



**CenCalHEALTH**<sup>®</sup>  
Local. Quality. Healthcare.

# Mental Health Provider Clinical Symposium

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**June 2022**

- **Review Mental Health Benefit**

Dr. Selesté Bowers, DHA, Director of Behavioral Health

- **Review Forms, Provider Responsibilities, Referrals & Authorizations**

Dr. Selesté Bowers, DHA, Director of Behavioral Health

- **Claims & Billing**

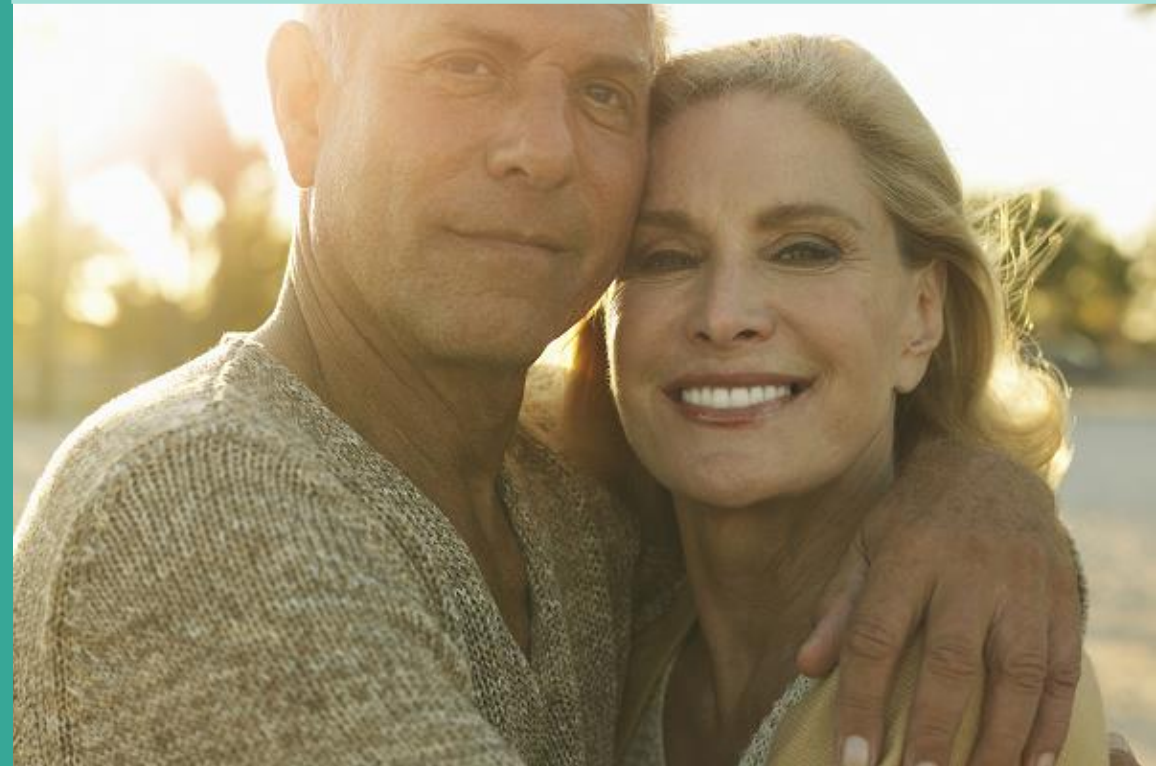
Lucy Renteria, Claims Provider Data Configuration Analyst

- **Cultural & Linguistic Language Assistance**

Anna McNeil, Provider Services Representative

- **Q&A**

# Agenda



- Review Mental Health Benefit
- Review Behavioral Health Forms
- Review Clinical Standards
- Referrals
- Authorizations

**Seleste Bowers, DHA,**  
Director of Behavioral Health



# General Definitions- Provider Types

- **PCP: Primary Care Physician**
  - Each member is assigned a PCP, who directs care for the member.
  - The PCP submits referrals and coordinates care with other specialists on behalf of the member.
- **Specialist**
  - Mental Health Specialists: Psychiatrists, Therapists, Clinical Psychologist (Psychological Testing)
  - Physical Health Specialists (i.e. oncologist, endocrinologist, speech therapist).
  - Behavioral Health Treatment Specialists: ABA Providers

# General Definitions- 4 R's

- **Recommendation**

- A PCP will make a recommendation on what “elective” mental health care/services may be beneficial

\*Members may also seek out mental health services directly with a MH provider without PCP involvement

- **Request for Consultation and/or Treatment**

- No Authorization is required for consultation
- A PCP refers the member to contact a Mental Health Specialist.
  - The PCP may assist the member in arranging for an appointment with the provider.
  - As appropriate , the PCP communicates their concern about the member/family and the reason for the consultation request.
- The Mental Health Specialist completes an evaluation of member and shares their impressions and treatment recommendations with the PCP
- The Mental Health Specialist coordinates care and follows up directly with the PCP on recommendations
  - They may provide MH services, e.g. psychotherapy, pharmacotherapy, etc.
  - If the Mental Health Specialist recommends Psychological Testing, they will need to coordinate care with the CenCal by submitting a Treatment Authorization Request for psychological testing

# General Definitions- 4 R's

- **Referral**

- This is a CenCal form. Used by a PCP to refer a member to a specialist/service.

