
Behavioral Health Treatment

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This section provides a policy and coverage overview of the services available under the Behavioral Health Treatment (BHT) benefit.

BHT Benefit Overview

Medi-Cal covers all medically necessary BHT services for eligible Medi-Cal members under 21 years of age as both a preventive service and pursuant to the federal Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) benefit. This may include Medi-Cal members with an autism spectrum disorder (ASD) diagnosis as well as members for whom a physician or psychologist determines BHT services are medically necessary, regardless of diagnosis. Consistent with state and federal requirements, a physician or a psychologist must recommend BHT services as medically necessary based on whether BHT services will correct or ameliorate any physical and/or behavioral conditions.

Medi-Cal Managed Care

Medi-Cal members enrolled in managed care receive BHT services from their managed care plan (MCP). Medi-Cal MCPs are required to render all BHT services as specified in an All-Plan Letter located on the Department of Health Care Services (DHCS) website at [Managed Care All Plan & Policy Letters - Subject Listing](#)

Medi-Cal Fee-For-Service

Medi-Cal members enrolled in fee for service have a choice to receive BHT services either through their local Regional Centers or directly through enrolled Medi-Cal Fee For Service (FFS) providers who bill DHCS, as follows:

Medi-Cal FFS children who independently qualify for Regional Center services and meet Medi-Cal medical necessity criteria for BHT services (i.e., a licensed physician or psychologist recommends BHT services) may receive BHT services through their local Regional Center, which is funded through an Interagency Agreement between the DHCS and the Department of Developmental Services (DDS). Information about RCs, including a directory and listing by county is located on the [Regional Centers Listings](#) on the DDS web page.

- Medi-Cal FFS members who do not independently qualify for Regional Center services, who have been declined for BHT services at their local Regional Center, or who otherwise prefer to receive BHT services outside of their local Regional Centers, may instead obtain medically necessary BHT services from an enrolled Medi-Cal provider as recommended by a licensed physician or psychologist.

Benefit Coverage

For Medi-Cal members under the age of 21, Medi-Cal is required to provide and cover, or arrange, as appropriate, all medically necessary BHT services, as described in California's Medicaid State Plan. BHT services may be provided by several different provider types.

Medical Necessity Standard

BHT services are medically necessary if they will correct or ameliorate defects and physical and mental illnesses and conditions discovered through screening. This standard is set forth in Title XIX of the Social Security Act, Section 1905(r)(5) and in Welfare and Institutions Code (W&I Code), Section 14059.5(b)(1).

For purposes of this policy, medical necessity decisions are individualized and made on a case-by-case basis, taking into account the particular needs of a Medi-Cal member. Additionally, BHT services need not cure a condition in order to be covered as medically necessary. Services that are considered to maintain or improve the Medi-Cal member's current health condition are considered to be medically necessary and must be covered to "correct or ameliorate" a condition. Maintenance services are defined as services that sustain or support rather than those that cure or improve health problems. BHT providers must cover all services that maintain the Medi-Cal member's health status, prevent a condition from worsening, or that prevents the development of additional health problems. The common definition of "ameliorate" is to "make more tolerable." Therefore, BHT services are covered under Medicaid regardless of whether California's Medicaid State Plan covers such services for adults, when the BHT services have an ameliorative, maintenance purpose.

Covered BHT Services

BHT services are described in California's Medicaid State Plan, Limitations on Attachment 3.1-A/B, pages 18b and 18c, Item 13c – Preventive Services, BHT, and Supplement 6 to Attachment 3.1-A. BHT services include applied behavioral analysis (ABA) and a variety of other behavioral interventions that have been identified as evidence-based approaches that prevent or minimize the adverse effects of behaviors that interfere with learning and social interaction, and that promote, to the maximum extent practicable, the functioning of a Medi-Cal member, including those with or without an ASD diagnosis.

Examples of BHT services include, but are not limited to, behavioral interventions, cognitive behavioral intervention, comprehensive behavioral treatment, language training, modeling, natural teaching strategies, parent(s)/guardian(s) training, peer training, pivotal response training, schedules, scripting, self-management, social skills package, and story-based interventions.

