

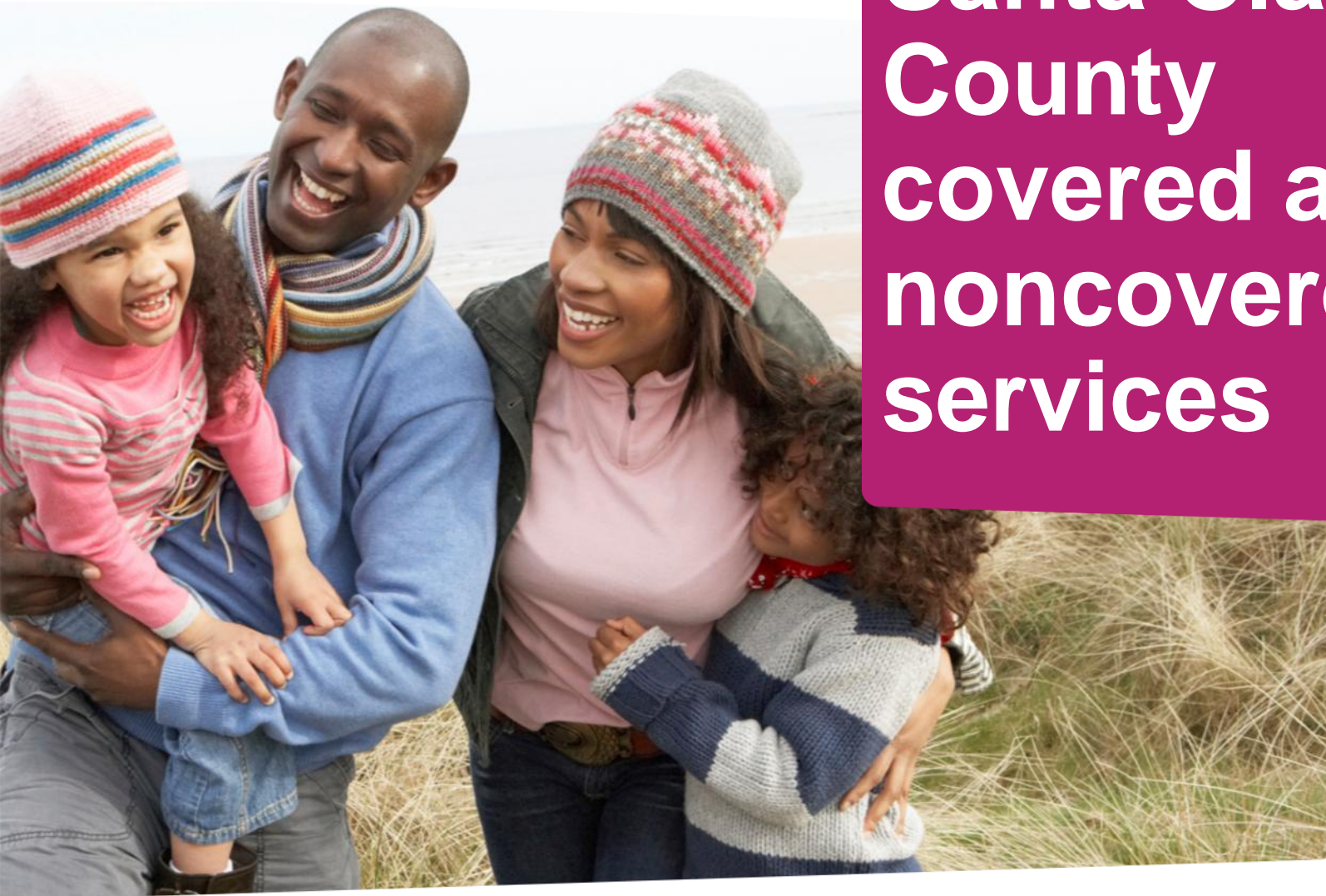


Santa Clara County, California Medicare- Medicaid Plan (MMP)



Behavioral health overview topics

- Topics covered:
 - Behavioral health (BH) covered services overview
 - BH noncovered services
 - Early and Periodic Screening, Diagnosis and Treatment (EPSDT) services
 - BH-allowed provider types for Medi-Cal Managed Care (Medi-Cal) and Medicare
 - BH covered services and authorization requirements for Medi-Cal and for Medicare
 - Provider resources
 - Q&A



Santa Clara County covered and noncovered services

BH covered services: Medicare

- Anthem Blue Cross (Anthem) is committed to managing Medicare coverage to beneficiaries in the most equitable way possible and providing the same benefit as traditional Medicare members are entitled to receive.
- CMS establishes laws, regulations, policies, and national and local coverage determinations related to BH benefit coverage, which take precedence over the Anthem internal policies.