- **Requests for Authorization**

- This is a request for treatment, which is done on CenCal Health's "50-1" Treatment Authorization Form.
- This is submitted to CenCal from a specialist before starting treatment or initiating formal testing.
- Providers will only be compensated for authorized treatment or testing

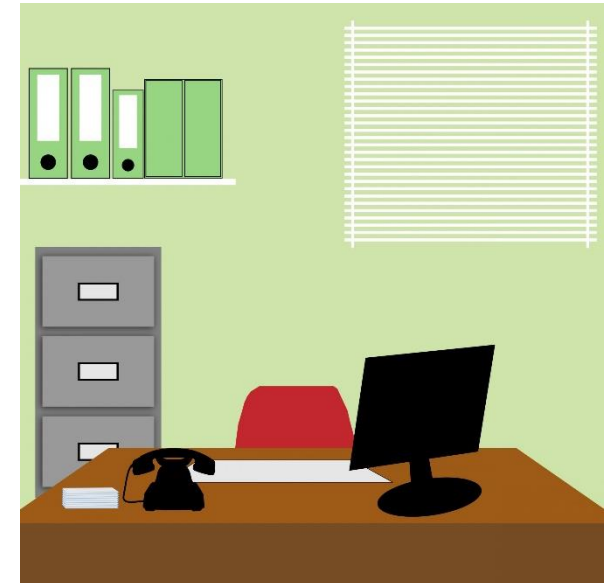
# Mental Health Benefit

## Members do not require a referral or authorization from CenCal for the following:

- Outpatient Therapy (individual, family, group)
- Psychiatric Evaluations/Initial Mental Health Assessments
- Medication Management

## Members do require an authorization for:

- Psychological Testing-this is submitted by the Clinical Psychologist
- ABA Treatment



# Mental Health Services Continuum of Care

## Non-Specialty Mental Health Services

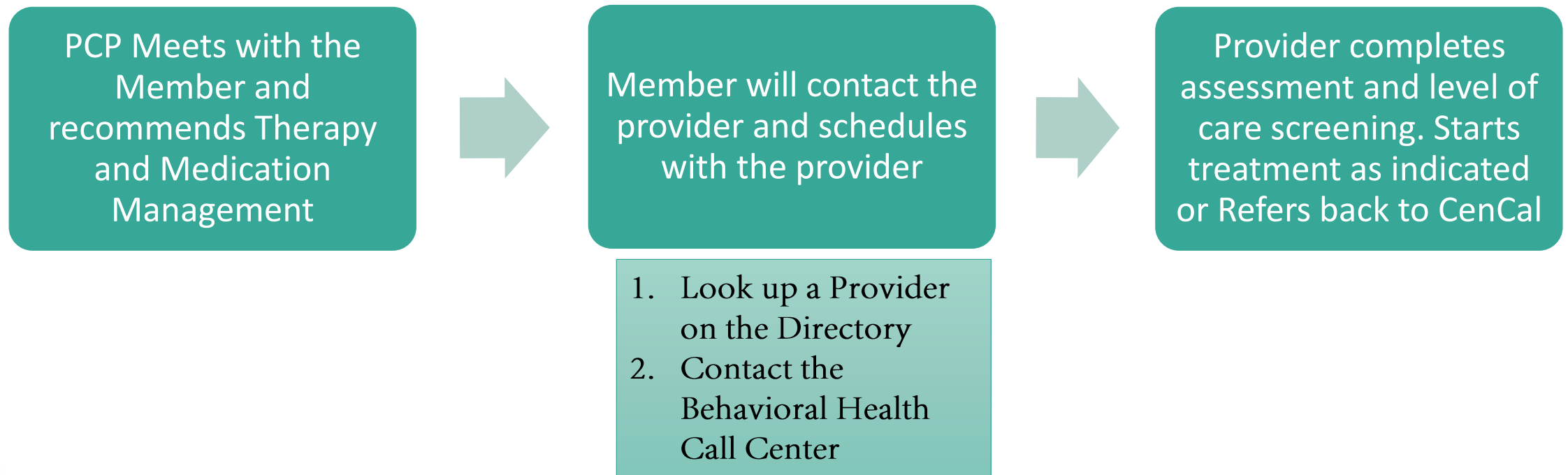
- CenCal Health covers services for adults, children and young adults presenting with a mental health diagnosis, according to the DSM V, that is resulting in **mild to moderate** impairment of mental, emotional, or behavioral functioning.

## Specialty Mental Health Services

- This is a carve out to the County for members with a **severe** level of impairment and severe symptoms (e.g. Bipolar, Schizophrenia)
- SMHS is a more intense and more comprehensive level of treatment and services.



