Maine Quality Forum
MEASURING TO IMPROVE

Public Law 2021, Chapter 603

2023 Annual Report:

Behavioral Health Spending

Submitted to: Senator Bailey, Representative Perry, and Members of the Joint Standing Committee on Health Coverage, Insurance and Financial Services
Commissioner Lambrew, Department of Health and Human Services

CC: Colleen McCarthy Reid, OPLA Analyst
Bethany Beausang, Senior Policy Advisor, Office of Governor Mills
MQF Behavioral Health Advisory Committee

Submitted by: Karynlee Harrington, Director Maine Quality Forum

Date: March 30, 2023

Public Law 2021, Chapter 603, requires the Maine Quality Forum to develop an annual report on behavioral health care spending in the State using data from the Maine Health Data Organization. Please find attached a copy of our first annual report.

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Executive Summary

Public Law 2021, Chapter 603, *An Act Regarding Reporting on Spending for Behavioral Health Care Services and To Clarify Requirements for Credentialing by Health Insurance Carriers*, requires the Maine Quality Forum (MQF) to submit an annual report on behavioral health care spending in Maine to the Joint Standing Committee on Health Coverage, Insurance and Financial Services and the Commissioner of the Department of Health and Human Services (*Attachment A*).[1]

The Maine Quality Forum (MQF) contracts with the University of Southern Maine, Muskie School of Public Service with consultation from Judy Loren and McGuire Consulting Services, to provide MQF with the technical support in the preparation of this report.

This first annual behavioral health care spending report is based on methods and definitions of behavioral health care discussed with MQF's Behavioral Health Advisory Committee, (*Attachment D*). The behavioral health care payment estimates in this report are based on payment information submitted to the Maine Health Data Organization (MHDO) per the requirements of 90-590 Chapter 243*, Uniform Reporting System for Health Care Claims Data* Sets and 90-590 Chapter 247, *Uniform Reporting System for Non-Claims Based Payments and Other Supplemental Health Care Data Sets* which requires both non-claims and the aggregated substance use disorder (SUD) payment data that payors redact from their claims submissions to MHDO per their interpretation of the federal rule, 42 CFR Part 2, to be reported to MHDO annually effective October 2022.[2-4]

Behavioral health is defined in Chapter 603 as "services to treat mental health and substance use conditions". To operationalize this definition for MQF's claims analyses, behavioral health is further defined as a claim that has one of the following:[*]

- A primary diagnosis indicating that the purpose of the treatment was to address a behavioral health issue or
- All services delivered by a provider taxonomy[†] (rendering or billing) whose claims are "primarily" for the treatment of mental health or substance use conditions. "Primarily" is defined as when 70% or greater of the providers' claim payments had a primary behavioral health diagnosis.

Based on feedback from the MQF Behavioral Health Spending Advisory Committee and definitions of the federal Substance Abuse and Mental Health Services Administration (SAMHSA), Dementia and Intellectual and Developmental Disabilities are excluded from MQF's definition of behavioral health. A detailed list of behavioral health diagnoses and provider taxonomy codes used to define behavioral health can be found in *Attachment E*.

Key Findings:

- Based on MQF's environmental scan of other state and national reports, there is no standard definition of behavioral health care used across states for claims and non-claims-based reporting.
- In 2021 of total reported medical payments (claims and non-claims-based payments), the percentage of behavioral health care payments is estimated to be 7.0% for commercial payors, 30.3% - 31.5% for MaineCare, and 3.4% for Medicare.

[*] The list of behavioral health diagnosis and provider taxonomies primary providing behavioral health services are included in *Attachment E*. The list of ICD-10 diagnosis codes considered Behavioral Health are compiled from multiple sources and cross-referenced with SAMHSA (Substance Abuse and Mental Health Services Administration) materials. ICD-10 is based on a categorization that groups almost all Behavioral Health diagnoses into the series of codes starting with F.

[†] See *Attachment F* for a glossary of terms, including taxonomy code.

- In 2021 tele-behavioral health accounted for almost 40% of commercial insurers' behavioral health claims (excluding SUD redacted claims), 21% for Medicare, and 12% for MaineCare.
- For reporting commercial insurance plans, consumer cost-sharing by consumers or supplemental coverage plans for behavioral health services was higher than for other medical care: 22% paid out-of-pocket for behavioral health compared to 15% for medical care.

Requirement and Overview of Process

Public Law Chapter 603

Public Law 2021, Chapter 603, *An Act Regarding Reporting on Spending for Behavioral Health Care Services and To Clarify Requirements for Credentialing by Health Insurance Carriers,* requires the Maine Quality Forum (MQF) to submit an annual report on behavioral health care spending to the Department of Health and Human Services and the Joint Committee of Health Coverage, Insurance and Financial Services of the Maine State legislature.[1] (*Attachment A*)

MQF's first annual report documents the process used to define and quantify behavioral health care spending in Maine; and presents the results of the analyses of Maine behavioral health care spending in calendar year 2021 using the Maine Health Data Organization's All-Payer Claims Data (APCD).[‡]

To inform the operational definition of behavioral health care spending and to align with 'best practice' (per requirements in the statute), we conducted a literature review of scholarly articles and reports from other states and the federal government that have measured behavioral health care utilization and/or spending. Based on this review, we found there is no standard method for defining behavioral health for this type of reporting. The sources identified behavioral health differently based on the purpose of each study (e.g., to inform policy decisions, measure trends, examine the effect of multiple chronic conditions on behavioral health spending, etc.); however, many used combinations of principal diagnosis codes, procedure or revenue codes, and place of service. Many used or adapted the US DHHS's Substance Abuse and Mental Health Services Administration (SAMHSA) diagnostic code list to identify mental health and substance use disorders (SUD). We chose to use the SAMHSA diagnostic code list to operationalize our definition of behavioral health care for this report. A full list of sources reviewed is included in *Attachment C*.

In addition to conducting an environmental scan, MQF convened a Behavioral Health (BH) Advisory Committee. The membership of the committee is listed in *Attachment B*. Based on the BH Advisory Committee's feedback, behavioral health is defined as a claim that has one of the following[§](*Attachment D*):

- A primary diagnosis indicating that the purpose of the treatment was to address a behavioral health issue (based on SAMHSA definition).

[‡] To exclude long term services and supports from the data analysis, MaineCare analysis was conducted using MaineCare claims data housed in USM's data warehouse.

[§] The list of behavioral health diagnosis and provider taxonomies primary providing behavioral health services are included in *Attachment E*. The list of ICD-10 diagnosis codes considered Behavioral Health is compiled from multiple sources and cross-referenced with SAMHSA (Substance Abuse and Mental Health Services Administration) materials. ICD-10 is based on a categorization that groups almost all Behavioral Health diagnoses into the series of codes starting with F. For this report, based on advice from SAMHSA and the Behavioral Health Spending Advisory Committee, we removed codes for Dementia and Intellectual Disabilities, as these were determined to be more medical than behavioral. We added codes for Intentional Self-Harm (selected codes from the X and T series in ICD-10).

- A provider (rendering or billing) whose taxonomy code is "primarily" associated with behavioral health primary diagnoses. "Primarily" was defined as when 70% or greater of the providers' claim payments had a primary behavioral health diagnosis.

For this report behavioral health care payment estimates are based on payment information submitted to the Maine Health Data Organization (MHDO) per the requirements of 90-590 Chapter 243*, Uniform Reporting System for Health Care Claims Data* Sets, and 90-590 Chapter 247, *Uniform Reporting System for Non-Claims Based Payments and Other Supplemental Health Care Data Sets*, which requires both non-claims and aggregated substance use disorder (SUD) payments reported to MHDO annually effective October 2022.

Inclusion of claims-based payments, non-claims payments and other supplemental data, allowed MQF to produce a more comprehensive estimate of behavioral health care payments in Maine for this baseline report.

Behavioral Health Care Spending in Maine

Part I: Total Reported Behavioral Health Care Spending, Claims, Non-Claims and Supplemental Data

The Behavioral Health Care Spending estimates for calendar year 2021 shown in Table 1 and Chart 1 reflect the percent of total reported payments including claims, non-claims and supplemental data reported to the MHDO.