BH covered services: Medicare (cont.)

- These services include:
 - Acute inpatient psychiatric hospitalization services
 - Professional services in an institute for mental disorders
 - Professional services for sub-acute detoxification in outpatient residential addiction program
 - Observation services and emergency room
 - Electroconvulsive therapy (ECT)
 - Partial hospitalization (Level I and Level II)
 - Mental health procedure codes
 - Psychological testing services
 - Collaborative care and case management services (new Medicare services)

BH covered services: Medi-Cal

- Inpatient professional services when a member is in a medical unit
- Mental health outpatient services for mild to moderate illnesses
- Applied behavioral analysis — Autism services under EPSDT, as well as developmental screening services
- Psychological testing services — Medicare reimburses Medi-Cal copay for Medicare primary services
- Select outpatient evaluation and management services — Medicare reimburses Medi-Cal copay for Medicare primary services

BH noncovered services: Medi-Cal

- Services for the treatment of severe mental illness
- Services provided for the treatment of substance use disorders

BH services covered by county mental health departments: Medi-Cal

- Inpatient psychiatric administrative days
- Adult psychiatric residential services
- Day treatment services and intensive outpatient program
- BH rehabilitation services
- Crisis stabilization and crisis intervention services
- Targeted case management

Medi-Cal determination for mental illnesses severity: Sacramento County

- Anthem and the county departments of mental health have established guidelines for determining mild, moderate and severe mental illness.
- The guidelines are based upon four elements involving a variety of bio-psycho-social presentations and is scored as follows:
 - Each evaluation element is defined along a scale of 0 to 3.
 - Each score in the scale is defined by one or more criteria. Only one of these criteria needs to be met for a score to be assigned for that element.

Medi-Cal determination for mental illnesses severity: Sacramento County (cont.)

- Scoring continued:
 - The evaluator should start in the “severe” column and should select the highest score or rating in which at least one of the criteria is met. If no criterion is met, a score of zero should be given for that element.
 - Scores are placed in the far right column and summed to obtain the composite score.
 - Referring to the total row, an estimate of the referral recommendation can be obtained.

Medi-Cal determination for mental illnesses severity: Sacramento County (cont.)

- The determination of mild, moderate and severe mental illness is based upon the following table.
- The scoring tool can be found on the following slides.

Total score	Referral disposition
1-4 (Tier 1)	Health plan (PCP or mental health network contracted provided based on need)
5-8 (Tier 2)	Health plan contracted providers (health plan reaches out to members)
9-12 (Tier 3)	County for internal referral to county clinic or contracted agency (county reaches out to members)

Medi-Cal scoring tool for mental illnesses severity: Sacramento County

Element	Mild (1)	Moderate (2)	Severe (3)	Score (N/A=0)
Risk (suicidal, violent, high-risk behavior, criminalistic behavior, impulsivity)	<p>Suicidal or homicidal ideation: passive</p> <p>DTS/DTO: none</p> <p>Criminogenic Bx: minimal (no arrests within the past year)</p> <p>Impulse control: meets one of the above and has good impulse control</p>	<p>Suicidal or homicidal ideation: active without incident</p> <p>DTS/DTO: no threats or attempts within past six months</p> <p>Criminogenic Bx: no arrests within past six months</p> <p>Impulse control: meets one of the above and rarely loses control</p>	<p>Suicidal or homicidal ideation: recent or current active ideation, intent or plan</p> <p>DTS/DTO: attempts or threats within past year</p> <p>Criminogenic Bx: one or more arrests within past six months, violence-related arrests</p> <p>Impulse control: meets one of the above and has poor impulse control</p>	

Medi-Cal scoring tool for mental illnesses severity: Sacramento County (cont.)

