

**PARTNERSHIP HEALTHPLAN OF CALIFORNIA
POLICY / PROCEDURE**

Policy/Procedure Number: CLPM-28		Lead Department: Claims	
Policy/Procedure Title: Mental Health Services		<input checked="" type="checkbox"/> External Policy <input type="checkbox"/> Internal Policy	
Original Date: 9/1/25		Next Review Date: 01/01/2027 Last Review Date: 4/23/2026	
Applies to:	<input checked="" type="checkbox"/> Medi-Cal	<input type="checkbox"/> Employees	
Reviewing Entities:	<input type="checkbox"/> IQI	<input type="checkbox"/> P & T	<input type="checkbox"/> QUAC
	<input type="checkbox"/> OPERATIONS	<input type="checkbox"/> EXECUTIVE	<input type="checkbox"/> COMPLIANCE <input checked="" type="checkbox"/> DEPARTMENT
Approving Entities:	<input type="checkbox"/> BOARD	<input type="checkbox"/> COMPLIANCE	<input type="checkbox"/> FINANCE <input type="checkbox"/> PAC
	<input type="checkbox"/> CEO <input type="checkbox"/> COO	<input type="checkbox"/> CREDENTIALING	<input checked="" type="checkbox"/> DEPT. DIRECTOR/OFFICER
Approval Signature:		Approval Date: 4/1/2026	

I. RELATED POLICIES:

A. N/A

II. IMPACTED DEPTS:

A. Claims

III. DEFINITIONS:

A. N/A

IV. ATTACHMENTS:

A. N/A

V. PURPOSE:

To provide, for the provider, general guidelines and requirements relating to Mental Health Services.

VI. POLICY / PROCEDURE:

A. In compliance with APL 26-002 and Assembly Bill 1316, effective for dates of service on and after 5/1/26, Partnership covers and will reimburse providers furnishing Emergency Services, both professional and facility, and care and any Post-Stabilization Care. This does not include Specialty Mental Health Services (SMHS) provided to members admitted for inpatient psychiatric care. This is inclusive of voluntary and involuntary admission.

Partnership will ensure that all contracted Primary Care Physicians (PCPs) are authorized to issue referrals for covered Substance Use Disorder (SUD) services. A member is not required to seek a referral exclusively from their assigned PCP; any PCP participating in the member's care may facilitate the referral process to prevent delays in treatment.

B. For claims with dates of service on or BEFORE January 1, 2014:

Mental Health Services are carved out of the Partnership contract with the State of California for all counties.

Medi-Cal mental health services are divided into three areas of financial responsibility:

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- Partnership is responsible for medical services
- Individual county is responsible for Medi-Cal mental health services
- The State of California is responsible for selected mental health services not the responsibility of either Partnership or the county.

Please see below for an outline of the responsibility matrix by mental health service:

Type of Service	Included Diagnosis County or PHC	State or PHC Excluded Diagnosis	Included Diagnosis
<u>Psychiatric Inpatient Hospital</u>			
• Facility	MHP authorization/ State or MHP payment	Same as next column.	Not entitled to MHP, Partnership or State payment.
• Psych. professional fee	MHP	State	Not entitled to MHP, Partnership or State payment.
• Medical MD professional fee	Partnership	Partnership	Partnership
<u>Psychiatric SNF (IMD)</u>			
• Facility LT 11, 12, 31, 32	State	State	State
• Psych. professional fee	MHP	State	Not entitled to MHP, Partnership or State payment.
• Medical MD professional fee	Partnership	Partnership	Partnership
<u>Medical Acute Care Hospital or Medical SNF</u>			
• Facility	Partnership	Partnership	Partnership
• Psych. professional fee	MHP	State	Assessment covered by MHP. Treatment not covered by MHP, Partnership or State.
• Medical MD professional fee	Partnership	Partnership	Partnership

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<i>Emergency Department</i>			
• Facility	Partnership. When admitted to a psych. bed at the same facility, the MHP covers ER facility charges in its payment for day of admission.	Partnership	Partnership
• Psych. Professional fee	MHP	State	Assessment covered by MHP. Treatment not covered by MHP, Partnership or State.
• Medical MD professional fee	Partnership	Partnership	Partnership
Specialty Outpatient MH Service by Psychiatrist, Psychologist, MFT, LCSW, RN	MHP	State	Assessment covered by MHP. Treatment not covered by MHP, Partnership or State.
EPSDT Supplemental Specialty MH services by Psychiatrist, Psychologist, MFCC, LCSW, RN	MHP	State	Assessment covered by MHP. Treatment not covered by MHP, Partnership or State.
<i>FQHC Psychiatric Services</i>	State	State	State
<i>Home Health Services</i>	Partnership	Partnership	Partnership
<i>Prescription Drugs</i>	Partnership	Partnership	Partnership
<i>Laboratory, Radiology</i>	Partnership	Partnership	Partnership
<i>Medical Transportation</i>	Partnership when medically necessary. Partnership will not pay for medical transportation for transfers between inpatient psychiatric facilities that are not medically necessary.	Partnership	Partnership