In reviewing estimates in Chart 1 and Table 1, note the following:

- All SUD supplemental data reported to MHDO per the requirements of Chapter 247 by commercial payors (including those by the State Health Employee Benefits plan and the Maine Education Association and Medicare Advantage plans), are considered behavioral health-related payments as services for the treatment of substance use conditions (SUD).
- MaineCare non-claims payments include payments for long term services and supports (LTSS). For comparability to other payors, we removed an estimated portion of MaineCare's non-claims and SUD payments that may have been for LTSS, which were estimated as a range. For a listing of what falls under LTSS see *Attachment D* Table 2.
- Medicare estimates include both traditional Medicare and Medicare Advantage payments. Traditional Medicare is not subject to Chapter 247 requirements so do not report non-claims payments to MHDO, but traditional Medicare SUD payments are reported claims; reported non-claims payments and supplemental SUD payments reflect those reported by Medicare Advantage plans.
- Absolute $s. All payments shown in Table 1 are presented in millions (M). For example, $2,500 million equals $2,500,000,000 or $2.5 billion dollars.

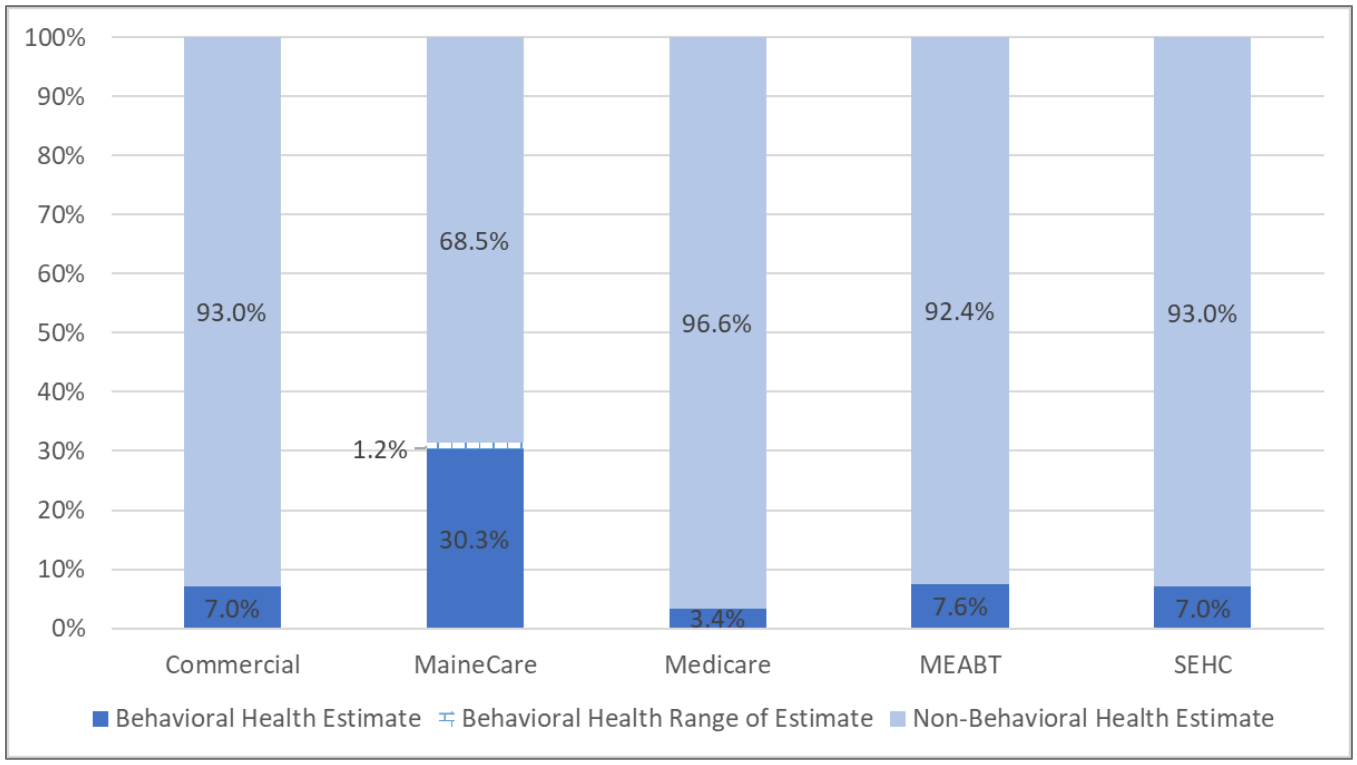
Table 1. Total Reported Plan Paid Medical and Behavioral Health Care Payments and Percent Behavioral Health Care Spending (Claims, Non-Claims, SUD), 2021

Payor Category	Total Reported Dollars (millions)	Behavioral Health Care (millions)	% Behavioral Health Care
Commercial			
Claims	$2,098	$86	4.1%
Non-claims	$40	$6	13.9%
SUD	$64	$64	100.0%*
Total Reported	$2,202	$155	7.0%
SEHC			
Claims	$162	$7	4.3%
Non-claims	$1	$0	0.0%
SUD	$5	$5	100.0%*
Total Reported	$168	$12	7.0%
MEABT			
Claims	$318	$16	5.1%
Non-claims	$3	$0	0.0%
SUD	$9	$9	100.0%*
Total Reported	$330	$25	7.6%
MaineCare			
Claims	$1,398	$452	32.4%
Non-claims	$573 - $649^	$168	25.8% - 29.3%
SUD^^	Included in claims	Included in claims	100.0%
Total Reported	$1,971 - $2,047	$620	30.3% - 31.5%
Medicare (Traditional and Medicare Advantage)**			
Claims	$2,942	$81	2.8%
Non-claims***	$1	$0	0.0%
SUD***	$19	$19	100.0%
Total Reported	$2,962	$100	3.4%

Data Source: MHDO APCD claims data and USM's MaineCare data repository, SUD redacted data, non-claims-based payments; Claims medical spending reflects plan paid amounts.
SEHC = State Employee Health Commission; MEABT = Maine Education Association Benefits Trust; SEHC and MEABT are reported separately as required by PL Chapter 603 and are also included in the payor category Commercial

**All SUD supplemental payments are for the treatment of substance use conditions included in the definition of Behavioral Health.*
^ The total non-claims information reported by MaineCare per current Chapter 247 requirements includes payments for long term services and supports (LTSS). To have estimates comparable to other payors, we removed an estimated portion of MaineCare total non-claims payments that may have been for LTSS.
^^ MaineCare SUD payments are included in claims.
***Medicare includes both traditional and Medicare Advantage claims payments. Traditional Medicare, administered by the Centers for Medicare and Medicaid Services (CMS), is not subject to requirements in Chapter 247 and does not report non-claims payments to MHDO.*
**** Traditional Medicare/CMS does not redact SUD from claims data provided to MHDO so these SUD payments are included in the Claims total. Non-claims and SUD payments shown are for Medicare Advantage Plans that are required to report to MHDO.*

Chart 1. Estimated Percentage Behavioral Health Care of Total Reported Plan Payments by Payor, 2021



Data Source: MHDO APCD claims data and USM's MaineCare data repository, SUD redacted data, non-claims-based payments; Claims medical spending reflects plan paid amounts
SEHC = State Employee Health Commission
MEABT = Maine Education Association Benefits Trust
* SEHC and MEABT are reported separately as required by PL Chapter 244 and are a subset of commercially insured.

As shown in Table 1 and Chart 1, in 2021 of total reported medical payments, the percentage of behavioral health care payments is estimated to be 7.0% for commercial payors, 30.3% - 31.5% for MaineCare, and 3.4% for Medicare. The percentage of behavioral health care spending for MaineCare is presented as a range based on estimates of long-term support services reported by DHHS, that we removed from aggregated non-claims-based payments.