Element	Mild (1)	Moderate (2)	Severe (3)	Score (N/A=0)
Clinical complexity: serious and persistent mental illness vs. situational/reactive, recovery status, functional impairment, treatment engagement, medication complexity, psychiatric hospitalizations	<p>Depression: mild (per current DSM)</p> <p>Mental health history: adjustment reaction, grief, job loss, marital distress, relationship difficulty</p> <p>No history of severe impairment</p> <p>Psychiatric hospitalizations: none within past year</p> <p>Treatment engagement: active participation</p> <p>Psychotropic medication Stability: stable for over a year</p>	<p>Depression: moderate (per current DSM)</p> <p>Mental health history: schizophrenia, major mood, or other included diagnosis with uncomplicated management or sustained recovery</p> <p>History of severe impairment with effective response to treatment</p> <p>Psychiatric hospitalizations: none within past six months</p> <p>Treatment engagement: intermittent participation and/or uses services in cases of extreme need</p> <p>Psychotropic medication Stability: stable for six months</p>	<p>Depression: severe (per current DSM)</p> <p>Mental health history: schizophrenia or other included diagnosis with recent instability or worsening function</p> <p>History of severe impairment with poor response to treatment</p> <p>Psychiatric hospitalizations: within past six months</p> <p>Treatment engagement: requires consistent support and prompting to participate in order to maintain in the community</p> <p>Psychotropic medication Stability: not yet stable to stable for less than six months</p>	

Medi-Cal scoring tool for mental illnesses severity: Sacramento County (cont.)

Element	Mild (1)	Moderate (2)	Severe (3)	Score (N/A=0)
Life circumstances: biopsychosocial assessment, availability of resources, environmental stressors, family/social/faith-based support	<p>Emotional distress: arising in the course of normal life stresses</p> <p>Relationships/supports: adequately resourced and supported</p>	<p>Emotional distress: intermittent as a manifestation of a mental health symptom, which is worsened by life stressors</p> <p>Relationships/supports: limited resources and support</p>	<p>Emotional distress: persistent as a manifestation of chronic mental health symptoms</p> <p>Relationships/supports: relies on behavioral health system for resources and support</p>	

Medi-Cal scoring tool for mental illnesses severity: Sacramento County (cont.)

Element	Mild (1)	Moderate (2)	Severe (3)	Score (N/A=0)
Co-occurring: clients with co-occurring physical, substance and mental health disorders	<p>Alcohol and other drug use: none to occasional misuse</p> <p>Medical: conditions may exist, with no impact on mental health disorder</p>	<p>AOD use: history of abuse/dependence and/or occasional misuse</p> <p>Medical: conditions exist, which may negatively affect and/or be affected by a mental health disorder</p>	<p>AOD use: current and chronic abuse or dependence</p> <p>Medical: conditions exist, which are clearly made worse by a mental health disorder and/or medical condition(s) impair ability to recover from a coexisting mental health disorder</p>	

Medi-Cal determination for mental illnesses severity: L.A. Care

- Anthem and the county department of mental health have established guidelines for determining mild to moderate mental illness:
 - Members who experience one of the circumstances in List A AND one circumstance in List B require a managed care organization (MCO) BH consultation to determine mental health severity.
 - Members who experience two or more of the circumstances in List A and one in List B require a referral to the county department of mental health.
 - Members who experience two or more of the circumstances in List B require a referral to the county department of mental health.

Medi-Cal determination for mental illnesses severity: L.A. Care (cont.)

List A			List B	
Homelessness	Excessive truancy or failing school	Paranoia, hearing voices, seeing things, delusions	More than two psychiatric hospitalizations in the past 12 months	More than two incarcerations in the past 12 months
Still symptomatic after two standard psychiatric medication trials	Substance and/or alcohol addiction and failed screening brief intervention	Excessive emergency room visits or hospitalizations	Suicidal/homicidal preoccupation or behaviors in the past 12 months	Diagnostic uncertainty
History of bipolar disorder or manic episodes	Behavior problems (aggression, self-destruction, assaultive)	Significant functional impairment in key roles		



Santa Clara County EPSDT services

Medi-Cal EPSDT services

- The provision of EPSDT services and EPSDT supplemental services for members under 21 years of age include those who have special health care needs and are covered by Anthem for Medi-Cal.
- Anthem provides EPSDT services including comprehensive screening and prevention services as well as applied behavioral analysis treatment when medically necessary.