# Mental Health Access



# Mental Health Evaluation by a Clinical Psychologist

PCP Meets with the Member and refers the member to a clinical psychologist/specialist as a consultation (Request for Consultation)



Member will contact the specialist and schedules with the specialist informing specialist of reason for consultation



OR the PCP office will assist to schedule for the member and inform the specialist of the request for consultation



The specialist completes an evaluation/assessment (90791) and provides findings and recommendations to the PCP



The psychologist/specialist submits a Treatment Authorization Request (50-1) to CenCal for psychological testing (with Psychological Testing Template) or provides written recommendation for ABA treatment to CenCal.

- Review Mental Health Benefit
- **Review Behavioral Health Forms**
- Provider Responsibilities Provisions & Documentation
- Referrals
- Authorizations



# Pediatric Medi-Cal Mental Health Screening Tool

Managed Care Plans and Mental Health Plan will follow Medical Necessity Criteria for Medi-Cal Specialty Mental Health Services described in Title 9 CCR & County Policy



Member's Name: \_\_\_\_\_ Member ID: \_\_\_\_\_ Date of screening: \_\_\_\_\_

	Severe (3)	Moderate (2)	Mild (1)
<b>Clinical Complexity</b> <i>(serious &amp; persistent mental illness vs situational/reactive, recovery status, functional impairment, treatment engagement, medication complexity)</i>  <b>SCORE:</b> _____	<input type="checkbox"/> Severe depression/anxiety/trauma causing significant functional impairment. <input type="checkbox"/> Emotional/behavioral problems that has been unresponsive to mental health services at a lower level. <input type="checkbox"/> Paranoia, delusions, hallucinations not due to substance use. <input type="checkbox"/> Eating disorder with significant functional impairment/medical complications. <input type="checkbox"/> Isolated/withdrawn, unable to develop or sustain peer relations, inability to understand interpersonal boundaries act respond appropriately to teachers. <input type="checkbox"/> Unable to attend to self-care or daily tasks despite verbal prompting and/or engages in developmentally inappropriate behaviors.	<input type="checkbox"/> Depression/anxiety causing impairment in at least one area outside of school. <input type="checkbox"/> Recent trauma event and past history of trauma. <input type="checkbox"/> Impulsive/hyperactive with co-morbid MH conditions. <input type="checkbox"/> Eating disorder is not responsive to lower level of care or eating minimally and engaging in daily food restrictions and/or bingeing/purging resulting in significant weight loss. <input type="checkbox"/> Consistently has difficulties in social relationships: initiating & maintaining peer relations, difficulty interacting with authority (teachers, after-care supervisors). <input type="checkbox"/> Requires daily prompting to complete self-care tasks or daily tasks.	Recent loss or family stressors (i.e. divorce/moving, etc). Recent trauma but no significant past history of trauma. Impulsive/hyperactive not causing significant impairment or without presence of another MH diagnosis. Eating disorder in remission or evidence of selective eating and suspicion of bingeing/purging. Has some friends and interacts mostly appropriately with peers and authority figures. Self-care and daily living skills are developmentally appropriate or only require occasional verbal prompts.
<b>Life Circumstances</b> <i>(biopsychosocial assessment, availability of resources, environmental stressors, family/social/faith-based support)</i>  <b>SCORE:</b> _____	<input type="checkbox"/> Significant family stressors i.e. unstable housing, homelessness, domestic violence. <input type="checkbox"/> Excessive truancy or failing school due to behaviors/MH symptoms. <input type="checkbox"/> Court dependent or ward of the court or possible involvement of agencies such as CWS or law enforcement due to severity of problems between member and family.  <input type="checkbox"/> Current/recent suicidal ideation/attempts or self-injurious behaviors. <input type="checkbox"/> One or more psychiatric hospitalizations in past year. 1 or more hospitalizations in past 2-3 months. <input type="checkbox"/> Acute physically harmful aggression in past 24 hrs or fire-setting that places others at significant risk.	<input type="checkbox"/> Recent involvement with CWS/law enforcement. <input type="checkbox"/> In foster-care currently and past history of difficulties adjusting to new placements. <input type="checkbox"/> Difficulties in school settings (i.e. has IEP) and requires additional support to maintain progress. <input type="checkbox"/> Frequent arguing between client, sibling and parents resulting in difficulty in maintaining positive family relations.  <input type="checkbox"/> Recent (past 30 days) ideation or self-harm gestures. <input type="checkbox"/> Aggressive or threatening behaviors in the past 30 days or longer. <input type="checkbox"/> Use of crisis services (including ED) or requiring more frequent MH services are lower level of care to maintain MH stability or inpatient hospitalization in past 1 year.	Supportive family or guardians. No hx of placement failures. Functioning adequately at school with minimal support. Some arguing between member and family members but has not resulted in major problems.
<b>SCORE:</b> _____	<input type="checkbox"/> Recent (past 30 days) suicidal ideation/attempts or self-injurious behaviors. <input type="checkbox"/> One or more psychiatric hospitalizations in past year. 1 or more hospitalizations in past 2-3 months. <input type="checkbox"/> Acute physically harmful aggression in past 24 hrs or fire-setting that places others at significant risk.	<input type="checkbox"/> Recent (past 30 days) ideation or self-harm gestures. <input type="checkbox"/> Aggressive or threatening behaviors in the past 30 days or longer. <input type="checkbox"/> Use of crisis services (including ED) or requiring more frequent MH services are lower level of care to maintain MH stability or inpatient hospitalization in past 1 year.	No recent (past 30 days) or current self-harm or suicidal ideation or actions. No evidence of aggressive behaviors or mildly threatening behaviors in past 30 days.
<b>TOTAL SCORE:</b> _____	The category with the highest number of checked boxes is likely the level of impairment. <input type="checkbox"/> Total Score: 0 – 3 = Mild / Refer to CenCal Health <input type="checkbox"/> Total Score: 4 – 6 = Moderate / Refer to CenCal Health <input type="checkbox"/> Total Score: 7 – 9 = Severe / Refer to County Mental Health		

