Shasta County Health and Human Services Agency
Mental Health Plan
Quality Management Tip Sheet

Access to Specialty Mental Health Services Criteria for Adults

Criteria for Adults Beneficiaries to Access SMHS

For beneficiaries 21 years of age or older, Shasta County Mental Health Plan and its contracted providers shall provide covered SMHS for beneficiaries who meet both of the following criteria, (1) and (2) below:

(1) The beneficiary has one or both of the following:

a. Significant impairment, where impairment is defined as distress, disability, or dysfunction in social, occupational, or other important activities.

b. A reasonable probability of significant deterioration in an important area of life functioning.

AND

(2) The beneficiary's condition as described (1) above is due to either of the following:

a. A diagnosed mental health disorder, according to the criteria of the current editions of the Diagnostic and Statistical Manual of Mental Disorders (DSM) and the International Statistical Classification of Diseases and Related Health Problems (ICD).

b. A suspected mental disorder that has not yet been diagnosed.

Diagnosis Requirements

Although a diagnosis is not a prerequisite for access to covered SMHS during the assessment period, we still must have a mental health ICD-10 diagnosis code for claiming and reimbursement. In cases where services are provided due to a suspected mental health disorder that has not yet been diagnosed, options are available including Z03.89, which is an ICD-10 code we already use for services provided prior to determination of a diagnosis. You can also use codes for "other specified" and "unspecified" disorders, or "Factors influencing health status and contact with health services" (i.e., Z codes).

- There is no longer a restricted “ICD-10 Included Code Sets for Medi-Cal Outpatient SMHS.” The list of Medi-Cal covered diagnoses for SMHS was superseded by DHCS Behavioral Health Information Notice No.: 21-073, which established new criteria for access to SMHS detailed in this tip sheet.

- A neurocognitive disorder (e.g., dementia) or a substance-related and addictive disorder (e.g., stimulant use disorder) are not “mental health disorders” for the purpose of determining whether a beneficiary meets criteria for access to the SMHS delivery system.

Medical Necessity for a Service

For adults, a service is “medically necessary” or a “medical necessity” when it is reasonable and necessary to protect life, to prevent significant illness or significant disability, or to alleviate severe pain.

Services provided must be medically necessary and clinically appropriate to address the **beneficiary’s presenting condition**.

Additional Coverage Requirements and Clarifications

Additionally, clinically appropriate mental health prevention, screening, assessment, treatment, or recovery services are covered and reimbursable under the following circumstances:

1. Services were provided prior to determining a diagnosis, including clinically appropriate and covered services during the assessment process.

2. The prevention, screening, assessment, treatment, or recovery service was not included in an individual treatment plan.

3. The beneficiary has a co-occurring substance use disorder.