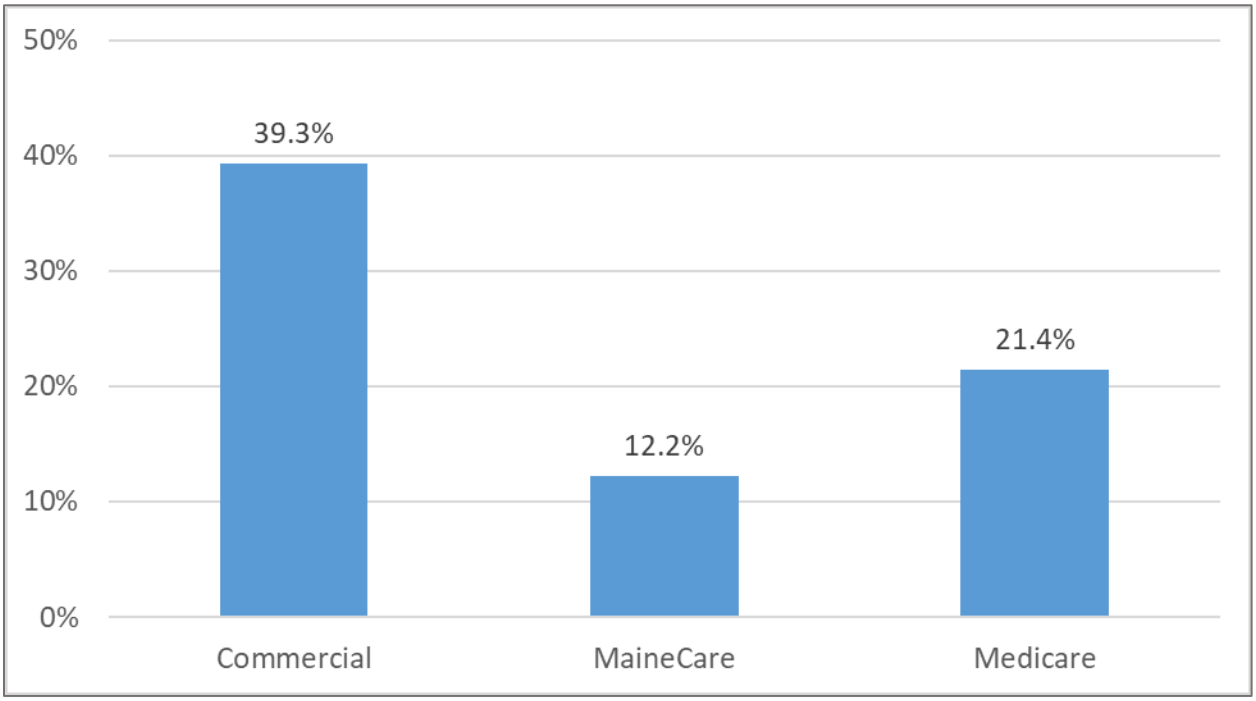
Commercial SUD payments reported to MHDO in 2021 per Chapter 247 requirements, accounted for nearly half (45%) of total reported commercial behavioral health claims, non-claims, and supplemental payments, further supporting the value of collecting non-claims-based data to produce more accurate spending estimates.

Part II: Additional Analyses using Claims

Payments for Tele-Behavioral Health

Use of tele-behavioral health to treat people with mental health and substance use conditions increased substantially during COVID pandemic nationally.[5,6] In 2021, in Maine tele-behavioral health continued to account for a significant portion of behavioral health payments across all payors. As shown in Chart 2, in 2021 tele-behavioral health accounted for almost 40% of commercial insurers' behavioral health claims (excluding SUD redacted claims), 21% for Medicare, and 12% for MaineCare. Prior to 2020, services delivered via telehealth represented less than 1% of behavioral health claims payments by commercial payors and Medicare (data not shown). During the COVID-19 public health emergency (PHE), greater latitude was provided to allow for coverage and reimbursement of telehealth services.

Chart 2. Telehealth Percent of Behavioral Health Care Paid Amounts by Payor, 2021



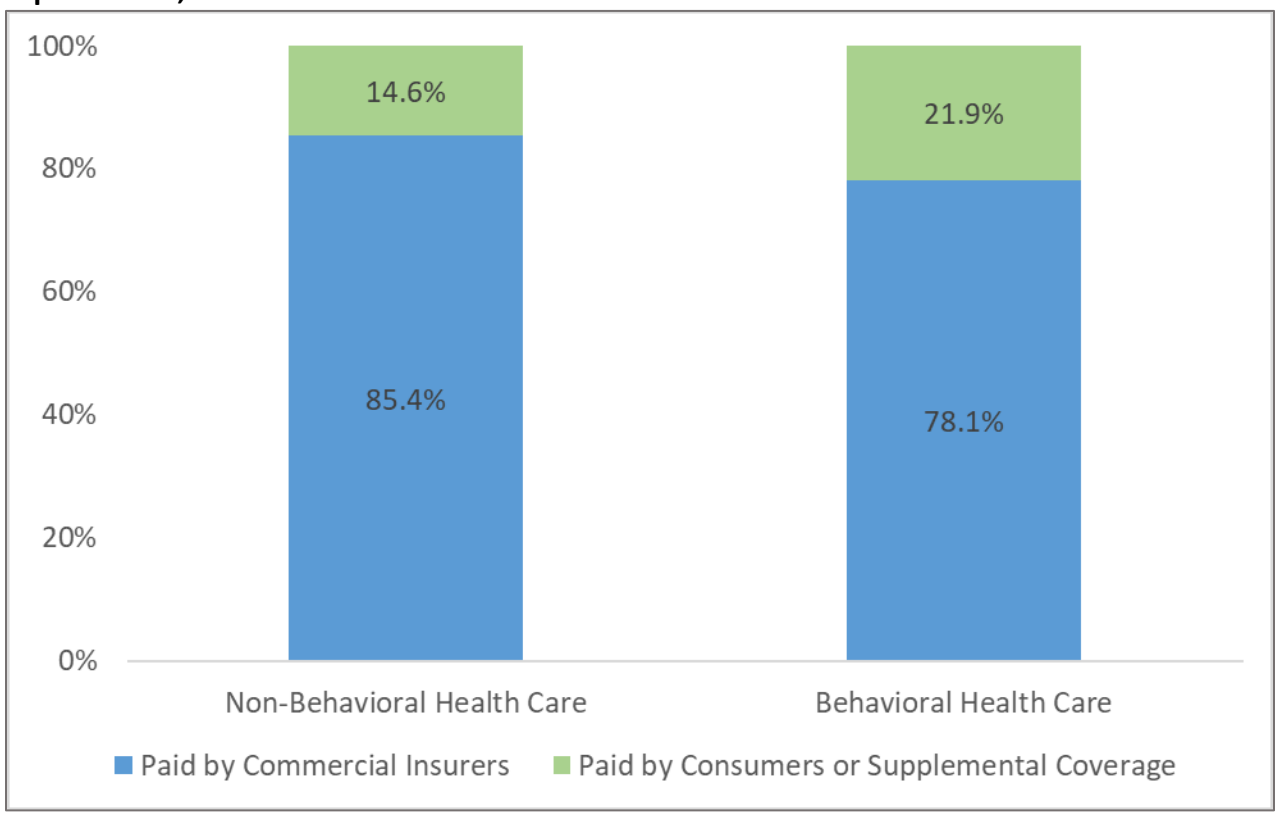
Data Source: MHDO APCD claims data and USM's MaineCare data repository; Reported medical spending reflects plan paid amounts

Commercial Payors Share and Consumer Payments for Behavioral Health Care and All Other Medical Expenditures

Chart 3 shows how total commercial payments for behavioral health and non-behavioral health care are shared between commercial plans and the consumer or the consumer's secondary coverage.

- In 2021, commercial insurance plans covered approximately 78% of the cost of behavioral health care services, and approximately 22% was paid out-of-pocket by members/consumers (or through their supplemental coverage plans).
- Consumers paid a higher portion for behavioral health care than for other non-behavioral health care services, where the insurer plans paid 85% of total payments, and consumers (or their supplemental coverage plans) paid 15%.

Chart 3. Percentage of Total Claims Payments Paid by Commercial Insurers and Consumers or Supplemental Coverage Plans for Behavioral Health Care and Non-Behavioral Health Care Expenditures, 2021*



Data Source: MHDO APCD claims data; Reported medical spending reflects plan paid amounts.
*Member share of the redacted SUD data not available for inclusion in this analysis.

Conclusions and Future Considerations

The adoption of 90-590 Chapter 247, *Uniform Reporting System for Non-Claims Based Payments and Other Supplemental Health Care Data Sets* and the resulting non-claims payment and SUD data submitted by insurers to MHDO, has allowed for a more comprehensive estimate of total reported behavioral health spending in Maine overall and specifically for commercial payors, for whom redacted SUD payments ($64M) and non-claims ($6M) behavioral health payments accounted for nearly half (45%) of all commercial BH payments.

As there is no standard definition of behavioral health or spending estimates available nationally, it is difficult to benchmark how Maine's estimated behavioral health spending compares with other states. While a few other states (e.g., Massachusetts)[7] have produced behavioral health spending estimates, they used different data sources or definitions of behavioral health.

We commend MHDO on the adoption of Chapter 247 and suggest a few modifications to the rule to improve the use of this data, specifically, breaking down the total non-claims-based payments information and supplemental SUD payments information by primary care and behavioral health care to reduce any duplication across the primary care and behavioral health care spending estimates and to exclude or separately report long term care services and supports from both non-claims and supplemental data. This additional level of granularity will eliminate the need for MQF to calculate ranges as reported above. To allow greater analyses, including telehealth use for SUD services not reported in claims, we would also recommend including de-identified substance use disorder data in Rule Chapter 243.

Lastly, to streamline this reporting process, MQF plans to explore the feasibility of developing future annual reports in an interactive Tableau report that we would post on both the MQF and MHDO's publicly accessible websites.

