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RE Colorado Division of Insurance, request for comments re: regulation 4-2-64

section 5 A 3.

Depression screening, which is simple to automate, and 'a validated screening tool', the extent of the BH benefit, is not on par with an annual physical exam by a medical practitioner. BH providers routinely perform 90 minute psychological assessments that medical providers outside of psychiatrists do not routinely practice.

Besides depression, PTSD is prevalent and impacts relationships and work life pervasively. A mental health examination could include a report of symptoms, family history, an addiction screen, disordered eating screen, attachment inventory, ACE measure, a PTSD scale including sexual assault, domestic violence, racial trauma, workplace history, justice involved trauma, and medical and dental trauma histories, and an anxiety scale.

Substance use disorder, anxiety, and PTSD are treatable, sometimes without medicine, and their epidemic prevalence could be addressed. An annual exam, after an initial exam, could be less extensive. Besides screening and assessment, an annual mental health examination could offer psychological education.

There's evidence that requirements on medical providers to screen for mental disorders have not yielded optimal results.

https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3181625/

> "only half the patients with a threshold disorder are recognized; only half of those recognized are treated; and only half of those treated are effectively treated."
>
> "To illustrate, when patients complain of persistent sleep problems, they may receive, according to their doctor's diagnostic workup, the diagnosis of a sleep disorder (insomnia) and a prescription for hypnotics. Alternatively, their doctor may notice that the sleep problems have occurred together with a wide range of persistent depressive symptoms over the past 3 weeks, which justifies the diagnosis of major depression (MD), prompting some counseling and a prescription for antidepressants or even referral for psychotherapy.
>
> "Some, but not all, of the considerable problems involved in the definition and diagnostic classification of physical illnesses may be aggravated in mental illness and disorders. Sleep complaints could be a sign of a disorder like insomnia or depression, but exactly the same symptoms could also be present in transient unhappiness or distress. Thus, the borderline between symptoms due to unhappiness or distress, on the one hand, and symptoms due to threshold mental disorders, on the other, is often indistinguishable."

http://careforyourmind.org/the-why-where-when-who-and-how-of-mental-health-screening/

> "Although there are a number of validated tools for screening and monitoring depression, in studies primary care providers did not detect major depressive disorder in one-half to two-thirds of patients who were then diagnosable. How often should primary care providers screen for depression? Although guidelines exist, there seems to be a gap between recommendations and practice. "

Revise Section 5 A. 1. b. as

“A preventive screening for ~~depression~~ behavioral health disorders including depression, anxiety, PTSD, and adjustment disorders in adolescents and adults, which must be provided without deductibles, copayments or coinsurance; and

Section 5 B 1.

Carriers tell members that court-ordered services are not covered. The rule could require carriers to inform members of this coverage at some point in enrollment. "Carriers must notify members that medically necessary court-ordered BH services are a covered benefit, if covered without a court order."

Section 7
C 1. Allowable NQTLs

In Wit V UHC, treatment of underlying causes, rather than symptom reduction, was found to be on par with medical management criteria. The regulation could state that treatment of underlying causes puts BH on par with medical services, and approving treatment of underlying conditions for medical while denying such for BH is not an allowable NQTL.

A number of disorders express periodically, while having underlying causes that are treatable. Disorders can also express under stressful circumstances and so may arise irregularly.

Medical necessity also includes treatment to prevent a client from regressing. A symptom based criteria could deny that treatment.

Symptom reduction is necessary but not sufficient treatment. Processing the underlying causes, traumatic experiences, is medically necessary. So much of anxiety and depression has roots in past experiences, which can be integrated through psychotherapy.

Medical services routinely address the underlying causes. A headache symptom leads to inquiry that could discover a brain tumor.

Add example f. to D 1. - Medical Management Standards

“The carrier routinely approves medical treatment to address the underlying causes of symptoms and does not approve BH treatment to address underlying causes.

Besides approval and denial, the Prior Authorization processes are NQTLs as continuity of care can be impacted, particularly when PAs are required later in treatment (at session 12, 20, or 25 for example). For parity, carriers’ response time and other factors governed by HB19-1211 should be equivalent or similar.

Add example g. to D 1.

“The carrier complies with HB19-1211 Prior Authorization rules differently for medical and BH services.”

Extended session “Extension Codes,” such as CPT 99354, etc. reimburses for med/surg, not for BH
More information :
https://www.forwardhealth.wi.gov/WIPortal/Subsystem/KW/Print.aspx?ia=1&p=1&sa=44&s=2&c=61&nt=Prolonged+Services+with+Psychotherapy

Add example h. to D 1.

“The carrier reimburses for extension codes for medical services and does not reimburse for extension codes for BH services, or uses different standards for approval and denial.”

Carriers in Colorado have limited psychological intakes to one per year, while not limiting medical intakes. This is not par.

Add example i. to D 1.

“The carrier covers more than one medical intake examination per year and does not cover more than one psychological intake examination per year.”

Section 7 D 3 - Network Design

It is common for fourth year medical school students to perform medical examinations, assessments, and services. This is an essential part of workforce development.
See https://pubmed.ncbi.nlm.nih.gov/28261395/
https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1495487/

Excluding pre-licensure counselors (candidate credentials or university interns) is not on par with inclusion of medical students and MDs in their first year of residency (pre-licensure).

Add example c. to D 3

“The carrier regularly includes fourth year medical students and pre-licensure MD graduates in the network and excludes supervised graduate school counseling interns or excludes pre-licensure MA or PhD graduates.