State = Medi-Cal Fee-For-Service authorization and payment.

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MHP = County Responsibility

Psych. = MHP specialty mental health provider, STATE psychiatrist or psychologist.

The counties are responsible for mental health claims if billed with the following CPT/HCPCS codes listed in Table 1 and diagnosis codes listed in Table 2 (for all locations except inpatient) or Table 3 (for inpatient location):

Table 1 – Covered HCPCS Codes

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

Table 2 – Covered Mental Health Diagnosis for all places of service except Inpatient

ICD-10-CM Codes		
F20.0 – F39	F60.3 – F60.9	F93.8 – F94.9
F40.00 – F48.8	F63.0 – F63.9	F98.0 – F98.4
F50.00 – F50.02	F64.1 – F66	F98.8
F50.2	F68.10 – F69	F98.9
F50.8	F84.3 – F84.9	G44.209
F50.9	F90.0 – F90.9	R45.7
F60.0	F91.1 – F91.9	Z87.890
F60.1	F93.0	

Table 3 – Covered Mental Health Diagnoses – Inpatient Location

ICD-10-CM Codes		
F01.50 – F02.81	F60.0 – F60.9	F94.0 – F94.9
F04 – F09	F63.0 – F63.9	F95.0 – F95.9
F10.10 – F19.99	F68.10 – F68.13	F98.0 – F98.4
F20.0 – F39	F69	G44.209

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F40.00 – F45.9	F84.0 – F84.9	R45.7
F48.1 – F48.9	F90.0 – F91.9	
F50.00 – F50.9	F93.0 – F93.9	

C. For claims with dates of service on or AFTER January 1, 2014:

Effective January 1, 2014, the State of California added a new mental health benefit for Medi-Cal members. The new benefit bridges the gap in services between the services provided by a members Primary Care Provider (PCP) and the services provided by the County Specialty mental health.

Those members with mild to moderate impairment in functioning can now be referred by their PCP or may self-refer for screening and treatment. Partnership has contracted with Carelon Behavioral Health to administer the new benefit for Partnership members. See below for billing information:

Mental Health Services Description Chart for Medi-Cal Managed Care Members			
DIMENSION	Medi-Cal ¹	MHP² OUTPATIENT	MHP INPATIENT

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ELIGIBILITY	Mild to Moderate Impairment in Functioning	Significant Impairment in Functioning	Emergency and Inpatient
	<p>A member is covered by the MCP for services if he or she is diagnosed with a mental health disorder as defined by the current DSM³ resulting in mild to moderate distress or impairment of mental, emotional, or behavioral functioning:</p> <ul style="list-style-type: none"> • Primary care providers identify the need for a mental health screening and refer to a specialist within their network. Upon assessment, the mental health specialists can assess the mental health disorder and the level of impairment and refer members that meet medical necessity criteria to the MHP for a Specialty Mental Health Services (SMHS) assessment. • When a member's condition improves under SMHS and the mental health providers in the MCP and MHP coordinate care, the member may return to the MH provider in the MCP network. <p><i>Note: Conditions that the current DSM identifies as relational problems are not covered, i.e. couples counseling or family counseling.</i></p>	<p>A member is eligible for services if he or she meets all of the following medical necessity criteria:</p> <ol style="list-style-type: none"> 1. Has an included mental health diagnosis;⁴ 2. Has a significant impairment in an important area of life function, or a reasonable probability of significant deterioration in an important area of life function, or a reasonable probability of not progressing developmentally as individually appropriate; 3. The focus of the proposed treatment is to address the impairment(s) described in #2; 4. The expectation that the proposed treatment will significantly diminish the impairment, prevent significant deterioration in an important area of life function, and 5. The condition would not be responsive to physical health care-based treatment. <p><i>Note: For members under age 21 who meet criteria for EPSTD specialty mental health services, the criteria allow for a range of impairment levels⁴ and include treatment that allows the child to progress developmentally as individually appropriate.</i></p>	<p>A member is eligible for services if he or she meets the following medical necessity criteria:</p> <ol style="list-style-type: none"> 1. An included diagnosis; 2. Cannot be safely treated at a lower level of care; 3. Requires inpatient hospital services due to one of the following which is the result of an included mental disorder: <ol style="list-style-type: none"> a. Symptoms or behaviors which represent a current danger to self or others, or significant property destruction; b. Symptoms or behaviors which prevent the beneficiary from providing for, or utilizing, food, clothing, or shelter; c. Symptoms or behaviors which present a severe risk to the beneficiary's physical health; d. Symptoms or behaviors which represent a recent, significant deterioration in ability to function; e. Psychiatric evaluation or treatment which can only be performed in an acute psychiatric inpatient setting or through urgent or emergency intervention provided in the community or clinic; and f. Serious adverse reactions to medications, procedures or therapies requiring continued hospitalization.