# Adult Medi-Cal Mental Health Screening Tool

Managed Care Plans and Mental Health Plan will follow Medical Necessity Criteria for Medi-Cal Specialty Mental Health Services described in Title 9 CCR & County Policy



Member's Name: \_\_\_\_\_ Member ID: \_\_\_\_\_ Date of screening: \_\_\_\_\_

Element	Severe (3)	Moderate (2)	Mild (1)
<b>Clinical Complexity</b> <i>(serious &amp; persistent mental illness vs situational/reactive, recovery status, functional impairment, treatment engagement medication complexity, psychiatric hospitalizations)</i>  <b>SCORE:</b> _____	<input type="checkbox"/> Depression: Severe. <input type="checkbox"/> Mental Health History: Schizophrenia or other included Dx with recent instability or worsening function. Hx of severe impairment with poor response to Tx. <input type="checkbox"/> Psychiatric Hospitalizations: 1+ within past 6 months. <input type="checkbox"/> Psychotropic Medication Stability: Not yet stable to stable for less than 6 months.	<input type="checkbox"/> Depression: Moderate. <input type="checkbox"/> Mental Health History: Schizophrenia, major mood, or other included Dx with uncomplicated management or sustained recovery. Hx of severe impairment with effective response to Tx. <input type="checkbox"/> Psychiatric Hospitalizations: 1+ within past year <input type="checkbox"/> Psychotropic Medication Stability: Stable for 6 months.	<input type="checkbox"/> Depression: Mild. <input type="checkbox"/> Mental Health History: Adjustment reaction, grief, job loss, marital distress, relationship difficulty. No Hx of severe impairment. <input type="checkbox"/> Psychiatric Hospitalizations: None within the past year. <input type="checkbox"/> Psychotropic Medication Stability: Stable for over a year.
<b>Life Circumstances</b> <i>(biopsychosocial assessment, availability of resources, environmental stressors, family/social/faith-based support)</i>  <b>SCORE:</b> _____	<input type="checkbox"/> Emotional Distress: Persistent as a manifestation of chronic symptoms related to mental health. <input type="checkbox"/> Relationships/Supports: Relies on behavioral health system for resources & support.	<input type="checkbox"/> Emotional Distress: Intermittent as a manifestation of symptoms of mental health, which are worsened by life stressors. <input type="checkbox"/> Relationships/Supports: Limited resources & support.	<input type="checkbox"/> Emotional Distress: Arising in the course of normal life stresses. <input type="checkbox"/> Relationships/Supports: Adequately resourced & supported.
<b>Risk</b> <i>(suicidal/violent, high risk behavior, impulsivity)</i>  <b>SCORE:</b> _____	<input type="checkbox"/> Suicidal/Homicidal Ideation: Recent or current active ideation, intent, or plan. <input type="checkbox"/> Danger to Self/Danger to Others: Recent or current attempts or threats w/in past 6 months.	<input type="checkbox"/> Suicidal/Homicidal Ideation: Active without intent. <input type="checkbox"/> Danger to Self/Danger to Others: No threats or attempts w/in past 6 months.	<input type="checkbox"/> Suicidal/Homicidal Ideation: Passive. <input type="checkbox"/> Danger to Self/Danger to Others: None/.
<b>TOTAL SCORE:</b> _____	<b>SCREENING OUTCOMES</b> <input type="checkbox"/> Total Score: 0 – 3 = Mild / Managed Care Plan <input type="checkbox"/> Total Score: 4 – 6 = Moderate / Managed Care Plan <input type="checkbox"/> Total Score: 7 – 9 = Severe / County Mental Health		

# Transition of Care Request Form



Please fax completed Transition of Care form and the Level of Care Screening form to the Behavioral Health Department at (805) 681-3070 or upload at <https://gateway.cencalhealth.org/form/bh>.

Questions? Please call (805) 562-1600.

