

State of California
Office of Administrative Law

NOTICE OF APPROVAL OF REGULATORY ACTION

Government Code Section 11349.3

OAL Matter Number: 2025-0219-01

OAL Matter Type: Regular (S)

In re:

Department of Health Care Services

Regulatory Action:

Title 22, California Code of Regulations

Amend section: 51505.3

This action by the Department of Health Care Services amends provisions governing psychology services under the Medi-Cal program to update covered benefits, remove outdated reimbursement rates and procedure codes, and specify that reimbursement rates and procedure codes will be published on the department's Medi-Cal Provider website, as authorized by Welfare and Institutions Code section 14105.05.

OAL approves this regulatory action pursuant to section 11349.3 of the Government Code. This regulatory action becomes effective on July 1, 2025.

Date: April 3, 2025

[Original Signed]

Nicole C. Carrillo, Senior Attorney

For: Kenneth J. Pogue Director

Original: Michelle Baass, Director

Copy: Erika Drayton-Jebali

[Stamp]
[REGULAR]

**STATE OF CALIFORNIA – OFFICE OF ADMINISTRATIVE LAW
NOTICE PUBLICATION/REGULATIONS SUBMISSION**

STD. 400 (REV. 10-2019)
OAL FILE NUMBERS
NOTICE FILE NUMBER: **Z-** 2024-0305-02
REGULATORY ACTION NUMBER: 2025-0219-01S
EMERGENCY NUMBER: [Blank]

For use by Office of Administrative Law (OAL) only
NOTICE: [Blank]

REGULATIONS: [Date Stamp]
2025 FEB 19 PM 2:57
OFFICE OF ADMINISTRATIVE LAW

For use by Secretary of State only
[Date Stamp]
Endorsed - Filed in the office of the Secretary of State of the State of California
APR 03 2025
1:56 PM [Initialed by] AB

AGENCY WITH RULEMAKING AUTHORITY: Department of Health Care Services
AGENCY FILE NUMBER (if any): DHCS-19-001

A. PUBLICATION OF NOTICE (Complete for publication in Notice Register)

1. SUBJECT OF NOTICE: Psychology Services
TITLE(S): 22
FIRST SECTION AFFECTED: 51505.3
2. REQUESTED PUBLICATION DATE: March 15, 2024
3. NOTICE TYPE
Notice re Proposed Regulatory Action: [Checked]
Other: [Blank]
4. AGENCY CONTACT PERSON: Erika Drayton-Jebali
TELEPHONE NUMBER: 916-345-8404
FAX NUMBER (Optional): N/A

OAL USE ONLY

ACTION ON PROPOSED NOTICE

Approved as Submitted: [Blank]
Approved as Modified: [Blank]
Disapproved/Withdrawn: [Blank]
NOTICE REGISTER NUMBER: 2024, 10-Z
PUBLICATION DATE: 03/15/2024

B. SUBMISSION OF REGULATIONS (Complete when submitting regulations)

1a. SUBJECT OF REGULATION(S): Psychology Services

1b. ALL PREVIOUS RELATED OAL REGULATORY ACTION NUMBER(S): [Blank]

**2. SPECIFY CALIFORNIA CODE OF REGULATIONS TITLE(S) AND SECTION(S)
(Including title 26, if toxics related)**

SECTIONS AFFECTED (List all section number(s) individually. Attach additional sheet if needed.)

