

**PSYCHIATRY**  
**Types of Providers, Including Non-Physician Behavioral Providers**

Issued January 2005  
 Revised July 2006  
 Reviewed: December 2006

	<b>M.D.</b>	<b>CP</b>	<b>CSW or LCSW</b>
<b>Title</b>	Physician / Psychiatrist	Clinical Psychologist	Licensed Clinical Social Worker
<b>Education</b>	M.D. - Psychiatry	PhD - Doctoral degree in Psychology	MS or doctor's degree in social work
<b>Licensed</b>	Yes - Board certified in Psychiatry	Yes	Yes
<b>Years of Clinical Experience Required</b>	2 years of supervised professional experience; 1 year shall be completed postdoctorally <small>(Title 16 Division 13.1)</small>	2 years of supervised professional experience; 1 year shall be after being awarded the doctorate in psychology <small>(Business &amp; Professional Code Section 2914c; Title 16 Section 1387)</small>	2 years supervised post-master's degree experience; @ least 3200 hours of post-master's degree supervised experience providing clinical social work services - at least 1700 hours shall be gained under the supervision of a LCSW. <small>(Business &amp; Professional Code Sections 4996.2, 4996.23; Title 16 Section 1873)</small>
<b>Supervise Medical Residents</b>	Yes	No	No
<b>Supervise PhD Trainee</b>	Yes - 1:1 ratio <small>(Business &amp; Professional Code Section 2913c)</small>	Yes - 1:3 ratio <small>(Business &amp; Professional Code Section 2913c)</small>	Yes, as a Delegated Supervisor only. <small>(Title 16 Section 1387)</small>
<b>Medication Management/ Prescription</b>	Yes	No	No
<b>BILLING</b>	ICD-9 CM codes must be used, not DSM IV; Psychiatry and psychology services billed to Medi-Cal using CPT codes are covered only when they are personally performed by a physician. (Not all codes are covered benefits).	ICD-9 CM codes must be used, not DSM IV; Special Medi-Cal codes X9500-X9550	ICD-9 CM codes must be used, not DSM IV; <b>CSW/LCSW services are not a Medi-Cal benefit through the Medi-Cal fiscal intermediary, whether billed by the individual performing the service or by an employing physician or other outpatient provider. These services may be covered when provided through a county mental health plan (Specialty Mental Health Services section).</b>
<b>E/M Codes (99201-99499)</b>	Yes	No	No
<b>Psych Diagnostic or Evaluation Interview Procedures (90801-90802)</b>	Yes	90801 (90802 not listed on NHIC CP Medicare fee schedule)	90801 (90802 not listed on NHIC CSW Medicare fee schedule)
<b>Psych Therapeutic Procedures (90804-90899)</b>	Yes	Yes, with the exception of CPT psychotherapy codes that include medical evaluation and management services. (Note: Not all codes are covered benefits). Special Medi-Cal codes (X9500-X9550) for CP's services.	Yes, with the exception of CPT psychotherapy codes that include medical evaluation and management services. (Note: Not all codes are covered benefits).
<b>Medication Management Codes (90862/M0064)</b>	Yes	No <small>(Business &amp; Professional Code Section 2904 "the practice of psychology shall not include prescribing drugs ...")</small>	No
<b>Special Documentation requirements</b>	Psychotherapy notes are different from Mental Health notes. Psychotherapy notes mean notes recorded by a health care provider documenting or analyzing the contents of conversation during a private counseling session or a group, joint, or family counseling session and that are separate from the rest of the individual's medical record. Psychotherapy notes excludes medication prescription and monitoring, counseling session start and stop times, the modalities and frequencies of treatment furnished, results of clinical tests, and any summary of the following items: diagnosis, functional status, the treatment plan, symptoms, prognosis, and progress to date. <small>(OCR/HIPAA Privacy/Security/Enforcement Regulation Text 8/2003 pg. 18)</small>	Per Medicare guidelines a CP must document an attempt to reach patient's attending/primary care physician (with patients consent) unless the attending/primary care physician referred the patient to the CP.	Per Medicare guidelines, an LCSW/CSW must document attempt to reach patient's attending/primary care physician (with patients consent) unless the attending/primary care physician referred the patient.

