



November 2024

# QRTips

Behavioral Health Services  
 Quality Management Services  
 Quality Assurance & Quality Improvement Division

## 90791 – Psychiatric Diagnostic Evaluation

CDM	CPT/HCPC	Service	Allowable Providers	Allowable Modifiers	Time Requirements
90791-4	90791	Psychiatric diagnostic evaluation, 60 minutes	CNS, CNS-CT, LCSW, LCSW-CT, LMFT, LMFT-CT, LPCC, LPCC-CT, MD/DO, MD/DO-Clerks, NP, NP-CT, PA, PhD-CT/PsyD-CT, PhD/PsyD	59, 93, 95, AH, AJ, GC, HK, HL, HP, HV, HW, XE, XP, XU	31-67 min.

Psychiatric diagnostic evaluation is an integrated biopsychosocial assessment that includes history, mental status, and recommendations. The evaluation may include communication with family or other sources and review and ordering of diagnostic studies.

This code can be used when the provider completes the Comprehensive Assessment in one session. Direct patient care, in person or via telehealth, is required when using this code.

However, this code may be used when completing only Domain 7 of the Comprehensive Assessment. Domain 7 includes: a clinical picture of the client, establishment of diagnoses, justification of medical necessity for continued treatment, identification of barriers to treatment, and treatment recommendations and prognosis.

**If session time is 68 minutes or more, the provider shall use the Assessment substitute code (HCPC: T2024, CDM: Pending).**

Reminders:

- Domains 1-6 require direct patient contact in order to be billable.
- Please use the code that best describes the service provided.

## TRAININGS & MEETINGS



**AOA Online Trainings**  
[AOABH Annual Provider Training](#)

**MHP AOA QI Coordinators' Meeting**  
 Teams Meeting: 11/7/2024  
 10:30- 11:30am

**CYS Online Trainings**  
[CYPBH Integrated Annual Provider Training](#)

**MHP CYS QI Coordinators' Meeting**  
 Teams Meeting: 11/14/2024  
 10:00-11:30am  
 More trainings on [CYS ST website](#)

## HELPFUL LINKS



[QMS AOA Support Team](#)

[QMS CYS Support Team](#)

[BHS Electronic Health Record](#)

[Medi-Cal Certification](#)

# Service Coding Tips

When it is unclear how to code a status update from a client or significant person involved in the client's care, ask yourself: *What did I do with the information I received?*

Please see the grid below for an example of how the same information gathered can lead to different decisions about coding the service based on what you did.

<b>(1) Information Gathered</b>	<b>(2) What Did You Do?</b>	<b>(3) Type of Service and Rationale</b>
<p>Caregiver called to provide an update that client did not go to school this morning and locked himself in the room.</p>	<p><u>Reviewed parenting skills</u> with caregiver on how to <u>deescalate the situation</u>. <u>Coached</u> caregiver on how to <u>communicate with client</u> to not escalate the situation.</p>	<p><b>Psychosocial Rehabilitation.</b> The interventions provided were <u>skill-based interventions</u> that involved <u>coaching and managing client's behavior</u>.</p>
	<p><u>Explored</u> with caregiver if not going to school is pattern and how often it happens. <u>Will update the problem list</u> to reflect "school refusal" and will <u>monitor</u> if school attendance increases.</p>	<p><b>Plan Development.</b> The interventions revolved around <u>gathering information to monitor the case</u> and led to a <u>decision to update the problem list</u> to address in treatment.</p>
	<p><u>Gathered</u> from caregiver that client has not been going to school this week, and it has been a pattern for the last year. Provider will <u>look into school resources</u> to provide to caregiver to see how school services can support.</p>	<p><b>Targeted Case Management.</b> Interventions focused on <u>gathering information that led to a decision to look into referrals and linkages</u> to address the need.</p>
<p><i>*For PWB/IS eligible members:</i> Caregiver called and provided an update that client did not go to school this morning and locked himself in the room.</p>	<p><u>Gathered</u> from caregiver that client has not been going to school this week, and it has been a pattern for the last year. Provider will <u>look into school resources</u> to provide to caregiver to see how school services can support.</p>	<p><b>Intensive Care Coordination.</b> Interventions focused on <u>gathering information that led to looking into referrals and linkages</u>. Due to this client being identified as PWB/IS *, this service is best coded as Intensive Care Coordination.</p>

\*Pathways to Well-Being/Intensive Services are youth (under 21) who meet medical necessity criteria with more intensive needs who are in, or at risk of, placement in residential or hospital settings, but could be effectively served in the home and community.