¹ Medi-Cal Managed Care Plan

² County Mental Health Plan Medi-Cal Specialty Mental Health Services

³ Current policy is based on DSM IV and will be updated to DSM 5 in the future

⁴ As specified in regulations Title IX, Sections 1820.205 and 1830.205 for adults and 1830.210 for those under age 21

DIMENSION	Medi-Cal⁵	MHP⁶ OUTPATIENT	MHP INPATIENT
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SERVICES	<p>Mental health services when provided by licensed mental health care professionals (as defined in the Medi-Cal provider bulletin) acting within the scope of their license:</p> <ul style="list-style-type: none"> • Individual and group mental health evaluation and treatment (psychotherapy) • Psychological testing when clinically indicated to evaluate a mental health condition • Outpatient services for the purposes of monitoring medication therapy • Outpatient laboratory, medications, supplies, and supplements • Psychiatric consultation 	<p>Medi-Cal Specialty Mental Health Services:</p> <ul style="list-style-type: none"> • Mental Health Services <ul style="list-style-type: none"> ○ Assessment ○ Plan development ○ Therapy ○ Rehabilitation ○ Collateral • Medication Support Services • Day Treatment Intensive • Day Rehabilitation • Crisis Residential • Adult Crisis Residential • Crisis Intervention • Crisis Stabilization • Targeted Case Management 	<ul style="list-style-type: none"> • Acute psychiatric inpatient hospital services • Psychiatric Health Facility Services • Psychiatric Inpatient Hospital Professional Services if the beneficiary is in fee-for- service hospital
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⁵ Medi-Cal Managed Care Plan

⁶ County Mental Health Plan Medi-Cal Specialty Mental Health Services

Drugs Excluded from MCP Coverage:

The following psychiatric drugs are noncapitated except for HCP 170 (KP Cal, LLC)	
Amantadine HCl	Olanzapine Fluoxetine HCl
Aripiprazole	Olanzapine Pamoate
Asenapine (Saphris)	Monohydrate (Zyprexa Relprevv)
Benzotropine Mesylate	Paliperidone (Invega)
Biperiden HCl	Paliperidone Palmitate (Invega Sustenna)
Biperiden Lactate	
Chlorpromazine HCl	Perphenazine
Chlorprothixene	Phenelzine Sulfate
Clozapine	Pimozide
Fluphenazine Decanoate	Prochlorperidine HCl
Fluphenazine Enanthate	Promazine HCl
Fluphenazine HCl	Quetiapine
Haloperidol	Risperidone
Haloperidol Decanoate	Risperidone Microspheres
Haloperidol Lactate	Selegiline (transdermal only)
Iloperidone (Fanapt)	Thioridazine HCl
Isocarboxazid	Thiothixene
Lithium Carbonate	Thiothixene HCl
Lithium Citrate	Tranylcypromine Sulfate

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Loxapine HCl	Trifluoperazine HCl
Loxapine Succinate	Triflupromazine HCl
Lurasidone Hydrochloride	Trihexyphenidyl
Mesoridazine Mesylate	Ziprasidone
Molindone HCl	Ziprasidone Mesylate
Olanzapine	

VII. REFERENCES:

A. All Plan Letter (APL) 26-002

VIII. DISTRIBUTION:

A. PARTNERSHIP4ME PowerDMS Policies & Procedures

IX. POSITION RESPONSIBLE FOR IMPLEMENTING PROCEDURE: Senior Director, Claims Department

X. REVISION DATES: 9/1/25, 4/23/26