

**ADDENDUM 1****SUMMARY AND RESPONSES TO 45-DAY PUBLIC COMMENTS****Comment Letter #1****Commenter Name:** Allie Budenz**Title:** Director of Population Health Management**Organization:** California Primary Care Association**Date Comment Received:** May 1, 2024**Comment 1A****Specification of Codes and Services**

We appreciate the department's efforts to provide the most current benefit information related to psychology services and ensure information regarding reimbursement rates, procedure codes, and covered benefits is up to date. It is important to CPCA that the non-exhaustive list of behavioral health services mentioned in the notice of proposed rulemaking also includes the necessary procedure codes and reimbursement rates available on the Medi-Cal Provider website. In addition to these updates, and in recognition of the unique billing and reimbursement mechanisms under Medi-Cal specific to FQHC and RHC providers, we encourage the Department of Health Care Services to clearly specify on the Department's Medi-Cal Provider website which procedure codes and services can be billed by Federally Qualified Health Center (FQHC) and Rural Health Center (RHC) psychologists. This would allow for clearer, more specific guidelines for FQHCs and RHCs who want to allow billable FQHC/RHC psychologists to provide the breadth of behavioral health services to their patients.

**Response 1A**

The Department considered this comment but did not amend the proposed regulations.

The Department would like to thank the California Primary Care Association (CPCA) for its comments regarding the DHCS-19-001 Psychology Services regulatory proposal. The Department also appreciates CPCA's acknowledgment of the efforts to provide access to the most up-to-date information for the wide range of Medi-Cal behavioral health services, including procedure codes and corresponding reimbursement rates, on the Department's Medi-Cal Provider website.

This comment requests that the non-exhaustive list of behavioral health services mentioned in the initial statement of reasons, provided with the notice of proposed rulemaking, also include the necessary procedure codes and reimbursement rates

available on the Department's Medi-Cal Provider website. The purpose of the regulatory proposal is to amend California Code of Regulations, title 22, section 51505.3, to provide updated covered benefits information related to psychology services, and to remove references to outdated procedure codes and reimbursement rates. The Department is authorized to adopt and publish procedure code information without taking regulatory action, as provided in Welfare and Institutions Code section 14105.05. Therefore, up-to-date procedure codes and reimbursement rates for psychology services will now be published on the Department's Medi-Cal Provider website rather than listed in the regulation text. The form or content of other information on the Department's Medi-Cal Provider website is outside the scope of this regulatory proposal.

This comment also requests the Department to specify on the Department's Medi-Cal Provider website which behavioral health services can be billed by Federally Qualified Health Center (FQHC) and Rural Health Center (RHC) psychologists. As stated above, the form or content of other information on the Department's Medi-Cal Provider website is outside the scope of this regulatory proposal.

### **Comment 1B**

#### **Billable Group Visits**

Additionally, as core Medi-Cal providers, it is important for FQHC/RHC patients to be able to receive group therapy services from their FQHC or RHC provider, as is allowable for non-FQHC/RHC providers and their patients. This policy does not provide the needed clarity to establish that FQHCs and RHCs can provide and seek reimbursement for group visits in the same way that other providers do. This is an ongoing challenge for FQHCs/RHCs and their patients as allowing group visits to be a billable benefit helps to ensure patients receive necessary behavioral health services while increasing staffing capacity for psychologists. CPCA sees group visits as a critical tool in addressing behavioral health issues and believes that these services should be reimbursable. Allowing psychology services to be billable for group visits is one way to start laying the pathway for more equitable reimbursement. We hope that the department will consider including group services in the reimbursement rates, procedure codes, and billable services for FQHC/RHCs that we hope will be shared in tandem with the FQHC/RHC specific guidelines on the Department's Medi-Cal Provider website.

### **Response 1B**

The Department considered this comment but did not amend the proposed regulations.

The purpose of this regulatory proposal is to amend California Code of Regulations, title 22, section 51505.3, to provide updated covered benefits information related to psychology services, and to remove references to outdated procedure codes and reimbursement rates.

This comment requests the Department to clarify and revise its policies to allow FQHCs and RHCs to provide and seek reimbursement for group therapy services as permitted by non-FQHC/RHC providers. However, billing and reimbursement requirements for services provided by FQHC and RHC providers are set forth in statute in Welfare and Institutions Code section 14132.100; thus, this request is outside the scope of this regulatory proposal.

## ADDENDUM 1

### SUMMARY AND RESPONSES TO 45-DAY PUBLIC COMMENTS

#### **Comment Letter #2**

**Commenter Name:** Kate Ross

**Title:** Director of State Programs

**Organization:** California Association of Health Plans

**Date Comment Received:** May 1, 2024

#### **Comment 2A**

##### **Section 52505.3(d)(3)**

The following language found on page 2 § 51505.3(d)(3) is proposed to be stricken:  
(d)(3) Atypical test sessions, where the time allowance for test administration exceeds three hours, shall be fully explained.

Striking this language may increase the need for parity assessment among Managed Care Plans (MCPs) that require prior authorization for psychological testing. If DHCS does not set a new standard for the expectation of time limits for psychodiagnostics, MCPs may be left to set their own which may disrupt the State's standard. We urge DHCS to reconsider striking this language.

#### **Response 2A**

The Department considered this comment but did not amend the proposed regulations.

The Department would like to thank the California Association of Health Plans for its comments regarding the DHCS-19-001 Psychology Services regulatory proposal. The proposed deletion of subsection (d)(3) aligns with current professional norms and the standardized CPT codes for psychodiagnostic testing. With this proposed amendment, the Department anticipates less administrative burden for providers and does not foresee any issues with parity.