

BEHAVIORAL HEALTH SERVICES

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Related Policy

- [Autism](#)

INSTRUCTIONS FOR USE

The services described in Oxford policies are subject to the terms, conditions and limitations of the member's contract or certificate. Unless otherwise stated, Oxford policies do not apply to Medicare Advantage members. Oxford reserves the right, in its sole discretion, to modify policies as necessary without prior written notice unless otherwise required by Oxford's administrative procedures or applicable state law. The term Oxford includes Oxford Health Plans, LLC and all of its subsidiaries as appropriate for these policies.

Certain policies may not be applicable to Self-Funded members and certain insured products. Refer to the member specific benefit plan document or Certificate of Coverage to determine whether coverage is provided or if there are any exclusions or benefit limitations applicable to any of these policies. If there is a difference between any policy and the member specific benefit plan document or Certificate of Coverage, the member specific benefit plan document or Certificate of Coverage will govern.

CONDITIONS OF COVERAGE

Applicable Lines of Business/Products	This policy applies to Oxford Commercial plan membership.
Benefit Type	Varies
Referral Required (Does not apply to non-gatekeeper products)	No ¹
Authorization Required (Precertification always required for inpatient admission)	Yes ²
Precertification with Medical Director Review Required	Yes ²
Applicable Site(s) of Service (If site of service is not listed, Medical Director review is required)	All
Special Considerations	<p>¹Precertification and/or referral are not required for routine outpatient mental health and substance use disorders when rendered in a physician's office or an outpatient setting.</p> <p>Exception: Precertification is not required when routine services are rendered in an Assisted Living Facility(13), Group Home (14) or Nursing Facility (32).</p> <p>²Precertification is required for mental health and substance use disorders when performed in an inpatient (including inpatient partial hospitalization [PHP]) or residential setting or when services are part of an</p>

Special Considerations
(continued)

intensive outpatient treatment program (IOP). Refer to the member specific benefit plan document or Certificate of Coverage for specific requirements.

BENEFIT CONSIDERATIONS

Before using this policy, please check the member specific benefit plan document and any federal or state mandates, if applicable.

Plan	State Requirement	Coverage Required
Connecticut (CT) Large and Small Group	Parity	<p>Coverage and cost share structure is equal to that of standard medical/surgical benefits, except for the following diagnoses which are excluded from Connecticut parity legislation:</p> <ul style="list-style-type: none"> • Intellectual disability • Learning disorders • Motor skills disorder • Communication disorders • Caffeine-related disorders • Relational problems • Additional conditions that may be a focus of clinical attention and are not defined as mental disorders in the DSMIV <p>Refer to the member specific benefit plan document or Certificate of Coverage for coverage for confirmation of applicable benefits and exclusions.</p> <p>Please refer to the Applicable Codes section of this policy for specific ICD-10 codes.</p>
New Jersey (NJ) Large and Small Group	Parity	<p>Coverage and cost share structure is equal to that of standard medical/surgical benefits.</p>
New York (NY) Individual	N/A	<p>Refer to the member specific benefit plan document or Certificate of Coverage for coverage and cost share structure.</p>
NY Large Group	Parity	<p>Coverage and cost share structure is equal to that of standard medical/surgical benefits. Please refer to the member specific benefit plan document or Certificate of Coverage for specific details regarding benefit coverage and exclusions.</p>
NY Small Group	Parity for Biologically Based Mental Illness	<p>The State of New York considers the following conditions to be biologically based for all ages:</p> <ul style="list-style-type: none"> • Anorexia nervosa • Bipolar disorder • Bulimia nervosa • Delusional disorders • Major depression • Obsessive compulsive disorder • Panic disorder • Schizophrenia/psychotic disorders <p>Please refer to the Applicable Codes section of this policy for specific ICD-10 codes.</p>
	Parity for Children with Serious Emotional Disturbances	<p>The State of New York further applies parity guidelines to "children with serious emotional disturbances." To qualify, Members under the age of eighteen (18) years must have one or more of the following diagnoses and meet the criteria which follow:</p> <ul style="list-style-type: none"> • Attention deficit disorders • Disruptive behavior disorders • Pervasive developmental disorders <p>In addition to the diagnoses listed above, the Member must display one or more of the following symptoms and/or behavioral issues:</p> <ul style="list-style-type: none"> • Serious suicidal symptoms or other life-threatening self-destructive behaviors

Plan	State Requirement	Coverage Required
NY Small Group (continued)	Parity for Children with Serious Emotional Disturbances (continued)	<ul style="list-style-type: none"> Significant psychotic symptoms (hallucinations, delusions, bizarre behaviors) Behavior caused by emotional disturbances that placed the child at risk of causing personal injury or significant property damage Behavior caused by emotional disturbances that placed the child at substantial risk or removal from the house hold <p>Please refer to the Applicable Codes section of this policy for specific ICD-10 codes.</p>

Essential Health Benefits for Individual and Small Group

For plan years beginning on or after January 1, 2014, the Affordable Care Act of 2010 (ACA) requires fully insured non-grandfathered individual and small group plans (inside and outside of Exchanges) to provide coverage for ten categories of Essential Health Benefits (“EHBs”). Large group plans (both self-funded and fully insured), and small group ASO plans, are not subject to the requirement to offer coverage for EHBs. However, if such plans choose to provide coverage for benefits which are deemed EHBs, the ACA requires all dollar limits on those benefits to be removed on all Grandfathered and Non-Grandfathered plans. The determination of which benefits constitute EHBs is made on a state by state basis. As such, when using this policy, it is important to refer to the member specific benefit plan document to determine benefit coverage.