## CANS and PSC-35: Progress Notes and FINS

To ensure appropriate documentation for the CANS and PSC-35, QMS is recommending that every administration of a CANS and PSC-35 form be:

1. Documented in a progress note **and**
2. Attached to the FIN for the date of service in which the administration occurred.

This will help ensure that a progress note correlates to each CANS and PSC-35 administration and the FIN matches the provider who worked on the CANS or PSC-35. For reference, administering the CANS and PSC-35 means doing an initial, reassessment, urgent, discharge and administrative close. For example:

*A provider completed an administrative close to reset a timeline for a CANS and wrote a non-billable progress note for the service. The non-billable progress note and CANS would get attached to the same FIN.*

For questions about attaching the CANS and PSC-35 to a FIN, county users may reach out to IRIS Liaison Team at [bhsirisliaison@ochca.com](mailto:bhsirisliaison@ochca.com), and contracted users may contact Front Office Support at [bhsirisfrontofficesupport@ochca.com](mailto:bhsirisfrontofficesupport@ochca.com). For documentation-related questions for CANS and PSC-35, please contact QMS Support Team at [aqissupportteams@ochca.com](mailto:aqissupportteams@ochca.com).

## Telehealth Reminders

Telehealth is defined as the mode of delivering health care services via communication technologies to facilitate the diagnosis, consultation, treatment, education, care management, and self-management of a member's health care.

A service is provided via telehealth if it is delivered through synchronous audio-only or synchronous video interaction.

Keep in mind that the standard of care is the same whether a member is seen in-person or via telehealth, and the use of telehealth must be clinically appropriate and safe for the member. Member choice must be preserved; therefore, a member has the right to request and receive in-person services.

Please remember that a telehealth informed consent form is required to provide services via telehealth.

We encourage providers to review the [Payment Reform resources](#) to determine if the service code allows Place of Service 02 or 10, and Modifiers 93, 95, or SC.

## MCST OVERSIGHT

- EXPIRED LICENSES, WAIVERS, CERTIFICATIONS AND REGISTRATIONS
- NOTICE OF ADVERSE BENEFIT DETERMINATION (NOABDS)
- APPEAL/EXPEDITED APPEAL/STATE FAIR HEARINGS
- CHANGE OF PROVIDER/2<sup>ND</sup> OPINIONS (MHP/DMC-ODS)
- CAL-OPTIMA CREDENTIALING (AOA COUNTY CLINICS)
- **CLINICAL/COUNSELOR/MEDICAL/QUALIFIED PROVIDER SUPERVISION**
- GRIEVANCES & INVESTIGATIONS
- **COUNTY CREDENTIALING**
- ACCESS LOGS
- **MHP & DMC-ODS PROVIDER DIRECTORY**
- PAVE ENROLLMENT (MHP PROVIDERS ONLY)

## REMINDERS, ANNOUNCEMENTS & UPDATES



### RUSSIAN THRESHOLD LANGUAGE

- The Department of Health Care Services (DHCS) has identified Orange County as meeting the population threshold language for Russian.
- Quality Management Services (QMS) is working on having all the member materials translated in Russian.



