

SHORT-TERM BEHAVIORAL HEALTH SERVICES IN A PRIMARY CARE SETTING

The Department of Health Care Policy and Financing (HCPF) is promoting the provision of short-term behavioral health services within primary care settings for brief episodic conditions. Providers may bill up to six behavioral health services, with or without a covered behavioral health diagnosis, to HCPF fee-for-service as you would a medical service. This is for Health First Colorado (Colorado's Medicaid Program) members only. This benefit applies to several types of primary care settings, including:

- Primary Care Clinics
- Federally Qualified Health Centers
- Rural Health Clinics
- Indian Health Centers
- Non-Physician Medical Practitioner Groups (e.g., nurse practitioners, nurse midwives)

In order to bill for these services, there must be behavioral health clinician who is enrolled in Health First Colorado (Colorado's Medicaid Program) on site, employed and/or billed by the primary care provider. If you are part of a co-located arrangement with a behavioral health provider, then whether or not this process applies to you depends on who bills for the services. If the behavioral health provider bills for the services, those claims will always come to us to be paid under the behavioral health capitation. If the primary care provider bills for the services, then this process applies to you.

WHAT SERVICES ARE INCLUDED IN THIS BENEFIT?

The following procedure codes are included in this benefit:

- Behavioral Health Diagnostic Assessment: 90791
- Individual therapy: 90832, 90834, 90837
- Family therapy: 90846 and 90847

All services must be provided by a behavioral health provider who is enrolled with Health First Colorado. While a covered behavioral health diagnosis is not required to bill fee-for-service, there must be an appropriate diagnosis that supports medical necessity. All CPT coding practices and [Uniform Service Coding Standards documentation requirements](#) must be followed. These procedure codes may be billed to HCPF fee-for-service in any combination for a total of six visits. The six-visit count restarts July 1st of each year.

If the member has a primary diagnosis of autism, intellectual/developmental disability, or traumatic brain injury, all services should be billed to Medicaid fee-for-service.

If your practice provides other behavioral health services (e.g., prevention/early intervention services) in the primary care setting, we will continue to reimburse those services through the capitated behavioral health benefit. Those services will not be reimbursed if billed to HCPF fee-for-service. These types of services include (but are not limited to):

- Behavioral health screening: H0002
- Behavioral health outreach: H0023
- Behavioral health psychoeducation: H0025
- Group therapy: 90853, H0005

For more information from HCPF about billing for the first six visits, please see the [Short-Term Behavioral Health Services in the Primary Care Setting Fact Sheet](#).

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SHORT-TERM BEHAVIORAL HEALTH SERVICES IN A PRIMARY CARE SETTING (CONT.)

WHAT IF THE MEMBER NEEDS MORE THAN SIX VISITS?

Any additional services need to be requested from us using the prior authorization process. Providers can complete the following information and submit as instructed below. Please indicate the exact number and specific type of services being requested (e.g., three additional sessions of 90837). Please include evidence of a covered behavioral health diagnosis and evidence/attestation that the member has already utilized their first six visits (which have been billed to HCPF fee-for-service).

In order to request additional visits, providers must be contracted with us. Non-contracted providers can submit request for prior authorization [here](#).

Our utilization management team will review your request as quickly as possible, not to exceed 10 calendar days (please plan ahead). These services may then be provided and billed to us. Failure to request authorization prior to the delivery of additional services will result in an administrative denial.

If it is found that services were requested and billed to us without billing the first six visits to HCPF fee-for-service, payment for those services may be recouped as overpayment.

PERSON COMPLETING AND SUBMITTING THIS FORM:

Name:	Facility:	
Phone:	Fax:	Date Form Submitted:

MEMBER INFORMATION:

Member Name:	DOB:
State ID:	SSN:
Primary Diagnosis:	Secondary Diagnosis:

Select the line of business or organization this request is for (*check all that apply*):

- Regional Organization (RAE) 3
- Regional Organization (RAE) 5

Please note: CHP+ members can receive behavioral health services in the primary care setting without authorization. This form applies to Health First Colorado members only.

SERVICES:

- 90791: # of services being requested ____
- 90832: # of services being requested ____
- 90834: # of services being requested ____
- 90837: # of services being requested ____
- 90846: # of services being requested ____
- 90847: # of services being requested ____

ATTESTATION:

I attest that I have/intend to submit this member's first six behavioral health visits to the Department of Health Care Policy and Financing for payment. I understand that failure to submit the first six visits to HCPF could result in recoupment of the services being requested above.

Signature: _____

Date: _____