PURPOSE

This policy provides information regarding the coverage of treatment for mental health and substance use disorders, as determined by applicable federal and/or state legislation, Oxford certificates of coverage and utilization management guidelines.

DEFINITIONS

Non-Routine Services: Outpatient services that require clinical review for approval, when coverage is available. Non-routine services include, but are not limited to: extended length sessions, psychological/ neuropsychological testing, transcranial magnetic stimulation, intensive outpatient treatment, intensive behavioral therapy, ambulatory ECT, psychiatric consult on a medical bed, and methadone maintenance.

Note: Not all Non-Routine Services listed may be covered. Refer to the member specific benefit plan document or Certificate of Coverage for specific requirements.

POLICY

Oxford administers benefit coverage for behavioral health services in coordination with OptumHealth. OptumHealth has developed level of care (LOC) guidelines which are used for purposes of clinical guidance, utilization management and medical necessity determinations, except where federal or state mandates require application of alternate guideline. The LOC guidelines ensure that services are essential and appropriate, and reflect empirically validated approaches. For additional information on Level of Care Guidelines and other topics, refer to providerexpress.com and;

- [Introduction to the OH/OHBSCA Level of Care Guidelines](#)
- [Common Criteria and Best Practices for All Levels of Care](#)

PROCEDURES AND RESPONSIBILITIES

Reimbursement for covered behavioral health services varies by plan and provider type. Use the following table to determine if reimbursement tiering based on provider specialty applies:

Determining if Reimbursement Tiering Based on Provider Specialty Applies	
Plan	Additional Information
CT Large & Small	All providers, regardless of their status with the network ARE subject to reimbursement tiering based on provider specialty regardless of the member’s plan. Refer to the table below for the reimbursement rate that applies based on the provider’s specialty.
NJ Large & Small	
NY Large & Small ^{1,2,3}	<ul style="list-style-type: none"> • ¹Network providers ARE subject to reimbursement tiering based on provider specialty regardless of the member’s plan. • ²Non-Network providers will be reimbursed at 100% of the applicable fee region when a member is enrolled in a NY Large or Small: <ul style="list-style-type: none"> ○ Fully Insured (FI) plan; OR

Determining if Reimbursement Tiering Based on Provider Specialty Applies

Plan	Additional Information
NY Large & Small ^{1,2,3} (continued)	<ul style="list-style-type: none"> ○ Non-ERISA ASO plan that has elected to comply with the NY Department of Financial (DFS) determination that non-network providers are reimbursed at 100%. ● ³Non-Network providers ARE subject to reimbursement tiering when a member is enrolled in a NY Large or Small Non-ERISA ASO plan that has not elected to comply with the NY DFS determination that non-network providers are no longer subject to reimbursement tiering based on provider specialty.

For plans that have reimbursement tiering based on provider specialty, use the following table to identify the provider type and the percentage of applicable fee(s) at which reimbursement will be made for Oxford Network and Non-Network providers (when determined to be subject to reimbursement tiering based on the [table above](#)).

Reimbursement Tiering Based On Provider Specialty

Provider Type	Provider State	Rate of Reimbursement
Advanced Practice Nurse (APN)	NJ	75%
Advanced Practice Registered Nurse (APRN)	CT	75%
BCBA Certification (BCBA Cert)	CT & NJ	Refer to the policy titled Autism for additional information.
Doctor of Osteopathy (DO)	CT, NJ & NY	100%
Licensed Alcohol & Drug Counselor (LADC)	CT	No Individual reimbursement allowed.
Licensed Behavior Analyst (LBA)	NY	Refer to the policy titled Autism for additional information.
Licensed Clinical Social Worker (LCSW)	CT, NJ & NY	65%
Licensed Marriage and Family Therapist (LMFT)	CT, NJ & NY	65%
Licensed Mental Health Counselor (LMHC)	NY	65%
Licensed Professional Counselor (LPC)	CT & NJ	65%
Licensed Psychoanalyst (PSYS)	NY	65%
Licensed Psychologist (LP)	CT, NJ & NY	75%
Medical Doctor (MD)	CT, NJ & NY	100%
Nurse Practitioner (NP)	NY	75%
Physician Assistant (PA)	CT, NJ & NY	75%
Registered Nurse (RN)	CT, NJ & NY	75%

APPLICABLE CODES

The following list(s) of procedure and/or diagnosis codes is provided for reference purposes only and may not be all inclusive. Listing of a code in this policy does not imply that the service described by the code is a covered or non-covered health service. Benefit coverage for health services is determined by the member specific benefit plan document and applicable laws that may require coverage for a specific service. The inclusion of a code does not imply any right to reimbursement or guarantee claim payment. Other Policies may apply.