BHT services must be:

- Medically necessary and coverable under Medicaid.
- Provided and supervised in accordance with an approved behavioral treatment plan that is developed by a Qualified Autism Service (QAS) Provider who meets the requirements in California's Medicaid State Plan.
- Provided by a BHT provider who is either a QAS Provider, QAS Professional, or QAS Paraprofessional who meets the requirements contained in California's Medicaid State Plan.

Medi-Cal does not cover the following as BHT services:

- Services rendered when continued clinical benefit is not expected unless the services are determined to be medically necessary.
- Provision or coordination of respite, day care, recreational services, educational services, or reimbursement of a parent, legal guardian, or legally responsible person for costs associated with participation under the behavioral treatment plan.
- Treatment where the sole purpose is vocationally or recreationally based.
- Custodial care, which is provided primarily to maintain the member's or anyone else's safety and could be provided by individuals without professional skills or training.
- Services, supplies, or procedures performed in a non-conventional setting, including, but not limited to, resorts, spas and camps.
- Services rendered by a parent or legal custodian.
- Services that are not evidence-based behavioral intervention practices.

BHT Procedure Codes

Medi-Cal members enrolled in fee for service may receive BHT directly from enrolled BHT providers or from a local RC that is funded through an Interagency Agreement with DDS.

For purposes of Medi-Cal BHT coverage and delivery of services through enrolled Medi-Cal fee for service BHT providers, the following is a list of billable CPT® and HCPCS procedure codes:

Applied Behavior Analysis (ABA)

CPT Procedure Code	Code Description
97151	Behavior identification assessment, administered by a physician or other qualified health care professional, each 15 minutes of the physician's or other qualified health care professional's time face-to-face with patient and/or guardian(s)/caregiver(s) administering assessments and discussing findings and recommendations, and non-face-to-face analyzing past data, scoring/interpreting the assessment, and preparing
97152	Observational behavioral follow-up assessment, includes physician or other qualified provider direction with interpretation and report, administered by one technician: each 15 minutes
97153	Adaptive behavior treatment by protocol, administered by technician, face-to-face with one patient; each 15 minutes
97154	Group adaptive behavior treatment by protocol, administered by technician, face-to-face with two or more patients; each 15 minutes
97155	Adaptive behavior treatment with protocol modification, administered by physician or other qualified healthcare provider with one patient; each 15 minutes
97156	Family adaptive behavior treatment guidance, administered by physician or other qualified healthcare provider (with or without the patient present); each 15 minutes
97157	Multiple-family group adaptive behavior treatment guidance, administered by physician or other qualified healthcare provider (without the patient present); each 15 minutes.
97158	Adaptive behavior treatment social skills group, administered by physician or other qualified healthcare provider, face-to-face with multiple patients.; each 15 minutes

Medical Team Meeting Codes

CPT Procedure Code	Code Description
99366	Medical team conference with interdisciplinary team of health care professionals, face-to-face with patient and/or family; participation by a nonphysician qualified health care professional each 30 minutes or more
99368	Medical team conference with interdisciplinary team of health care professionals, patient and/or family not present; participation by nonphysician qualified health care professional; each 30 minutes or more

HCPCS Codes

Procedure Code	Code Description
H0031	Mental health assessment, by non-physician
H0032	Mental health service plan development by non-physician
H2012	Behavioral health day treatment, per hour
H2014	Skills training and development, per 15 minutes
H2019	Therapeutic behavioral services, per 15 minutes
S5110	Home care training, family; per 15 minutes
S5111	Home care training, family; per session

Medi-Cal providers acting within their applicable scope of practice may also render other medically necessary Medi-Cal covered services to Medi-Cal members, including but not limited to, non-specialty mental health services (NSMH), which can include medical team meetings and psychiatric and psychological services. For more information on approved NSMH provider types, coverage policy, and billing codes, refer to the *non spec mental* manual section on the Medi-Cal Provider website.

