COLORADO
Department of Health Care Policy & Financing

Short-term Behavioral Health Services in the Primary Care Setting

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Background and Overview

Starting July 1, 2018, the Department increased access to short-term behavioral health (mental health and substance use disorder) services within the primary care setting. Health First Colorado (Colorado's Medicaid Program) members are now able to receive short-term behavioral health services (STBHS) provided by a licensed behavioral health clinician working as part of a member's Primary Care Medical Provider (PCMP).

The intent of this change is to provide additional access to behavioral health services for short-term episodes of care of low-acuity conditions. This may include grief and adjustment conditions, as well as medical conditions where behavioral interventions can support treatment adherence and wellness (such as obesity and diabetes). By supporting the delivery of early interventions in a convenient location for members, the Department seeks to prevent the exacerbation of both medical and behavioral conditions and treat them in the most efficient manner.

In order to operationalize this policy, the Department has had to make some decisions that may not seem to align with the intent of the policy. For example, current Department systems are unable to identify a clinical episode of care. As a result, the Department has elected to define an episode of care as the twelve (12) months of the state fiscal year. Furthermore, without being able to link STBHS to a unique clinical episode of care, the Department had to adjust how the behavioral health capitation rates are built and how providers bill. All costs associated with the six (6) procedure codes allowed under the STBHS policy, whether for a short-term episode of care or a more chronic condition, had to be removed when building the behavioral health capitation rates. That means that each fiscal year, all behavioral health clinicians working as member of a PCMP practice must bill the first six sessions to FFS.

Short-term Behavioral Health Services

A member may be able to access the STBHS at their PCMP clinic if the PCMP has a licensed behavioral health clinician on site. The PCMP may be reimbursed fee-for-service (FFS) for

up to six (6) visits per state fiscal year (defined as July 1-June 30). A visit is defined as a single date of service. These visits will not require a diagnosis covered by the capitated behavioral health benefit. That said, PCMPs must use the most appropriate diagnosis that supports medical necessity.

The following procedure codes are included as STBHS:

- Diagnostic evaluation without medical services (90791)
- Psychotherapy – 30 minutes (90832)
- Psychotherapy – 45 minutes (90834)
- Psychotherapy – 60 minutes (90837)
- Family psychotherapy without patient (90846)
- Family psychotherapy with patient (90847)

While the intent of the policy is to increase access to behavioral health services that can address a low-acuity condition within six (6) visits, the Department understands that there may be times when a member requires additional services. In these instances, there are two options for accessing additional services.

1. A PCMP that has a licensed behavioral health clinician who **is contracted** as part of a Regional Accountable Entity's (RAE's) behavioral health network may submit claims to the RAE for reimbursement of additional visits beyond six (6) during a state fiscal year. All additional visits must be provided in accordance with the RAE's utilization management policies and procedures.

2. A PCMP with a licensed behavioral health clinician that **is not contracted** as part of a RAE's behavioral health network can work with their RAE to transition a member's care to another behavioral health provider. Any additional visits beyond six (6) during a state fiscal year will be denied FFS reimbursement.

How to Bill for Short-term Behavioral Health Services

Primary Care Medical Providers may submit claims for FFS reimbursement of STBHS if they have a Medicaid-enrolled, licensed behavioral health clinician on site. The billing provider must also be contracted with a RAE as a PCMP and billing as one of the following primary care provider types:

- Clinic (primary care);
- Federally Qualified Health Center (FQHC);
- Rural Health Clinic (RHC);
- Indian Health Services provider (IHS); or
- Non-physician practitioner group.

The rendering provider on the claim must be a Medicaid-enrolled, licensed behavioral health clinician. This includes licensed clinical social workers, licensed professional counselors, licensed addiction counselors, licensed psychologists, and licensed marriage and family therapists.

The STBHS are billed just like any other service provided by the PCMP. Billing providers must follow all standard and Department billing practices and policies, as well as the rules of the Colorado Board of Registered Psychotherapists. In addition, the services must be documented in accordance with the Department's most current Uniform Service Coding Standards Manual.

