### **DHMP Behavioral Health Tip Sheet**

### **Behavioral Health (BH)**

Behavioral Health is defined as the treatment of mental and substance use disorders and the support of those who experience and/or are in recovery from these conditions, along with their families and communities. Below are the DHMP benefits by line of business (LOB) for BH services and the entity that is responsible for review and management of BH services.

# Commercial, Medicare and Children Health Plan *Plus* (CHP+) Lines of Business

#### Managed by DHMP

DHMP requires prior authorization for some behavioral health services. Outpatient behavioral health therapy (individual or group) does not require prior authorization when provided in network. Please refer to the Member handbook for benefits and exclusions.

- Member handbooks can be found under the Current Members tab on the DHMP website. DHMP link to services requiring prior authorization below.
  - https://www.denverhealthmedicalplan.org/services-requiring-prior-authorization
- DHMP prior authorization request form can be found on the DHMP link below.
  - <u>UM Prior Authorization Request Form | Denver Health Medical Plan</u>

#### Medicaid

#### **DHMP Responsible for Six Initial Visits**

DHMP is responsible for the six initial visits of group or individual therapy sessions, in primary care settings, for each the following codes:

- 90791 Diagnostic Evaluation without Medical Services
- 90832 Psychotherapy-30 minutes
- 90834 Psychotherapy-45 minutes
- 90837 Psychotherapy-60 minutes
- 90846 Family Psychotherapy (w/o patient)
- 90847 Family Psychotherapy (with patient)

#### Colorado Access (COA) Manages Behavioral Health after Six (6) Visits

- After the sixth behavioral health visit, per code, the benefits are covered by the COA administered capitated behavioral health benefit for Medicaid members. Benefits are held exclusively by the RAE for review and subsequent approval or denial. DHMP has no authority over capitated BH benefits as well as any Wrap BH Benefits administered by Health First Colorado (fee-for-service); therefore, DHMP-UM cannot issue an approval or denial.
  - The following link will take you to the COA site to request prior authorization of services. https://www.coaccess.com/providers/resources/um/
    - Below is a table of Capitated Behavioral Health Benefits Covered Services and Diagnoses

## EXHIBIT I-1, CAPITATED BEHAVIORAL HEALTH BENEFIT COVERED SERVICES & DIAGNOSES

Reimbursed under the behavioral health capitation, when the service is for a covered behavioral health diagnosis and is billed by a Behavioral Health Specialty Provider, non-physician practitioner group, or an FQHC or RHC using revenue code 0900.

	Codes Below		
00104	Anesthesia for ECT	H0039 Assertive Comm treatment per15min	
90785	Interactive Complexity*	H0035 MH Partial Hospitalization less 24hr.	
90832	Psychotherapy-30 minutes	H0036 Comm psych treatment per 15 min	
90833	Psytx pt &/or family w/e&m 30 mins	H0037 Comm psych treatment, per diem	
90834	Psychotherapy-45 minutes	H0038 Self-help/peer services per 15 min	
90836	Psytx pt &/or family w/e&m 45 mins	H0040 Assertive Comm treatment, per diem	
90837	Psychotherapy-60 minutes	H0043 Supported housing, per diem	
90838	Psytx pt &/or family w/e&m 60 mins	H0044 Supported housing, per month	
90846	Family psychotherapy (w/o patient)	H0045 Respite not-in-home per diem	
90847	Family psychotherapy (with patient)	H2001 Rehab program 1/2 day	
90849	Multiple family group psytx	H2012 BH day treatment, per hour	
90853	Group psychotherapy	H2014 Skills train and dev, 15 min	
90870	ECT90887 Interp/Explain results or data	H2015 Comprehen comm support per 15 min	
90875	Indv psychotherapy biofeedback 30min	H2016 Comprehen comm support, per diem	
90876	Indv Psychotherapy biofeedback 45min	H2017 Psysoc rehab svc, per 15 min	
96116	Neurobehavioral status exam; first hr	H2018 Psysoc rehab svc, per diem	
96121	Neurobehavioral status exam; add'l hrs**	H2021 Com wrap-around sv, 15 min	
96130	Psych testing eval services; first hr	H2022 Com wrap-around sv, per diem	
96131	Psych testing eval services; add'l hrs**	H2023 Supported employ, per 15 min	
96132	Neuropsych testing eval services; first hr	H2024 Supported employ, per diem	
96133	Neuropsych testing eval services; add'lhrs**	H2025 Supp maint employ, 15 min	
96136	Psych or neuropsych test admin & scoring; 30 min	H2026 Supp maint employ, per diem	
96137	Psych or neuropsych test admin; add'1 30 min**	H2027 Psycho ed service, per 15 min	
96138	Psych or neuropsych test admin, by tech; first 30min	H2030 MH clubhouse per 15 min	
96139	Psych or neuropsych test admin, by tech; add'1 30min**	H2031 MH clubhouse per diem	
96372	Ther/proph/diag inj, sc/im	H2032 Activity therapy per 15 min	
97535	Self-care management training	H2033 Multisys ther/juvenile 15 min	
97537	Community/work reintegration	S3005 Performance measurement, depression	
G0176	Activity therapy 45 min or more	S5150 Unskilled respite care, per 15m	
	Training re: care of mh problem	S5151 Unskilled respite care, per diem	
H0006	Alcohol/Drug case management	S9445 Patient ed non-phys, indv	
H0015	Alcohol/Drug intensive outpatient	S9480 Intens Outpatient psych per diem	
H0017	BH residential w/o room/board	S9485 Crisis Interv MH per diem	
H0018	BH short term res w/o room/board	T1005 Respite care service 15 min	
H0019	BH long term red w/o room/board	T1017 Targeted case management	
H0020	Methadone admin/service	* must be billed with psychotherapy code	
H0033	Oral med admin observation	** listed separately in addition to primary procedure code	
H0034	Med training/support per 15 min		