**This form is used to refer members to the County Department of Behavioral Health.**

## REFERRING PROVIDER (Choose One)

### County Mental Health Provider:

- Santa Barbara County Mental Health Plan
- San Luis Obispo County Mental health Plan

### CenCal Health:

- CenCal Health Behavioral Health Department
- CenCal Health Behavioral Health Provider (Contracted Provider or FQHC Provider)

Submitting Agency:

Submitting Program/Clinic:

Contact Name:

Title/Discipline:

Email Address:

Address:

City:  State:  Zip:

Phone:

## CLIENT INFORMATION

Client Name:  Date of Birth (MM/DD/YYYY):

Client in Agreement with Transition of Care (Required)

Gender Identity:  Male  Female  Other:

Phone:  Address:

## CLIENT INFORMATION (cont.)

Behavioral Health Diagnosis:

Current Medications/Dosage:

Medication	Dosage	Administration	Date started
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Current symptoms and brief treatment history:

A description of what needs are not being met at the current level of care:

Services Requested:

- Psychotherapy
- SUD Services (Must include a signed ROI from Member to exchange information with the "Santa Barbara County Department of Behavioral Wellness" or "County of San Luis Obispo Behavioral Health Department.)
- Medication Management (psychiatry)
- Other:

## SCREENING OUTCOME

- Review Mental Health Benefit
- Review Behavioral Health Forms
- **Provider Responsibilities Provisions & Documentation**
- Referrals
- Authorizations



# Provision of Mental Health Services

- Provide in the same manner as other clients
- Provide care in accordance with accepted medical and mental health standards
- Provide care in alignment with treatment of mild to moderate impairments
- Ensure that Member is not receiving County Mental Health services or from another contracted CenCal Health provider

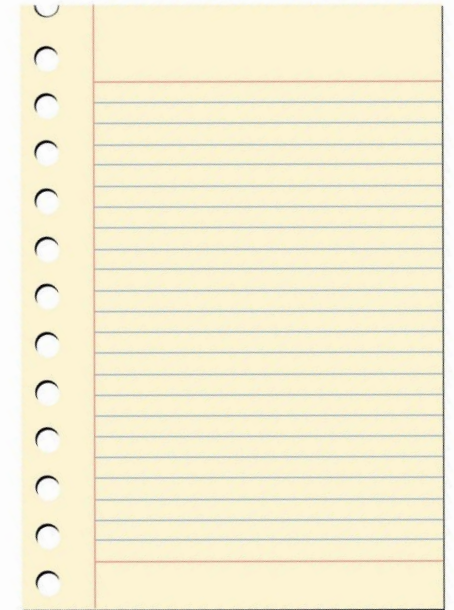
# Provision of Mental Health Services

- Update Member demographics regularly
- Work within your scope and identify if a specialty modality is indicated and refer member to another provider
- Obtain ROI to coordinate care with the PCP and other providers
  - Including to inform of medications and treatment updates
- Continue to see members who are transitioning to County to support client care if they are engaged in treatment
- Utilize the Language Line for Members who have a different primary or preferred language
  - Interactive Complexity (CPT 90785)



# Progress Note Requirements

- Progress Notes should include what psychotherapy interventions were used and directly relate to treatment goals
- Medication management providers must indicate, in each record, what medications have been prescribed, the dosages of each and the dates of initial prescription or refills



# Coordination of Care

## **Mental Health providers are required to coordinate and direct appropriate care for members including:**

- Obtaining a signed release for PCP to coordinate care as necessitated.
- Facilitate access to appropriate frequency of sessions as indicated on the member's initial psychosocial assessment and treatment plan
- Provide crisis support to member including directing member to Emergency Department or County Crisis Response team for further evaluation



- Review Mental Health Benefit
- Review Behavioral Health Forms
- Provider Responsibilities Provisions & Documentation
- **Referrals**
- **Authorizations**



# Mental Health Referral Protocols

- Authorizations are **not** required for psychotherapy or medication management services
- Our team may reach out to place a member who is referred from the County Mental Health or a provider
- Please contact member and schedule to see the Member within 10 business days (Medi-Cal Required Timely Access Standard for Mental Health Providers)

# Mental Health Availability Matters

- **Keep Your Availability Up to Date**
  - [BHProviderUpdates@cencalhealth.org](mailto:BHProviderUpdates@cencalhealth.org)
  - “Blast fax”-sent out bi-weekly to all providers
  - Update your voicemail
  - Contact Provider Services

# Psychological Testing Authorization Process

1. PCP will request a psychological evaluation directly from Clinical Psychologist or direct Member to contact a contracted Clinical Psychologist for a psychological evaluation.
2. The Clinical Psychologist will complete an evaluation and consult with the PCP on recommendations.
3. The Clinical Psychologist will submit a Treatment Authorization Request with the CenCal Psychological Testing Template with the required CPT Codes.
  1. Psychological Evaluation Code 90791- is 20 to 90 minutes
  2. For additional time, please submit a TAR
4. Once approved, please schedule and complete testing.
5. Once testing is complete, please send CenCal and the PCP the testing summary.