Santa Clara County Medicare and Medi-Cal allowed provider types



BH-allowed provider types: Medicare

- Licensed medical doctors (MDs) and licensed doctors of osteopathic medicine (DO)
- Certified nurse practitioners (NPs), certified clinical nurse specialists (CNSs) and physician assistants (PAs)
- Independently licensed psychologists (PhDs) and doctors of psychology (PsyDs):
 - Licensed according to California standards
 - Providing outpatient therapy or testing services
- Independently licensed certified social workers (LCSWs):
 - Licensed according to California standards
 - Providing outpatient therapy services
- Independent professionals incident to billing for established patients' office/home visits may be allowed under the national provider identifier of on-site supervising physician

BH-allowed provider types: Medi-Cal

- Licensed MDs and licensed DOs
- Licensed PhDs and PsyDs
- Licensed certified social workers
- Licensed marriage and family therapists
- Professional clinical counselors
- Certified NPs or CNSs
- Masters level registered nurse RNs
- Student professionals in the relevant disciplines as consistent with the discipline and with cosignature
- Board-certified behavior analyst (BCBA)
- Board-certified assistant behavior analyst (BCaBA)



Santa Clara County Medicare benefits

Medicare BH covered services and authorization requirements: inpatient services

Revenue code	Description	Unit	Authorization rule for par providers	Primary carrier/ secondary carrier (Medicaid)
190	Inpatient psychiatric subacute	Per diem	Yes	Medicare/none
114, 124, 134, 144, 154	Inpatient psychiatric	Day	Yes	Medicare/none
202	Inpatient medical detox when significant medical presentation	Day	Yes	Medicare/none

Medicare BH covered services and authorization requirements: inpatient professional services

CPT E&M code	Description	Unit	Authorization rule for par providers	Primary carrier/secondary carrier (Medicaid)
99221	Initial hospital inpatient care, low complexity	Per day	Yes	Medicare/Medicaid
99222	Initial hospital inpatient care, moderate complexity	Per day	Yes	Medicare/Medicaid
99223	Initial hospital inpatient care, high complexity	Per day	Yes	Medicare/Medicaid
99231	Subsequent hospital inpatient care, low	Per day	Yes	Medicare/Medicaid
99232	Subsequent hospital inpatient care, moderate	Per day	Yes	Medicare/Medicaid
99233	Subsequent hospital inpatient care, high	Per day	Yes	Medicare/Medicaid
99234	Hospital observation or inpatient care, low	Event	No	Medicare/Medicaid
99235	Hospital observation or inpatient care, moderate	Event	No	Medicare/Medicaid

Medicare BH covered services and authorization requirements: inpatient professional services (cont.)

CPT E&M code	Description	Unit	Authorization rule for par providers	Primary carrier/ secondary carrier (Medicaid)
99236	Hospital observation or inpatient care – high	Event	No	Medicare/Medicaid
99238	Hospital discharge day management	30 min	Yes	Medicare/Medicaid
99239	Hospital discharge day	> 30 min	Yes	Medicare/Medicaid

Medicare BH covered services and authorization requirements: observation services

Code	Description	Unit	Authorization rule for par providers	Primary carrier/ secondary carrier (Medicaid)
762	23-hour observation room	Day	No	Medicare/none
99217	Observation care discharge day management	Event	No	Medicare/none
99218	Hospital observation care: low complexity	Per day	No	Medicare/Medicaid
99219	Hospital observation care: moderate complexity	Per day	No	Medicare/Medicaid
99220	Hospital observation care: high complexity	Per day	No	Medicare/Medicaid

Medicare BH covered services and authorization requirements: emergency room services