### PROVIDER DIRECTORY

When entering the Provider Status on the Provider Directory spreadsheet monthly submission be sure to provide the correct status. Below are the definitions of the options to be used from the drop-down menu:

**Active:** Provider is a current/active provider of the program and is **not** a newly hired provider

**Separated:** Provider has separated/no longer employed by the program

**New:** New provider who has been hired by your program, and if they are required to be credentialed they are added when they have received their credentialing approval letter and not before, non-credentialed can be added during the next Provider Directory submission after being hired

**Credential Update:** Provider's credential has been updated (i.e., from AMFT to LMFT etc.) **not** if the renewal date has changed for their license due to it expiring and being renewed

**Name Change:** Provider's legal name has been changed

**LOA Start:** Provider begins a leave of absence (please put effective date)

**LOA End:** Provider ends a leave of absence (please put effective date which is the date they return to your program)

**Interagency Transfer:** Provider who transfers within the same entity (i.e., WYS East to WYS North and please indicate this information in the "New or Inter-Agency Transfer Comments" section in the Provider Directory)



## REMINDERS, ANNOUNCEMENTS & UPDATES (CONTINUED)

### SUPERVISION REPORTING FORMS

The new and revised supervision reporting forms for Clinician, Counselors and Medical Professional is in effect, as of 10/1/24. MCST has provided reminders, announcements and trainings at the QIC Meetings from August – September 2024. Any provider who requires supervision per the certifying organizations, licensing boards and DHCS requirements must have a supervision reporting form submitted to MCST. If, MCST does not have the supervision form on file the provider must **NOT** delivery any Medi-Cal covered services until it is received.

### SEEK ADVISEMENT WITH YOUR CERTIFYING ORGANIZATION/LICENSING BOARD

MCST encourages all supervisees and clinical supervisors to seek consultation directly with their certifying organizations and/or licensing boards for questions related to clinical supervision requirements and regulations. MCST is only required to track, log and monitor providers supervision reporting forms to ensure the types of providers maintain the necessary supervision needed to deliver Medi-Cal covered services.

## CONSULTATION



### INTERIM NURSE PERMITEES & VOCATIONAL NURSE INTERIM PERMITEES (COUNTY-CONTRACTED ONLY)

HCA County Classifications does not allow for hiring an “Interim Nurse Permittees” and “Vocational Nurse Interim Permittees”. These are providers who has completed their educational requirements for licensure in nursing, are no longer under the liability of the school and have not taken their licensing exam. If you are a County-Contracted program that allows for the employment of a “Nurse Permittee” and “Vocational Nurse Interim Permittee” it is the responsibility of the County-Contracted program to ensure the provider is under proper supervision, fulfills the requirements governed by the licensing board and consults with their agency risk management for any labor and liability concerns. Reference: [Interim Permittee \(ca.gov\)](https://www.ca.gov/interim-permittee)



## REMINDERS, ANNOUNCEMENTS & UPDATES (CONTINUED)



We apologize for the delay as MCST is experiencing a high work volume. All new hire initial credentialing packets will be processed within 5 business days instead of 24-72 hours upon receipt. The credentialing process can take up to 30 days to approve once the provider has completed their online attestation. We hope to approve the provider before the 30 days as the average time has been between 3-18 days.

### CREDENTIALING NOTIFICATION (COUNTY ONLY)

- MCST will no longer provide a courtesy e-mail notification to credential new hires to the Service Chiefs, effective 10/4/24.
- All new hires who work in a job classification that requires a license, registration, certification or waiver must be credentialed prior to delivering any Medi-Cal covered services.

### PROVIDERS REQUIRED TO BE CREDENTIALLED:



**NOTE:** Any provider who works in a job classification that requires a license, waiver, certification and/or registration and delivers Medi-Cal covered services must be credentialed by the County. This list is not exhaustive, please inquire with the MCST for further guidance.

- ✓ Licensed Vocational Nurse
- ✓ Licensed Psychiatric Technician
- ✓ Certified Nurse Assistant
- ✓ Certified Medical Assistant
- ✓ Certified/Registered AOD Counselor
- ✓ BBS Licensed (LMFT, LPCC, LCSW)
- ✓ BBS Associate (AMFT, APCC, ACSW)
- ✓ BOP Registered/DHCS Waivered
- ✓ Physician Assistant
- ✓ Psychiatrist
- ✓ Physician
- ✓ Nurse Practitioner
- ✓ Registered Nurse
- ✓ Occupational Therapist
- ✓ Psychologist
- ✓ Pharmacist
- ✓ Certified Peer Support Specialist