At this time, the first six visits of the procedure codes included in the STBHS policy delivered by a PCMP's licensed behavioral health clinician must be submitted to Colorado interChange for FFS reimbursement each state fiscal year. This is regardless of whether the services were provided for a low-acuity or chronic behavioral health condition. The Department is continuing to develop an automated methodology to identify and process low-acuity episodes of care to more precisely achieve the policy intention.

Billing by Federally Qualified Health Centers, Rural Health Clinics, and Indian Health Services Providers

Federally Qualified Health Centers, RHC, and IHS providers must list the eligible procedure code on the encounter claim using Revenue Code 0900 and must bill in accordance with FQHC rule (8.700.1) or RHC rule (8.740.7.A). If physical health services are delivered on the same day as any of the STBHS, the FQHC, RHC, or IHS must submit two (2) separate claims: one for behavioral health services and one for physical health services.

Billing for Additional Visits

A Medicaid enrolled, licensed behavioral health clinician in a PCMP clinic may be able to deliver more than six (6) STBHS visits during a fiscal year if **all** of the following requirements are met:

1. The behavioral health clinician is contracted with and credentialed by the RAE;
2. The additional services are medically necessary;
3. The clinician has followed RAE utilization management policies and procedures; **and**
4. The visits are billed to the RAE for reimbursement under the capitated behavioral health benefit.

How to View Member Utilization of Short-term Behavioral Health Services

Providers are able to view how many STBHS a member has received, if any, in the Eligibility Verification response on the Provider Portal. If the member has utilization history for any of the STBHS, then the utilization will be reported in the Limit Details panel. For instructions on performing eligibility verification and accessing the Limit Details panel, see the Verifying Member Eligibility and Co-Pay Quick Guide.

Short-term Behavioral Health Services in the Primary Care Setting Frequently Asked Questions

Is procedure code 90792 (diagnostic evaluation with medical service) included as short-term behavioral health service?

No. The Department removed procedure code 90792 (diagnostic evaluation with medical service) from the set of STBHS. This psychiatric evaluation is an integrated biophysical and medical assessment that must be provided by a licensed medical provider (i.e. MD, DO, NP, PA). The Department's intent for the STBHS is to provide a vehicle to reimburse psychotherapeutic services provided by licensed behavioral health clinicians working in a PCMP clinic.

Are there any diagnosis requirements for the short-term behavioral health services?

A diagnosis covered under the Capitated Behavioral Health Benefit is not required to submit the STBHS for reimbursement. This means that PCMPs can provide these services for low acuity behavioral health conditions (such as grief and adjustment conditions), as well as medical conditions where behavioral interventions can support treatment adherence and wellness (such as obesity and diabetes).

Does a rendering licensed behavioral health clinician need to be credentialed by the Regional Accountable Entity (RAE) to provide the short-term behavioral health services?

A rendering provider in a PCMP clinic does not need to be credentialed by the RAE and contracted as a behavioral health network provider to provide up to six visits of the STBHS. If the rendering provider wants to provide seven (7) or more STBHS visits within the state fiscal year, then the rendering provider must be credentialed by and contracted with the RAE. All claims for seven (7) or more STBHS visits must be submitted to the RAE for reimbursement through the capitated behavioral health benefit.

Can Community Mental Health Centers and independent specialty behavioral health clinicians claim fee-for-service reimbursement for these procedure codes?

No, Community Mental Health Centers and specialty behavioral health clinicians billing independently cannot claim fee-for-service reimbursement for the STBHS procedure codes.

The billing provider type used to submit claims for theSTBHS procedure codes determines whether the services can be reimbursed FFS or by the RAEs.

- **Fee-for-Service:** Behavioral health clinicians whose services are submitted by a PCMP billing provider type must submit the first six visits of the STBHS procedure codes to Colorado interChange for FFS reimbursement each state fiscal year.
- **Behavioral Health Capitation:** Behavioral health clinicians contracted as part of a RAE's behavioral health network and billing under a behavioral health billing provider type must submit claims to the RAE for reimbursement under the capitated behavioral health benefit for all covered diagnoses.
    - The most common behavioral health billing provider types in Colorado interChange are the following:
        - Provider Code 35—Community Mental Health Center
        - Provider Code 38—Licensed Behavioral Health Clinician
        - Provider Code 37—Licensed Psychologist (Doctorate)
        - Provider Code 63—Substance Use Disorder - Individuals
        - Provider Code 64—Substance Use Disorder - Clinics

Can the short-term behavioral health services be used for crisis services?