Reimbursed under the behavioral health capitation, when the service is for an appropriate diagnosis that supports medical necessity and is billed by a Behavioral Health Specialty Provider, non-physician practitioner group or an FOHC or RHC using revenue code 0900.

group or an FQHC or RHC using revenue code 0900.		
health codes		
H0023 BH outreach/Drop in		
H0025 BH prevention education		
H0031 MH assessment by non-phys		
H0032 MH service plan devel by non-phys		
H2000 Comprehensive multidiscipline edu		
H2011 Crisis intervention per 15 min		
H2036 Alcohol and/or other drug treatment program		
S9453 Smoking cess class, non-phys, per ses		
S9454 Stress manage, non-phys, per ses		
T1007 Alcohol/sud plan dev/mod inc vitals		
T1019 Personal care services per 15 min		
T1023 Program/project screen of indv per enc		
en the service is provided for a covered behavioral		
nent Consultation Codes		
99251 Inpatient Consultation		
99252 Inpatient Consultation		
99253 Inpatient Consultation		
99254 Inpatient Consultation		
99255 Inpatient Consultation		
Emergency Department Codes		
99284 Requires detailed history, detailed		
examination moderate complexity medical		
decision making		
99285 Requires comprehensive history,		
comprehensive examination high complexity		
andical decision malana		
medical decision making.		
medical decision making.		
medical decision making.		

### Reimbursed through the behavioral health capitation for a covered behavioral health diagnosis when the service is billed by a Behavioral Health Specialty Provider.

service is billed by a Behavioral Health Specialty Provider.			
Evaluation & Management Codes			
99202	Office or OP – New, 20m	99307	Subseq nursing facility, 10m
99203	Office or OP – New, 30m	99308	Subseq nursing facility, 15m
99204	Office or OP – New, 45m	99309	Subseq nursing facility, 25m
99205	Office or OP – New, 60m	99310	Subseq nursing facility, 35m
99211	Office or OP – other	99315	Nursing facility discharge, 30m
99212	Office or OP – Est, 10m	99316	Nursing facility discharge, 30+m
99213	Office or OP – Est, 15m	99318	Annual nursing facility assmt
99214	Office of OP – Est, 25m	99324	Dom, Rest, Custodial – New, 20m
99215	Office or OP – Est, 40m	99325	Dom, Rest, Custodial – New, 30m
99217	Observ Care discharge day mgmt.	99326	Dom, Rest, Custodial – New, 45m
99218	Initial Observ Care, 30m	99327	Dom, Rest, Custodial – New, 60m
99219	Initial Observ Care, 50m	99328	Dom, Rest, Custodial – New, 75m
99220	Initial Observ Care, 70m	99334	Dom, Rest, Custodial – Est, 15m
99221	Initial hospital care	99335	Dom, Rest, Custodial – Est, 25m
99222	Initial hospital care	99336	Dom, Rest, Custodial – Est, 40m
99223	Initial hospital care	99337	Dom, Rest, Custodial – Est, 60m
99224	Subseq Hospital Care, 15m	99341	Home care – New, 20m
99225	Subseq Hospital Care, 25m	99342	Home care – New, 30m
99226	Subseq Hospital Care, 35m	99343	Home care – New, 45m
99231	Subsequent hospital care	99344	Home care – New, 60m
99232	Subsequent hospital care	99345	Home care – New, 75m
99233	Subsequent hospital care	99347	Home care – Est, 15m
99234	Same day admit/DC, 40m	99348	Home care – Est, 25m
99235	Same day admit/DC, 50m	99349	Home care – Est, 40m
99236	Same day admit/DC, 55m	99350	Home care – Est, 60m
99238	Hospital discharge day	99366	Team conf w/patient by hc pro
99239	Hospital discharge-manage	99367	Team conf w/o patient by phys.
99304	Initial nursing facility, 25m	99368	Team conf w/patient by hc pro
99305	Initial nursing facility, 35m	99441	Telephone by phys 5-10 min
99306	Initial nursing facility, 45m	99442	Telephone by phys 11-20 min
		99443	Telephone by phys 21-30 min