CPT Code	Description	Eligible Provider Type
Behavioral Health		
90785 ⁴	Interactive complexity (List separately in addition to the code for primary procedure)	All Behavioral Health Providers
90791 ⁴	Psychiatric diagnostic evaluation	Non-MD,DO BEH Providers
90792 ⁴	Psychiatric diagnostic evaluation with medical services	Psychiatrist (MD, DO) and Nurse Practitioner
90832 ^{1,4}	Psychotherapy, 30 minutes with patient	All Behavioral Health Providers
90833 ^{1,4}	Psychotherapy, 30 minutes with patient when performed with an evaluation and management service (List separately in addition to the code for primary procedure)	Psychiatrist (MD, DO) and Nurse Practitioner
90834 ^{1,4}	Psychotherapy, 45 minutes with patient	All Behavioral Health Providers

CPT Code	Description	Eligible Provider Type
Behavioral Health		
90836 ^{1,4}	Psychotherapy, 45 minutes with patient when performed with an evaluation and management service (List separately in addition to the code for primary procedure)	Psychiatrist (MD, DO) and Nurse Practitioner
90837 ⁴	Psychotherapy, 60 minutes with patient	All Behavioral Health Providers
90838 ^{1,2,4}	Psychotherapy, 60 minutes with patient when performed with an evaluation and management service (List separately in addition to the code for primary procedure)	Psychiatrist (MD, DO) and Nurse Practitioner
90839 ^{1,2,4}	Psychotherapy for crisis; first 60 minutes	All Behavioral Health Providers
90840 ⁴	Psychotherapy for crisis; each additional 30 minutes (List separately in addition to code for primary service)	All Behavioral Health Providers
90845 ⁴	Psychoanalysis	All Behavioral Health Providers
90846 ⁴	Family psychotherapy (without the patient present), 50 minutes	All Behavioral Health Providers
90847 ⁴	Family psychotherapy (conjoint psychotherapy) (with patient present), 50 minutes	All Behavioral Health Providers
90849 ⁴	Multiple-family group psychotherapy	All Behavioral Health Providers
90853 ⁴	Group psychotherapy (other than of a multiple-family group)	All Behavioral Health Providers
90863 ⁴	Pharmacologic management, including prescription and review of medication, when performed with psychotherapy services (List separately in addition to the code for primary procedure)	Select prescribing psychologists (applies to psychologists licensed in the states of Louisiana (LA) and New Mexico (NM) only).
90865 ⁴	Narcosynthesis for psych diagnostic and therapeutic purposes	Psychiatrist (MD, DO) and Nurse Practitioner
90875 ^{1,3}	Individual psychophysiological therapy incorporating biofeedback training by any modality (face-to-face with the patient), with psychotherapy (e.g., insight oriented, behavior modifying or supportive psychotherapy); 30 minutes	All Behavioral Health Providers
90876 ^{1,3,4}	Individual psychophysiological therapy incorporating biofeedback training by any modality (face-to-face with the patient), with psychotherapy (e.g., insight oriented, behavior modifying or supportive psychotherapy); 45 minutes	All Behavioral Health Providers
90899 ¹	Unlisted psych service/procedure	All Behavioral Health Providers
Evaluation and Management		
99201-99205 ⁴	Office or other outpatient services – new patient	Psychiatrists (MD, DO) and Nurse Practitioners only
99211-99215 ⁴	Office or other outpatient services – established patient	Psychiatrists (MD, DO) and Nurse Practitioners only
99217 ⁴	Hospital observation services – discharge services	Psychiatrists (MD, DO) and Nurse Practitioners only
99218-99220 ⁴	Hospital observation services – initial observation care (new or established patient)	Psychiatrists (MD, DO) and Nurse Practitioners only
99221-99223 ⁴	Hospital inpatient services – initial hospital care (new or established patient)	Psychiatrists (MD, DO) and Nurse Practitioners only
99224-99226 ⁴	Hospital observation services – subsequent observation care	Psychiatrists (MD, DO) and Nurse Practitioners only
99231-99233 ⁴	Hospital inpatient services – subsequent hospital care	Psychiatrists (MD, DO) and Nurse Practitioners only

CPT Code	Description	Eligible Provider Type
Evaluation and Management		
99234-99236 ⁴	Observation or inpatient care services (including admission and discharge services)	Psychiatrists (MD, DO) and Nurse Practitioners only
99238-99239 ⁴	Hospital discharge services	Psychiatrists (MD, DO) and Nurse Practitioners only
99241-99245 ⁴	Consultations (office or other outpatient; new or established patient)	Psychiatrists (MD, DO) and Nurse Practitioners only
99251-99255 ⁴	Inpatient consultations (new or established patient)	Psychiatrists (MD, DO) and Nurse Practitioners only
99281-99285 ⁴	Emergency department services (new or established patient)	Psychiatrists (MD, DO) and Nurse Practitioners only
99291-99292 ⁴	Critical care services	Psychiatrists (MD, DO) and Nurse Practitioners only
99304-99306 ⁴	Initial nursing facility care (new or established patient)	Psychiatrists (MD, DO) and Nurse Practitioners only
99307-99310 ⁴	Subsequent nursing facility care	Psychiatrists (MD, DO) and Nurse Practitioners only
99324-99328 ⁴	Domiciliary, rest home (e.g., boarding home) or custodial care services – new patient	Psychiatrists (MD, DO) and Nurse Practitioners only
99334-99337 ⁴	Domiciliary, rest home (e.g., boarding home) or custodial care services – established patient	Psychiatrists (MD, DO) and Nurse Practitioners only
99339-99340 ⁴	Domiciliary, rest home (e.g., assisted living facility) or home care plan oversight services	Psychiatrists (MD, DO) and Nurse Practitioners only
99341-99345 ⁴	Home services – new patient	Psychiatrists (MD, DO) and Nurse Practitioners only
99347-99350 ⁴	Home services - established patient	Psychiatrists (MD, DO) and Nurse Practitioners only

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Coding Clarification:

- ¹For CPT codes 90832-90834, 90836-90839, 90875-90876, and 90899, many of these codes are time-based. For purposes of benefit accumulation, where applicable, Oxford will consider each billed/submitted code as 1 (one) visit or session. For example, if 2 (two) twenty minute psychotherapy sessions are provided on a single date of service, regardless of provider, are recognized as 2 (two) separate and distinct sessions;
- ²CPT codes 90837 and 90838 are considered non-routine (and precertification is required when rendered in a physician's office or an outpatient setting);
- ³Biofeedback (CPT codes 90875 or 90876) may be a plan exclusion; please check the member specific benefit plan document and any federal or state mandates, if applicable;
- ⁴Reimbursement of the above Behavioral Health and Evaluation and Management CPT Codes is subject to the billing requirements established by the American Medical Association (AMA) and the American Psychiatric Association (APA).