Please upload this form via the Provider Portal when submitting your TAR or via fax to (805) 681-3070.

# Psychological/Neuropsychological Testing

## Pre-Service Authorization Request Form

Please read the instructions carefully before submitting this form:

Psychological/Neuropsychological Testing must be pre-authorized using this form. Testing should not be administered until the requested authorization is approved. Please note that psychological or neuropsychological testing for purposes of educational, legal (including for child custody purposes) or disability applications is not a covered benefit.

### Member Information

Member Name:  CenCal Member ID:

Member Date of Birth (DOB):

### Requesting Provider (if different from service provider)

Name:

NPI:  Phone:

### Relevant Information to Support Request

1. What is the primary diagnosis that will be the focus of this assessment?

Diag.#1

Diag.#2

Diag.#3

Diag.#4

2. Possible comorbid or alternative diagnoses:

Diag.#1

Diag.#2

Diag.#3

Diag.#4

3. What are the current symptoms and impairments of the member that warrants this assessment?

4. What is the clinical question(s) that psychological/Neuropsychological testing will answer?

Why is this assessment necessary at this time? *(Please be specific)*



### Relevant Information to Support Request (cont.)

5. Has a standard clinical evaluation and/or any other diagnostic evaluations been completed in the past 12 months? **If yes**, date of evaluation and name of provider. **If no**, please explain why a standard evaluation or additional diagnostic evaluations cannot answer the assessment questions.

6. How will the result of the psychological testing be used for the treatment plan? (be specific)

7. Other than the Member's PCP, who else might receive these testing results?  
*(Please include the Organizational name, and/or Provider Group)*

8. Question 6 Psychological/Neuropsychological tests likely to be used

Name of test:	Test domain (i.e. personality, cognitive, etc.):
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

### Provider completing request form

Print name of provider:

Signature of provider:

Date:  NPI:

- Individual Psychotherapy Codes
- Mental Health Diagnosis
- Family Therapy
- Psychiatric Diagnostic Codes
- Psychological and Neuropsychological

# Lucy Renteria

## Claims Provider Data Configuration Analyst





# Individual Psychotherapy Codes

90832	Psychotherapy, 30 min
90834	Psychotherapy, 45 min
90837	Psychotherapy, 60 min
90839	Psychotherapy for crisis, first 60 min
90849	Psychotherapy for crisis each additional 30 minutes

# Mental Health Diagnosis and Billing

- Individual therapy can be provided and is reimbursable to adults and children with a mental health diagnosis
- The following diagnoses are **excluded** for Individual & Group Therapy Services
  - F10 –F19 as a primary diagnosis (substance use disorder),
  - F72 & F73 Severe and Profound Intellectual Disability (primary or secondary diagnosis)
  - Moderate to Severe Neurocognitive Disorders (i.e. Alzheimer's, Traumatic Brain Injury) (primary or secondary diagnosis)

# Mental Health Diagnosis

- Children under the age of 21 are entitled to five sessions of individual or group therapy prior to being diagnosed with a mental health condition
  - Providers will submit claims using the following code and a primary ICD-10 code.
  - Claims for children under age 21 provided prior to diagnosis will use Diagnosis code F99.

# Mental Health Codes for Group/Family Therapy

- **Diagnosis code F99** -Claims for children under age 21 provided prior to diagnosis
- **Diagnosis code Z 65.9**-Claims for children who are at risk of developing a mental health condition

CPT Code	Description
90846	Family Psychotherapy (without client present) 50 min
90847	Family Psychotherapy, (with client present) 50 min
90849	Multiple-family group therapy
99354	Prolonged services in the outpatient setting requiring direct patient contact beyond the time of the usual service, first hour

# Family Therapy Codes

- Family therapy is also reimbursable on an inpatient basis if the member is an infant (under 1 year of age) who are hospitalized in a neonatal intensive care unit-**Use Diagnosis Code P96.9**
  - CPT code: 90846: Family Therapy is limited to a maximum of 50 minutes when the identified client is not present.
  - CPT code: 90847, 99354: Family Therapy is limited to a maximum of 110 minutes when the client is present.
  - CPT codes 90846, 90847 and 90853 may not be billed on the same day for the same beneficiary

# Psychiatric Diagnostic Codes and Billing

90791	Psychiatric Diagnostic Evaluation without medical services
90792	Psychiatric Diagnostic Evaluation with medical services

- Refer to the MediCal Manual for E/M codes for ongoing psychiatric care
- Psychiatric Diagnostic Evaluations are reported one per day per provider, per member. Providers will submit claims using this code for the initial session with members, except non-physician providers who serve children under the age of 21 who may provide up to five (5) sessions of individual or family therapy without a DSM V primary diagnosis

# Psychiatric Diagnosis Codes

- Providers can submit claims for these 90791/90992 when a member has a break in treatment of more than six months with the same provider or after a significant change in presentation or after a member was admitted to a psychiatric in-patient facility. **Providers will complete a level of care screening each time that a claim for 90791 or 90792 is submitted**
- There are **no diagnostic limitation** when submitting claims with the above CPT codes
- Every time a member changes providers, the new provider is allowed to complete a new assessment

# Diagnostic Add-On Codes

## Interactive Complexity (CPT 90785)

- This is an add-on code that can be billed with 90791, 90792, any individual psychotherapy codes (90832 – 90839), group psychotherapy (90853) or medication management services. The add-on code may be used in the following circumstances:
- When there are specific communication difficulties present i.e. high anxiety, high reactivity, parent disagreement/behaviors during session)
- Evidence/disclosure of a sentinel event and mandated report to a third party.



