Welcome To Our CenCal Health

Mental Health Provider Training

2021 CenCal Behavioral Health Department

Agenda

- CenCal Mental Health Member Benefits
- Authorizations, Referrals & Access
- Mental Health Provider Responsibilities Provisions & Documentation
- Care Coordination
- Billing & Claims
- Q&A

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CenCal Member Benefits Mental Health

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Mental Health Services

Mental health services are a covered benefit for CenCal Health members when medically necessary and may be provided by:

- a PCP within their scope of practice
- a licensed mental health professional employed by a CenCal Health contracted FQHC
- a provider contracted with the CenCal Health.

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Mental Health Services

Medically necessary services *are defined as reasonable and necessary services to protect life, prevent significant illness or disability or to alleviate severe pain through the diagnosis and treatment of the illness.*

- CenCal Mental Health services for the adult population group include all diagnosis DSM V diagnosis as primary focus of treatment except diagnoses related to substance use or dependence. (ICD 10: F10 –F 19).
  - Substance use and dependence disorders can be a secondary diagnoses to a primary mental health diagnosis for treatment purposes. Treatment for primary substance use disorders are carved-out to County Substance Abuse Services.
- Medication management providers may manage medication assistance treatment (MAT) options in conjunction with medications for mental health treatment, but may not only be solely providing MAT services to a member.

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Mental Health Services

- CenCal Health covers services for adults (age 21 and older) 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.
- For children and young adults under the age of 21, CenCal Health is responsible for providing **medically necessary non-specialty mental health services .**

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Mental Health Services

The following Mental Health services covered benefits by CenCal Health include:

- **Initial evaluation** to establish medical necessity (No pre-service authorization required)
- **Individual, family and group mental health evaluation and treatment** (psychotherapy)(No pre-service authorization required)
- **Psychological testing**, when clinically indicated to evaluate a mental health condition or establish diagnosis for a neuro-developmental condition (Requires pre-authorization)
- **Outpatient services for the purposes of monitoring drug therapy** (No pre-service authorization required)
- **Outpatient laboratory, drugs, supplies and supplements** (No pre-service authorization required)
- **Psychiatric consultation** (No pre-service authorization required. Treating physician must be the requesting provider. Note: psychiatric consultation in the Emergency Room is not a covered benefit).

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Mental Health Services

The following Mental Health services are NOT covered benefits by CenCal Health:

- Couples counseling or family counseling to address relational problems.
- Specialty Mental Health Services (including crisis, inpatient and residential treatment, outpatient psychotherapy for the treatment of SMI and mental health services to children under EPSDT) will continue to be the responsibility of the County Mental Health Departments.
- County Mental Health Departments are available for psychiatric consultations to CenCal contracted primary healthcare providers.

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Mental Health Services

- There are no defined limits on the number of visits a member can have with a mental health professional. Providers are expected to ensure the frequency of services and treatment plan are in line with the **treatment of with a mental health disorder, as defined by the current Diagnostic and Statistical Manual of Mental Disorders (DSM),that results in mild to moderate distress or impairment of mental, emotional or behavioral functioning.**
- Benefits will be arranged and provided based upon medical necessity and the level of care needed to make progress towards treatment goals.

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Authorizations, Referrals & Access
Mental Health

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Authorization and Referral Protocols

- Authorizations are **not required** for psychotherapy or medication management services or related services.

- Referrals (RAF) are required for psychological testing. The Member's Primary Care Physician (PCP) can submit referrals via the Provider Portal or by fax to the Behavioral Health Department at (805) 681-3070.

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Access

Members may access psychotherapy and medication management services by:

1) Contacting and scheduling directly with a contracted provider directly.
2) Searching the Provider Directory on the CenCal website and scheduling directly with provider.
3) Contacting the Behavioral Health Care Coordination Center for assistance to find a provider or schedule with a provider.

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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

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Mental Health Provider Responsibilities
Provisions & Documentation

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Provision of Mental Health Services

- Provide care in the same manner as other clients.
- Provide care in accordance with accepted medical and mental health standards.
- Ensure that the Member is not receiving County Mental Health services for the same service.