The STBHS procedure codes are not reimbursable when used in conjunction with the ET modifier as these services are not intended for crisis services. Crisis services are covered by the RAE under the capitated behavioral health benefit.

Can a candidate for behavioral health licensure be a rendering provider for the short-term behavioral health services?

Yes. The rendering provider on the claim must be supervising the candidate. Billing providers must follow all standard and Department billing practices and policies, as well as the rules of the Colorado Board of Registered Psychotherapists. Included in the Colorado Board of Psychotherapists rules is the requirement that a clinical supervisor of a person providing the psychotherapy assures that the supervisee meets any licensing, certification, or registration requirements prior to engaging in any psychotherapy. Supervision also requires assisting to assure that the supervisee is in compliance with the Mental Health Practice Act.

How will the short-term behavioral health services work with the Managed Care Organizations (Rocky Mountain Health Plan Prime and Denver Health Medicaid Choice)?

The STBHS have been incorporated into the Managed Care Organization rate setting

process and are payable by the Managed Care Organization. Any Managed Care Organization encounter visits with the STBHS procedure codes will be counted toward the state-fiscal year 6-visit limit.

Does a behavioral health clinician providing the short-term behavioral health services need to complete the Colorado Client Assessment Record (CCAR)?

Behavioral health clinicians are not required to complete a CCAR when providing the STBHS. For additional guidance on the CCAR, see the Behavioral Health Services Fact Sheet.

Can a provider bill more than one short-term behavioral health service procedure code on a single day?

Multiple procedure codes may be billed on a single date of service as long as they are in compliance with the National Correct Coding Initiative standards.

Can a Medicaid enrolled, licensed behavioral health clinician in a PCMP clinic provide more than six (6) short-term behavioral health visits during a fiscal year?

A Medicaid enrolled, licensed behavioral health clinician in a PCMP clinic may be able to deliver more than six (6) STBHS visits during a fiscal year if **all** of the following requirements are met:

1. The behavioral health clinician is contracted with and credentialed by the RAE;
2. The additional services are medically necessary and the clinician has followed RAE utilization management policies and procedures; and
3. The visits are billed to the RAE for reimbursement under the capitated behavioral health benefit.

Annually, does a PCMP need to submit the first six short-term behavioral health visits for FFS reimbursement?

July 1 begins a new state fiscal year and, at this time, starts a new episode of care for the STBHS. Each state fiscal year, the first six visits of the procedure codes included in the STBHS policy delivered by a PCMP's licensed behavioral health clinician must be submitted to Colorado interChange for FFS reimbursement. This is regardless of whether the services were provided for a low-acuity or chronic behavioral health condition. The Department is continuing to develop an automated methodology to identify and process low-acuity episodes of care to more precisely achieve the policy intention.

Are there other procedure codes included in the Department's short-term behavioral health services policy?

No. Only the six (6) procedure codes listed in this document are included in the Department's STBHS policy. All other procedure codes would be reimbursed in accordance with existing Department billing guidance. The Department has **not** added any new procedure codes for reimbursement as part of the STBHS.

Will I have to change the way I am billing Evaluation and Management codes?

Billing and payment for Evaluation and Management codes did not change.

Is there a specific denial code that will appear once the six (6) short-term behavioral health have been exhausted by the member?

Yes. The Department's fiscal agent, DXC Technologies, has implemented new audit/explanation of benefit (EOB) codes to process claims for the six (6) STBHS. Below are the codes and description.

- EOB 5807 - The short-term behavioral health service limit has been met, please submit the service to the Member's RAE
- EOB 2025 - Behavioral health service not allowed for billing provider

There are also new explanation of benefit codes specific for FQHC, RHC, and IHS providers claiming reimbursement for behavioral health services.

For more information

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