

CMSP Letter No. : 05-12  
Issue Date: September 26, 2005

TO: CMSP County Mental Health Department Directors  
SUBJECT: CMSP Inpatient Mental Health Authorization Process

***This letter is to notify you about important changes to CMSP that will take effect on October 1, 2005.***

**I. Program Administration and Mental Health Services Benefit Changes**

Beginning October 1, 2005, the County Medical Services Program (CMSP) will be administered by Blue Cross Life & Health Insurance Company (BCL&H) instead of the California Department of Health Services. Effective for dates of service on or after October 1, 2005, providers will submit CMSP claims to BCL&H, instead of EDS, and county mental health departments will submit authorized "Request for Mental Health Stay in Hospital" for CMSP members and applicants to CMSP, instead of EDS.

In addition, the following benefit change was approved by the CMSP Governing Board and will take effect on October 1, 2005:

Beginning October 1, 2005, payment for inpatient mental health services by CMSP will be limited to 10 hospital days per fiscal year and a maximum of 72 hours per inpatient episode. In addition, county mental health departments will be required to give prior approval (authorization) for inpatient hospital mental health services.

**II. Process for Authorizing Inpatient Mental Health Services for CMSP Members & CMSP Applicants**

1. Hospitals must notify the designated county mental health point of authorization (based on the CMSP member's/ CMSP applicant's county of residence), via phone or fax, within 24 hours of an inpatient mental health hospital admission.
2. Hospitals will continue to use the "Request for Mental Health Stay in Hospital" (18-3) form and submit the form to the county.
3. The county will complete the 18-3 form (including the TAR Control Number) and shall indicate in the validating information section that this is a "CMSP member."

4. The county shall furnish the hospital the completed, approved version of the 18-3 form via fax or other method established with the hospital.
5. The county shall fax a copy of the completed, approved 18-3 form to CMSP's clinical fax line at (916) 848-3349 within five (5) business days of the CMSP Member's or CMSP Applicant's discharge for the hospital. Fax transmittal shall be made with the county's standard fax transmittal cover sheet.
6. The hospital must submit CMSP claims to BCL&H, not EDS. When billing for inpatient mental health hospital services, the hospital must include the approved & complete TAR Control Number on the claim to BCL&H in Box 63 of the UB-92 form (electronic & paper billing).
7. CMSP will transmit authorization information to BCL&H. Please Note: In order for a hospital to receive reimbursement from CMSP via BCL&H for the inpatient mental health stay, the hospital must be a participating facility in the BCL&H/CMSP network.
8. As appropriate, the county shall refer the CMSP member or applicant for a Medi-Cal determination due to disability.
9. The CMSP office shall establish a database for tracking the accrual of authorized inpatient mental health hospital days for CMSP members. County mental health departments seeking information on authorized days for CMSP members may contact Anna Bedrina at the CMSP Governing Board office at (916) 649-2631 ext. 20.

Please refer to the enclosed excerpt of the CMSP Provider Operations Manual (POM) related to inpatient mental health hospital stays.

The CMSP Governing Board Office is conducting a feasibility study about providing on-line access to county mental health department representatives in order to track the number of inpatient mental health days authorized for each CMSP member. The CMSP Governing Board Administrative Office will keep the CMSP county mental health departments abreast of developments in this area.

### **III. Professional Mental Services Rendered to CMSP Members & CMSP Applicants**

There will be no prior authorization requirement for outpatient psychiatric services. Reimbursement for professional psychiatric services by CMSP is limited to a maximum of 10 outpatient visits per 120-day period and up to 5 hours in three days of an inpatient mental health stay. Please note, only participating network psychiatrists can receive reimbursement for inpatient and outpatient mental health services under CMSP. CMSP does not cover services provided by psychologists, LCSW, or MFT.

It is advised that psychiatrists billing for professional services rendered in conjunction with an inpatient mental health stay, include the associated TAR Control Number from the approved "Request for Mental Health Stay in Hospital" on their professional claim to expedite claims processing with BCL&H.

Please refer to the enclosed excerpt of the CMSP Provider Operations Manual (POM) related to professional mental health services.

Additional information concerning changes to CMSP is available on the CMSP Governing Board's website at [www.cmspcounties.org](http://www.cmspcounties.org).

Please contact Alison Kellen with the CMSP Governing Board office at (916) 649-2631 ext. 19 with any questions about this process or the transition to BCL&H.

Sincerely,

A handwritten signature in black ink, appearing to read "Lee D. Kemper". The signature is fluid and cursive, with a long horizontal stroke extending to the right.

Lee D. Kemper  
Administrative Officer

Cc: Chair and Members, CMSP Governing Board

Enclosure: Excerpt of CMSP POM related to Mental Health

- Maximum of 72 hours (3 days) per inpatient stay
- Maximum of five (5) hours professional services per 72-hour inpatient stay
- For outpatient services, maximum of 10 visits per 120 calendar days
- No coverage for services performed by non-contracted mental health providers or facilities, including emergency mental health services
- No coverage for non-psychiatrist providers

The table below lists codes for inpatient and outpatient psychiatric services.

Code	Description
90801	Psychiatric diagnostic interview examination
90802	Interactive psychiatric diagnostic interview examination using play equipment, physical devices, language interpreter, or other mechanisms of communication
90804 – 90815	Individual psychotherapy (outpat) – various lengths of time
90816 – 90829	Individual psychotherapy (inpat) – various lengths of time
90853	Group psychotherapy (other than of a multiple-family group)
90862	Pharmacologic management, including prescription, use, and review of medication with no more than minimal psychotherapy
90870	Electroconvulsive therapy (includes necessary monitoring); single seizure
90871	Electroconvulsive therapy (includes necessary monitoring); multiple seizures, per day
90880	Hypnotherapy
90899	Unlisted psychiatric service or procedure
96100	Psychological testing (including psychodiagnostic assessment of personality, psychopathology,

**Mental Health**

***Inpatient And Outpatient Psychiatric Services***

In order to facilitate timely claims processing and payment, the Plan requires that standardized billing procedures be followed when submitting claims for inpatient and outpatient psychiatric services.

**Inpatient pre-service review** must be obtained from the county mental health department where the member resides and the authorization number must be included on the appropriate claim form.

Refer to the **Mental Health Plan Point of Authorization Directory** in the Forms section for mental health department contact information in CMSP counties.

**Coverage for mental health** is limited to the following:

- Maximum of 10 days per year (July 1–June 30) for inpatient

	emotionality, intellectual abilities, eg, WAIS-R, Rorschach, MMPI) with interpretation and report, per hour
99201 – 99285	Evaluation and Management (E & M) services
99341 – 99350	Home visit E & M services
99354 – 99357	Prolonged physician service with direct (face-to-face) member contact
Z0300	Individual medical psychotherapy by a physician, with continuing medical diagnostic evaluation, and drug management when indicated, including psychoanalysis, insight-oriented, behavior-modifying or supportive psychotherapy; 10–15 minutes