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Provision of Mental Health Services

- Update Member's demographics regularly.
- Refer Members for medical case management as indicated by need (use the CM Referral form available on the Provide web page).
- Work within your scope and identify if a specialty modality is indicated and refer member.
- Obtain a signed release to coordinate care with the PCP and other providers as clinically appropriate.
- Continue to see members who are transitioning to County to support client care.

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Initial Psychosocial Assessment

- CenCal Health requires that all new Members have an initial psychosocial assessment that includes a Level of Care screening that is completed during initial encounter(s) with their mental health treatment provider.
  - A *secondary* initial psychosocial assessment is allowable during the calendar year for the purpose of re-assessing current functioning, re-assessing diagnosis, evaluating current level of care and updating member's treatment plan.
- An initial psychosocial assessment enables the provider to assess the immediate needs, **level of impairment (mild/moderate/severe)**, and develop a person-centered treatment plan to maintain and/or improve functioning.

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Level of Care Screening

- **Level of Care Screening is to be completed for every Member.**
  - Ensures that member is mild to moderate in impairment of functioning to be treated by an in-network mental health provider.
  - Ensures that members that are screened as severe are served at the County Level under Specialty Mental Health Services.
    - If a member is screened as "Severe", please contact the Behavioral Health Department to coordinate transfer of care to the County Department of Behavioral Health for mental health services.
  - Level Of Care is available on the Provider Website for download.

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Level of Care Screening Tools

Pediatric Medi-Cal Mental Health Screening Tool

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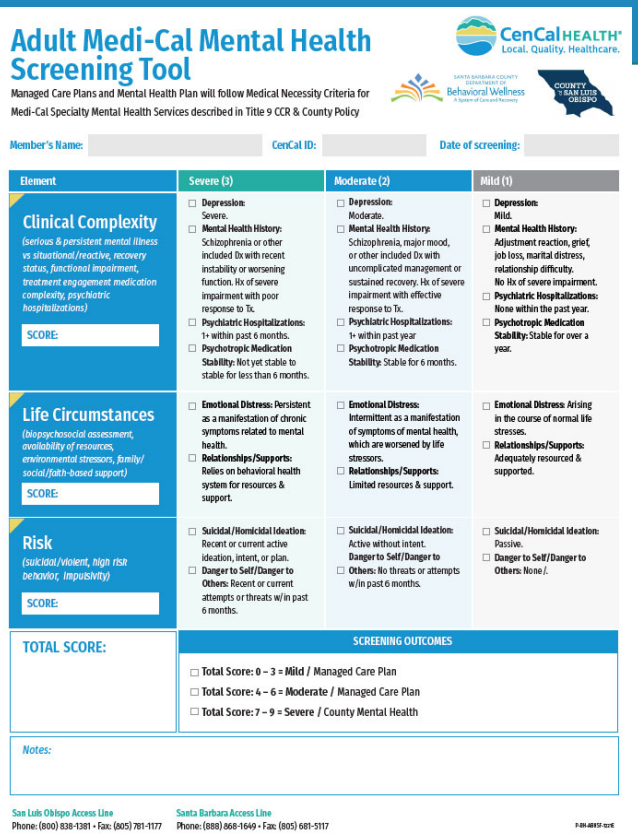
Managed Care Plans and Mental Health Plan will follow Medical Necessity Criteria for Medi-Cal Specialty Mental Health Services described in Title 9 CCR & County Policy