# Family Therapy Billing

Family can be provided and is reimbursable to adults or children with a mental health condition. Children under the age of 21 are entitled to five sessions of individual therapy prior to being diagnosed with a mental health condition

Family therapy services is also reimbursable when provided to children under the age of 21 who has a history of one of the following risk factors:

- Separation from a parent/guardian due to incarceration or immigration
- Death of a parent/guardian
- Foster home placement
- CCS-eligible condition
- Food insecurity, housing instability
- Exposure to DV or other traumatic events
- Maltreatment
- Severe & persistent bullying
- Experience of discrimination based on race, ethnicity, gender identity, sexual orientation, religion, learning differences or disability.
- Child has a parent/guardian with at least one of the following risk factors
- Serious illness or disability
- History of incarceration
- Mental Health Disorder
- Substance Abuse Disorder
- History of DV or interpersonal violence
- Teen parent

# Family Therapy Codes and Guidelines

- Family Therapy must be composed of **at least two family members**. Providers must bill for family therapy using the CenCal ID of only one family member per therapy session for CPT codes 90846, 90847 and 99354
- For multiple-family group therapy, providers must use the CenCal ID of only one family member per family
  - Providers will submit claims using the following CPT codes and an ICD-10 code of the identified client under whose CenCal ID billing is being submitted

# Group Therapy

- Group Therapy is defined as consisting of at least two but not more than eight persons at any session. There is not restriction as to the number of CenCal members who must be included in the group's composition. Group Therapy are expected to be in duration at least one and one-half hours.
- Providers will submit claims using CPT code 90853 and ICD 10 diagnosis code.

# Case Conferences

- Case conference attendance are limited to conferences lasting 30 min or more with professionals immediately involved in the case or recovery of the client
- Providers will submit claims using CPT code 99366 (member or family present) or CPT 96368 (member or family not present)

# Psychological and Neuropsychological Testing

- Psychological and Neuropsychological testing requires a pre- authorization
- Claims for the following CPT codes must include an itemization of the tests performed. Providers must list the test performed on the [CenCal Psychological Testing](#)
  - 96105, 96110, 96112, 96113, 96121, 96130 -96133, 96136 – 96139, 96146

# Psychological and Neuropsychological Testing

- Claims billed with CPT codes 96105, 96116 and 96112 must include further details on [CenCal Psychological Testing](#) form specifying the amount of time spend completing each of the following:
  - Administration of test(s)
  - Interpretation of test results
  - Preparation of the report
  - The appropriate test scoring or written test report procedure code must be billed on the same claim as the test administration.

**For a listing of frequency limits for Psychological & neuropsychological testing as well as medical necessity criteria, these can be found on our website.**

# Medication Management Billing & Claims

- Medication management providers will utilize relevant Evaluation & Management (E/M) codes for services provided to new and existing clients according to level of care criteria
  - Psychotherapy add-on codes to E/M services: (CPT 833, 936, 938).
- Providers must clearly document in the member's medical record the time spend providing psychotherapy services. In other words, time spend on the E/M service and the psychotherapy service may not be bundled but must be indicated separately

# Medication Management Billing & Claims

- Psychotherapy add-on codes can be used for discussions with a patient and/or family concerning one or more of the following areas:
  - Diagnostic results, impressions, and/or recommended diagnostic studies
  - Prognosis
  - Risks and benefits of treatment options
  - Instructions for treatment and/or follow-up
  - Importance of compliance with treatment options
  - Risk factor reduction
  - Patient and family educations
- Documentation should be individualized and not “cut and paste” interventions
- This should be a separate note form the E/M code for office visit and additional time should be allotted.



# Duplication of Services

## **Medical Prohibits a Duplication of Services. Examples of this are:**

- A member seeing a therapist for individual and another therapist for family
- A member seeing two therapist for two different reasons (one for EMDR and one for CBT)
- A member “trying out” more than one therapist on same day

**Members may receive services at the County and CenCal as long as it is not a duplicative service**

# CenCal Contact Numbers:

## CenCal Health Behavioral Health Department (open 1/4/21)

1 (877) 814-1861

Fax number: (805) 681-3070

## Santa Barbara County Department of Behavioral Wellness

Access Line (24/7) (888) 868-1649

Psychiatry Consultation Services: 1-805 681-5103

## San Luis Obispo Department of Behavioral Health

Access Line (24/7) (800) 838-1381

Psychiatry Consultation Services: (805) 781-4719

## Claim Department

1 (800) 421-2560 ext. 1083

1 (805) 562-1083



- Language Interpreter Services
- Phone & Video Remote Interpreter Benefit
- Alternative Format Selections (AFS) Options