BHT Provider Types

BHT services may be provided by the following provider types who meet the requirements in California's Medicaid State Plan:

- Qualified Autism Service (QAS) Providers:
 - Board Certified Behavior Analysts
 - Licensed Practitioners (licensed physicians and surgeons, physical therapists, occupational therapists, psychologists, marriage and family therapists, educational psychologists, clinical social workers, professional clinical counselors, speech-language pathologists, or audiologists)
- QAS Professionals, which are individuals who meet all the following criteria: provides BHT, is supervised by a qualified autism service provider, provides treatment pursuant to a treatment plan developed and approved by the QAS Provider, is one the following:
 - Associate Behavioral Analysts
 - Behavior Analysts
 - Behavior Management Assistants
 - Behavior Management Consultants
 - Psychological Associates under the supervision of a licensed behavioral health provider
 - Associate Marriage and Family Therapists supervision of a licensed behavioral health provider
 - Associate Clinical Social Workers supervision of a licensed behavioral health practitioner
 - Associate Professional Clinical Counselors supervision of a licensed behavioral health provider
- QAS Paraprofessionals, who are unlicensed and uncertified individuals who meet all the following criteria: supervised by a QAS Provider or QAS Professional, provides treatment and implements services pursuant to a treatment plan developed and approved by the QAS Provider, meets the criteria set forth in the regulations adopted pursuant to Section 54342 of Title 17 of the California Code of Regulations, had adequate education, training and experience, as certified by a QAS Provider or entity or group that employs QAS Providers.

Note: For more information, refer to the [State Plan Section 3-Services](#) page on the DHCS website.(Limitations on Attachment 3.1-A/B, pages 18 b and 18c, section 13c - Preventive Services, BHT, and Supplement 6 to Attachment 3.1-A).

Behavioral Treatment Plan

BHT services are provided pursuant to a behavioral treatment plan developed by a QAS Provider. Prior authorization is required. The behavioral treatment plan must be person-centered and based on individualized, measurable goals and objectives over a specific timeline for the specific member being treated.

The behavioral treatment plan must identify all medically necessary BHT services to be provided in each community setting in which treatment is medically indicated, including on-site at school or during remote school sessions. In cases where the approved behavioral treatment plan includes BHT services provided during school hours, the provider must ensure coordination with the Local Education Agency (LEA), as necessary and appropriate.

The approved behavioral treatment plan must also meet the following criteria:

- Include a description of member information, reason for referral, brief background information (for example, demographics, living situation, or home/school/work information), clinical interview, review of recent assessments/reports, assessment procedures and results, and evidence-based BHT services.
- Delineate both the frequency of baseline behaviors and the treatment planned to address the behaviors.
- Identify measurable long, intermediate and short-term goals and objectives that are specific, behaviorally defined, developmentally appropriate, socially significant, and based upon clinical observation.
- Include outcome measurement assessment criteria that will be used to measure achievement of behavior objectives.
- Include the member's current level of need (baseline, expected behaviors the parent(s)/ guardian(s) will demonstrate, including condition under which it must be demonstrated and mastery criteria [the objective goal]), date of introduction, estimated date of mastery, specify plan for generalization and report goal as met, not met, or modified (include explanation).
- Utilize evidence-based BHT services with demonstrated clinical efficacy tailored to the member.

- Clearly identify the service type, number of hours of direct service(s), observation and direction, parent(s)/guardian(s) training, support, and participation needed to achieve the goals and objectives, the frequency at which the member's progress is measured and reported, transition plan, crisis plan, and each provider who is responsible for delivering services. Parent/guardian participation cannot be required.
- Include care coordination that involves the parent(s) or guardian(s) and other entities/providers who are part of the Medi-Cal member's BHT.
- Consider the member's age, school attendance requirements, and other daily activities when determining the number of hours of medically necessary direct service and supervision. However, the provider must not reduce the number of medically necessary BHT hours that a member is determined to need by the hours the member spends at school or participating in other activities.
- Deliver BHT services in a home or community-based setting, including clinics. BHT intervention services provided in schools, in the home, or other community settings, must be clinically indicated, medically necessary and delivered in the most appropriate setting for the direct benefit of the member. BHT service hours delivered across settings, including during school, must be proportionate to the member's medical need for BHT services in each setting.
- Include an exit plan and/or criteria. However, only a determination that services are no longer medically necessary under the Early and Periodic Screening, Diagnostic and Treatment Services (EPSDT) standard can be used to reduce or eliminate services.

The behavioral treatment plan shall be reviewed no less than once every six months by a QAS Provider for continuation of services, potential modification of services, and/or discontinuation of services based upon medical necessity. Decreasing the amount and duration of services is prohibited if the BHT services are medically necessary. BHT providers must permit the member's parent(s)/guardian(s) to be involved in the development, revision, and modification of the BHT plan, in order to promote parent(s)/guardian(s) participation in treatment. BHT providers must accommodate applicable legal requirements regarding parent(s)/guardian(s) participation that apply generally to Medi-Cal providers, but they cannot require participation by parent(s)/guardian(s).