ICD-10 Diagnosis Code	Description
CT - Parity Exclusions	
F11.122	Opioid abuse with intoxication with perceptual disturbance
F11.129	Opioid abuse with intoxication, unspecified
F11.159	Opioid abuse with opioid-induced psychotic disorder, unspecified
F11.181	Opioid abuse with opioid-induced sexual dysfunction
F11.188	Opioid abuse with other opioid-induced disorder
F11.19	Opioid abuse with unspecified opioid-induced disorder
F11.222	Opioid dependence with intoxication with perceptual disturbance
F11.229	Opioid dependence with intoxication, unspecified
F11.259	Opioid dependence with opioid-induced psychotic disorder, unspecified
F11.281	Opioid dependence with opioid-induced sexual dysfunction
F11.288	Opioid dependence with other opioid-induced disorder

ICD-10 Diagnosis Code	Description
CT - Parity Exclusions	
F11.29	Opioid dependence with unspecified opioid-induced disorder
F11.921	Opioid use, unspecified with intoxication delirium
F11.922	Opioid use, unspecified with intoxication with perceptual disturbance
F11.929	Opioid use, unspecified with intoxication, unspecified
F11.959	Opioid use, unspecified with opioid-induced psychotic disorder, unspecified
F11.981	Opioid use, unspecified with opioid-induced sexual dysfunction
F11.988	Opioid use, unspecified with other opioid-induced disorder
F11.99	Opioid use, unspecified with unspecified opioid-induced disorder
F12.122	Cannabis abuse with intoxication with perceptual disturbance
F12.129	Cannabis abuse with intoxication, unspecified
F12.159	Cannabis abuse with psychotic disorder, unspecified
F12.180	Cannabis abuse with cannabis-induced anxiety disorder
F12.188	Cannabis abuse with other cannabis-induced disorder
F12.19	Cannabis abuse with unspecified cannabis-induced disorder
F12.222	Cannabis dependence with intoxication with perceptual disturbance
F12.229	Cannabis dependence with intoxication, unspecified
F12.259	Cannabis dependence with psychotic disorder, unspecified
F12.280	Cannabis dependence with cannabis-induced anxiety disorder
F12.288	Cannabis dependence with other cannabis-induced disorder
F12.29	Cannabis dependence with unspecified cannabis-induced disorder
F12.23	Cannabis dependence with withdrawal
F12.922	Cannabis use, unspecified with intoxication with perceptual disturbance
F12.929	Cannabis use, unspecified with intoxication, unspecified
F12.93	Cannabis use, unspecified with withdrawal
F12.959	Cannabis use, unspecified with psychotic disorder, unspecified
F12.980	Cannabis use, unspecified with anxiety disorder
F12.988	Cannabis use, unspecified with other cannabis-induced disorder
F12.99	Cannabis use, unspecified with unspecified cannabis-induced disorder
F13.129	Sedative, hypnotic or anxiolytic abuse with intoxication, unspecified
F13.159	Sedative, hypnotic or anxiolytic abuse with sedative, hypnotic or anxiolytic-induced psychotic disorder, unspecified
F13.180	Sedative, hypnotic or anxiolytic abuse with sedative, hypnotic or anxiolytic-induced anxiety disorder
F13.181	Sedative, hypnotic or anxiolytic abuse with sedative, hypnotic or anxiolytic-induced sexual dysfunction
F13.188	Sedative, hypnotic or anxiolytic abuse with other sedative, hypnotic or anxiolytic-induced disorder
F13.19	Sedative, hypnotic or anxiolytic abuse with unspecified sedative, hypnotic or anxiolytic-induced disorder
F13.229	Sedative, hypnotic or anxiolytic dependence with intoxication, unspecified
F13.259	Sedative, hypnotic or anxiolytic dependence with sedative, hypnotic or anxiolytic-induced psychotic disorder, unspecified
F13.280	Sedative, hypnotic or anxiolytic dependence with sedative, hypnotic or anxiolytic-induced anxiety disorder
F13.281	Sedative, hypnotic or anxiolytic dependence with sedative, hypnotic or anxiolytic-induced sexual dysfunction
F13.288	Sedative, hypnotic or anxiolytic dependence with other sedative, hypnotic or anxiolytic-induced disorder