ADOPT: [Blank]

AMEND: 51505.3

REPEAL: [Blank]

TITLE(S): 22

3. TYPE OF FILING

Regular Rulemaking (Gov. Code Section 11346): [Checked]

Resubmittal of disapproved or withdrawn nonemergency filing (Gov. Code Sections 11349.3, 11349.4): [Blank]

Emergency (Gov. Code, Section 11346.1(b)): [Blank]

Certificate of Compliance: The agency officer named below certifies that this agency complied with the provisions of Gov. Code Sections 11346.2-11347.3 either before the emergency regulation was adopted or within the time period required by statute: [Blank]

Resubmittal of disapproved or withdrawn emergency filing (Gov. Code, Section 11346.1): [Blank]

Emergency Readopt (Gov. Code, Section 11346.1(h)): [Blank]

File & Print: [Blank]

Other (Specify): [Blank]

Changes Without Regulatory Effect (Cal. Code Regs., title 1, section 100): [Blank]
Print Only: [Blank]

**4. ALL BEGINNING AND ENDING DATES OF AVAILABILITY OF MODIFIED
REGULATIONS AND/OR MATERIAL ADDED TO THE RULEMAKING FILE (Cal. Code
Regs, title 1, section 44 and Gov. Code section 11347.1): Dates of Availability: [Blank]**

**5. EFFECTIVE DATE OF CHANGES (Gov. Code, sections 11343.4, 11346.1(d)); Cal.
Code Regs, title 1, section 100):**

Effective January 1, April 1, July 1, or October 1 (Gov. Code Section 11343.4(a)):
[Checked]

Effective on filing with Secretary of State: [Blank]

Section 100 Changes Without Regulatory Effect: [Blank]
Effective other (Specify): [Blank]

6. CHECK IF THESE REGULATIONS REQUIRE NOTICE TO, OR REVIEW, CONSULTATION, APPROVAL OR CONCURRENCE BY, ANOTHER AGENCY OR ENTITY.

Department of Finance (Form STD. 399) (SAM Section 6660): [Blank] PER AGENCY REQUEST NCC

Fair Political Practices Commission: [Blank]

State Fire Marshal: [Blank]

Other (Specify): [Blank]

7. CONTACT PERSON: Erika Drayton-Jebali

TELEPHONE NUMBER: 916-345-8404

FAX NUMBER (Optional): [Blank]

EMAIL ADDRESS (Optional): Erika.Drayton-Jebali@dhcs.ca.gov

8. I certify that the attached copy of the regulations is a true and correct copy of the regulation(s) identified on this form, that the information specified on this form is true and correct, and that I am the head of the agency taking this action, or a designee of the head of the agency, and am authorized to make this certification.

SIGNATURE OF AGENCY HEAD OR DESIGNEE: [Original Signed]

TYPED NAME AND TITLE OF SIGNATORY: Michelle Baass, Director

DATE: 2/18/25

For use by Office of Administrative Law (OAL) only

[Date Stamp]

Endorsed Approved

APR 03 2025

Office of Administrative Law

METHOD OF INDICATING CHANGES

This Accessible PDF version of the approved regulation text includes the phrase [begin underline] at the beginning of each addition, [end underline] at the end of each addition, [begin strikeout] at the beginning of each deletion, and [end strikeout] at the end of each deletion.

A standard PDF version of this approved regulation text is also available on the Department's Office of Regulations Internet site.

Amend Section 51505.3 to read as follows:

§ 51505.3. Psychology Services.

(a) Reimbursement for psychology services shall be the usual charges made to the general public not to exceed the maximum reimbursement rates published on the Department's Medi-Cal Provider website for the procedure codes that apply to psychology services.~~allowances listed in this section.~~ Psychology services include, but are not limited to, group therapy, family therapy, individual therapy, psychodiagnostic services, and case conferences.

(b) Group therapy shall include~~be counseling~~ at least two but not more than 10~~eight~~ persons at any session. A~~G~~group therapy session~~reimbursement~~ shall ~~not~~ be ~~made for sessions which are less than~~ a minimum of one~~and one-half~~ hour~~s~~.

