



**western sky  
community care.**

5300 Homestead Rd NE  
Albuquerque, NM 87110

December 21, 2021

**To: All Western Sky Community Care Providers**

**Re: APPLYING COST-SHARING WAIVERS TO BEHAVIORAL HEALTH SERVICES**

Senate Bill 317, titled “No Behavioral Health Cost Sharing”, which was signed into law by Governor Michelle Lujan Grisham on April 8, 2021, will become effective January 1, 2022 and is scheduled to expire on December 31, 2026. Among other advancements, SB317 prohibits cost sharing, including imposition of a deductible, for behavioral health (“BH”) services covered by any health care plan “delivered, issued for delivery or renewed in New Mexico”. To ensure that all New Mexicans receive equal treatment with respect to health plan coverage for BH services, the application of the prohibition on cost-sharing for BH services must be standardized across all subject health plans on January 1, 2022. To that end, the New Mexico Office of Superintendent of Insurance (“OSI”) directs every subject health plan to use the following criteria to identify BH services that are not subject to cost sharing, listed by service type.

This notice applies to Medicaid, Medicare ( Wellcare) and Marketplace (Ambetter) plans in place on January 1, 2022.

The below services will be reimbursed at the full contracted rate:

#### **Professional Services**

- Professional services rendered by a 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.

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- 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 1<sup>st</sup> or 2<sup>nd</sup> 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 1<sup>st</sup> or 2<sup>nd</sup> on the claim.

### **Prescription Drugs**

- A prescription drug covered on the plan's drug formulary or authorized by the plan when the drug is in a USP therapeutic category and class combination as specified on the attached list. While examples of drugs in a class are provided, the lists are not all inclusive and the carrier shall ensure its Pharmacy Benefits Manager is able to identify all drugs included in the listed categories and class combinations.
- Special considerations apply for the off-label use of drugs for the treatment of BH conditions. To that end, the attached list includes some non-BH USP therapeutic categories and classes of drugs that might be used off-label for BH conditions. If the prescriber is a BH provider, the drug is to be considered a BH drug.
- A BH provider might prescribe drugs from other therapeutic categories and classes that are not on the attached list. It is up to the carrier to determine whether the drug should be treated as a BH drug for cost-sharing purposes.
- Cost-sharing may be applied to these non-BH drugs if the prescriber is not a BH provider. However, at least monthly, a carrier shall analyze utilization of these drugs to identify members who likely filled these prescriptions for treatment of a BH condition. When confirmed with the prescriber, carriers will reimburse these identified members their cost-sharing expenditures for these drugs and take appropriate steps to remove the cost

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sharing requirement for the member when prescriptions for the specified drug(s) are filled in the future.

- These directives apply to cost-sharing policies. Carriers may continue to apply their plans' drug formulary policies, prior authorization and utilization management policies, and other drug coverage policies. For example, if a carrier's formulary covers the generic version of a brand drug, there is nothing in the bill or in this guidance that would require the carrier to pay for the brand name product.

If a member receives BH services subject to this guidance from an out-of-network provider, the plan may impose cost-sharing for those services unless:

1. Reimbursement for the service is governed by the Surprise Billing Act; or
2. The plan specifically authorized the out-of-network provider to deliver the service(s).

If a plan is required to reimburse a member for cost sharing pursuant to this guidance, the plan may recoup the reimbursement amount from the contracted provider that accepted the cost sharing from the member, if authorized under the terms of the provider agreement.

### **BH Diagnosis Codes**

The International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) contains a set of diagnosis codes that begin with "F" that includes behavioral health conditions subject to SB317. Carriers are directed to use the presence of an ICD-10-CM "F-code" in the 1<sup>st</sup> or 2<sup>nd</sup> diagnosis as needed to identify a BH service, except for the following code sets:

- 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

Please continue to verify your patients' insurance and eligibility and benefits prior to every appointment.

As always, Western Sky Community Care thanks providers for your partnership and cooperation.

Sincerely,



**Nathan Cogburn, MBA, BSN, RN**

Vice President of Network Development  
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Albuquerque, NM 87110