Element	Severe (3)	Moderate (2)	Mild (1)
Clinical Complexity *(serious & persistent mental illness vs situational/reactive, recovery status, functional impairment, treatment engagement, medication complexity)* SCORE:	☐ **Severe depression/anxiety/ trauma** causing significant functional impairment. ☐ **Emotional/behavioral problems** that has been unresponsive to mental health services at a lower level. ☐ **Paranoia, delusions, hallucinations** not due to substance use. ☐ **Eating disorder** with significant functional impairment/medical complications. ☐ **Isolated/withdrawn,** unable to develop or sustain peer relations, inability to understand interpersonal boundaries act respond appropriately to teachers. ☐ **Unable to attend to self-care or daily tasks** despite verbal prompting and/or engages in developmentally inappropriate behaviors.	☐ **Depression/anxiety** causing impairment in at least one area outside of school. ☐ **Recent trauma event** and past history of trauma. ☐ **Impulsive/hyperactive** with co-morbid MH conditions. ☐ **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. ☐ **Consistently has difficulties in social relationships:** initiating & maintaining peer relations, difficulty interacting with authority (teachers, after-care supervisors). ☐ **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 binging/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.
Life Circumstances *(biopsychosocial assessment, availability of resources, environmental stressors, family/social/faith-based support)* SCORE:	☐ **Significant family stressors i.e.** unstable housing, homelessness, domestic violence. ☐ **Excessive truancy or failing school** due to behaviors/MH symptoms ☐ **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.	☐ **Recent involvement with CWS/ law enforcement.** ☐ **In foster-care currently** and past history of difficulties adjusting to new placements. ☐ **Difficulties in school settings** (i.e. has IEP) and requires additional support to maintain progress. ☐ **Frequent arguing between client, sibling and parents** resulting in difficulty in maintaining positive family relations.	☐ **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.
Risk *(suicidal/violent, high risk behavior, impulsivity)* SCORE:	☐ **Current/recent suicidal ideation/attempts** or self-injurious behaviors. ☐ **One or more psychiatric hospitalizations** in past year. 1 or more hospitalizations in past 2-3 months. ☐ **Acute physically harmful aggression in past 24 hrs** or fire-setting that places others at significant risk.	☐ **Recent (past 30 days) ideation or self-harm gestures.** ☐ **Aggressive or threatening behaviors** in the past 30 days or longer. ☐ **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.
TOTAL SCORE:	**The category with the highest number of checked boxes is likely the level of impairment.**	☐ **Total Score: 0 – 3 = Mild** / Refer to CenCal Health ☐ **Total Score: 4 – 6 = Moderate** / Refer to CenCal Health ☐ **Total Score: 7 – 9 = Severe** / Refer to County Mental Health	



Adult Medi-Cal Mental Health Screening Tool

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Santa Barbara County Department of Behavioral Wellness — A System of Care and Recovery

County of San Luis Obispo

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: _____ CenCal ID: _____ Date of screening: _____

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

Notes:

