

SB 23-174

Coverage Policy Proposal

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

<https://hcpf.colorado.gov/sb23-174-coverage-policy>

Stakeholder Update March 1, 2024

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Legislative Mandate

This presentation will be focused on the areas of feedback HCPF has received related to our proposed approach to implementing [SB 23-174](#). HCPF received 21 responses on the Survey representing individuals, organizations, and RAEs.

- 1) Services to be included in this coverage
- 2) Approach to implementation, specifically related to codes used on claims
- 3) Content of the annual Report to the Legislature starting November 1, 2025 regarding the utilization of these services.

31 Service Codes That Currently Do Not Require a Covered Dx

Services that fall into Assessment, Screening, Crisis, or Prevention/Intervention Categories

90791 Psychiatric diagnostic evaluation

90792 Psychiatric diagnostic evaluation with medical services

90839 Psychotherapy for crisis, first 60 mins

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

90887 Interpretation or explanation of results of psychiatric, other medical examinations and procedures, or other accumulated data to family or other responsible persons, or advising them how to assist member

96116 Neurobehavioral Status Exam, first 60 mins

96121 Neurobehavioral Status Exam add-on, each add'l 60 mins

96130 Psychological testing evaluation by physician or other qualified health care professional, with interactive feedback to the member, family member(s) or caregiver(s), when performed, first 60 mins

96131 Psychological testing evaluation by physician or other qualified health care professional add-on, each add'l 60 mins

96132 Neuropsychological testing evaluation by physician or other qualified health care professional, with interactive feedback to the member, family member(s) or caregiver(s), when performed, first 60 mins

96133 Neuropsychological testing evaluation by physician or other qualified health care professional add-on, each add'l 60 mins

96136 Psychological or neuropsychological test administration and scoring by physician or other qualified health care professional, two or more tests, any method, first 30 mins

96137 Psychological or neuropsychological test administration and scoring by physician or other qualified health care professional, two or more tests, any method, each add'l 30 mins

96138 Psychological or neuropsychological test administration and scoring by technician, two or more tests, any method, first 30 mins

31 Service Codes That Currently Do Not Require a Covered Dx

- 96139** Psychological or neuropsychological test administration and scoring by technician, two or more tests, any method; each add'l 30 mins
- 96146** Psychological or neuropsychological test administration, with single automated instrument via electronic platform, with automated result only
- 98966** telephone assessment and management provided by qualified non-physician health care professional, 5-10 mins
- 98967** telephone assessment and management provided by qualified non-physician health care professional, 11-20 mins
- 98968** telephone assessment and management provided by qualified non-physician health care professional, 21-30 mins
- H0001** Alcohol and/or drug assessment
- H0002** Behavioral Health screening to determine eligibility for admission to treatment program
- H0023** Behavioral Health outreach service
- H0025** Behavioral Health prevention education service
- H0031** Mental Health assessment by a non-physician
- H0032** Mental Health service plan development by a non-physician
- H0046** Drop-in center
- H2000** Comprehensive multidisciplinary evaluation
- H2011** Crisis intervention service, per 15 mins
- S9453** Smoking cessation classes
- S9454** Stress management classes
- S9845** Crisis intervention mental health services, per diem

18 Services Included in the 174 Policy Coverage

90785 Interactive complexity add-on

90832 Psychotherapy with member, 30 mins

90834 Psychotherapy with member, 45 mins

90837 Psychotherapy with member, 60 mins

90846 Family psychotherapy without member present

90847 Family psychotherapy with member present

90849 Multiple-family Group psychotherapy

90853 Group psychotherapy

90875 Individual psychophysiological therapy incorporating biofeedback with psychotherapy, 30 mins 90876

Individual psychophysiological therapy incorporating biofeedback with psychotherapy, 45 mins

H0004 Behavioral Health counseling and therapy, per 15 mins

H0005 Alcohol and/or drug services, group counseling

H0038 Self-help/peer services, per 15 mins

H2014 Skills training and development, per 15 mins (covers Mentorship and Life Skills)

H2017 Psychosocial rehabilitation services, per 15 mins

H2023 Supported employment, per 15 mins

H2027 Psychoeducational service, per 15 mins

S9445 Member education, not otherwise classified, non-physician provider, individual

Service Codes Not Included

HABI Codes (96156, 96158, 96159, 96164, 96165, 96167, 96168, 96170, 96171)

Family Assessment (H1011)

Comprehensive community support services, per 15 mins (H2015)

Targeted Case management, each 15 mins (T1017)

Neuro/Psychological Testing Codes (96132, 96133, 96136, 96137)

Codes Allowed on Claims

Some respondents provided additional codes to be added to the list:

- We have added codes under ICD-10 R45 - “Symptoms and Signs Involving Emotional State”
- We have added the full billable list of “Z” codes under ICD-10 Z55-65 “Persons with potential health hazards related to socioeconomic and psychosocial circumstances”. This is in the section of the ICD-10 labeled “Other Conditions That May Be a Focus of Clinical Attention”

Some asked for various clinical diagnoses to be added, however, if a member meets the criteria for a clinical diagnosis then these can and should be used on a claim. This benefit is intended to expand access to services for members without a clinical diagnosis.

HCPF is willing to review these codes after the 1st Annual Legislative Report to consider additional codes for this coverage.

Content for Annual Report

- 1) Highlight/describe any differences in utilization within the school health services program vs utilization under the Capitated BH Benefit.
- 2) Overall data on the utilization of services that includes:
 - a) Details/trends related to each service code
 - b) Details/trends by population
 - i) Total number of youth accessing services
 - ii) Disaggregated and relevant demographic data
 - iii) Broken down by age groupings
 - iv) DHS custody (out of home placement) vs Community Kids
 - c) Utilization rates by RAE and county
- 3) Analysis of existing services that do not require a covered dx where an R/Z code was used.
- 4) Considerations for Year 2 Report:
 - a) Outcome analysis of population
 - b) Trends related to other involvement with care (well visit, vaccines, hospitalizations, etc.)

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)?

Next Steps for Implementation

- April 1 - Publish final scope of services/coverage policy documents, billing information/details, updated FAQ, etc.
- April 1 - Communication efforts: formal notice to MCEs, communication blast/activity to all interested entities
- July 1, 2024 - Coverage is live.



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