

Revised 2/9/2023

UNIFIED TREATMENT SCENARIO FOR ADDRESSING MENTAL HEALTH CONDITIONS AMONG CHILDREN IN DC

For encounters with All ICD-10 F codes (all mental health conditions) among patients up to 19th birthday:

VISIT TYPES	CPT CODES	SERVICE TYPES	SPECIALTY	DESCRIPTION OF INCLUDED SERVICES
New, Follow up	11981	Primary Care, Mental Health Care	Behavioral Health/Psychiatry; Internal Medicine/Infectious Disease/Family Medicine/Gynecology/Endocrino logy	New medical visit; New patient, screening/assessment; Evaluation and management; Psychotherapy crisis; Individual therapy; Family/Group therapy
	90791			
	90792			
	90832			
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	90846			
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	90853			
	96127			
	99202			
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This table is revised to include 5 CPT codes that were included in the anxiety treatment scenario and in the unified treatment scenario but were inadvertently omitted in the November 9, 2022 final report.

Related services for gender dysphoria only:

RELATED SERVICES TO BE COVERED WITH \$5 COST SHARING		CPT CODE
Laboratory Tests	Testosterone (free and total)	84402, 84403
	Estradiol	82670, 30289
	Hemoglobin and hematocrit (or complete blood count)	85014, 85018, 85025
	Comprehensive metabolic panel	80053
	25 OH-D Vitamin D	82306
	Lipid panel	80061
	Luteinizing hormone and follicle-stimulating hormone	83001, 83002
	Prolactin	84146
Imaging	DEXA scan	77080
	Bone age x-ray	77072
Procedures	Hormone therapy injection	96372

Related to RX for \$5 cost sharing (see Addendum for additional information):

Medications (developed based on treatment of most prevalent mental health conditions, but not limited to use with these conditions: anxiety, PTSD, depression, gender dysphoria, ADHD, and conduct disorders among patients 18 years of age and under). When the Coverage Type is listed as Class, there have been no exclusions of drugs within the class. When the Coverage Type is listed as Selected Medication(s), only selected drugs within the class are eligible for reduced cost sharing. Not all drugs in a class are required to be covered at the lower cost sharing level. Additionally, a carrier is not required to change the drugs that are on the carrier's formulary.

MEDICATION CLASS/GROUP	COVERAGE TYPE
SSRIs	Class (Carrier flexibility to select drugs from their formulary)
SNRIs	Class (Carrier flexibility to select drugs from their formulary)
Atypical antidepressants	Class (Carrier flexibility to select drugs from their formulary)
Anti-hypertensives	Selected Medication: Prazosin
Atypical anxiolytics	Class (Carrier flexibility to select drugs from their formulary)
Alpha agonists	Selected Medications: Clonidine, Clonidine ER, Guanfacine, Guanfacine ER
Beta blockers	Selected Medication: Propranolol
Anti-manic agents	Class (Carrier flexibility to select drugs from their formulary)
Stimulants	Class (Carrier flexibility to select drugs from their formulary)
Anti-psychotics	Selected Medications: Quetiapine, Aripiprazole, Brexpiprazole, Lurasidone
GnRH analogs	Class (Carrier flexibility to select drugs from their formulary)
Sex hormones	Class (Carrier flexibility to select drugs from their formulary)
Nonsteroidal anti-androgens	Class (Carrier flexibility to select drugs from their formulary)
5-alpha reductase inhibitors	Class (Carrier flexibility to select drugs from their formulary)