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<b>Order Diagnostic Tests</b>	Yes	Yes - 96101 - 96120 (Per Business and Professional Code, Section 2903 - the practice of psychology is defined as rendering ... administering and interpreting test of mental abilities, aptitudes, interest ... )	Yes - May bill Medicare for covered diagnostic tests (coverage is limited to the services legally authorized by State Law/Regulations). Medicare only covers Psychological Testing (96101-96120) services when furnished by physicians or qualified psychologist.
<b>MD Office - Incident to . . . (See specific rules/criteria)</b>	Yes @ non-hospital based clinics only	Yes @ non-hospital based clinics only	No
<b>Hospital - Outpatient billing allowed</b>	Yes	Yes	Yes - However, CSW services rendered in the outpatient department of a hospital may only be reported to Medicare Part B by the hospital - CSW must be employed as a member of the hospital group..
<b>Hospital - Inpatient billing allowed</b>	Yes	Yes	No - treated as Part A services
<b>Modifiers</b>	GC - Resident provided part of service (Medicare)	AH - Therapeutic services provided by a CP (Medicare)	AJ - Therapeutic services provided by a CSW (Medicare)
<b>MD Supervision Required</b>	No - (Billing for supervision of Resident/Fellow services subject to Teaching Physician rules/documentation requirements)	No	No
<b>Specialty Provider Code</b>	26 (Psychiatry)	68 (Clinical Psychology)	80 (LCSW)
<b>REIMBURSEMENT</b>			
<b>Medicare</b>	% MFS	% of Clinical Psychologist fee schedule; Therapeutic services are subject to the outpatient mental health limitation (62.5%); Assignment required.	75% of Clinical Psychologist fee schedule; therapeutic services are subject to the outpatient mental health limitation (62.5%); must accept assignment.
<b>Medi-Cal</b>	Medi-Cal Fee Schedule	Certain paramedical services are not Medi-Cal benefits through the Medi-Cal fiscal intermediary. The services of psychologists, although licensed, do not meet the specific licensing requirements of Medi-Cal (outlined in CCR, Title 22, Section 51232) and are considered non-benefits by the fiscal intermediary. Psychologist's services may be covered when provided through a county Specialty Mental Health plan (MHP). MHPs are responsible for the authorization and payment of all medically necessary specialty mental health services for Medi-Cal recipients of that county in accordance with federal and state Medicaid requirements.	Mental Health services are covered by the counties. Medi-cal reimburses LCSW for Medicare-approved Part B crossover services (nothing in the registration or crossover payment process is to be construed as making LCSW's enrolled Medi-Cal providers for any purpose). CCS does allow for some specialty services (i.e. CCS coordinator fee).

**References:**

- California Business and Professional Code Sections 2900-2999; 4990-4997
- California Code of Regulations Title 16: Division 18; Division 13.1 Section 1387
- American Psychological Association Handbook
- California Chapter - National Association of Social Workers
- Medicare Carrier Manual Part 3, Sections 2070; 2150;2152; 2470-2472.5; 4162; 5112-5113; 15016
- Medicare Claims Processing Manual Chapter 12, 150-170.1; 210-210.1; 120B; 100.1.3; 100.1.8
- Medicare Benefit Policy Manual Chapter 15, 160-170
- Medicare General Information, Eligibility and Entitlement Manual Chapter 3, 30-30.3
- NHIC 6/2004 Mental Health Services Billing Guide
- Medi-Cal Medical Services Manual, Psychiatry Section; Specialty Mental Health Section; Medicare/Medi-Cal Crossover Claims Section
- Medi-Cal Allied Health Services Provider Manual, Psychological Services Section
- California Code of Regulations, Title 22 51505.3