# Anna McNeil

## Provider Services Representative



# Interpreting Services

## **CenCal Health ensures interpreting services to all eligible CenCal Health members:**

- Interpreting is available in over 200 languages free of charge
- Phone/Video interpreting is not required. Face-to-Face is available for ASL members
- Phone Interpreters are available 24 hours a day, 7 days a week
- CenCal Health recognizes that face-to-face interpreting is an important option for interaction and understanding complex situations

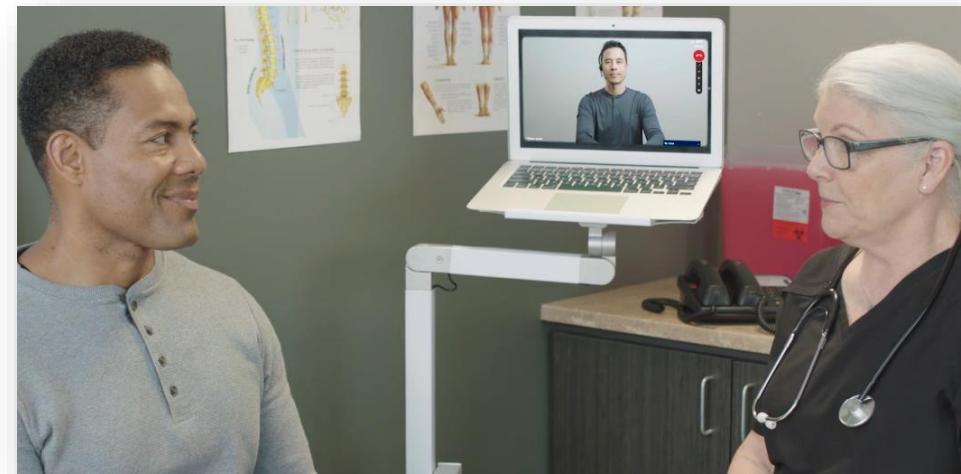
# Phone & Video Remote Interpreter Service

Follow these easy steps to connect to a telephonic interpreter:



Follow these easy steps to connect to a video remote interpreter:

- VRI Web Address: [cencalhp.cli-video.com](http://cencalhp.cli-video.com)
- VRI Access Code: 48cencalhp



# Alternative Format Selections (AFS)

In compliance with the requirements of the American Disabilities Act, CenCal Health is committed to ensuring effective communication to members with visual impairments or other disabilities. The standard Alternative Format Selection (AFS) options are large print, audio CD, data CD, and Braille.

Below are descriptions of each format:

**a. Large print:** Large (20-point) size Arial font or greater.

**b. Audio CD:** Provides the ability to listen to recordings of member materials on CD (files will be encrypted).

**c. Data CD:** This allows for member materials in electronic format to be accessible on CD in their format .pdf, .xlsx, .txt, .docx, etc. (files will be encrypted).

**d. Braille:** Uses raised-dots that can be read with fingers.

Members can also request material in the AFS format via the application system at <https://afs.dhcs.ca.gov/> or call the Medi-Cal Help Line at (833) 284-0040. Please direct members to these resources as needed or contact CenCal Health's Member Services Department at: (877) 814-1861 if you have additional questions or concerns.



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## Cultural Competency & Health Literacy

Cultural Competency and Health Literacy Tools provide appropriate health care and services for our members regardless of race, color, national origin, creed, ancestry, religion, language, age, marital status, sex, sexual orientation, gender identity, health status, physical or mental disability, or identification with any other persons or groups.

CenCal Health strives to provide Cultural Competency and Health Literacy tools to our providers to improve provider-patient communication. Please reference our [Cultural Competency, Health Literacy & Communicating with sensitivity to Seniors and Persons with Disabilities \(SPD\) Training Video](#) or reference our [presentation slides](#).



[Cultural Competency & Patient Communication Training](#) >

[Seniors and Persons with Disabilities \(SPD\) Training](#) >

# Need Additional Help or Want to Learn More?

Provider Services  
Representatives  
Contracting/Onboarding

[psrgroup@cencalhealth.org](mailto:psrgroup@cencalhealth.org)  
(805) 562-1676  
[provideronboarding@cencalhealth.org](mailto:provideronboarding@cencalhealth.org)

Provider Portal  
Access/Issues/Education

[webmaster@cencalhealth.org](mailto:webmaster@cencalhealth.org)  
[www.cencalhealth.org/providers/provider-portal/](http://www.cencalhealth.org/providers/provider-portal/)

Behavioral Health Team

(805) 562-1600  
[www.cencalhealth.org/providers/behavioral-health/](http://www.cencalhealth.org/providers/behavioral-health/)

Claims & Billing

(805) 562-1083  
[www.cencalhealth.org/providers/claims/](http://www.cencalhealth.org/providers/claims/)