Code	Description	Unit	Authorization rule for par providers	Primary carrier/ secondary carrier (Medicaid)
450	Emergency room	Day	No	Medicare/none
99281	Emergency department visit, self-limited	Event	No	Medicare/Medicaid
99282	Emergency department visit, low	Event	No	Medicare/Medicaid
99283	Emergency department visit, moderate	Event	No	Medicare/Medicaid
99284	Emergency department visit, problem	Event	No	Medicare/Medicaid
99285	Emergency department visit, problem expanded	Event	No	Medicare/Medicaid

Medicare BH covered services and authorization requirements: partial hospitalization services

Code	Description	Unit	Authorization rule for par providers	Primary carrier/ secondary carrier (Medicaid)
Applicable Medicare revenue code and CPT codes	Partial Hospital Program: three hours (Medicare Considers OP LOC)	Events	Yes	Medicare/none
Applicable Medicare revenue code and CPT codes	Partial Hospital Program: four or more hours (Medicare Considers OP LOC)	Events	Yes	Medicare/none

Medicare BH covered services and authorization requirements: electroconvulsive services

Code	Description	Unit	Authorization rule for par providers	Primary carrier/ secondary carrier (Medicaid)
104	Anesthesia for electroconvulsive therapy	Day	Yes	Medicare/none
901	Outpatient facility fee for electroconvulsive therapy facility	Event	Yes	Medicare/none
90870	Electroconvulsive therapy	Event	No	Medicare/none

Medicare BH covered services and authorization requirements: collaborative care management services new services

Code	Description	Unit	Authorization rule for par providers	Primary carrier/ secondary carrier (Medicaid)
G0502	Initial psychiatric collaborative care management, first 70 minutes	70 min	No	Medicare/none
G0503	Subsequent psychiatric collaborative care management, first 60 minutes	60 min	No	Medicare/none
G0504	Initial or subsequent psychiatric collaborative care management, each additional 30 minutes	30 min	No	Medicare/none
G0505	Cognition and functional assessment using standardized instruments with development of recorded care plan for the patient with cognitive impairment, history obtained from patient and/or caregiver, in office or other outpatient setting or home or domiciliary or rest home	Event	No	Medicare/none
G0506	Care management services for behavioral health conditions, at least 20 minutes of clinical staff time, directed by a physician or other qualified health care professional	20 min	No	Medicare/none

Medicare BH covered services and authorization requirements: outpatient professional services

CPT E&M code	Description	Unit	Authorization rule for par providers	Primary carrier/ secondary carrier (Medicaid)
99210	New patient office outpatient: problem-focused	10 min	No	Medicare/Medicaid
99202	New patient office outpatient: expanded problem-focused	20 min	No	Medicare/Medicaid
99203	New patient office outpatient: detailed	30 min	No	Medicare/Medicaid
99204	New patient office outpatient: comprehensive moderate complexity	45 min	No	Medicare/Medicaid
99205	New patient office outpatient: comprehensive high complexity	60 min	No	Medicare/Medicaid
99211	Established patient office outpatient: minimal problems	5 min	No	Medicare/Medicaid
99212	Established patient office outpatient: problem-focused	10 min	No	Medicare/Medicaid
99213	Established patient office outpatient: expanded problem-focused	15 min	No	Medicare/Medicaid

Medicare BH covered services and authorization requirements: outpatient professional services (cont.)

CPT E&M code	Description	Unit	Authorization rule for par providers	Primary carrier/ secondary carrier (Medicaid)
99214	Established patient office outpatient: detailed	25 min	No	Medicare/Medicaid
99215	Established patient office outpatient: comprehensive high complexity	40 min	No	Medicare/Medicaid

Medicare BH covered services and authorization requirements: psychological testing services

Code	Description	Unit	Authorization rule for par providers	Primary carrier/ secondary carrier (Medicaid)
96101	Psychological testing with interpret face-to-face	Per hour	Yes	Medicare/Medicaid
96102	Psychological testing with interpret technician	Per hour	Yes	Medicare/Medicaid
96103	Psychological testing with interpret computer	Event	Yes	Medicare/Medicaid
96105	Assessment of Aphasia	Per hour	No	Medicare/Medicaid
96111	Developmental testing including assessment of motor, language, social, adaptive and/or cognitive functioning by standardized developmental instruments with interpretation and report	Per hour	No	Medicare/Medicaid
96116	Neurobehavioral status exemption	Per hour	No	Medicare/Medicaid
96118	Neuropsychological testing with interpret face-to-face	Per hour	Yes	Medicare/Medicaid
96119	Neuropsychological testing with interpret technician	Per hour	Yes	Medicare/Medicaid
96120	Neuropsychological testing with interpret computer	Event	Yes	Medicare/Medicaid

Medicare BH covered services and authorization requirements: psychological testing services (cont.)