ICD-10 Diagnosis Code	Description
CT - Parity Exclusions	
F13.29	Sedative, hypnotic or anxiolytic dependence with unspecified sedative, hypnotic or anxiolytic-induced disorder
F13.929	Sedative, hypnotic or anxiolytic use, unspecified with intoxication, unspecified
F13.959	Sedative, hypnotic or anxiolytic use, unspecified with sedative, hypnotic or anxiolytic-induced psychotic disorder, unspecified
F13.980	Sedative, hypnotic or anxiolytic use, unspecified with sedative, hypnotic or anxiolytic-induced anxiety disorder
F13.981	Sedative, hypnotic or anxiolytic use, unspecified with sedative, hypnotic or anxiolytic-induced sexual dysfunction
F13.988	Sedative, hypnotic or anxiolytic use, unspecified with other sedative, hypnotic or anxiolytic-induced disorder
F13.99	Sedative, hypnotic or anxiolytic use, unspecified with unspecified sedative, hypnotic or anxiolytic-induced disorder
F14.122	Cocaine abuse with intoxication with perceptual disturbance
F14.129	Cocaine abuse with intoxication, unspecified
F14.159	Cocaine abuse with cocaine-induced psychotic disorder, unspecified
F14.180	Cocaine abuse with cocaine-induced anxiety disorder
F14.181	Cocaine abuse with cocaine-induced sexual dysfunction
F14.188	Cocaine abuse with other cocaine-induced disorder
F14.19	Cocaine abuse with unspecified cocaine-induced disorder
F14.222	Cocaine dependence with intoxication with perceptual disturbance
F14.229	Cocaine dependence with intoxication, unspecified
F14.259	Cocaine dependence with cocaine-induced psychotic disorder, unspecified
F14.280	Cocaine dependence with cocaine-induced anxiety disorder
F14.281	Cocaine dependence with cocaine-induced sexual dysfunction
F14.288	Cocaine dependence with other cocaine-induced disorder
F14.29	Cocaine dependence with unspecified cocaine-induced disorder
F14.922	Cocaine use, unspecified with intoxication with perceptual disturbance
F14.929	Cocaine use, unspecified with intoxication, unspecified
F14.959	Cocaine use, unspecified with cocaine-induced psychotic disorder, unspecified
F14.980	Cocaine use, unspecified with cocaine-induced anxiety disorder
F14.981	Cocaine use, unspecified with cocaine-induced sexual dysfunction
F14.988	Cocaine use, unspecified with other cocaine-induced disorder
F14.99	Cocaine use, unspecified with unspecified cocaine-induced disorder
F15.122	Other stimulant abuse with intoxication with perceptual disturbance
F15.129	Other stimulant abuse with intoxication, unspecified
F15.159	Other stimulant abuse with stimulant-induced psychotic disorder, unspecified
F15.180	Other stimulant abuse with stimulant-induced anxiety disorder
F15.181	Other stimulant abuse with stimulant-induced sexual dysfunction
F15.188	Other stimulant abuse with other stimulant-induced disorder
F15.19	Other stimulant abuse with unspecified stimulant-induced disorder
F15.222	Other stimulant dependence with intoxication with perceptual disturbance
F15.229	Other stimulant dependence with intoxication, unspecified
F15.259	Other stimulant dependence with stimulant-induced psychotic disorder, unspecified
F15.280	Other stimulant dependence with stimulant-induced anxiety disorder
F15.281	Other stimulant dependence with stimulant-induced sexual dysfunction
F15.288	Other stimulant dependence with other stimulant-induced disorder
F15.29	Other stimulant dependence with unspecified stimulant-induced disorder

ICD-10 Diagnosis Code	Description
CT - Parity Exclusions	
F15.922	Other stimulant use, unspecified with intoxication with perceptual disturbance
F15.929	Other stimulant use, unspecified with intoxication, unspecified
F15.959	Other stimulant use, unspecified with stimulant-induced psychotic disorder, unspecified
F15.980	Other stimulant use, unspecified with stimulant-induced anxiety disorder
F15.981	Other stimulant use, unspecified with stimulant-induced sexual dysfunction
F15.988	Other stimulant use, unspecified with other stimulant-induced disorder
F15.99	Other stimulant use, unspecified with unspecified stimulant-induced disorder
F16.10	Hallucinogen abuse, uncomplicated
F16.122	Hallucinogen abuse with intoxication with perceptual disturbance
F16.129	Hallucinogen abuse with intoxication, unspecified
F16.159	Hallucinogen abuse with hallucinogen-induced psychotic disorder, unspecified
F16.180	Hallucinogen abuse with hallucinogen-induced anxiety disorder
F16.183	Hallucinogen abuse with hallucinogen persisting perception disorder (flashbacks)
F16.188	Hallucinogen abuse with other hallucinogen-induced disorder
F16.19	Hallucinogen abuse with unspecified hallucinogen-induced disorder
F16.229	Hallucinogen dependence with intoxication, unspecified
F16.259	Hallucinogen dependence with hallucinogen-induced psychotic disorder, unspecified
F16.280	Hallucinogen dependence with hallucinogen-induced anxiety disorder
F16.283	Hallucinogen dependence with hallucinogen persisting perception disorder (flashbacks)
F16.288	Hallucinogen dependence with other hallucinogen-induced disorder
F16.29	Hallucinogen dependence with unspecified hallucinogen-induced disorder
F16.929	Hallucinogen use, unspecified with intoxication, unspecified
F16.959	Hallucinogen use, unspecified with hallucinogen-induced psychotic disorder, unspecified
F16.980	Hallucinogen use, unspecified with hallucinogen-induced anxiety disorder
F16.983	Hallucinogen use, unspecified with hallucinogen persisting perception disorder (flashbacks)
F16.988	Hallucinogen use, unspecified with other hallucinogen-induced disorder
F16.99	Hallucinogen use, unspecified with unspecified hallucinogen-induced disorder
F17.209	Nicotine dependence, unspecified, with unspecified nicotine-induced disorders
F17.218	Nicotine dependence, cigarettes, with other nicotine-induced disorders
F17.219	Nicotine dependence, cigarettes, with unspecified nicotine-induced disorders
F17.228	Nicotine dependence, chewing tobacco, with other nicotine-induced disorders
F17.229	Nicotine dependence, chewing tobacco, with unspecified nicotine-induced disorders
F17.298	Nicotine dependence, other tobacco product, with other nicotine-induced disorders
F17.299	Nicotine dependence, other tobacco product, with unspecified nicotine-induced disorders
F18.10	Inhalant abuse, uncomplicated
F18.120	Inhalant abuse with intoxication, uncomplicated
F18.129	Inhalant abuse with intoxication, unspecified
F18.159	Inhalant abuse with inhalant-induced psychotic disorder, unspecified
F18.180	Inhalant abuse with inhalant-induced anxiety disorder
F18.188	Inhalant abuse with other inhalant-induced disorder
F18.19	Inhalant abuse with unspecified inhalant-induced disorder
F18.229	Inhalant dependence with intoxication, unspecified

