Appendix T

Community Mental Health Services Program
Covered Diagnoses and Procedures

The Community Mental Health Services Program (Mental Health Program) is a capitated program in which contracted Behavioral Healthcare Organizations (BHOs) provide or arrange for mental health and substance use disorder (SUD) services to enrolled clients. Mental Health Program covered procedures and diagnoses are listed in this appendix.

The following instructions and information are guidelines only. For detailed Mental Health Program billing information, including emergency care and non-covered benefits, providers should refer to Community Mental Health Services Program (Mental Health Program) in the Colorado 1500 Specialty Billing Information manual of the Billing Manuals section.

Providers must contact the BHO prior to providing services. With the exception of emergency care and Medicare services provided to dually eligible clients, a provider must be enrolled (credentialed) into the BHO network in order to bill the BHO for mental health and SUD services delivered to Medicaid clients with BHO-covered diagnoses.

837I (UB-04) Instructions

If the principal diagnosis is not a Mental Health Program covered diagnosis, bill either the Health Maintenance Organization (HMO) or Medicaid Fee-For-Service (FFS) depending on the client's enrollment. **If the principal diagnosis is a BHO-covered mental health diagnosis, bill the appropriate BHO based on the client's enrollment.** SUD diagnosis codes billed on a UB-04 are not covered by the BHO. For more information on eligibility and enrollment verification, please refer to Colorado Medical Assistance Program Client Eligibility in the General Provider Information section.

837P (CO-1500) Instructions

If providing a service where both the primary diagnosis and the procedure for mental health and SUD are in this appendix, bill the appropriate BHO based on the client's enrollment. If providing a service where either the primary diagnosis or the procedure is not in this appendix, bill either the Health Maintenance Organization (HMO) or Medicaid Fee-For-Service (FFS) depending on the client's enrollment. Special Connection claims should continue to be billed to FFS.

Claim Type	BHO Covered Principal/ Primary Diagnosis		BHO Covered Procedure	Non BHO Covered Principal/Primary Diagnosis	Non BHO Covered Procedure	Send Bill to:
	MH	SUD				
837I (UB-04)	X					BHO
837I (UB-04)		X				FFS or HMO
837I (UB-04)				X		FFS or HMO
837P (CO-1500)	X		X			BHO
837P (CO-1500)		X	X			BHO
837P (CO-1500)	X				X	FFS or HMO
837P (CO-1500)		X			X	FFS or HMO
837P (CO-1500)			X	X		FFS or HMO
837P (CO-1500)				X	X	FFS or HMO

Covered Procedure Codes

Procedure	Procedure	Procedure	Procedure	Procedure	Procedure
00104	96101	99239	H0019	H2011	S5150
90785	96102	99251	H0020	H2012	S5151
90791	96103	99252	H0023	H2014	S9445
90792	96116	99253	H0025	H2015	S9453
90832	96118	99254	H0031	H2016	S9454
90833	96119	99366	H0032	H2017	S9480
90834	96120	99367	H0033	H2018	S9485
90836	96372	99368	H0034	H2021	T1005
90837	97535	99441	H0035	H2022	T1007
90838	97537	99442	H0036	H2023	T1016
90839	98966	99443	H0037	H2024	T1017
90840	98967	G0176	H0038	H2025	T1019
90846	98968	G0177	H0039	H2026	T1023
90847	99221	H0001	H0040	H2027	
90849	99222	H0002	H0043	H2030	
90853	99223	H0004	H0044	H2031	
90870	99231	H0005	H0045	H2032	
90875	99232	H0006	H1011	H2033	
90876	99233	H0017	H2000	M0064	
90887	99238	H0018	H2001	S3005	

Effective January 1, 2014, add-on codes may be used to indicate a mental health service covered by the BHO. The above list of covered procedure codes indicates the procedure codes that are covered under the BHO contract. The below list of evaluation and management codes are covered by the BHO when they are billed in conjunction with a psychotherapy add-on from the above list, or when used for the purpose of medication management with minimal psychotherapy provided by a prescriber from the BHO network.