## REMINDERS, ANNOUNCEMENTS & UPDATES (CONTINUED)

### MCST TRAININGS ARE AVAILABLE UPON REQUEST

- **NEW** MHP and DMC-ODS programs are required to schedule a full training to comply with the MCST oversight and DHCS requirements. It is recommended to have the Directors, Managers, Supervisors and Clinical Staff participate in the training to ensure those requirements are met and implemented. Please contact MCST to schedule the training at least a month prior to delivering Medi-Cal covered services.
- If you and your staff would like a refresher on a specific topic or a full training about MCST's oversight please e-mail the Health Services Administrator, Annette Tran at [antran@ochca.com](mailto:antran@ochca.com) and the Service Chief II, Catherine Shreenan at [cshreenan@ochca.com](mailto:cshreenan@ochca.com).



### MONTHLY MCST TRAININGS – NOW AVAILABLE

MCST is offering open training sessions effective 1/1/24 for new and existing providers. The 2-hour training will be on NOABDs, Grievances, Appeals, State Fair Hearings, 2<sup>nd</sup> Opinion/Change of Provider and Access Logs.

Please e-mail [AQISGrievance@ochca.com](mailto:AQISGrievance@ochca.com) with Subject Line: MCST Training for MHP or DMC-ODS and a MCST representative will send you an e-mail invitation to attend the training via Microsoft Teams.

**2<sup>nd</sup> Tuesdays of the Month @ 1 p.m. MCST Training (MHP)**

**4<sup>th</sup> Tuesdays of the Month @ 1 p.m. MCST Training (DMC-ODS)**

AVAILABLE  
**NOW**

#### GRIEVANCES, APPEALS, STATE FAIR HEARINGS, NOABDS, 2<sup>ND</sup> OPINION AND CHANGE OF PROVIDER

Leads: Esmi Carroll, LCSW      Jennifer Fernandez, LCSW

#### CLINICAL SUPERVISION

Lead: Esmi Carroll, LCSW

#### ACCESS LOGS

Lead: Jennifer Fernandez, LCSW

#### PAVE ENROLLMENT FOR MHP

Leads: Araceli Cueva, Staff Specialist      Elizabeth "Liz" Fraga, Staff Specialist

#### CREDENTIALING AND PROVIDER DIRECTORY

Credentialing Lead: Elaine Estrada, LCSW

Cal Optima Credentialing Lead: Sam Fraga, Staff Specialist

Provider Directory Leads: Elaine Estrada, LCSW      Sam Fraga, Staff Specialist

#### COMPLIANCE INVESTIGATIONS

Lead: Catherine Shreenan, LMFT & Annette Tran, LCSW



#### CONTACT INFORMATION

400 W. Civic Center Drive., 4<sup>th</sup> floor  
Santa Ana, CA 92701

(714) 834-5601      FAX: (714) 480-0775

#### E-MAIL ADDRESSES

[AQISGrievance@ochca.com](mailto:AQISGrievance@ochca.com) (NOABDs/Grievance Only)

[AQISManagedCare@ochca.com](mailto:AQISManagedCare@ochca.com)

#### MCST ADMINISTRATORS

Annette Tran, LCSW

Health Services Administrator

Catherine Shreenan, LMFT

Service Chief II

#### Service Chiefs and Supervisors:

Please remember to submit monthly program and provider updates/changes for the Provider Directory and send to: [AQISManagedCare@ochca.com](mailto:AQISManagedCare@ochca.com) and [BHSIRISLiaisonTeam@ochca.com](mailto:BHSIRISLiaisonTeam@ochca.com).

Review QRTips in staff meetings and include in your meeting minutes.

# QMS MAILBOXES

Please email the group mailboxes below to ensure your questions arrive to the correct team rather than to an individual team member who may be on vacation, unexpectedly out of the office or otherwise unavailable.

