SB 23-174
Coverage Policy Proposal

Access to behavioral health services for individuals under twenty-one years of age

hcpf.colorado.gov/sb23-174-coverage-policy

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Legislative Mandate

SB 23-174 contains 5 requirements

1) HCPF must provide members under 21 y.o. with access to a limited set of services without a covered diagnosis on or before July 1, 2024. Services must be provided as part of:
   - Statewide Managed Care System (Capitated BH Benefit Benefit), and
   - School Health Services (SHS)
2) Limited services must include: Individual, Family, and Group Therapy; Prevention, Promotion, Education, or Outreach; Evaluation, Intake, Case Management, and Treatment Planning; and Other Services based on feedback from stakeholders
3) HCPF must engage stakeholders in the implementation of this legislation
4) HCPF must notify any impacted entity of this coverage: members, providers, DHS, counties, schools, law enforcement, etc.
5) HCPF must submit an annual report to the Legislature starting November 1, 2025 regarding the utilization of these services. Content to be determined through stakeholdering.

Timeline for Implementation

- Nov 1 – Provider Bulletin Announcement
- Nov 17 - Public forum – introduction and initiation of stakeholder input
- December 1 - Update FAQs ongoing
- February 1 - Second round of stakeholder engagement/input
- April 1 – Publish final scope of services/coverage policy documents, billing information/details, etc.
- April 1 – Communication efforts: formal notice to MCEs, communication blast/activity to all interested entities
- July 1, 2024 – Coverage is live

3 Specific Areas of Feedback

- Review services included in this coverage
- Review diagnosis codes included in this coverage
- Review Annual Reporting details

Services

- 28 Codes currently on the list
- Service Codes were selected from services covered under the Capitated Behavioral Health Benefit which are listed in the State Behavioral Health Services (SBHS) Billing Manual

FAMILY THERAPY

90846 Family psychotherapy without member present

90847 Family psychotherapy with member present

GROUP THERAPY

90849 Multiple-family Group psychotherapy

90853 Group psychotherapy

H0005 Alcohol and/or drug services, group counseling

INDIVIDUAL THERAPY

90832 Psychotherapy with member, 30 mins

90834 Psychotherapy with member, 45 mins

90837 Psychotherapy with member, 60 mins

90839 Psychotherapy for crisis, first 60 mins

90840 Psychotherapy for crisis add-on, each add'l 30 mins

H0004 Behavioral Health counseling and therapy

SERVICES RELATED TO PREVENTION, PROMOTION, EDUCATION, OR OUTREACH

H0023 Behavioral Health outreach service

H0025 Behavioral Health prevention education service

H0046 Drop-in center

S9453 Smoking cessation classes

S9454 Stress management classes

H2027 Psychoeducational service

EVALUATION, INTAKE, CASE MANAGEMENT, AND TREATMENT PLANNING

90791 Psychiatric diagnostic evaluation

90792 Psychiatric diagnostic evaluation with medical services

98966 telephone assessment, 5-10 mins

98967 telephone assessment, 11-20 mins

98968 telephone assessment, 21-30 mins

H0001 Alcohol and/or drug assessment

H0002 Screening to determine eligibility for admission to treatment program

H0031 Mental Health assessment by a non-physician

H0032 Mental Health service plan development by a non-physician

H2000 Comprehensive multidisciplinary evaluation

H2011 Crisis intervention service, per 15 mins

Diagnosis Codes

- No clinical diagnosis is required for these services
- No screening is required to identify appropriateness for services
- Intent of legislation was to provide services for social determinants of health (SDOH), factors that impact a youth that may not be “clinical” or rise to the level of a behavioral health diagnosis
- “Z Codes” are a set of diagnosis codes that identify SDOH
- A diagnosis code must be submitted on a claim
- Publishing a list of Z Codes for providers to use when billing for these services will allow HCPF to track utilization and need for these services

IMPROVING THE COLLECTION OF

Social Determinants of Health (SDOH) Data with ICD-10-CM Z Codes

What Are Z Codes?

- SDOH-related Z codes range from ICD-10-CM categories Z55-Z65 and are used to document SDOH data (e.g., housing, food insecurity, lack of transportation)
- Z codes refer to factors influencing health status or reasons for contact with health services that are not classifiable elsewhere as diseases, injuries, or external causes

What Are SDOH & Why Collect Them?

- SDOH are the conditions in the environment where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks[1]
- The World Health Organization (WHO) estimates that SDOH accounts for **30-55% of health outcomes**[2]

Using Z Codes for SDOH

- SDOH information can be collected before, during, or after a health care encounter through structured health risk assessments and screening tools
- These codes should be assigned only when the documentation specifies that the patient has an associated problem or risk factor that influences the patient's health
- Coding professionals may utilize documentation of social information from social workers, community health workers, case managers, or nurses, if their documentation is included in the official medical record
- SDOH information can be collected through person-provider interaction or self-reported, as long as it is signed-off on and incorporated into the medical record by a clinician or provider
- It is important to screen for SDOH information at each health care encounter to understand circumstances that may have changed in the patient's status

VIEW JOURNEY MAP

[1] Healthy People 2030 [2] World Health Organization

go.cms.gov/OMH

For Questions Contact: The CMS Health Equity Technical Assistance Program | ICD-10-CM Official Guidelines for Coding and Reporting FY 2024

Annual Report

Legislation states the minimum details that must be included are:

1. data on the utilization of services, by code,
2. any differences in utilization within the school health services program

FAQ

Q1: How will eligibility for services be determined?

Q2: How can providers demonstrate medical necessity without using a diagnosis?

Q3: How many services are allowed under this policy?

Q4: How will this benefit be added to the School Health Services code set?

Q5: A key purpose behind this policy was to address Social Determinants of Health (SDOH) (i.e., food insecurity, houselessness, having a parent who is incarcerated, etc.). How does this policy ensure these factors are being addressed?

Q6: Is there any special guidance for using the services included in this benefit?

Q7: How will this benefit interact with the Short-Term Behavioral Health Services (i.e. the 6 visits)?

Please Complete 4 Question Survey to provide input

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