

**State of California  
Office of Administrative Law**

In re:  
Department of Health Care Services

Regulatory Action:

Title 22, California Code of Regulations

Amend section: 51505.3

NOTICE OF APPROVAL OF REGULATORY  
ACTION

Government Code Section 11349.3

OAL Matter Number: 2025-0219-01

OAL Matter Type: Regular (S)

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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Services amends provisions governing psychology services under the Medi-Cal program to update covered benefits, remove outdated reimbursement rates and procedure codes, and specify that reimbursement rates and procedure codes will be published on the department's Medi-Cal Provider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**

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Nicole C. Carrillo  
Senior Attorney

For: Kenneth J. Pogue  
Director

Original: Michelle Baass, Director  
Copy: Erika Drayton-Jebali

# REGULAR

STATE OF CALIFORNIA—OFFICE OF ADMINISTRATIVE LAW

**NOTICE PUBLICATION/REGULATIONS SUBMISSION**

STD. 400 (REV. 10/2019)

For use by Secretary of State only

OAL FILE NUMBERS	NOTICE FILE NUMBER <b>Z- 2024-0305-02</b>	REGULATORY ACTION NUMBER <b>2025-0219-015</b>	EMERGENCY NUMBER
For use by Office of Administrative Law (OAL) only			
NOTICE		REGULATIONS	

**ENDORSED - FILED**  
in the office of the Secretary of State  
of the State of California**APR 03 2025**  
**1:56 PM** *AB***OFFICE OF ADMIN. LAW**  
**2025 FEB 19 PM2:57**

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 <b>Psychology Services</b>		TITLE(S) <b>22</b>	FIRST SECTION AFFECTED <b>51505.3</b>	2. REQUESTED PUBLICATION DATE <b>March 15, 2024</b>
3. NOTICE TYPE <input checked="" type="checkbox"/> Notice re Proposed Regulatory Action <input type="checkbox"/> Other		4. AGENCY CONTACT PERSON <b>Erika Drayton-Jebali</b>	TELEPHONE NUMBER <b>(916) 345-8404</b>	FAX NUMBER (Optional) <b>N/A</b>
OAL USE ONLY	ACTION ON PROPOSED NOTICE <input type="checkbox"/> Approved as Submitted <input type="checkbox"/> Approved as Modified <input type="checkbox"/> Disapproved/Withdrawn		NOTICE REGISTER NUMBER <b>2024, 10-2</b>	PUBLICATION DATE <b>3/15/24</b>

**B. SUBMISSION OF REGULATIONS (Complete when submitting regulations)**

1a. SUBJECT OF REGULATION(S) <b>Psychology Services</b>		1b. ALL PREVIOUS RELATED OAL REGULATORY ACTION NUMBER(S)	
2. SPECIFY CALIFORNIA CODE OF REGULATIONS TITLE(S) AND SECTION(S) (Including title 26, if toxics related)			
SECTION(S) AFFECTED (List all section number(s)) <b>individually. Attach additional sheet if needed.</b>		ADOPT	
TITLE(S) <b>22</b>		AMEND <b>51505.3</b>	
		REPEAL	
3. TYPE OF FILING			
<input checked="" type="checkbox"/> Regular Rulemaking (Gov. Code §11346) <input type="checkbox"/> Certificate of Compliance: The agency officer named below certifies that this agency complied with the provisions of Gov. Code §§11346.2-11347.3 either before the emergency regulation was adopted or within the time period required by statute. <input type="checkbox"/> Emergency Readopt (Gov. Code, §11346.1(h)) <input type="checkbox"/> Changes Without Regulatory Effect (Cal. Code Regs., title 1, §100)			
<input type="checkbox"/> Resubmittal of disapproved or withdrawn nonemergency filing (Gov. Code §§11349.3, 11349.4) <input type="checkbox"/> File & Print <input type="checkbox"/> Print Only			
<input type="checkbox"/> Emergency (Gov. Code, §11346.1(b)) <input type="checkbox"/> Resubmittal of disapproved or withdrawn emergency filing (Gov. Code, §11346.1) <input type="checkbox"/> Other (Specify) _____			
4. ALL BEGINNING AND ENDING DATES OF AVAILABILITY OF MODIFIED REGULATIONS AND/OR MATERIAL ADDED TO THE RULEMAKING FILE (Cal. Code Regs. title 1, §44 and Gov. Code §11347.1)			
5. EFFECTIVE DATE OF CHANGES (Gov. Code, §§ 11343.4, 11346.1(d); Cal. Code Regs., title 1, §100 )			
<input checked="" type="checkbox"/> Effective January 1, April 1, July 1, or October 1 (Gov. Code §11343.4(a)) <input type="checkbox"/> Effective on filing with Secretary of State <input type="checkbox"/> \$100 Changes Without Regulatory Effect <input type="checkbox"/> Effective other (Specify) _____			
6. CHECK IF THESE REGULATIONS REQUIRE NOTIFICATION, REVIEW, CONSULTATION, APPROVAL OR CONCURRENCE BY, ANOTHER AGENCY OR ENTITY			
<input type="checkbox"/> Department of Finance (Form STD. 399) (SA REQUEST NCC) <input type="checkbox"/> Fair Political Practices Commission <input type="checkbox"/> State Fire Marshal			
<input type="checkbox"/> Other (Specify) _____			