Code	Description	Unit	Authorization rule for par providers	Primary carrier/ secondary carrier (Medicaid)
96125	Standardized cognitive performance testing (for example, <i>Ross Information Processing Assessment</i>) per hour of a qualified health care professional's time, both face-to-face time administering tests to the patient and time interpreting these test results and preparing the report	Per hour	No	Medicare/Medicaid
G0415	Development testing, with interpretation and report, per standardized instrument form	Per hour	No	Medicare/Medicaid

Medicare BH covered services and authorization requirements: outpatient services

Code	Description	Unit	Authorization rule for par providers	Primary carrier/ secondary carrier (Medicaid)
90785	Interactive complexity	Event	No	Medicare/Medicaid
90791	Psychiatric diagnostic evaluation	Event	No	Medicare/Medicaid
90792	Psychiatric diagnostic evaluation with medical services	Event	No	Medicare/Medicaid
90832	Psychotherapy, 30 minutes with patient present	30 min	No	Medicare/Medicaid
90833	Psychotherapy, 30 minutes with patient present, add-on	30 min	No	Medicare/Medicaid
90834	Psychotherapy, 45 minutes with patient present	45 min	No	Medicare/Medicaid
90836	Psychotherapy, 45 minutes with patient present, add-on	45 min	No	Medicare/Medicaid
90837	Psychotherapy, 60 minutes with patient present	60 min	No	Medicare/Medicaid

Medicare BH covered services and authorization requirements: outpatient services (cont.)

Code	Description	Unit	Authorization rule for par providers	Primary carrier/ secondary carrier (Medicaid)
90838	Psychotherapy, 60 minutes with patient present, add-on	60 min	No	Medicare/Medicaid
90839	Psychotherapy for crisis, first 60 minutes	60 min	No	Medicare/Medicaid
90840	Psychotherapy for crisis, each additional 30 minutes add-on	30 min	No	Medicare/Medicaid
90846	Family medical psychotherapy without patient present	Event	No	Medicare/Medicaid
90847	Family medical psychotherapy with patient present	Event	No	Medicare/Medicaid
90849	Multiple family group therapy	Event	No	Medicare/Medicaid
90853	Group psychotherapy	Event	No	Medicare/Medicaid

Medicare BH covered services and authorization requirements: outpatient services (cont.)

Code	Description	Unit	Authorization rule for par providers	Primary carrier/ secondary carrier (Medicaid)
96150	Health and behavior assessment, initial	15 min	No	Medicare/Medicaid
96151	Health and behavior assessment, subsequent	15 min	No	Medicare/Medicaid
96152	Health and behavior assessment, individual	15 min	No	Medicare/Medicaid
96153	Health and behavior assessment, group	15 min	No	Medicare/Medicaid
96154	Health and behavioral intervention, family without patient	15 min	No	Medicare/Medicaid
99408	Alcohol and/or substance abuse screening	Event	No	Medicare/Medicaid
99409	Alcohol and/or substance (other than tobacco) abuse structure screening (for example, AUDIT, DAST) and brief intervention services, over 30 minutes	Event	No	Medicare/Medicaid

Medicare BH covered services and authorization requirements: outpatient services (cont.)