Attachments: Supporting Documentation

Attachment A – Public Law Chapter 603

APPROVED	CHAPTER
APRIL 14, 2022	603
BY GOVERNOR	PUBLIC LAW

STATE OF MAINE

IN THE YEAR OF OUR LORD

TWO THOUSAND TWENTY-TWO

H.P. 874 - L.D. 1196

An Act Regarding Reporting on Spending for Behavioral Health Care Services and To Clarify Requirements for Credentialing by Health Insurance Carriers

Be it enacted by the People of the State of Maine as follows:

PART A

Sec. A-1. 24-A MRSA §6903, sub-§1-A is enacted to read:

1-A. **Behavioral health care.** "Behavioral health care" means services to address mental health and substance use conditions.

Sec. A-2. 24-A MRSA §6951, sub-§13 is enacted to read:

13. **Behavioral health care reporting.** Beginning January 15, 2023 and annually thereafter, the forum shall submit to the Department of Health and Human Services and the joint standing committee of the Legislature having jurisdiction over health coverage and health insurance matters a report on behavioral health care spending using claims data from the Maine Health Data Organization and information on the methods used to reimburse behavioral health care providers requested annually from payors. As used in this subsection, "payor" has the same meaning as in Title 22, section 8702, subsection 8. The report must include:

A. Of their respective total medical expenditures, the percentage paid for behavioral health care by commercial insurers, the MaineCare program, Medicare, the organization that administers health insurance for state employees and the Maine Education Association benefits trust and the average percentage of total medical expenditures paid for behavioral health care across all payors;

B. The total behavioral health care-related nonclaims-based payments and associated member months;

C. The total payments associated with substance use disorder services that are redacted from the payor's claims data submissions to the Maine Health Data Organization as required under 42 Code of Federal Regulations, Part 2, the methods used to redact the substance use disorder claims, the specific code lists that are used for procedure codes,

revenue codes and diagnosis codes, provider types and any other detail on the claim that is required to select the substance use disorder redacted claim; and

D. The methods used by commercial insurers, the MaineCare program, Medicare, the organization that administers health insurance for state employees and the Maine Education Association benefits trust to pay for behavioral health care.

Within 60 days of a request from the Maine Health Data Organization, a payor shall provide the supplemental datasets specific to payments for behavioral health care services necessary to provide the information required in paragraphs B and C. In its request to a payor, the organization shall specify the time period for which the data is requested and define the datasets requested to ensure uniformity in the data submitted by payors.

Sec. A-3. Maine Quality Forum to conduct health spending reporting study. The Maine Quality Forum, established in the Maine Revised Statutes, Title 24-A, section 6951, shall consult with other state and national agencies and organizations to determine the best practices for reporting spending on behavioral health care by insurers. For purposes of this section, "behavioral health care" means services to address mental health and substance use conditions.

PART B

Sec. B-1. 24-A MRSA §4303, sub-§2, ¶D, as amended by PL 2015, c. 84, §1, is further amended to read:

D. A carrier shall make credentialing decisions, including those granting or denying credentials, within 60 days of receipt of a completed credentialing application from a provider. ~~The time period for granting or denying credentials may be extended upon written notification from the carrier within 60 days following submission of a completed application stating that information contained in the application requires additional time for verification. All credentialing decisions must be made within 180 days of receipt of a completed application.~~ For the purposes of this paragraph, an application is completed if the application includes all of the information required by the uniform credentialing application used by carriers and providers in this State, such attachments to that application as required by the carrier at the time of application and all corrections required by the carrier. ~~A~~ Within 30 days of initial receipt of a credentialing application, a carrier shall review the entire application ~~before returning~~ and, if it is incomplete, shall return it to the provider for corrections with a comprehensive list of all corrections needed at the time the application is first returned to the provider. A carrier may not require that a provider have a home address within the State before accepting an application. A carrier that is unable to make a credentialing decision on a completed credentialing application within the 60-day period as required in this paragraph shall notify the bureau in writing prior to the expiration of the 60-day period on that application and request authorization for an extension on that application. A carrier that requests an extension shall also submit to the bureau an explanation of the reasons why the credentialing decision on an application is taking longer than is permitted or, if the problem is not specific to a particular application, a written remediation plan to bring the carrier's credentialing practices in line with the 60-day limit in this paragraph.

Sec. B-2. Bureau of Insurance review. The Department of Professional and Financial Regulation, Bureau of Insurance shall review the requirements in Bureau of Insurance rule Chapter 850, Health Plan Accountability, related to the verification of information on credentialing applications from health care practitioners and determine whether amendments must be made to the rule's requirements in order to improve the ability of carriers to make a credentialing decision within the 60-day period in accordance with the Maine Revised Statutes, Title 24-A, section 4303, subsection 2, paragraph D without an impact on quality standards or accreditation standards. Notwithstanding Title 24-A, section 4309, any amendments to Bureau of Insurance rule Chapter 850 adopted following the review required by this section are routine technical rules as defined in Title 5, chapter 375, subchapter 2-A.

Sec. B-3. Appropriations and allocations. The following appropriations and allocations are made.

PROFESSIONAL AND FINANCIAL REGULATION, DEPARTMENT OF

Insurance - Bureau of 0092

Initiative: Provides funding for one Senior Insurance Examiner position and related All Other costs to examine insurer requests related to accreditation of health care providers.

OTHER SPECIAL REVENUE FUNDS	**2021-22**	**2022-23**
POSITIONS - LEGISLATIVE COUNT	0.000	1.000
Personal Services	$0	$121,132
All Other	$0	$10,803
OTHER SPECIAL REVENUE FUNDS TOTAL	$0	$131,935

Attachment B – Advisory Committee Members

Dean Bugaj, Maine Office of MaineCare Services

Sarah Calder, MaineHealth

Rob Chamberlain, MD, MaineHealth

Ned Claxton, MD, Maine State Senator

Katherine Coutu, Maine Office of Behavioral Health

Matt Csuka, Maine Behavioral Healthcare

Phil Dubois, Maine Office of MaineCare Services

Andrew Ellis, Anthem

Jon Fanburg, MD, American Academy of Pediatrics

Renee Fay-LeBlanc, MD, Greater Portland Health

Sara Fitzgerald, Healthcare Purchasers Alliance of Maine

Katie Fullam Harris, MaineHealth

Blanca Gurrola, Maine Behavioral Healthcare

Deborah Halbach, Maine Academy of Family Physicians

Lisa Harvey McPherson, Northern Light Health

Peter Hayes, HealthCare Purchasers Alliance of Maine

Rebecca Hemphill, MaineHealth

Hannah Hudson, Maine Primary Care Association

Ruta Kadonoff, Maine Health Access Foundation

Jennifer Kent, Maine Education Association Benefits Trust

Neil Korsen, MD, MaineHealth

Barbara Leonard, Maine Health Access Foundation

Lisa Letourneau, MD, Maine DHHS

Frank Martinez Nocito, Maine Health Access Foundation

Brianne Masselli, Maine Office of Behavioral Health

Diane McMahon, Maine Medical Association

Dan Morin, Maine Medical Association

Shonna Poulin-Gutierrez, Maine Office of Employee Health & Wellness

Michelle Probert, Maine Office of MaineCare Services

Joanne Rawlings-Sekunda, Maine Bureau of Insurance

Julie Schirmer, National Association of Social Work of Maine

Darcy Shargo, Maine Primary Care Association

Malory Shaughnessy, Alliance for Addiction and Mental Health Services

Silwana Sidorczuk, Northern Maine Medical Center

Henry Skinner, MD, Alliance for Addiction Tri-County Mental Health and Family Psychiatry of Maine

Lynn Stanley, National Association of Social Work of Maine

Doug Townsend, Northern Light Health

Beth Wilson, MD, MaineHealth

David Winslow, Maine Hospital Association

Elissa Wynne, Maine Office of Child and Family Services

Samuel Zager, MD, Maine State Representative

Attachment C – Review of Behavioral Health Care Spending Reports and Studies

Source
Barry CL, Stuart EA, Donohue JM, et al. (*Health Affairs,* 2015)[8]
Center for Health Information and Analysis (CHIA) (September, 2022)[7]
Davenport S, Gray TJ, Melek S. (Milliman) (2020)[9]
Freeman E, McGuire CA, Thomas JW, Thayer DA. (*Med Care*, 2014)[10]
Jonk Y, McGuire C, Gray C, et al. (USM, Muskie School of Public Service, Cutler Institute) (November 2021)[11]
Mark TL, Levit KR, Yee T, Chow CM. (*Health Affairs*, 2014)[12]
Smith ML, Thayer D, Rosingana K, et al. (USM, Muskie School of Public Service, Cutler Institute) (October 19, 2020)[13]
Song Z, Lillehaugen T, Busch SH, Benson NM, Wallace J. (*J Gen Intern Med*, 2021)[14]
Substance Abuse and Mental Health Services Administration. (2019)[15]
Sporinova B, Manns B, Tonelli M, et al. (*JAMA Netw Open,* 2019)[16]
Thorpe K, Jain S, Joski P. (*Health Affairs,* 2017)[17]
Zhu JM, Myers R, McConnell KJ, Levander X, Lin SC. (*Health Affairs*, 2022)[6]

Attachment D – Methodology for Estimating Behavioral Health Spending

To determine the percentage of total healthcare payor payments that support Behavioral Health care in Maine, we used the Maine Health Data Organization's (MHDO) all payer claims data (APCD) for claims-based payments from Commercial payors and Medicare. The calculations for MaineCare (Medicaid) were based on a separate source of MaineCare claims that contains additional fields to separate Long Term Support Services (LTSS) from medical healthcare. We removed LTSS payments from the calculations because they are not comparable to anything on the Commercial or Medicare side.