(c) Family therapy shall include at least two members of the immediate family~~, at any session~~, as defined by subsection (c) of Section 51466. ~~The oldest family member in attendance shall be billed under procedure codes X9508 or X9510. All other family members in attendance shall be billed under procedure code X9512. For Medi-Cal clients:~~

~~(1) A MEDI label and Medi-Cal claim form shall be submitted for each Medi-Cal eligible family member in attendance at the family therapy session.~~

~~(2) At least two Medi-Cal eligible family members shall be in attendance at the family therapy session.~~

~~(3) At least one Medi-Cal eligible family member shall be billed under procedure code X9512 for each family therapy session.[end strikeout]~~

(d) The following requirements shall apply to
~~P~~pychodiagnostic services~~shall be provided and billed as follows~~:

(1) Psychodiagnostic services shall include test administration, scoring, and, when required, a written test report summarizing the performance and behavior results. Test administration shall include any pretest interview, pretest instruction, and test materials. Test administration shall be concluded within seven consecutive work days. Psychodiagnostic time allowances shall only apply to the actual time the psychologist~~'s~~ ~~actual time~~ is involved in rendering a given service.

(2) Group psychodiagnostic testing shall include at least ~~two~~ but not more than ~~eight~~ 10 persons, at any session.

~~(3) Atypical test sessions, where the time allowance for test administration exceeds three hours, shall be fully explained.~~

~~(4)~~(3) The

psychodiagnostic tests performed shall be reported on the billing form.

[begin strikeout](5) Partial hour allowances shall be used whenever a procedure involves a fraction of an hour.[end strikeout]

[begin strikeout](6[end strikeout][begin underline](4[end underline]) A computer scored test shall be billed using the computer firm's charge for the service. A computer scored test shall be reimbursed at the computer firm's usual charge up to the maximum [begin underline]reimbursement rate for this test, published on the Department's Medi-Cal Provider website for the procedure codes that apply to psychology services.[end underline][begin strikeout]allowance listed under procedure code X9536. Additional time required to administer the test or to evaluate the computerized report may be billed as a part of test administration or test scoring, respectively.[end strikeout]

(e) [begin underline]A[end underline] [begin strikeout]C[end strikeout][begin underline]c[end underline]ase conference [begin strikeout]allowances[end strikeout] shall be limited to [begin underline]a[end underline] conference[begin strikeout]s[end strikeout] with persons immediately involved in the care or recovery of the client. [begin strikeout]Case conferences shall be limited to one per patient per month.

(f) The maximum allowance for out-of-office call is payable only for visits to the first client receiving services at any given location on the same day. It shall not apply to services rendered by a hospital outpatient department nor an organized outpatient clinic.

(g) Maximum Allowances shall be as follows:

~~Procedure Code~~ X9500

~~PSYCHOTHERAPY~~ Individual, one-half hour

~~**Maximum Allowance** \$18.98~~

~~**Procedure Code** X9502~~

~~**PSYCHOTHERAPY** Individual, one hour~~

~~**Maximum Allowance** 38.01~~

~~**Procedure Code** X9504~~

~~**PSYCHOTHERAPY** Individual, one and one-half hour (maximum)~~

~~**Maximum Allowance** 56.98~~

~~**Procedure Code** X9506~~

~~**PSYCHOTHERAPY** Group Therapy, per person, per session~~

~~**Maximum Allowance** 14.48~~

~~**Procedure Code** X9508~~

~~**PSYCHOTHERAPY** Family Therapy, one hour, oldest family member~~

~~**Maximum Allowance** 50.87~~

~~**Procedure Code** X9510~~

~~**PSYCHOTHERAPY** Family Therapy, one and one-half hours (maximum)~~

~~**Maximum Allowance** 76.32~~

~~**Procedure Code** X9512~~

~~**PSYCHOTHERAPY** Family Therapy, each additional family member~~

~~**Maximum Allowance** 1.68~~

~~**Procedure Code** X9514~~

~~**PSYCHODIAGNOSTIC SERVICES** Test Administration, includes pretest interview one complete hour~~

