict recipient access to emergency services.</u> Emergency psychiatric services are covered by the MHP when the recipient has been admitted to a hospital or a psychiatric health facility. A psychiatric emergency exists under the conditions outlined in the <i>California Code of Regulations (CCR)</i>, Title 9, Section 1820.225.</p> |

Availability of Treatment

Each MHP is required to make available 24 hours a day, seven days a week, specialty mental health services to treat a recipient's urgent condition. An urgent psychiatric condition exists when, without timely intervention, an immediate psychiatric emergency would result. Each MHP is required to maintain a 24-hour toll-free telephone number to provide general information about plan services to recipients and providers, and to facilitate authorization of urgent specialty mental health services.

**MHP Options**

Each MHP has the option to:

- Contract with selected providers to deliver emergency and non-emergency services. These may include direct contracts with licensed clinical social workers, marriage and family therapists and registered nurses.

**Note:** Reimbursement for non-emergency services may be limited to MHP-contract providers.

- Establish authorization and utilization review procedures within the guidelines established by DMH. Prior authorization may be required for non-emergency services.

**MHP Authorization and Contact Information**

Refer to the *Specialty Mental Health Services: Eligible Counties* section in this manual for authorization and contact information about participating mental health plans.

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**TARs Approved Prior to Consolidation**

Providers must contact the appropriate MHP regarding any *Treatment Authorization Requests* (TARs) approved prior to the consolidation for codes listed in *Table 1* rendered to a recipient with a diagnosis code listed in *Tables 2* or *3*. MHPs are generally expected to honor these TARs. However, if an MHP decides to deny, reduce or terminate previously approved specialty mental health services, the MHPs must inform the provider and give the recipient a Notice of Action (NOA) indicating that services have been denied, reduced or terminated.

If the recipient files a timely request for a fair hearing, “Aid Paid Pending” will continue at least through the authorization period or the date of the hearing, whichever occurs first. Services requested beyond that period of time covered by the TAR must be authorized by the MHP using their internally developed authorization mechanisms.

**Medical Necessity Criteria**

Each MHP will have information outlining the medical necessity criteria used when authorizing or paying for specialty mental health services. Each MHP also is required to have a provider handbook that explains the authorization process. For information about medical necessity criteria or the authorization or payment process, contact the appropriate MHP.

**Billing Medi-Cal:  
Fee-For-Service**

Standard fee-for-service Medi-Cal authorization and billing practices should be followed by:

- Specialty mental health providers billing specialty mental health services not covered by MHPs
- Primary Care Providers (PCPs) and other appropriately licensed providers not included in the list of providers in “Specialty Mental Health Services Criteria” on a previous page in this section

**MHP Service Exclusions**

The following services are excluded from MHP coverage:

- Any service that does not meet the criteria in “Specialty Mental Health Services Criteria” on a previous page in this section
- California Children’s Services (CCS) or Genetically Handicapped Persons Program (GHPP) services
- Child Health and Disability Prevention (CHDP) program
- Medicare/Medi-Cal crossover services
- Services rendered by out-of-state providers (border community providers are considered in-state providers)
- Pharmacy services
- Laboratory services
- Radiology services
- Federally Qualified Health Center (FQHC), Rural Health Clinic (RHC) and Indian Health Center (IHC) services
- Home Health Agency Services

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Hospital Outpatient  
Departments/Clinics:  
Claim Submission

Clinics and hospital outpatient departments providing mental health services may ensure accurate Medi-Cal claims processing by:

- Including the primary diagnosis and rendering provider number on all Medi-Cal claims

**Note:** Claims without a rendering provider number will be denied. The rendering provider must be an appropriately licensed specialty mental health provider and must meet the criteria defined in “Specialty Mental Health Services Criteria” on a previous page in this section.

- Submitting a separate claim for each rendering provider
- Submitting claims for mental health services not covered by the MHP on a separate claim form than claims for non-mental health services

All rendering providers on claims submitted to Medi-Cal by a clinic or hospital outpatient department must have a current, valid provider number. All providers must be enrolled with the Department of Health Care Services (DHCS) Provider Enrollment Division. (Refer to the *Provider Guidelines* section in the Part 1 manual for enrollment information.)