## Behavioral Health Prescription Medications Not Subject to Cost-Sharing

U.S. Pharmacopeia (USP) Therapeutic Category	U.S. Pharmacopeia (USP) Class (Carriers must cross-reference to their comparable therapeutic classes)	EXAMPLES OF MEDICATIONS IN THE CLASS
		(Not intended to be all-inclusive)
<b>Anti-addiction/Substance Abuse Treatment Agents</b>	Alcohol Deterrents/Anti-craving	Acamprosate Calcium, Disulfiram, Naltrexone, Naltrexone Hydrochloride
	Opioid Dependence	Buprenorphine, Buprenorphine/Naloxone Hydrochloride, Lofexidine, Naltrexone
	Opioid Reversal Agents	Naloxone Hydrochloride
	Smoking Cessation Agents	Bupropion Hydrochloride, Nicotine Polacrilex, Varenicline Tartrate
<b>Anticonvulsants</b>	Gamma-aminobutyric Acid (GABA) Augmenting Agents	Gabapentin, Pregabalin
	Sodium Channel Agents	Carbamazepine, Oxcarbazepine
	Anticonvulsants, Other	Divalproex sodium, Lamotrigine, Topiramate, Valproic Acid
<b>Antidepressants</b>	Monoamine Oxidase Inhibitors	Isocarboxazid, Phenelzine Sulfate, Selegiline, Tranylcypromine Sulfate
	SSRIs/SNRIs (Selective Serotonin Reuptake Inhibitors/ Serotonin and Norepinephrine Reuptake Inhibitors)	Citalopram Hydrobromide, Desvenlafaxine, Duloxetine Hydrochloride, Escitalopram Oxalate, Fluoxetine Hydrochloride, Fluvoxamine Maleate, Nefazodone Hydrochloride, Paroxetine Hydrochloride, Sertraline Hydrochloride, Trazodone Hydrochloride, Venlafaxine Hydrochloride
	Tricyclics	Amitriptyline Hydrochloride, Amoxapine, Clomipramine Hydrochloride, Desipramine Hydrochloride, Doxepin Hydrochloride, Imipramine Hydrochloride, Imipramine Pamoate, Nortriptyline Hydrochloride, Protriptyline Hydrochloride
	Antidepressants, Other	Maprotiline Hydrochloride, Bupropion Hydrobromide, Bupropion Hydrochloride, Mirtazapine

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		(Not intended to be all-inclusive)
		Aripiprazole, Quetiapine Fumarate, Esketamine Hydrochloride, Chlordiazepoxide/ Amitriptyline Hydrochloride, Olanzapine/ Fluoxetine, Perphenazine/ Amitriptyline Hydrochloride
<b>Antiparkinson Agents</b>	Anticholinergics	Benztropine Mesylate, Diphenhydramine Hydrochloride, Trihexyphenidyl Hydrochloride
	Dopamine Agonists	Pramipexole Dihydrochloride (for augmentation in severe depression)
<b>Antipsychotics</b>	1st Generation/Typical <sup>1</sup>	Chlorpromazine, Fluphenazine, Haloperidol, Loxapine, Perphenazine, Pimozide, Prochlorperazine, Thioridazine,
	2nd Generation/Atypical <sup>2</sup>	Aripiprazole, Asenapine, Brexpiprazole, Cariprazine Hydrochloride, Iloperidone, Lurasidone Hydrochloride, Olanzapine, Pimavanserin Tartrate, Quetiapine Fumarate, Paliperidone, Risperidone, Ziprasidone
	Treatment-Resistant	Clozapine
<b>Anxiolytics</b>	SSRIs/SNRIs (Selective Serotonin Reuptake Inhibitors/ Serotonin and Norepinephrine Reuptake Inhibitors)	Duloxetine Hydrochloride, Escitalopram Oxalate, Paroxetine Hydrochloride, Sertraline Hydrochloride, Venlafaxine Hydrochloride
	Benzodiazepines	Alprazolam, Chlordiazepoxide, Clonazepam, Clorazepate Dipotassium, Diazepam, Midazolam, Lorazepam, Oxazepam
	Anxiolytics, Other	Buspirone Hydrochloride, Doxepin Hydrochloride, Hydroxyzine Hydrochloride, Hydroxyzine Pamoate, Meprobamate

<sup>1</sup> Includes long-acting injectables



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		(Not intended to be all-inclusive)
<b>Bipolar Agents</b>	Mood Stabilizers	Carbamazepine, Divalproex Sodium, Lamotrigine, Lithium Carbonate, Lithium Citrate
	Bipolar Agents, Other	Aripiprazole, Asenapine, Lurasidone, Olanzapine, Olanzapine Pamoate, Quetiapine Fumarate, Risperidone, Ziprasidone Hydrochloride
<b>Cardiovascular Agents</b>	Alpha-adrenergic Blocking Agents	Prazosin Hydrochloride (for treatment of PTSD)
<b>Central Nervous System Agents</b>	Attention Deficit Hyperactivity Disorder Agents, Amphetamines	Amphetamine, Dextroamphetamine Sulfate, Dextroamphetamine Saccharate/ Amphetamine Aspartate/ Dextroamphetamine Sulfate/ Amphetamine Sulfate, Lisdexamfetamine Dimesylate, Methamphetamine
	Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines	Atomoxetine Hydrochloride, Clonidine Hydrochloride, Dexmethylphenidate Hydrochloride, Guanfacine Hydrochloride,
	Central Nervous System Agents, Other	Valbenazine, Deutetrabenazine
<b>Hormonal Agents, Stimulant/Replacement/ Modifying (Thyroid)</b>	Not applicable – no class assigned by USP	Liothyronine (for augmentation in severe depression)
<b>Sleep Disorder Agents</b>	Sleep Promoting Agents	Eszopiclone, Zolpidem (IR, ER, CR), Suvorexant, Zaleplon, Estazolam, Flurazepam, Quazepam, Temazepam, Triazolam