QMS Team / Group Mailbox	Oversees: (Updated 10/2024)
CalAIM Services Team <a href="mailto:AQISCalAIM@ochca.com">AQISCalAIM@ochca.com</a>	ECM and Community Supports referrals and questions
Inpatient and Designation Support Services <a href="mailto:AQISCDSS@ochca.com">AQISCDSS@ochca.com</a>	General questions regarding Certification and Designation
Inpatient and Designation Support Services <a href="mailto:AQISDesignation@ochca.com">AQISDesignation@ochca.com</a>	Inpatient Involuntary Hold Designation; LPS Facility Designation; Outpatient Involuntary Hold Designation
Inpatient and Designation Support Services <a href="mailto:BHSInpatient@ochca.com">BHSInpatient@ochca.com</a>	Inpatient TARs; Hospital communications; ASO/Carelon communication
Inpatient and Designation Support Services <a href="mailto:AQISMCCert@ochca.com">AQISMCCert@ochca.com</a>	MHP Medi-Cal Certification; PAVE County SUD clinics only
Managed Care Support Team <a href="mailto:AQISGrievance@ochca.com">AQISGrievance@ochca.com</a>	Grievances & Investigations; Appeals/Expedited Appeals; State Fair Hearings; NOABDs
Managed Care Support Team <a href="mailto:AQISManagedCare@ochca.com">AQISManagedCare@ochca.com</a>	Access Log Errors/Corrections; Change of Provider/2 <sup>nd</sup> Opinion; Supervision Forms for Clinicians/Counselor/Medical Professionals/Qualified Providers; County Credentialing; Cal-Optima Credentialing (AOA County Clinics); Provider Directory; Expired Licenses, Waivers, Registrations & Certifications; PAVE Enrollment (MHP Only)
SUD Support <a href="mailto:AQISSUDSupport@ochca.com">AQISSUDSupport@ochca.com</a>	CalOMS questions (clinical-based); DMC-ODS; Clinical Chart Reviews; DATAR submissions; DHCS audits of DMC-ODS providers; DMC-ODS ATD; MPF updates; SUD Documentation questions and trainings; SUD Newsletter questions
AOA & CYS Support Teams <a href="mailto:AQISSupportTeams@ochca.com">AQISSupportTeams@ochca.com</a> <i>(Please identify AOA or CYS in subject line)</i>	AOA & CYS Documentation Support; CANS/PSC-35; Medication Monitoring; MHP Chart Reviews; QRTips; Provider Support Program (AOA ST only)
BHS Health Information Management (HIM) <a href="mailto:BHSHIM@ochca.com">BHSHIM@ochca.com</a>	County-operated MHP & DMC-ODS programs use related: Centralized retention of abuse reports & related documents; Centralized processing of client record requests, Clinical Document Review and Redaction; Release of Information, ATDs, Restrictions, and Revocations; IRIS Scan Types, Scan Cover Sheets, Scan Types Crosswalks; Record Quality Assurance and Correction Activity
BHS Front Office Coordination <a href="mailto:BHSIRISFrontOfficeSupport@ochca.com">BHSIRISFrontOfficeSupport@ochca.com</a>	IRIS Billing, Office Support
BHS IRIS Liaison Team <a href="mailto:BHSIRISLiaisonTeam@ochca.com">BHSIRISLiaisonTeam@ochca.com</a>	EHR support, design & maintenance; Add, delete, modify Program organizations; Add, delete, and maintain all County and Contract rendering provider profiles in IRIS; Register eligible clinicians and doctors with CMS and assist in maintaining their PTAN status
BHS IRIS Liaison Team <a href="mailto:BHSNACT@ochca.com">BHSNACT@ochca.com</a>	Manage the MHP & DMC-ODS 274 data and requirements; Support of the MHP County and Contract User Interface for 274 submissions

**Disclaimer:** The Quality Management Services (QMS) Quality Assurance (QA) and Quality Improvement (QI) Division develops and distributes the monthly QRTips newsletter to all MHP providers as a tool to assist with various QA/QI regulatory requirements. It is NOT an all-encompassing document. Programs and providers are responsible for ensuring their understanding and adherence with all local, state, and federal regulatory requirements.