San Luis Obispo Access Line
Phone: (800) 838-1381 • Fax: (805) 781-1177

Santa Barbara Access Line
Phone: (888) 868-1649 • Fax: (805) 681-5117

P-MH-4015F-12/E

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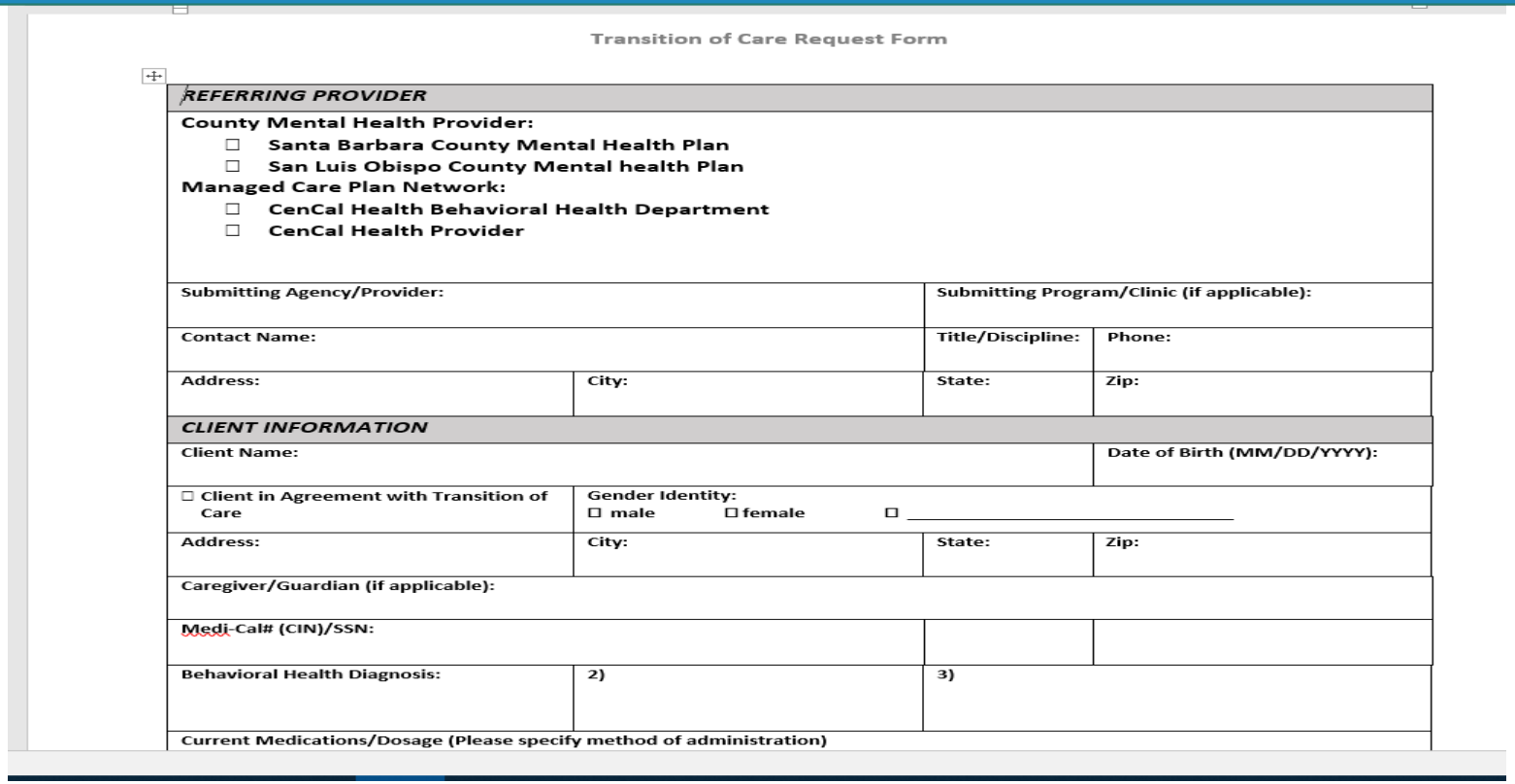
Forms available online at www.cencalhealth.org/providers/behavioral-health/ on 01/01/2022

Transition of Care Form (DRAFT)



Transition of Care Request Form

REFERRING PROVIDER			
County Mental Health Provider: ☐ Santa Barbara County Mental Health Plan ☐ San Luis Obispo County Mental health Plan **Managed Care Plan Network:** ☐ CenCal Health Behavioral Health Department ☐ CenCal Health Provider			
Submitting Agency/Provider:		Submitting Program/Clinic (if applicable):	
Contact Name:		Title/Discipline:	Phone:
Address:	City:	State:	Zip:
CLIENT INFORMATION			
Client Name:			Date of Birth (MM/DD/YYYY):
☐ Client in Agreement with Transition of Care	Gender Identity: ☐ male ☐ female ☐ _____		
Address:	City:	State:	Zip:
Caregiver/Guardian (if applicable):			
Medi-Cal# (CIN)/SSN:			
Behavioral Health Diagnosis:	2)	3)	
Current Medications/Dosage (Please specify method of administration)			

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Form available online at www.cencalhealth.org/providers/behavioral-health/ on 01/01/2022