We added information collected from payors about payments made outside of claims (non-claims-based payments), as well as information about claims that were redacted by payors per interpretation of the federal requirements defined in 42 CFR Part 2 substance use disorders (SUD) before submission to the MHDO due to SUD-related codes. This information was collected to support both the Primary Care report and this Behavioral Health Care report.

Non-Claims Data: As required by Chapter 247, *Uniform Reporting System for Non-Claims Based Payments and Other Supplemental Health Care Data Sets*, payors are to report annually to MHDO the amounts paid to healthcare providers that are not included in claims submissions to the MHDO.[3] Non-claims payments are submitted in total and by payments specific to primary care and behavioral health care providers for 2021 going forward.

For 2021 Behavioral Health care spending estimates, we added non-claims 2021 data, which was submitted by the majority of payors (those that account for 95% of the claims-reported dollars), to claims-based Behavioral Health care and total dollars to estimate total Behavioral Health care spending.

Total non-claims aggregate payments reported by MaineCare included payments for LTSS (long-term services and supports), which have been excluded from the denominator in the claims-based analyses. To calculate Behavioral Health care as a percent of total medical (non-LTSS) payments, we estimated (based on estimates provided by the Office of MaineCare Services) the portion of non-claims-based payments that were LTSS. We were also able to estimate the portion of SUD-redacted payments that were LTSS based on information available in other data sources. These estimates resulted in some uncertainty in the overall percent Behavioral Health care for MaineCare.

Finally, CMS does not report non-claims-based payments, so those could not be included in the calculation for Medicare. CMS claims include SUD. Medicare Advantage Plans, which are operated by Commercial payors, did report both non-claims-based payments and SUD redacted payments.

Claims Data: For this report, a Behavioral Health care claim has one of the following:

- A primary diagnosis indicating that the purpose of the treatment was to address a Behavioral Health issue
- A rendering provider whose taxonomy code is primarily associated with Behavioral Health primary diagnoses

Using both rules (meaning a claim that meets either of the above criteria is considered Behavioral Health) is necessary because of ambiguous diagnoses such as Z5189 [Encounter for other specified aftercare], which occurs quite frequently among providers who are primarily associated with Behavioral Health care diagnoses.

The list of ICD-10 diagnosis codes considered Behavioral Health, shown below, is compiled from multiple sources and cross-referenced with SAMHSA (Substance Abuse and Mental Health Services Administration) materials. ICD-10 is based on a categorization that groups almost all Behavioral Health diagnoses into the series of codes

starting with F. For this report, based on advice from SAMHSA and the Behavioral Health Spending Advisory Committee, we removed codes for Dementia and Developmental Disabilities, as these were determined to be more medical than behavioral. We added codes for Intentional Self-Harm (selected codes from the X and T series in ICD-10).

See *Attachment E* for the list of ICD-10 codes included in the behavioral health definition. The list of taxonomy codes for whom any claim, regardless of diagnosis code, was considered Behavioral Health is shown in *Attachment E*. These taxonomy codes had 70% or more of their claim dollars in the years 2018-2021 associated with a primary diagnosis in the list above.

Since the third annual primary care spending report, legislation was passed to report on Behavioral Health Spending in Maine (Public Law 2021, Ch 603).[1] The primary care spending and the behavioral health spending reports are separate reports. Note that some services provided by a primary care provider as defined by the list of Primary Care taxonomy codes and/or service codes also have a primary diagnosis of Behavioral Health and therefore will be part of both calculations. Ten percent of Commercial Behavioral Health care was delivered by a Primary Care provider and 8% for MaineCare. For Medicare, the figure is higher, at 14%.

Understanding consumer cost-sharing is relevant in reporting total payments for Behavioral Health. The challenge in measuring consumer cost sharing in all payer claims data is that the amount that the primary claims processor assigns to the consumer may be paid by additional benefits the consumer has, such as a supplemental plan or membership in two primary plans. This kind of overlap is likely to be particularly large for the population covered by both Medicare and MaineCare, also known as the dually eligible, where MaineCare covers most or all of the members' Medicare out of pocket expenses. As entered in the APCD, the primary claim shows any amount owed to the provider that the plan does not cover as a consumer expense. Secondary processing may show those same amounts paid by another plan on a separate claim making it difficult to isolate which payments are actually paid by consumers. Since Medicare and MaineCare eligible beneficiaries are more likely to have supplemental policies, we focused our consumer cost-sharing analysis on commercial claims only.

Data Source

Information for calendar year 2021 from Maine's APCD maintained by the MHDO was used to calculate the claims-based portion of overall Behavioral Health spending for Commercial insurers and Medicare. The Maine APCD contains claims and enrollment information for commercial insurance carriers, third party administrators, pharmacy benefit managers, dental benefit administrators, MaineCare, and Medicare.[**] Only medical claims (not dental or pharmacy) were included in the total for this study. The Maine APCD does not have the information necessary to identify LTSS, so a different source of MaineCare claims was used for this Behavioral Health report.

The submission of claims data to the MHDO is governed under the terms and conditions defined in 90-590 CMR Chapter 243, Uniform Reporting System for Health Care Claims Data Sets.[2]

As defined in 90-590 CMR Chapter 243, MHDO's APCD does not include claims information from:

- Claims processors with less than $2 million per calendar year of Maine adjusted premiums or claims processed;[††]
- Claims for health care policies issued for specific diseases, accident, injury, hospital indemnity, disability,

[**] Medicare Advantage plans and regular fee-for-service Medicare are included.

[††] With the exception of self-funded ERISA plans which are not required to report but may voluntarily submit their data. *Gobeille v. Liberty Mutual Insurance Company*, US Supreme Court Decision that Employee Retirement Income Security Act (ERISA) standards preempt state reporting requirements.

long-term care, vision,[‡‡] coverage of durable medical equipment;

- Claims related to Medicare supplemental, [§§] and Tricare supplemental; and
- Claims for workplace injuries covered by worker's compensation insurance.

The self-funded ERISA plans in Maine are exempt from the state mandate to submit information to the MHDO due to a Supreme Court ruling,[***] but many of the largest self-funded ERISA plans in the State voluntarily submit claims data to the MHDO.

Additionally, the APCD does not include information about Mainers who are uninsured or any health care that is not covered by insurance.

Maine's APCD is a large representative sample of data as it includes claims data for approximately 90% of Maine's insured population including 100% of Medicare and MaineCare claims for Maine members and approximately 70% of the commercially insured population in Maine.

This study used medical claims (CY 2021), excluding dental and pharmacy claims. Long-term services and support (LTSS) are excluded from MaineCare claims. The MaineCare LTSS definition used for this report aligns with the Office of MaineCare Services (OMS) definition of LTSS used in their alternative payment methodology (APM). Policy sections from the MaineCare Benefits Manual (MBM) in Table 2 were considered LTSS.[18]

Table 2. MaineCare LTSS Policy Sections

Section	Title
2	Adult Family Care Services
12	Consumer Directed Attendant Services
18	Home and Community-Based Services (HCBS) for Adults with Brain Injury
19	Home and Community Benefits (HCBS) for the Elderly and Adults with Disabilities
20	Home and Community Based Services (HCBS) for Adults with Other Related Conditions
21	Home and Community Benefits (HCBS) for Members with Intellectual Disabilities or Autism Spectrum Disorder
26	Day Health Services
29	Support Services for Adults with Intellectual Disabilities or Autism Spectrum Disorder
40	Home Health Services
50	ICF-MR Services
67	Nursing Facility Services
96	Private Duty Nursing and Personal Care Services
97	Private Non-Medical Institution Services (PNMI) Appendix C and F
102	Rehabilitative Services

[‡‡] Quality review of the data has identified the submission of some of these types of plans. We have deleted these from this analysis.