Evalua	Evaluation & Management Add-On Codes- Reimbursed under the behavioral health capitation when billed with an		
Evaluation & Management code covered under the behavioral health capitation.			
90836	Psychotherapy, 45 min with pt and /or	90838	Psychotherapy, 60 min with pt and /or
	family mbr when performed with an E&M		family mbr when performed with an E&M
90833	Psychotherapy, 30 min with pt and /or		
	family mbr when performed with an E&M		

The fo	The following revenue codes (in addition to those represented in Appendix Q) may be covered under the	
capita	capitated behavioral health benefit:	
0906	BEHAVIORAL HEALTH TREATMENTS/SERVICES (ALSO SEE 091X - AN EXTENSION OF 090X)	
	INTENSIVE OUTPATIENT SERVICES - CHEMICAL DEPENDENCY BH/INTENS OP/CHEM DEP**	
0907	BEHAVIORAL HEALTH TREATMENTS/SERVICES (ALSO SEE 091X - AN EXTENSION OF 090X) COMMUNITY BEHAVIORAL HEALTH PROGRAM (DAY TREATMENT) BH/COMMUNITY	
0912	BEHAVIORAL HEALTH TREATMENTS/SERVICES - EXTENSION OF 090X PARTIAL	
	HOSPITALIZATION - LESS INTENSIVE BH/PARTIAL HOSP	
0913	BEHAVIORAL HEALTH TREATMENTS/SERVICES - EXTENSION OF 090X PARTIAL	
	HOSPITALIZATION - INTENSIVE BH/PARTIAL INTENS	
0916	BEHAVIORAL HEALTH TREATMENTS/SERVICES - EXTENSION OF 090X FAMILY THERAPY	
	BH/FAMILY RX	
0917	BEHAVIORAL HEALTH TREATMENTS/SERVICES - EXTENSION OF 090X BIO FEEDBACK	
	BH/BIOFEED	
0918	BEHAVIORAL HEALTH TREATMENTS/SERVICES - EXTENSION OF 090X TESTING BH/TESTING	
0919	BEHAVIORAL HEALTH TREATMENTS/SERVICES - EXTENSION OF 090X OTHER BEHAVIORAL	
	HEALTH TREATMENTS/SERVICES BH/OTHER	
0960	PROFESSIONAL FEES (ALSO SEE 097X AND 098X) GENERAL CLASSIFICATION PRO FEE	
0961	PROFESSIONAL FEES (ALSO SEE 097X AND 098X) PSYCHIATRIC PRO FEE/PSYCH	
1000	BEHAVIORAL HEALTH ACCOMMODATIONS GENERAL CLASSIFICATION	
1001	BEHAVIORAL HEALTH ACCOMMODATIONS RESIDENTIAL - PSYCHIATRIC	
1003	BEHAVIORAL HEALTH ACCOMMODATIONS SUPERVISED LIVING*	
1005	BEHAVIORAL HEALTH ACCOMMODATIONS GROUP HOME***	

<sup>\*</sup> For mental health diagnoses only

\*\* For Substance Use Disorder (SUD) diagnoses only

\*\*\* For members under the age of 21

Behavioral Health Specialty Provider Types		
Provider Type (PT)	Specialty Type	Provider Type Description
35	360	Community Mental Health Center
37	520	Licensed Psychologist
38	521	Licensed Behavioral Health Clinician
63	399	Substance Use Disorder Individual*
64	477	Outpatient Substance Use Disorder Clinics
64	871	Residential SUD ASAM level 3.1 Programs
64	872	Residential SUD ASAM level 3.3 Programs
64	873	Residential SUD ASAM level 3.5 Programs
64	874	Residential SUD ASAM level 3.7 Programs
64	875	Residential SUD ASAM level 3.2WM Programs
64	876	Residential SUD ASAM level 3.7WM Programs

<sup>\*</sup>This provider type is no longer available for new enrollments

Behavioral Healt Ranges	th ICD-10-CM Code	
Substance Use Disorder		
Start Value	End Value	
F10.10	F10.26	
F10.28	F10.96	
F10.98	F13.26	
F13.28	F13.96	
F13.98	F18.159	
F18.18	F18.259	
F18.28	F18.959	
F18.980	F19.16	
F19.18	F19.26	
F19.28	F19.99	
Mental H	ealth Disorders	
Start Value	End Value	
F20.0	F42.3	
F42.8	F48.1	
F48.9	F51.03	
F51.09	F51.12	
F51.19	F51.9	
F53.0	F53.1	
F60.0	F63.9	
F68.10	F69	
F90.0	F98.4	
F98.8	F99	
R45.1	R45.2	
R45.5	R45.82	