Authorization is required to continue providing BHT services and/or modify existing BHT services following QAS Provider periodic review. Services provided without authorization shall not be considered for payment or reimbursement except in the case of retroactive Medi-Cal eligibility. To the extent required by state and federal statutes and regulations, BHT providers are responsible for providing coordination of care with other entities/providers who are part of the Medi-Cal member's BHT plan and ensuring continuity of care so that there are no gaps or barriers related to the provision of BHT services. BHT providers must also make reasonable efforts to ensure Medi-Cal members are able to access BHT services in a timely manner.

Transportation and Appointment Assistance

Since BHT is a covered Medi-Cal service, nonmedical transportation (NMT) and nonemergency medical transportation (NEMT) are available for children to receive BHT services, as described below.

Information on how to request transportation assistance can be found on DHCS [Transportation Services](#) webpage.

Appointment Assistance

BHT providers must offer and provide, as requested, assistance with scheduling appointments for BHT services. Medi-Cal members may request or refuse this assistance at any time.

Medi-Cal MCPs must provide appointment assistance as specified in an [All Plan Letter](#) located on the DHCS website.

NEMT

NEMT to transport a Medi-Cal member so they may receive BHT services is covered only when a member's medical and physical condition does not allow that recipient to travel by bus, passenger car, taxicab or other form of public or private conveyance.

NEMT is covered subject to the written authorization of a licensed practitioner consistent with their scope of practice. A Treatment Authorization Request (TAR) is required for NEMT. A legible prescription (or order sheet signed by a physician for institutional beneficiaries) must accompany the TAR.

Detailed information about NEMT is located in the *Medical Transportation: Ground* section of the appropriate Part 2 Medi-Cal provider manual.

NMT

NMT is available to transport a member for whom all other currently available resources have been reasonably exhausted so they may receive BHT services. Members may request or refuse assistance with NMT at any time. Information about NMT services is available on the DHCS [Transportation Services](#) web page.

Additional information is in the *Medical Transportation: Ground* section of the appropriate Part 2 Medi-Cal provider manual.

Managed care health plans must provide NMT assistance as specified in an [All Plan Letter](#) located on the DHCS website.

Informing Families of BHT Services

Providers play an important role in communicating the availability of BHT services to members, families, and parent(s)/guardian(s), including adoptive and foster parents. A combination of face-to-face, oral, and written informing activities is recommended. Providers who recommend or deliver BHT services should inform all Medi-Cal eligible members, families, and parent(s)/guardian(s) of the following:

- Availability of BHT services as part of preventive health and EPSDT, including a discussion as to nature and scope.
- How to obtain BHT services through a local RC provider (for fee-for-service Medi-Cal members) or through an assigned MCP (for managed care Medi-Cal members).
- Tips and information for choosing a BHT provider.
- Appointment scheduling and transportation assistance availability
- Need for prompt diagnosis of suspected defects, illnesses, diseases or other conditions.
- Availability of treatment for problems diagnosed during screening.
- Referrals to other providers when Medi-Cal members need services not offered by the initial provider(s).

Ability to ask for and receive services, even if the Medi-Cal member was initially denied those services, as long as the member is still Medi-Cal eligible. This includes providing information about Medi-Cal's appeals, grievance, and State Fair Hearing processes.

Billing Codes

The following billing codes, along with allowable modifier(s), may be used for the covered BHT services when submitting claims.

Table of Allowable Modifiers

Billing Code	Modifiers	NMP Modifiers
97151 thru 97158	U7, 99	SA, U7, 99
99366, 99368	U7, 99	SA, U7, 99
H0031, H0032, H2012, H2014, H2019	U7, 99	SA, U7, 99
S5110, S5111	U7, 99	SA, U7, 99

Note: The above BHT billing codes are not Medicare benefits so they can be billed directly to Medi-Cal without a denial from Medicare

Legend

«Symbols used in the document above are explained in the following table.»

Symbol	Description
«	This is a change mark symbol. It is used to indicate where on the page the most recent change begins.
»	This is a change mark symbol. It is used to indicate where on the page the most recent change ends.