[§§] Quality review of the data has identified the submission of some of these types of plans. We have deleted these from this analysis.

[***] *Gobeille v. Liberty Mutual Insurance Company*, US Supreme Court Decision that Employee Retirement Income Security Act (ERISA) standards preempt state reporting requirements.

The MHDO's APCD contains information about the payor for the health care service. This information was used to categorize claims paid for the following populations: commercial (excluding Medicare Advantage); and Medicare (including both Medicare Advantage and Fee-for-service plans). Additionally, as required by the legislation, claims for two plan sponsors were tabulated: the Maine Education Association Benefit Trust (MEABT) and the State Employee Health Commission (SEHC). Information on claims for MaineCare came from the Muskie School data warehouse containing MaineCare administrative data including claims, member enrollment and provider information. Muskie receives a monthly feed for the data repository, from the MaineCare program, to update all paid claims, provider and enrollment information from the prior month.

Behavioral Health Provider Identification

Medical claims contain identifiers (National Provider Identifiers (NPI)) for multiple levels of providers. To determine whether the provider of a claim met the definition of a Behavioral Health Provider, the billing and servicing provider NPIs s were examined to find the Individual provider and their primary taxonomy code. If both billing and servicing providers were organizations, the servicing provider was used. Once a single provider was identified for each claim, the taxonomy code (medical specialty of the provider) was determined using a copy of the National Plan and Provider Enumeration System (NPPES) database maintained in the MHDO Enclave data management system (updated as of the 4th quarter of 2022).

If the taxonomy code of the provider had 70% or more of their payments in 2018 – 2021 from claims with a Behavioral Health primary diagnosis, all of that provider's claims were considered Behavioral Health. As noted above, this was to ensure the inclusion of claims with ambiguous diagnoses.

Identification of Telehealth Delivered Services

Claim lines associated with delivery of services via telehealth were identified using specific procedure codes, modifiers and place of service (POS) code (02) provided in *Attachment E*. The costs on these claim lines were attributed to telehealth delivery.

Identification of Costs

As mandated by the legislation, medical and behavioral health care costs identified in this study include payments by insurers for claims incurred during the measurement year. For the insurers that provided the information, non-claims-based payments were added to their estimates.[†††] The denominator, or base for the calculation of Behavioral Health percentage, was the sum of plan paid amounts for all medical (not pharmacy or dental) claims used in this study (see *Data Source*, above) plus non-claims based and SUD redacted amounts.

The Behavioral Health amount (the numerator of the percentage calculation) is the sum of the plan paid amounts on claim lines that met the definition criteria for Behavioral Health plus the portions of non-claims payments for Behavioral Health) and all the SUD redacted claims.

[†††] MaineCare non-claims-based payments included Prospective Interim and Supplemental Payments to critical access and select general acute care and Institutions for Mental Disease (IMD) hospitals.

Attachment E – Codes Used in Behavioral Health Spending Analyses

ICD-10 Diagnosis Codes Included in Behavioral Health Definition

ICD-10 Code	Description
F0631	Mood disorder due to known physiol cond w depressv features
F0632	Mood disord d/t physiol cond w major depressive-like epsd
F0633	Mood disorder due to known physiol cond w manic features
F0634	Mood disorder due to known physiol cond w mixed features
F10	Alcohol related disorders
F101	Alcohol abuse
F1010	Alcohol abuse, uncomplicated
F1011	Alcohol abuse, in remission
F10120	Alcohol abuse with intoxication, uncomplicated
F10121	Alcohol abuse with intoxication delirium
F10129	Alcohol abuse with intoxication, unspecified
F10130	Alcohol abuse with withdrawal, uncomplicated
F10131	Alcohol abuse with withdrawal delirium
F10132	Alcohol abuse with withdrawal with perceptual disturbance
F10139	Alcohol abuse with withdrawal, unspecified
F1014	Alcohol abuse with alcohol-induced mood disorder
F10150	Alcohol abuse w alcoh-induce psychotic disorder w delusions
F10151	Alcohol abuse w alcoh-induce psychotic disorder w hallucin
F10159	Alcohol abuse with alcohol-induced psychotic disorder, unsp
F10180	Alcohol abuse with alcohol-induced anxiety disorder
F10182	Alcohol abuse with alcohol-induced sleep disorder
F10188	Alcohol abuse with other alcohol-induced disorder
F1019	Alcohol abuse with unspecified alcohol-induced disorder
F102	Alcohol dependence
F1020	Alcohol dependence, uncomplicated
F1021	Alcohol dependence, in remission
F10220	Alcohol dependence with intoxication, uncomplicated
F10221	Alcohol dependence with intoxication delirium
F10229	Alcohol dependence with intoxication, unspecified

ICD-10 Code	Description
F10230	Alcohol dependence with withdrawal, uncomplicated
F10231	Alcohol dependence with withdrawal delirium
F10232	Alcohol dependence w withdrawal with perceptual disturbance
F10239	Alcohol dependence with withdrawal, unspecified
F1024	Alcohol dependence with alcohol-induced mood disorder
F10250	Alcohol depend w alcoh-induce psychotic disorder w delusions
F10251	Alcohol depend w alcoh-induce psychotic disorder w hallucin
F10259	Alcohol dependence w alcoh-induce psychotic disorder, unsp
F1026	Alcohol depend w alcoh-induce persisting amnestic disorder
F1027	Alcohol dependence with alcohol-induced persisting dementia
F10280	Alcohol dependence with alcohol-induced anxiety disorder
F10281	Alcohol dependence with alcohol-induced sexual dysfunction
F10282	Alcohol dependence with alcohol-induced sleep disorder
F10288	Alcohol dependence with other alcohol-induced disorder
F1029	Alcohol dependence with unspecified alcohol-induced disorder
F1060	Unknown Dx code
F109	Alcohol use, unspecified
F10920	Alcohol use, unspecified with intoxication, uncomplicated
F10921	Alcohol use, unspecified with intoxication delirium
F10929	Alcohol use, unspecified with intoxication, unspecified
F10930	Alcohol use, unspecified with withdrawal, uncomplicated
F10932	Alcohol use, unspecified with w/drawal w perceptual disturb
F10939	Alcohol use, unspecified with withdrawal, unspecified
F1094	Alcohol use, unspecified with alcohol-induced mood disorder
F10950	Alcohol use, unsp w alcoh-induce psych disorder w delusions
F10951	Alcohol use, unsp w alcoh-induce psych disorder w hallucin
F10959	Alcohol use, unsp w alcohol-induced psychotic disorder, unsp
F1096	Alcohol use, unsp w alcoh-induce persist amnestic disorder
F1097	Alcohol use, unsp with alcohol-induced persisting dementia
F10980	Alcohol use, unsp with alcohol-induced anxiety disorder
F10982	Alcohol use, unspecified with alcohol-induced sleep disorder

ICD-10 Code	Description
F10988	Alcohol use, unspecified with other alcohol-induced disorder
F1099	Alcohol use, unsp with unspecified alcohol-induced disorder
F111	Opioid abuse
F1110	Opioid abuse, uncomplicated
F1111	Opioid abuse, in remission
F11120	Opioid abuse with intoxication, uncomplicated
F11129	Opioid abuse with intoxication, unspecified
F1113	Opioid abuse with withdrawal
F1114	Opioid abuse with opioid-induced mood disorder
F11151	Opioid abuse w opioid-induced psychotic disorder w hallucin
F11188	Opioid abuse with other opioid-induced disorder
F1119	Opioid abuse with unspecified opioid-induced disorder
F112	Opioid dependence
F1120	Opioid dependence, uncomplicated
F1121	Opioid dependence, in remission
F11220	Opioid dependence with intoxication, uncomplicated
F11221	Opioid dependence with intoxication delirium
F11222	Opioid dependence w intoxication with perceptual disturbance
F11229	Opioid dependence with intoxication, unspecified
F1123	Opioid dependence with withdrawal
F1124	Opioid dependence with opioid-induced mood disorder
F11250	Opioid depend w opioid-induc psychotic disorder w delusions
F11251	Opioid depend w opioid-induc psychotic disorder w hallucin
F11259	Opioid dependence w opioid-induced psychotic disorder, unsp
F11282	Opioid dependence with opioid-induced sleep disorder
F11288	Opioid dependence with other opioid-induced disorder
F1129	Opioid dependence with unspecified opioid-induced disorder
F119	Opioid use, unspecified
F1190	Opioid use, unspecified, uncomplicated
F11920	Opioid use, unspecified with intoxication, uncomplicated
F11929	Opioid use, unspecified with intoxication, unspecified