Assessment Requirements

- Presenting concerns
- Medical history
- Psychiatric history
- History of trauma
- Substance use history
- Developmental history (children and adolescents)
- Allergies/adverse reactions
- Current and past Medications
- Risk assessment
- Mental status exam
- Member strengths
- Cultural factors
- Diagnosis validated by clinical data
- Treatment plan and recommendations including completion of **CenCal Level of Care screening instrument**

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Treatment Plan Requirements

- Developed for each new episode/new member
- Updated every 6 months
- SMART goals consistent with diagnoses
- Document member's participation and understanding of Tx Plan
- Informed consent for medications
- Crisis planning should be included as clinically indicated

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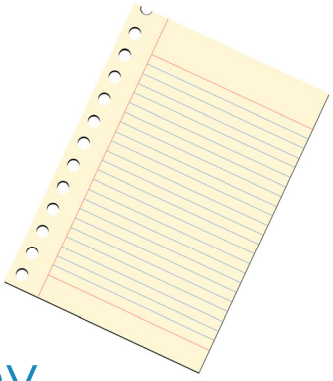
Progress Note Requirements



- Progress Notes should include what psychotherapy interventions were used, and how they benefited the member in reaching his/her 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.

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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.

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Mental Health Provider Responsibilities
Care Coordination

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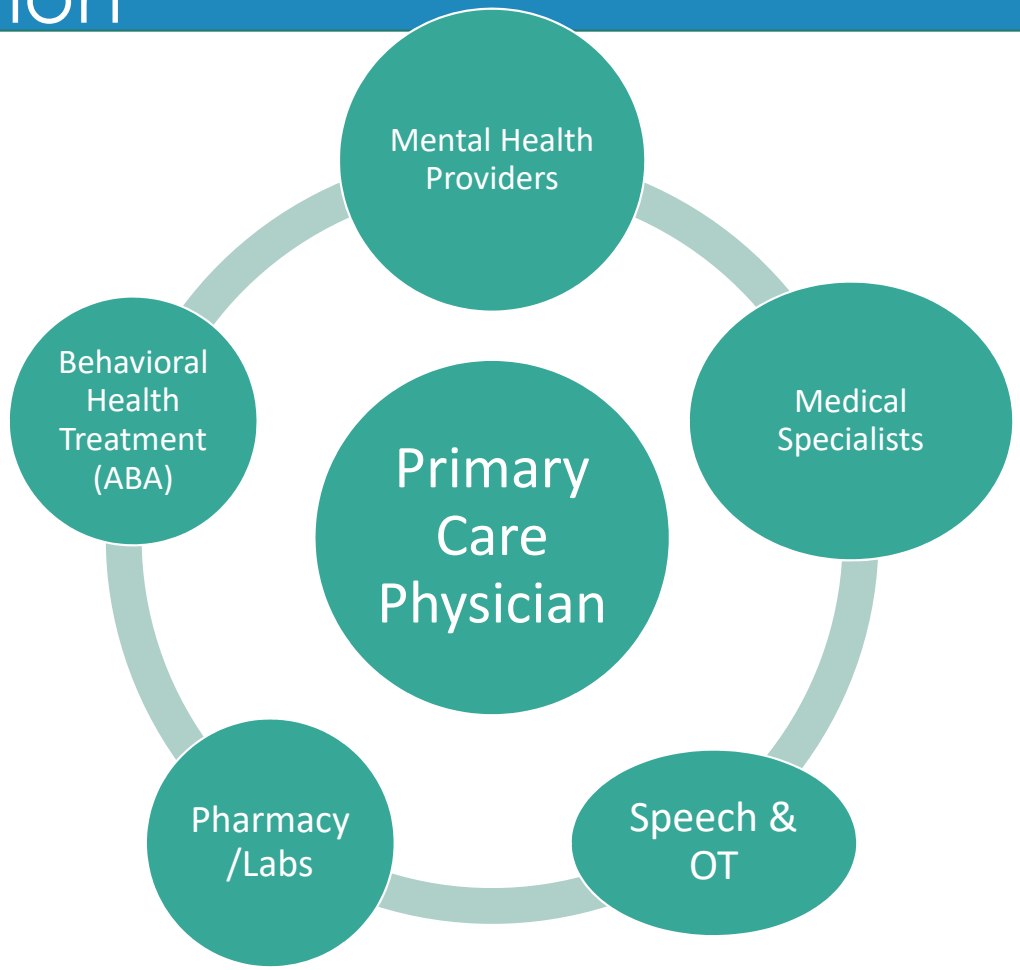
Mental Health Provider Role in Care Coordination