7. CONTACT PERSON <b>Erika Drayton-Jebali</b>	TELEPHONE NUMBER <b>(916) 345-8404</b>	FAX NUMBER (Optional)	E-MAIL ADDRESS (Optional) <b>erika.drayton-jebali@dhs.ca.gov</b>
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8. I certify that the attached copy of the regulation(s) 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 <b>Original Signed</b>	DATE <b>2-18-25</b>
TYPED NAME AND TITLE OF SIGNATORY <b>Michelle Baass, Director</b>	

For use by Office of Administrative Law (OAL) only

**APR 03 2025****Office of Administrative Law**

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 Group therapy session reimbursement shall not be made for sessions which are less than a minimum of one and one-half hours.

(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.~~

(d) The following requirements shall apply to Ppsychodiagnostic 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.

~~(5) Partial hour allowances shall be used whenever a procedure involves a fraction of an hour.~~

~~(6)~~(4) 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 reimbursement rate for this test, published on the Department's Medi-Cal Provider website for the procedure codes that apply to psychology services, ~~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.~~

(e) ~~A~~ Case conference allowances shall be limited to a conferences with persons immediately involved in the care or recovery of the client. ~~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:~~

<del><b>Procedure</b></del>	<del><b>Maximum</b></del>
<del><b>Code</b></del>	<del><b>Allowance</b></del>
<del>PSYCHOTHERAPY</del>	
<del>X9500</del>	<del>Individual, one-half hour \$18.98</del>
<del>X9502</del>	<del>Individual, one hour 38.01</del>
<del>X9504</del>	<del>Individual, one and one-half hour (maximum) 56.98</del>
<del>X9506</del>	<del>Group Therapy, per person, per session 14.48</del>
<del>X9508</del>	<del>Family Therapy, one hour, oldest family member 50.87</del>
<del>X9510</del>	<del>Family Therapy, one and one-half hours (maximum) 76.32</del>
<del>X9512</del>	<del>Family Therapy, each additional family member 1.68</del>
<del>PSYCHODIAGNOSTIC SERVICES</del>	
<del>X9514</del>	<del>Test Administration, includes pretest interview one complete hour \$38.01</del>
<del>X9516</del>	<del>two complete hours 75.96</del>

X9518	three complete hours	114.00
X9520	four complete hours	152.01
X9522	five complete hours	189.96
X9524	six complete hours (maximum)	227.98
X9526	partial hour, each 15 minutes	9.49
X9528	Group Test Administration, per person over one, add	14.48
X9530	Test Scoring, one complete hour	38.01
X9532	two complete hours (maximum)	75.96
X9534	partial hours each 15 minutes	9.49
X9536	Computer Scored Test, per test, at computer firm's usual charge up to a maximum of	18.98
X9538	Written Test Report, when required, one complete hour	38.01
X9540	two complete hours (maximum)	75.96
X9542	partial hour each 15 minutes	9.49

#### RELATED PSYCHOLOGY SERVICES

X9544	Case conference, one half hour	\$18.98
X9546	one complete hour (maximum)	38.01
X9548	Out-of-Office call	9.49

~~X9550~~~~Unlisted Services~~~~-By Report~~

Note: Authority cited: Sections 10725, ~~14105~~, 14105.05 and 14124.5, Welfare and Institutions Code. Reference: Sections 14105, 14105.05 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.