ICD-10 Code	Description
F1193	Opioid use, unspecified with withdrawal
F1194	Opioid use, unspecified with opioid-induced mood disorder
F11951	Opioid use, unsp w opioid-induc psych disorder w hallucin
F11959	Opioid use, unsp w opioid-induced psychotic disorder, unsp
F11982	Opioid use, unspecified with opioid-induced sleep disorder
F11988	Opioid use, unspecified with other opioid-induced disorder
F1199	Opioid use, unsp with unspecified opioid-induced disorder
F1210	Cannabis abuse, uncomplicated
F1211	Cannabis abuse, in remission
F12120	Cannabis abuse with intoxication, uncomplicated
F12121	Cannabis abuse with intoxication delirium
F12129	Cannabis abuse with intoxication, unspecified
F1213	Cannabis abuse with withdrawal
F12150	Cannabis abuse with psychotic disorder with delusions
F12151	Cannabis abuse with psychotic disorder with hallucinations
F12159	Cannabis abuse with psychotic disorder, unspecified
F12180	Cannabis abuse with cannabis-induced anxiety disorder
F12188	Cannabis abuse with other cannabis-induced disorder
F1219	Cannabis abuse with unspecified cannabis-induced disorder
F1220	Cannabis dependence, uncomplicated
F1221	Cannabis dependence, in remission
F12229	Cannabis dependence with intoxication, unspecified
F1223	Cannabis dependence with withdrawal
F12250	Cannabis dependence with psychotic disorder with delusions
F12259	Cannabis dependence with psychotic disorder, unspecified
F12280	Cannabis dependence with cannabis-induced anxiety disorder
F12288	Cannabis dependence with other cannabis-induced disorder
F1229	Cannabis dependence with unsp cannabis-induced disorder
F1290	Cannabis use, unspecified, uncomplicated
F12920	Cannabis use, unspecified with intoxication, uncomplicated
F12921	Cannabis use, unspecified with intoxication delirium

ICD-10 Code	Description
F12922	Cannabis use, unsp w intoxication w perceptual disturbance
F12929	Cannabis use, unspecified with intoxication, unspecified
F1293	Cannabis use, unspecified with withdrawal
F12950	Cannabis use, unsp with psychotic disorder with delusions
F12959	Cannabis use, unsp with psychotic disorder, unspecified
F12980	Cannabis use, unspecified with anxiety disorder
F12988	Cannabis use, unsp with other cannabis-induced disorder
F1299	Cannabis use, unsp with unsp cannabis-induced disorder
F1310	Sedative, hypnotic or anxiolytic abuse, uncomplicated
F1311	Sedative, hypnotic or anxiolytic abuse, in remission
F13129	Sedative, hypnotic or anxiolytic abuse w intoxication, unsp
F13130	Sedatv/hyp/anxiolytc abuse with withdrawal, uncomplicated
F13139	Sedatv/hyp/anxiolytc abuse with withdrawal, unspecified
F1314	Sedative, hypnotic or anxiolytic abuse w mood disorder
F13150	Sedatv/hyp/anxiolytc abuse w psychotic disorder w delusions
F13159	Sedatv/hyp/anxiolytc abuse w psychotic disorder, unsp
F13180	Sedative, hypnotic or anxiolytic abuse w anxiety disorder
F13182	Sedative, hypnotic or anxiolytic abuse w sleep disorder
F1319	Sedative, hypnotic or anxiolytic abuse w unsp disorder
F1320	Sedative, hypnotic or anxiolytic dependence, uncomplicated
F1321	Sedative, hypnotic or anxiolytic dependence, in remission
F13220	Sedatv/hyp/anxiolytc dependence w intoxication, uncomp
F13230	Sedatv/hyp/anxiolytc dependence w withdrawal, uncomplicated
F13231	Sedatv/hyp/anxiolytc dependence w withdrawal delirium
F13232	Sedatv/hyp/anxiolytc depend w w/drawal w perceptual disturb
F13239	Sedatv/hyp/anxiolytc dependence w withdrawal, unsp
F1324	Sedative, hypnotic or anxiolytic dependence w mood disorder
F13280	Sedatv/hyp/anxiolytc dependence w anxiety disorder
F13282	Sedative, hypnotic or anxiolytic dependence w sleep disorder
F1390	Sedative, hypnotic, or anxiolytic use, unsp, uncomplicated
F13921	Sedatv/hyp/anxiolytc use, unsp w intoxication delirium

ICD-10 Code	Description
F13939	Sedatv/hyp/anxiolytc use, unsp w withdrawal, unsp
F1394	Sedative, hypnotic or anxiolytic use, unsp w mood disorder
F13980	Sedatv/hyp/anxiolytc use, unsp w anxiety disorder
F1399	Sedative, hypnotic or anxiolytic use, unsp w unsp disorder
F1410	Cocaine abuse, uncomplicated
F1411	Cocaine abuse, in remission
F14120	Cocaine abuse with intoxication, uncomplicated
F14121	Cocaine abuse with intoxication with delirium
F14122	Cocaine abuse with intoxication with perceptual disturbance
F14129	Cocaine abuse with intoxication, unspecified
F1413	Cocaine abuse, unspecified with withdrawal
F1414	Cocaine abuse with cocaine-induced mood disorder
F14151	Cocaine abuse w cocaine-induc psychotic disorder w hallucin
F14180	Cocaine abuse with cocaine-induced anxiety disorder
F1419	Cocaine abuse with unspecified cocaine-induced disorder
F142	Cocaine dependence
F1420	Cocaine dependence, uncomplicated
F1421	Cocaine dependence, in remission
F14220	Cocaine dependence with intoxication, uncomplicated
F14229	Cocaine dependence with intoxication, unspecified
F1423	Cocaine dependence with withdrawal
F1424	Cocaine dependence with cocaine-induced mood disorder
F14259	Cocaine dependence w cocaine-induc psychotic disorder, unsp
F1429	Cocaine dependence with unspecified cocaine-induced disorder
F1490	Cocaine use, unspecified, uncomplicated
F14921	Cocaine use, unspecified with intoxication delirium
F14929	Cocaine use, unspecified with intoxication, unspecified
F1494	Cocaine use, unspecified with cocaine-induced mood disorder
F14959	Cocaine use, unsp w cocaine-induced psychotic disorder, unsp
F1499	Cocaine use, unsp with unspecified cocaine-induced disorder
F1510	Other stimulant abuse, uncomplicated

ICD-10 Code	Description
F1511	Other stimulant abuse, in remission
F15120	Other stimulant abuse with intoxication, uncomplicated
F15121	Other stimulant abuse with intoxication delirium
F15122	Oth stimulant abuse w intoxication w perceptual disturbance
F15129	Other stimulant abuse with intoxication, unspecified
F1513	Other stimulant abuse with withdrawal
F1514	Other stimulant abuse with stimulant-induced mood disorder
F15150	Oth stimulant abuse w stim-induce psych disorder w delusions
F15151	Oth stimulant abuse w stim-induce psych disorder w hallucin
F15159	Oth stimulant abuse w stim-induce psychotic disorder, unsp
F15180	Oth stimulant abuse with stimulant-induced anxiety disorder
F15182	Other stimulant abuse with stimulant-induced sleep disorder
F15188	Other stimulant abuse with other stimulant-induced disorder
F1519	Other stimulant abuse with unsp stimulant-induced disorder
F152	Other stimulant dependence
F1520	Other stimulant dependence, uncomplicated
F1521	Other stimulant dependence, in remission
F15222	Oth stimulant dependence w intox w perceptual disturbance
F15229	Other stimulant dependence with intoxication, unspecified
F1523	Other stimulant dependence with withdrawal
F1524	Oth stimulant dependence w stimulant-induced mood disorder
F15250	Oth stim depend w stim-induce psych disorder w delusions
F15251	Oth stimulant depend w stim-induce psych disorder w hallucin
F15259	Oth stimulant depend w stim-induce psychotic disorder, unsp
F1590	Other stimulant use, unspecified, uncomplicated
F15920	Other stimulant use, unsp with intoxication, uncomplicated
F15921	Other stimulant use, unspecified with intoxication delirium
F15922	Oth stimulant use, unsp w intox w perceptual disturbance
F15929	Other stimulant use, unsp with intoxication, unspecified
F1593	Other stimulant use, unspecified with withdrawal
F1594	Oth stimulant use, unsp with stimulant-induced mood disorder