ICD-10 Diagnosis Code	Description
CT - Parity Exclusions	
F18.259	Inhalant dependence with inhalant-induced psychotic disorder, unspecified
F18.280	Inhalant dependence with inhalant-induced anxiety disorder
F18.288	Inhalant dependence with other inhalant-induced disorder
F18.29	Inhalant dependence with unspecified inhalant-induced disorder
F18.90	Inhalant use, unspecified, uncomplicated
F18.929	Inhalant use, unspecified with intoxication, unspecified
F18.959	Inhalant use, unspecified with inhalant-induced psychotic disorder, unspecified
F18.980	Inhalant use, unspecified with inhalant-induced anxiety disorder
F18.988	Inhalant use, unspecified with other inhalant-induced disorder
F18.99	Inhalant use, unspecified with unspecified inhalant-induced disorder
F19.10	Other psychoactive substance abuse, uncomplicated
F19.122	Other psychoactive substance abuse with intoxication with perceptual disturbances
F19.129	Other psychoactive substance abuse with intoxication, unspecified
F19.159	Other psychoactive substance abuse with psychoactive substance-induced psychotic disorder, unspecified
F19.180	Other psychoactive substance abuse with psychoactive substance-induced anxiety disorder
F19.181	Other psychoactive substance abuse with psychoactive substance-induced sexual dysfunction
F19.188	Other psychoactive substance abuse with other psychoactive substance-induced disorder
F19.19	Other psychoactive substance abuse with unspecified psychoactive substance-induced disorder
F19.222	Other psychoactive substance dependence with intoxication with perceptual disturbance
F19.229	Other psychoactive substance dependence with intoxication, unspecified
F19.259	Other psychoactive substance dependence with psychoactive substance-induced psychotic disorder, unspecified
F19.280	Other psychoactive substance dependence with psychoactive substance-induced anxiety disorder
F19.281	Other psychoactive substance dependence with psychoactive substance-induced sexual dysfunction
F19.288	Other psychoactive substance dependence with other psychoactive substance-induced disorder
F19.29	Other psychoactive substance dependence with unspecified psychoactive substance-induced disorder
F19.922	Other psychoactive substance use, unspecified with intoxication with perceptual disturbance
F19.929	Other psychoactive substance use, unspecified with intoxication, unspecified
F19.959	Other psychoactive substance use, unspecified with psychoactive substance-induced psychotic disorder, unspecified
F19.980	Other psychoactive substance use, unspecified with psychoactive substance-induced anxiety disorder
F19.981	Other psychoactive substance use, unspecified with psychoactive substance-induced sexual dysfunction
F19.988	Other psychoactive substance use, unspecified with other psychoactive substance-induced disorder
F19.99	Other psychoactive substance use, unspecified with unspecified psychoactive substance-induced disorder
F20.0	Paranoid schizophrenia

ICD-10 Diagnosis Code	Description
CT - Parity Exclusions	
F20.1	Disorganized schizophrenia
F20.2	Catatonic schizophrenia
F20.3	Undifferentiated schizophrenia
F20.5	Residual schizophrenia
F20.81	Schizophreniform disorder
F20.89	Other schizophrenia
F20.9	Schizophrenia, unspecified
F22	Delusional disorders
F23	Brief psychotic disorder
F24	Shared psychotic disorder
F25.0	Schizoaffective disorder, bipolar type
F25.1	Schizoaffective disorder, depressive type
F25.8	Other schizoaffective disorders
F50.82	Avoidant/restrictive food intake disorder
F63.89	Other impulse disorders
F70	Mild intellectual disabilities
F71	Moderate intellectual disabilities
F78	Other intellectual disabilities
F79	Unspecified intellectual disabilities
F80.0	Phonological disorder
F80.1	Expressive language disorder
F80.2	Mixed receptive-expressive language disorder
F80.89	Other developmental disorders of speech and language
F80.9	Developmental disorder of speech and language, unspecified
F81.0	Specific reading disorder
F81.2	Mathematics disorder
F81.81	Disorder of written expression
F81.89	Other developmental disorders of scholastic skills
F81.9	Developmental disorder of scholastic skills, unspecified
F82	Specific developmental disorder of motor function
F89	Unspecified disorder of psychological development
F93.8	Other childhood emotional disorders
F98.5	Adult onset fluency disorder
NY Small - Parity for Biologically Based Mental Illness	
F25.9	Schizoaffective disorder, unspecified
F28	Other psychotic disorder not due to a substance or known physiological condition
F29	Unspecified psychosis not due to a substance or known physiological condition
F30.10	Manic episode without psychotic symptoms, unspecified
F30.11	Manic episode without psychotic symptoms, mild
F30.12	Manic episode without psychotic symptoms, moderate
F30.13	Manic episode, severe, without psychotic symptoms
F30.2	Manic episode, severe with psychotic symptoms
F30.3	Manic episode in partial remission
F30.4	Manic episode in full remission
F30.8	Other manic episodes
F30.9	Manic episode, unspecified

