



# Provider Alert

## Senate Bill 317/Bulletin 2021-009 Notice

1/1/2022

Per a recent New Mexico insurance mandate ([Senate Bill 317/Bulletin 2021-009](#) - See Attachments), applicable Optum Behavioral managed members will no longer be financially responsible for Cost Share (copayment, coinsurance, deductible or any other form of financial obligation other than a premium or share of a premium) for certain covered Behavioral Services. The provider will be reimbursed at the full allowed amount. This is effective for dates of service on or after 1/1/2022. This will remain in place until 12/31/2026. Please read all of the information below as certain conditions do apply.

### **Member and Provider Applicability:**

- Applies to Members who are covered by:
  - Commercial Fully Insured or ASO-Non-ERISA (through NM Health Care Purchasing Act) plans Sitused/issued in the State of NM; or
  - NM Residents with a Commercial Fully Insured or ASO-Non-ERISA (through NM Health Care Purchasing Act) plan Sitused/issued in another state
- Applies to Providers:
  - In-Network Providers
- Does Not Apply to:
  - Members covered by Commercial ASO-ERISA (Administrative Services Only), Medicaid, or Medicare plans.
  - Out-of-Network Providers
- Members with Commercial Fully Insured HSA-eligible plans:
  - Member will be responsible for meeting their Deductible
  - Once Deductible met, Copay/Coinsurance will be waived

**Important Note:** Providers should verify member eligibility and benefits prior to every appointment. Be sure to confirm whether member's account is Fully Insured or ASO-Non-ERISA (through NM Health Care Purchasing Act) or ASO-ERISA (not covered under this mandate) by contacting Customer Service using the phone # on the back of the member's card.

**Billing Note:** Continue to submit behavioral claims following standard claims submission protocol. The Cost Share will not be applied to applicable claims payments.

### **Service and Diagnosis Applicability:**

(See Attachment Bulletin-2021-009)

Applies To:

- Professional Services
  - Professional services rendered by a behavioral health (BH) provider, except when delivered in an emergency room or urgent-care center
  - Services rendered by a primary care provider when a BH diagnosis is the 1st or 2nd code on the claim (see definition of BH diagnoses below)
- Outpatient Facility Services
  - Outpatient services, including professional services, delivered in a BH facility
  - Outpatient services, including professional services, delivered in a non-BH facility if the attending provider is a BH provider
  - Non-emergency room and non-urgent care center outpatient services, including professional services, delivered in a non-BH facility, by a non-BH provider, when a BH diagnosis is the 1st or 2nd code on the claim
  - Transcranial magnetic stimulation treatment services and electroconvulsive therapy services, including professional services
- Inpatient Facility Services
  - Inpatient services, including professional services, delivered in a BH hospital or in the BH department of a general acute care hospital
  - Inpatient services, including professional services, delivered in a residential treatment center
  - Inpatient services, including professional services, delivered in a general, acute care hospital when the attending provider is a BH provider
  - Detoxification services, including professional services, delivered in a BH hospital, a general acute care hospital, or a residential treatment center
  - Transcranial magnetic stimulation treatment services and electroconvulsive therapy services, including professional services
- Ancillary Services
  - Clinical laboratory services, radiology services and other imaging services when the ordering provider is a BH provider
  - Clinical laboratory services, radiology services and other imaging services when the ordering provider is not a BH provider, or when the ordering provider information is not present on the claim, but a BH diagnosis code is 1st or 2nd on the claim

**Please Note:** The below Behavioral Diagnosis Codes are **NOT** in scope for this mandate, meaning Cost Share will apply:

- F01.x – F09.9x - Mental disorders due to known physiological conditions
- F70.x – F79.9x - Mild intellectual disabilities
- F80.x – F83.9x - Pervasive and specific developmental disorders
- F85.x – F89.9x - Pervasive and specific developmental disorders
- F91.x – F98.9x - Behavioral and emotional disorders with onset usually occurring in childhood and adolescence

**Attachments:**

- The New Mexico Senate Bill 317 Mandate
- New Mexico Bulletin 2021-09