Code	Description	Unit	Authorization rule for par providers	Primary carrier/secondary carrier (Medicaid)
90845	Medical psychoanalysis	Event	No	Medicare/none
90867	TMS: initial, including cortical mapping, motor threshold determination, delivery and management	Event	Yes	Medicare/none
90868	TMS: subsequent delivery and management, per session (predominant code)	Event	Yes	Medicare/none
90869	TMS: subsequent motor threshold redetermination with delivery and management	Event	Yes	Medicare/none
90880	Medical hypnotherapy	Event	No	Medicare/none
96372	Therapeutic, prophylactic or diagnostic injection	Event	No	Medicare/none
G0396	Alcohol and/or substance (other than tobacco) abuse structure screening (for example, AUDIE, DAST) and brief intervention services, 15 to 30 minutes	15 min	No	Medicare/none
G0397	Alcohol and/or substance (other than tobacco) abuse structure screening (for example, AUDIT, DAST) and brief intervention services, greater than 30 minutes	30 min	No	Medicare/none



Santa Clara County Medi-Cal benefits

Medicaid BH covered services and authorization requirements: Medicaid-only services

Revenue code	Description	Unit	Authorization rule for par providers	Primary carrier/ secondary carrier (Medicaid)
H0031	Functional behavioral assessments (ABA)	Event	Yes	Medicaid
H0032	Supervision/oversight, parent training (ABA)	Event	Yes	Medicaid
H2012	Direct service by qas provider (ABA)	60 min	Yes	Medicaid
H2014	Direct services: skills training/social skills group (qas paraprofessional) (ABA)	15 min	Yes	Medicaid
H2019	Direct service by qas paraprofessional (ABA)	15 min	Yes	Medicaid
H0049	Alcohol and/or drug screening	Event	No	Medicaid
H0050	Alcohol and/or drug screening, brief intervention, per 15 minutes	15 min	No	Medicaid

Medicaid BH covered services and authorization requirements: inpatient professional services

Revenue code	Description	Unit	Authorization rule for par providers	Primary carrier/ secondary carrier (Medicaid)
99221	Inpatient hospital care, low complexity	Per day	Yes	Medicare/Medicaid
99222	Inpatient hospital care, moderate complexity	Per day	Yes	Medicare/Medicaid
99223	Inpatient hospital care, high complexity	Per day	Yes	Medicare/Medicaid
99231	Subsequent hospital care, low	Per day	Yes	Medicare/Medicaid
99232	Subsequent hospital care, moderate	Per day	Yes	Medicare/Medicaid
99233	Subsequent hospital care, high	Per day	Yes	Medicare/Medicaid
99234	Hospital observation or inpatient care, low	Event	No	Medicare/Medicaid
99235	Hospital observation or inpatient care, moderate	Event	No	Medicare/Medicaid

Medicaid BH covered services and authorization requirements: inpatient professional services (cont.)

Revenue code	Description	Unit	Authorization rule for par providers	Primary carrier/ secondary carrier (Medicaid)
99236	Hospital observation or inpatient care, high	Event	No	Medicare/Medicaid
99238	Hospital discharge day management	30 mins	Yes	Medicare/Medicaid
99239	Hospital discharge day	> 30 mins	Yes	Medicare/Medicaid

Medicaid BH covered services and authorization requirements: observation/emergency room professional services

Revenue code	Description	Unit	Authorization rule for par providers	Primary carrier/ secondary carrier (Medicaid)
99218	Hospital observation care, low complexity	Per day	No	Medicare/Medicaid
99219	Hospital observation care, moderate complexity	Per day	No	Medicare/Medicaid
99220	Hospital observation care, high complexity	Per day	No	Medicare/Medicaid
99281	Emergency department visit, self lim	Event	No	Medicare/Medicaid
99282	Emergency department visit, low	Event	No	Medicare/Medicaid
99283	Emergency department visit, moderate	Event	No	Medicare/Medicaid
99284	Emergency department visit, problem	Event	No	Medicare/Medicaid
99285	Emergency department visit, problem expanded	Event	No	Medicare/Medicaid

Medicaid BH covered services and authorization requirements: outpatient professional services

Code	Description	Unit	Authorization rule for par providers	Primary carrier/ secondary carrier (Medicaid)
99201	New patient office outpatient, problem-focused	10 min	No	Medicare/Medicaid
99202	New patient office outpatient, expanded problem-focused	20 min	No	Medicare/Medicaid
99203	New patient office outpatient, detailed	30 min	No	Medicare/Medicaid
99204	New patient office outpatient, comprehensive moderate complexity	45 min	No	Medicare/Medicaid
99205	New patient office outpatient, comprehensive high complexity	60 min	No	Medicare/Medicaid
99211	Established patient office outpatient, minimal problems	5 min	No	Medicare/Medicaid
99212	Established patient office outpatient, problem-focused	10 min	No	Medicare/Medicaid
99213	Established patient office outpatient, expanded problem-focused	15 min	No	Medicare/Medicaid

Medicaid BH covered services and authorization requirements: outpatient professional services (cont.)