~~**Maximum Allowance** \$38.01~~

~~**Procedure Code** X9516~~

~~**PSYCHODIAGNOSTIC SERVICES** two complete hours~~

~~**Maximum Allowance** 75.96~~

~~**Procedure Code** X9518~~

~~**PSYCHODIAGNOSTIC SERVICES** three complete hours~~

~~**Maximum Allowance** 114.00~~

~~**Procedure Code** X9520~~

~~**PSYCHODIAGNOSTIC SERVICES** four complete hours~~

~~**Maximum Allowance** 152.01~~

~~**Procedure Code** X9522~~

~~**PSYCHODIAGNOSTIC SERVICES** five complete hours~~

~~**Maximum Allowance** 189.96~~

~~**Procedure Code X9524**~~

~~**PSYCHODIAGNOSTIC SERVICES** six complete hours (maximum)~~

~~**Maximum Allowance** 227.98~~

~~**Procedure Code X9526**~~

~~**PSYCHODIAGNOSTIC SERVICES** partial hour, each 15 minutes~~

~~**Maximum Allowance** 9.49~~

~~**Procedure Code X9528**~~

~~**PSYCHODIAGNOSTIC SERVICES** Group Test Administration, per person over one, add~~

~~**Maximum Allowance** 14.48~~

~~**Procedure Code X9530**~~

~~**PSYCHODIAGNOSTIC SERVICES** Test Scoring, one complete hour~~

~~**Maximum Allowance** 38.01~~

~~**Procedure Code X9532**~~

~~**PSYCHODIAGNOSTIC SERVICES** two complete hours (maximum)~~

~~**Maximum Allowance** 75.96~~

~~**Procedure Code X9534**~~

~~**PSYCHODIAGNOSTIC SERVICES** partial hours each 15 minutes~~

~~**Maximum Allowance** 9.49~~

~~**Procedure Code X9536**~~

~~**PSYCHODIAGNOSTIC SERVICES** Computer Scored Test, per test, at computer firm's usual charge up to a maximum of~~

~~**Maximum Allowance** 18.98~~

~~**Procedure Code X9538**~~

~~**PSYCHODIAGNOSTIC SERVICES** Written Test Report, when required, one complete hour~~

~~**Maximum Allowance** 38.01~~

~~**Procedure Code X9540**~~

~~**PSYCHODIAGNOSTIC SERVICES** two complete hours (maximum)~~

~~**Maximum Allowance** 75.96~~

~~**Procedure Code X9542**~~

~~**PSYCHODIAGNOSTIC SERVICES** partial hour each 15 minutes~~

~~**Maximum Allowance** 9.49~~

~~**Procedure Code X9544**~~

~~**RELATED PSYCHOLOGY SERVICES** Case conference, one-half hour~~

~~**Maximum Allowance** \$18.98~~

~~**Procedure Code** X9546~~

~~**RELATED PSYCHOLOGY SERVICES** one complete hour (maximum)~~

~~**Maximum Allowance** 38.01~~

~~**Procedure Code** X9548~~

~~**RELATED PSYCHOLOGY SERVICES** Out-of-Office call~~

~~**Maximum Allowance** 9.49~~

~~**Procedure Code** X9550~~

~~**RELATED PSYCHOLOGY SERVICES** Unlisted Services~~

~~**Maximum Allowance** By Report[end strikeout]~~

Note: Authority cited: Sections 10725, [begin strikeout]14105[end strikeout][begin underline], 14105.05[end underline] and 14124.5, Welfare and Institutions Code. Reference: Sections 14105[begin underline], 14105.05[end underline] and 14132, Welfare and Institutions Code; Statutes of 1982, Chapter 1594, Section 77; Statutes of 1983, Chapter 323, Section 149; Statutes of 1984, Chapter 258, Items 4260-106-001 and 890; Statutes of 1984, Chapter 268, Section 66; Statutes of 1985, Chapter 111, Items 4260-106-001 and 890; and Statutes of 2000, Chapter 52, Items 4260-101-0001 and 0890.