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Coordination of Care

- **Mental Health providers are required to coordinate and direct appropriate care for members including:**
  - Coordinate care by:
    - Contacting the PCP for any medical needs or authorization requests.
    - Contacting the CenCal Health Behavioral Health Department to consult or request support/guidance to coordinate transferring member's care to the County Department of Behavioral Health.
  - Provide coordination of mental health services, mental health referrals, ongoing assessment/monitoring of appropriateness of services to meet the needs of the member.

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Coordination of Care

- **Mental Health providers are required to coordinate and direct appropriate care for members including:**
  - Identifying all providers/participating providers involved in medical and/or behavioral health care and treatment of a member.
    - Mental Health providers should coordinate the delivery of care to the member with these providers/participating providers by obtaining required consent and authorization from the member and documenting accordingly in the member treatment record.

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Discharge Planning

Mental Health providers are required to collaboratively plan with Member and other providers as clinically indicated in the discharge plan. The following information must be documented:

- Discharge date
- Discharge summary and clinical recommendations

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Mental Health Billing & Claims

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Claims & Billing

- **Claims with current Date of Service (DOS) through 12/31/2021, go to The Holman Group**
- **Claims with Date of Service (DOS) on/after 01/01/2022, will now be submitted to CenCal Health for payment for eligible members/services once fully contracted with CenCal Health**
  - CenCal Health Provider Portal
  - Electronic via EDI Team edi@cencalhealth.org
  - Paper Mailing
    CenCal Health
    PO Box 948
    Goleta, CA 93116-0948

Psychiatric Diagnosis Codes

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

- Psychiatric Diagnostic Interviews 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.

- Every time a member changes providers, the new provider is allowed to claim for a new assessment.

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Psychiatric Diagnosis Codes

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

- Providers can submit claims for these CPT codes 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.

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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.
- May not be used for biofeedback services.

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Individual Psychotherapy Codes

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

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Individual Psychotherapy Codes

- 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.**
- Individual therapy is limited to a maximum of one and one-half hours per day by the same provider

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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

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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

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Family Therapy Codes

- Family therapy is also reimbursable on an inpatient basis if the member is an infant (under I 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 **plus** 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

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Family Therapy Codes

- 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.

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Family Therapy Codes

- **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

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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.

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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 99368 (member or family not present)

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Psychological and Neruopsychological Testing

- Psychological and Neuropsychological testing requires a pre-services authorization. Providers after receiving an approved RAF must submit a TAR 50-1 & addendum to CenCal for pre-service authorization.

- Claims for the following CPT codes must include an itemization of the tests performed. Providers must list the test performed on an attachment.
  - 96105, 96110, 96112, 96113, 96121, 96130 -96133, 96136 – 96139, 96146

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Psychological and Neuropsychological Testing

- Claims billed with CPT codes 96105, 96116 and 96112 must include an attachment 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.

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Medication Management

- 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.

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Medication Management

- 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.

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Provider Availability

In order to ensure member access, we are requesting all Mental Health Providers to update their availability to accept new patients **regularly** by contacting Provider Services (805) 562-1676.

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Need Additional Help or Want to Learn More?

Provider Services Representatives	psrgroup@cencalhealth.org (805) 562-1676
Provider Portal Access/Issues/Education	webmaster@cencalhealth.org www.cencalhealth.org/providers/provider-portal/
Behavioral Health Team	(805) 562-1600 www.cencalhealth.org/providers/behavioral-health/
Claims & Billing	(805) 562-1083 www.cencalhealth.org/providers/claims/

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