ICD-10 Diagnosis Code	Description
NY Small - Parity for Biologically Based Mental Illness	
F31.0	Bipolar disorder, current episode hypomanic
F31.10	Bipolar disorder, current episode manic without psychotic features, unspecified
F31.11	Bipolar disorder, current episode manic without psychotic features, mild
F31.12	Bipolar disorder, current episode manic without psychotic features, moderate
F31.13	Bipolar disorder, current episode manic without psychotic features, severe
F31.2	Bipolar disorder, current episode manic severe with psychotic features
F31.30	Bipolar disorder, current episode depressed, mild or moderate severity, unspecified
F31.31	Bipolar disorder, current episode depressed, mild
F31.32	Bipolar disorder, current episode depressed, moderate
F31.4	Bipolar disorder, current episode depressed, severe, without psychotic features
F31.5	Bipolar disorder, current episode depressed, severe, with psychotic features
F31.60	Bipolar disorder, current episode mixed, unspecified
F31.61	Bipolar disorder, current episode mixed, mild
F31.62	Bipolar disorder, current episode mixed, moderate
F31.63	Bipolar disorder, current episode mixed, severe, without psychotic features
F31.64	Bipolar disorder, current episode mixed, severe, with psychotic features
F31.70	Bipolar disorder, currently in remission, most recent episode unspecified
F31.71	Bipolar disorder, in partial remission, most recent episode hypomanic
F31.72	Bipolar disorder, in full remission, most recent episode hypomanic
F31.73	Bipolar disorder, in partial remission, most recent episode manic
F31.74	Bipolar disorder, in full remission, most recent episode manic
F31.75	Bipolar disorder, in partial remission, most recent episode depressed
F31.76	Bipolar disorder, in full remission, most recent episode depressed
F31.77	Bipolar disorder, in partial remission, most recent episode mixed
F31.78	Bipolar disorder, in full remission, most recent episode mixed
F31.81	Bipolar II disorder
F31.89	Other bipolar disorder
F31.9	Bipolar disorder, unspecified
F31.9	Bipolar disorder, unspecified
F32.0	Major depressive disorder, single episode, mild
F32.1	Major depressive disorder, single episode, moderate
F32.2	Major depressive disorder, single episode, severe without psychotic features
F32.3	Major depressive disorder, single episode, severe with psychotic features
F32.4	Major depressive disorder, single episode, in partial remission
F32.5	Major depressive disorder, single episode, in full remission
F32.81	Premenstrual dysphoric disorder
F32.89	Other specified depressive episodes
F32.9	Major depressive disorder, single episode, unspecified
F33.0	Major depressive disorder, recurrent, mild
F33.1	Major depressive disorder, recurrent, moderate
F33.2	Major depressive disorder, recurrent severe without psychotic features
F33.3	Major depressive disorder, recurrent, severe with psychotic symptoms
F33.40	Major depressive disorder, recurrent, in remission, unspecified
F33.41	Major depressive disorder, recurrent, in partial remission
F33.42	Major depressive disorder, recurrent, in full remission
F33.8	Other recurrent depressive disorders

ICD-10 Diagnosis Code	Description
NY Small - Parity for Biologically Based Mental Illness	
F33.9	Major depressive disorder, recurrent, unspecified
F34.81	Disruptive mood dysregulation disorder
F34.89	Other specified persistent mood disorders
F34.9	Persistent mood [affective] disorder, unspecified
F39	Unspecified mood [affective] disorder
F40.01	Agoraphobia with panic disorder
F41.0	Panic disorder [episodic paroxysmal anxiety] without agoraphobia
F42.2	Mixed obsessional thoughts and acts
F42.3	Hoarding disorder
F42.8	Other obsessive-compulsive disorder
F42.9	Obsessive-compulsive disorder, unspecified
F50.00	Anorexia nervosa, unspecified
F50.01	Anorexia nervosa, restricting type
F50.02	Anorexia nervosa, binge eating/purging type
F50.2	Bulimia nervosa
F50.81	Binge eating disorder
F50.89	Other specified eating disorder
R41.1	Anterograde amnesia
R41.2	Retrograde amnesia
R41.3	Other amnesia
R41.83	Borderline intellectual functioning
R48.0	Dyslexia and alexia
Z55.0	Illiteracy and low-level literacy
Z55.1	Schooling unavailable and unattainable
Z55.2	Failed school examinations
Z55.3	Underachievement in school
Z55.4	Educational maladjustment and discord with teachers and classmates
Z55.8	Other problems related to education and literacy
Z55.9	Problems related to education and literacy, unspecified
Z56.1	Change of job
Z56.82	Military deployment status
Z60.0	Problems of adjustment to life-cycle transitions
Z60.3	Acculturation difficulty
Z60.4	Social exclusion and rejection
Z60.5	Target of (perceived) adverse discrimination and persecution
Z60.8	Other problems related to social environment
Z62.22	Institutional upbringing
Z62.29	Other upbringing away from parents
Z62.820	Parent-biological child conflict
Z62.891	Sibling rivalry
Z63.0	Problems in relationship with spouse or partner
Z63.32	Other absence of family member
Z63.4	Disappearance and death of family member
Z63.8	Other specified problems related to primary support group
Z63.9	Problem related to primary support group, unspecified
Z64.4	Discord with counselors