Code	Description	Unit	Authorization rule for par providers	Primary carrier/ secondary carrier (Medicaid)
99214	Established patient office outpatient, detailed	25 min	No	Medicare/Medicaid
99215	Established patient office outpatient, comprehensive high quality	5 min	No	Medicare/Medicaid

Medicaid BH covered services and authorization requirements: psychological testing services

Code	Description	Unit	Authorization rule for par providers	Primary carrier/ secondary carrier (Medicaid)
96101	Psychological testing with interpret face-to-face	Per hour	Yes	Medicare/Medicaid
96102	Psychological testing with interpret technician	Per hour	Yes	Medicare/Medicaid
96103	Psychological testing with interpret computer	Event	Yes	Medicare/Medicaid
96105	Assessment of Aphasia	Per hour	No	Medicare/Medicaid
96110	Developmental screening with scoring and documentation, per standardized instrument	Per hour	No	Medicare/Medicaid
96116	Neurobehavioral status exemption	Per hour	No	Medicare/Medicaid
96118	Neurobehavioral testing with interpret face-to-face	Per hour	Yes	Medicare/Medicaid
96119	Neurobehavioral testing with interpret technician	Per hour	Yes	Medicare/Medicaid
96120	Neurobehavioral testing with interpret computer	Event	Yes	Medicare/Medicaid

Medicaid BH covered services and authorization requirements: outpatient services

Code	Description	Unit	Authorization rule for par providers	Primary carrier/ secondary carrier (Medicaid)
90785	Interactive complexity	Event	No	Medicare/Medicaid
90791	Psychiatric diagnostic evaluation	Event	No	Medicare/Medicaid
90792	Psychiatric diagnostic evaluation with medical services	Event	No	Medicare/Medicaid
90832	Psychotherapy, 30 minutes with patient present	30 min	No	Medicare/Medicaid
90833	Psychotherapy, 30 minutes with patient present, add-on	30 min	No	Medicare/Medicaid
90834	Psychotherapy, 45 minutes with patient present	45 min	No	Medicare/Medicaid
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Medicaid BH covered services and authorization requirements: outpatient services (cont.)

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90847	Family medical psychotherapy with patient present	Event	No	Medicare/Medicaid
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90853	Group psychotherapy	Event	No	Medicare/Medicaid

Medicaid BH covered services and authorization requirements: outpatient services (cont.)

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96150	Health and behavior assessment, initial	60 min	No	Medicare/Medicaid
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96152	Health and behavior intervention, individual	30 min	No	Medicare/Medicaid
96153	Health and behavior intervention, group	Event	No	Medicare/Medicaid
96154	Health and behavior intervention, family without patient	Event	No	Medicare/Medicaid
96155	Health and behavior intervention, family with patient	Event	No	Medicare/Medicaid
99408	Alcohol and/or substance abuse screening	Event	No	Medicare/Medicaid
99409	Alcohol and substance (other than tobacco) abuse structure screening (for example, AUDIT, DAST) and brief intervention (Sbi) services, over 30 minutes	Event	No	Medicare/Medicaid



Santa Clara County provider contact information

BH provider phone numbers

- Providers can call **1-855-817-5786**. This is the existing Provider Services number, and it will contain options for BH inpatient/outpatient authorizations.
- Providers can also continue to call **1-855-371-2283**. This number belonged to Beacon but was purchased by Anthem. It will remain operational until at least January 1, 2018. This number will connect to the Provider Services number above providing the same options for inpatient/outpatient authorizations.

BH provider contact

- Providers may contact Fran Shockley for questions related to Santa Clara MMP.
- Fran Shockley, RN, BSN
Director I Healthcare Management Services
California Duals MMP I Santa Clara County
Telephone: **1-925-391-7002**
Email: frances.shockley@anthem.com



Santa Clara County Q&A

Thank you

<https://mediproviders.anthem.com/ca>

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