

FREQUENTLY ASKED QUESTIONS FOR 2022 MENTAL HEALTH GUIDELINES

(New 02/2023)



Mental Health Billing Intake Form (MHBI)

Q1: When does the MHBI need to be submitted?

A1: It must be submitted along with the first bill that is submitted for each claimant.

Q2: Do providers need to submit the MHBI for claimants who began treatment prior to December 15, 2022?

A2: No, this document is only required for claimants who initiated treatment with a new provider on or after December 15, 2022.

Q3: Do claimants need to sign the MHBI if they do not have insurance?

A3: No, the CalVCB application should reflect there is no insurance coverage. The provider will still need to complete, sign, and submit the MHBI.

Q4: Do claimants need to sign the MHBI if they obtain an Explanation of Benefits (EOB) from their insurance?

A4: No, the claimant's declaration section is not required. The EOB will need to be submitted before payment can be made.

Q5: What if the MHBI isn't submitted with the first bill?

A5: Submission of this form is required before payment can be made. If CalVCB staff receive a bill without the MHBI, they will make verification attempts to obtain the form. If unsuccessful, the bill will be denied. If the MHBI is submitted as a part of the appeal, then bills may be re-addressed.

Q6: How will claimants be notified if exemptions are granted and payments issued?

A6: If CalVCB approves the exemption, the bills will be paid. If the exemption is denied, the bills will get denied. The claimant will be notified of the denial and provided an appeal form. If the claimant or provider have questions regarding a specific bill they can call the customer service number at (800) 777-9229.

Q7: What if treatment is less than 100% related to the crime?

A7: The MHBI instructs the provider to submit a TP prior to the 4th session if treatment related to the qualifying crime is less than 100%.

Q8: Since many claimants fill out their therapy intake forms online, can they use an electronic signature on the MHBI?

A8: Yes, electronic signatures are accepted by CalVCB.

Billing Procedures

Q1: How long do providers have to submit bills to CalVCB after a session is conducted?

A1: Effective December 15, 2022, bills must be submitted within 90 days of each date of service.

Q2: If a provider receives a denial letter from the claimant's insurance, can they submit the denial letter to CalVCB once and submit subsequent billing directly to CalVCB? Or will they be required to submit a new denial letter with each subsequent bill?

A2: Yes, if the denial letter from the insurance company was for current and future sessions. If it was specific to the billed line items, CalVCB will require a copy of a denial letter with each bill.

Q3: If treatment was initiated prior to the claimant submitting a CalVCB application, do providers have 90 days to submit bills for reimbursement?

A3: Yes, providers have 90 days to submit bills for reimbursement from the date the application was submitted. When an application is submitted to CalVCB all corresponding bills for services provided can be submitted along with the MHBI. Bills for sessions beyond the claimant's initial session limit will be subject to ATP requirements.

Q4: Do providers have to bill Medi-Cal if they are not a Medi-Cal provider or if they have no Medi-Cal slots available?

A4: No. If the provider is not a Medi-Cal provider, the applicant will check the other box within the Mental Health Billing Form noting that their therapist is not a Medi-Cal provider and then sign the claimant declaration.

Q5: Can providers submit bills prior to obtaining the EOB?

A5: Yes, however the bill may be denied until an EOB or denial letter is received by CalVCB or until an exemption is granted using the MHBI.

Q6: Does the 90-day submission rule apply if a claimant's application is still in the processing stages and a provider has been treating the claimant?

A6: Yes, providers can submit bills prior to an application being allowed/denied.

Q7: Do providers have to submit multiple line items on each bill?

A7: No, providers can submit one line item at a time if needed.

Provider Reimbursement Rates

Q1: What is the effective date for the increase in provider reimbursement rates?

A1: The increase in provider reimbursement rates are effective for dates of service occurring on or after December 15, 2022.

Q2: Why was the increase in provider reimbursement rates specific to individual therapy sessions?

A2: CalVCB's current reimbursement rates for group therapy align with Medicare rates and no increase is needed at this time.