ICD-10 Diagnosis Code	Description
NY Small - Parity for Biologically Based Mental Illness	
Z65.4	Victim of crime and terrorism
Z65.5	Exposure to disaster, war and other hostilities
Z65.8	Other specified problems related to psychosocial circumstances
Z71.89	Other specified counseling
Z72.810	Child and adolescent antisocial behavior
Z72.811	Adult antisocial behavior
Z73.4	Inadequate social skills, not elsewhere classified
Z73.5	Social role conflict, not elsewhere classified
Z76.5	Malingering [conscious simulation]
Z91.11	Patient's noncompliance with dietary regimen
Z91.120	Patient's intentional underdosing of medication regimen due to financial hardship
Z91.128	Patient's intentional underdosing of medication regimen for other reason
Z91.130	Patient's unintentional underdosing of medication regimen due to age-related debility
Z91.138	Patient's unintentional underdosing of medication regimen for other reason
Z91.14	Patient's other noncompliance with medication regimen
Z91.19	Patient's noncompliance with other medical treatment and regimen
NY Small - Parity for Children with Serious Emotional Disturbances	
F63.0	Pathological gambling
F63.1	Pyromania
F63.2	Kleptomania
F63.3	Trichotillomania
F63.81	Intermittent explosive disorder
F63.89	Other impulse disorders
F63.9	Impulse disorder, unspecified
F84.0	Autistic disorder
F84.2	Rett's syndrome
F84.3	Other childhood disintegrative disorder
F84.5	Asperger's syndrome
F84.8	Other pervasive developmental disorders
F90.0	Attention-deficit hyperactivity disorder, predominantly inattentive type
F90.1	Attention-deficit hyperactivity disorder, predominantly hyperactive type
F90.2	Attention-deficit hyperactivity disorder, combined type
F90.8	Attention-deficit hyperactivity disorder, other type
F90.9	Attention-deficit hyperactivity disorder, unspecified type
F91.0	Conduct disorder confined to family context
F91.1	Conduct disorder, childhood-onset type
F91.2	Conduct disorder, adolescent-onset type
F91.3	Oppositional defiant disorder
F91.8	Other conduct disorders
F91.9	Conduct disorder, unspecified

REFERENCES

- Connecticut PL 99-284, codified as CGSA § 38a-514.
Connecticut Public Act 04-125 (HB 5467).
H.R. 1424. Emergency Economic Stabilization Act of 2008.
N.J.S.A. §17B:27-46.1v and NJAC 11:4-57.

N.J.S.A. §26:2J-4.20 and NJAC 11:4-57.

New York Code §4303(g); §4303(h); §3221(l)(5 (A)(i); §3221(l)(5)(A)(ii).

NJ A2238/S1651; DOBI BULLETIN NO: 10-02.

NJAC 11:20-1.2,-2.4 and 11:20 Appendix Exhibits A and B; Advisory Bulletin 14-IHC-01.

NJAC 11:21-7.13 Appendix Exhibits F, G, K W, Y HH and II; Advisory Bulletin 14-SEH-03.

OptumHealth 2017 Level of Care Guidelines.

State of New York Insurance Department: Circular Letter No. 3 (2007). Dated 01/31/2007.

State of New York Insurance Department: Circular Letter No. 5 (2014).

State of New York: Senate Bill 8482 Chapter 748 of the Laws of 2006.

POLICY HISTORY/REVISION INFORMATION

Date	Action/Description
01/01/2019	<ul style="list-style-type: none">• Reformatted and revised procedures and responsibilities:<ul style="list-style-type: none">○ Updated language to clarify:<ul style="list-style-type: none">▪ Reimbursement for covered behavioral health services varies by <i>plan and provider type</i>▪ <i>For plans that have reimbursement tiering based on provider specialty, use the table [in the policy] to identify the providertype and the percentage of applicable fee(s) at which reimbursement will be made for Oxford Network and Non-Network providers (when determined to be subject to reimbursement tiering based on the table [in the policy])</i>○ Add language to indicate:<ul style="list-style-type: none">▪ Connecticut (CT) Large and Small Plans and New Jersey (NJ) Large and Small Plans<ul style="list-style-type: none">▪ All providers, regardless of their status with the network, are subject to reimbursement tiering based on provider specialty regardless of the member's product; refer to the <i>Reimbursement Tiering Based on Provider Specialty</i> table [in the policy] for the reimbursement rate that applies based on the provider's specialty▪ New York (NY) Large and Small Plans<ul style="list-style-type: none">▪ Network providers are subject to reimbursement tiering based on provider specialty regardless of the member's plan▪ Non-Network providers will be reimbursed at 100% of the applicable fee region when a member is enrolled in a NY Large or Small:<ul style="list-style-type: none">- Fully Insured (FI) plan; or- Non-ERISA ASO plan that has elected to comply with the NY Department of Financial (DFS) determination that non-network providers are reimbursed at 100%▪ Non-Network providers are subject to reimbursement tiering when a member is enrolled in a NY Large or Small Non-ERISA ASO plan that has not elected to comply with the NY DFS determination that non-network providers are no longer subject to reimbursement tiering based on provider specialty• Archived previous policy version BEHAVIORAL 021.22 TO