Covered Evaluation And Management Codes					
Procedure	**Procedure**	**Procedure**	**Procedure**	**Procedure**	**Procedure**
99201	99217	99241	99308	99328	99347
99202	99218	99242	99309	99334	99348
99203	99219	99243	99310	99335	99349
99204	99220	99244	99315	99336	99350
99205	99224	99245	99316	99337	
99211	99225	99255	99318	99341	
99212	99226	99304	99324	99342	
99213	99234	99305	99325	99343	
99214	99235	99306	99326	99344	
99215	99236	99307	99327	99345	

Covered Mental Health Diagnosis Codes (ICD-9)

Diagnosis	Diagnosis	Diagnosis	Diagnosis	Diagnosis	Diagnosis	Diagnosis
***295**	296.99	300.14	301.22	307.45	309.1	312.39
*295.0		300.15	301.3	307.46	309.21	312.4
*295.1	**297**	300.16	301.4	307.47	309.22	312.81
*295.2	297.0	300.19	301.50	307.48	309.23	312.82
*295.3	297.1	300.20	301.51	307.49	309.24	312.89
*295.4	297.2	300.21	301.59	307.50	309.28	312.9
*295.5	297.3	300.22	301.6	307.51	309.29	
*295.6	297.8	300.23	301.7	307.52	309.3	**313**
*295.7	297.9	300.29	301.81	307.53	309.4	313.0
*295.8		300.3	301.82	307.54	309.81	313.1
*295.9	**298**	300.4	301.83	307.59	309.82	313.21
	298.0	300.5	301.84	307.6	309.83	313.22
296	298.1	300.6	301.89	307.7	309.89	313.23
**296.0	298.2	300.7	301.9	307.80	309.9	313.3
**296.1	298.3	300.8		307.81		313.81
**296.2	298.4	300.81	**307**	307.89	**311**	313.82
**296.3	298.8	300.82	307.1	307.9		313.83
**296.4	298.9	300.89	307.20		**312**	313.89
**296.5		300.9	307.21	**308**	***312.0	313.9
**296.6	**300**		307.22	308.0	***312.1	
296.7	300.00	**301**	307.23	308.1	***312.2	**314**
296.8	300.01	301.0	307.3	308.2	312.3	314.00
296.80	300.02	301.10	307.4	308.3	312.30	314.01
296.81	300.09	301.11	307.40	308.4	312.31	314.1
296.82	300.10	301.12	307.41	308.9	312.32	314.2
296.89	300.11	301.13	307.42		312.33	314.8
296.9	300.12	301.20	307.43	**309**	312.34	314.9
296.90	300.13	301.21	307.44	309.0	312.35	

*Use the following fifth-digit sub-classifications with category 295:

0 Unspecified
1 Sub-chronic
2 Chronic
3 Sub-chronic with acute exacerbation
4 Chronic with acute exacerbation
5 In remission

**Use the following fifth-digit sub-classification with category 296.0-296.6

0 Unspecified
1 Mild
2 Moderate
3 Severe without mention of psychotic behavior
4 Severe specified as w/ psychotic behavior
5 In partial or unspecified remission
6 In full remission

***Use the following fifth digit sub-classification with category 312.0 and 312.2

0 Unspecified
1 Mild
2 Moderate
3 Severe

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Covered SUD Diagnosis Codes (ICD-9)

Diagnosis	Diagnosis	Diagnosis	Diagnosis	Diagnosis	Diagnosis	Diagnosis
291	291.89	292.81	**303**	*304.2	**305**	*305.6
291.0	291.9	292.83	*303.0	*304.3	*305.0	*305.7
291.1		292.84	*303.9	*304.4	305.1	*305.9
291.3	**292**	292.85		*304.5	*305.2	
291.5	292.0	292.89	**304**	*304.6	*305.3	
291.81	292.11	292.9	*304.0	*304.7	*305.4	
291.82	292.12		*304.1	*304.8	*305.5	

*Use the following fifth digit sub-classification:

0 Unspecified 1 Continuous 2 Episodic 3 In Remission