ICD-10 Code	Description
F15950	Oth stim use, unsp w stim-induce psych disorder w delusions
F15951	Oth stim use, unsp w stim-induce psych disorder w hallucin
F15959	Oth stimulant use, unsp w stim-induce psych disorder, unsp
F15980	Oth stimulant use, unsp w stimulant-induced anxiety disorder
F15988	Oth stimulant use, unsp with oth stimulant-induced disorder
F1599	Oth stimulant use, unsp with unsp stimulant-induced disorder
F1610	Hallucinogen abuse, uncomplicated
F16121	Hallucinogen abuse with intoxication with delirium
F16129	Hallucinogen abuse with intoxication, unspecified
F16151	Hallucinogen abuse w psychotic disorder w hallucinations
F16159	Hallucinogen abuse w psychotic disorder, unsp
F16180	Hallucinogen abuse w hallucinogen-induced anxiety disorder
F1620	Hallucinogen dependence, uncomplicated
F1690	Hallucinogen use, unspecified, uncomplicated
F16921	Hallucinogen use, unsp with intoxication with delirium
F16959	Hallucinogen use, unsp w psychotic disorder, unsp
F16983	Hallucign use, unsp w hallucign persist perception disorder
F16988	Hallucinogen use, unsp w oth hallucinogen-induced disorder
F1699	Hallucinogen use, unsp w unsp hallucinogen-induced disorder
F1810	Inhalant abuse, uncomplicated
F18120	Inhalant abuse with intoxication, uncomplicated
F1814	Inhalant abuse with inhalant-induced mood disorder
F1820	Inhalant dependence, uncomplicated
F1821	Inhalant dependence, in remission
F1890	Inhalant use, unspecified, uncomplicated
F18951	Inhalant use, unsp w inhalnt-induce psych disord w hallucin
F18959	Inhalant use, unsp w inhalnt-induce psychotic disorder, unsp
F1910	Other psychoactive substance abuse, uncomplicated
F1911	Other psychoactive substance abuse, in remission
F19120	Oth psychoactive substance abuse w intoxication, uncomp
F19121	Oth psychoactive substance abuse with intoxication delirium

ICD-10 Code	Description
F19122	Oth psychoactv substance abuse w intox w perceptual disturb
F19129	Other psychoactive substance abuse with intoxication, unsp
F19130	Other psychoactive substance abuse with withdrawal, uncomp
F19131	Other psychoactive substance abuse with withdrawal delirium
F19139	Other psychoactv substance abuse with withdrawal, unsp
F1914	Oth psychoactive substance abuse w mood disorder
F19150	Oth psychoactv substance abuse w psych disorder w delusions
F19151	Oth psychoactv substance abuse w psych disorder w hallucin
F19159	Oth psychoactive substance abuse w psychotic disorder, unsp
F19180	Oth psychoactive substance abuse w anxiety disorder
F19181	Oth psychoactive substance abuse w sexual dysfunction
F19182	Oth psychoactive substance abuse w sleep disorder
F19188	Oth psychoactive substance abuse w oth disorder
F1919	Oth psychoactive substance abuse w unsp disorder
F192	Other psychoactive substance dependence
F1920	Other psychoactive substance dependence, uncomplicated
F1921	Other psychoactive substance dependence, in remission
F19221	Oth psychoactive substance dependence w intox delirium
F19230	Oth psychoactive substance dependence w withdrawal, uncomp
F19231	Oth psychoactive substance dependence w withdrawal delirium
F19232	Oth psychoactv sub depend w w/drawal w perceptl disturb
F19239	Oth psychoactive substance dependence with withdrawal, unsp
F1924	Oth psychoactive substance dependence w mood disorder
F19259	Oth psychoactv substance depend w psychotic disorder, unsp
F1926	Oth psychoactv substance depend w persist amnestic disorder
F19288	Oth psychoactive substance dependence w oth disorder
F1929	Oth psychoactive substance dependence w unsp disorder
F1990	Other psychoactive substance use, unspecified, uncomplicated
F19920	Oth psychoactive substance use, unsp w intoxication, uncomp
F19921	Oth psychoactive substance use, unsp w intox w delirium
F19922	Oth psychoactv sub use, unsp w intox w perceptl disturb

ICD-10 Code	Description
F19929	Oth psychoactive substance use, unsp with intoxication, unsp
F19930	Oth psychoactive substance use, unsp w withdrawal, uncomp
F19931	Oth psychoactive substance use, unsp w withdrawal delirium
F19932	Oth psychoactv sub use, unsp w w/drawal w perceptl disturb
F19939	Other psychoactive substance use, unsp with withdrawal, unsp
F1994	Oth psychoactive substance use, unsp w mood disorder
F19950	Oth psychoactv sub use, unsp w psych disorder w delusions
F19951	Oth psychoactv sub use, unsp w psych disorder w hallucin
F19959	Oth psychoactv substance use, unsp w psych disorder, unsp
F1996	Oth psychoactv sub use, unsp w persist amnestic disorder
F1997	Oth psychoactive substance use, unsp w persisting dementia
F19980	Oth psychoactive substance use, unsp w anxiety disorder
F19982	Oth psychoactive substance use, unsp w sleep disorder
F19988	Oth psychoactive substance use, unsp w oth disorder
F1999	Oth psychoactive substance use, unsp w unsp disorder
F20	Schizophrenia
F200	Paranoid schizophrenia
F201	Disorganized schizophrenia
F202	Catatonic schizophrenia
F203	Undifferentiated schizophrenia
F205	Residual schizophrenia
F2081	Schizophreniform disorder
F2089	Other schizophrenia
F209	Schizophrenia, unspecified
F21	Schizotypal disorder
F22	Delusional disorders
F23	Brief psychotic disorder
F24	Shared psychotic disorder
F25	Schizoaffective disorders
F250	Schizoaffective disorder, bipolar type
F251	Schizoaffective disorder, depressive type

ICD-10 Code	Description
F258	Other schizoaffective disorders
F259	Schizoaffective disorder, unspecified
F28	Oth psych disorder not due to a sub or known physiol cond
F29	Unsp psychosis not due to a substance or known physiol cond
F3010	Manic episode without psychotic symptoms, unspecified
F3011	Manic episode without psychotic symptoms, mild
F3012	Manic episode without psychotic symptoms, moderate
F3013	Manic episode, severe, without psychotic symptoms
F302	Manic episode, severe with psychotic symptoms
F303	Manic episode in partial remission
F304	Manic episode in full remission
F308	Other manic episodes
F309	Manic episode, unspecified
F31	Bipolar disorder
F310	Bipolar disorder, current episode hypomanic
F311	Bipolar disorder, current episode manic w/o psych features
F3110	Bipolar disord, crnt episode manic w/o psych features, unsp
F3111	Bipolar disord, crnt episode manic w/o psych features, mild
F3112	Bipolar disord, crnt episode manic w/o psych features, mod
F3113	Bipolar disord, crnt epsd manic w/o psych features, severe
F312	Bipolar disord, crnt episode manic severe w psych features
F313	Bipolar disord, current episode depress, mild or mod severt
F3130	Bipolar disord, crnt epsd depress, mild or mod severt, unsp
F3131	Bipolar disorder, current episode depressed, mild
F3132	Bipolar disorder, current episode depressed, moderate
F314	Bipolar disord, crnt epsd depress, sev, w/o psych features
F315	Bipolar disord, crnt epsd depress, severe, w psych features
F3160	Bipolar disorder, current episode mixed, unspecified
F3161	Bipolar disorder, current episode mixed, mild
F3162	Bipolar disorder, current episode mixed, moderate
F3163	Bipolar disord, crnt epsd mixed, severe, w/o psych features

ICD-10 Code	Description
F3164	Bipolar disord, crnt episode mixed, severe, w psych features
F317	Bipolar disorder, currently in remission
F3170	Bipolar disord, currently in remis, most recent episode unsp
F3171	Bipolar disord, in partial remis, most recent epsd hypomanic
F3172	Bipolar disord, in full remis, most recent episode hypomanic
F3173	Bipolar disord, in partial remis, most recent episode manic
F3174	Bipolar disorder, in full remis, most recent episode manic
F3175	Bipolar disord, in partial remis, most recent epsd depress
F3176	Bipolar disorder, in full remis, most recent episode depress
F3177	Bipolar disord, in partial remis, most recent episode mixed
F3178	Bipolar disorder, in full remis, most recent episode mixed
F318	Other bipolar disorders
F3181	Bipolar II disorder
F3189	Other bipolar disorder
F319	Bipolar disorder, unspecified
F32	Depressive episode
F320	Major depressive disorder, single episode, mild
F321	Major depressive disorder, single episode, moderate
F322	Major depressv disord, single epsd, sev w/o psych features
F323	Major depressv disord, single epsd, severe w psych features
F324	Major depressv disorder, single episode, in partial remis
F325	Major depressive disorder, single episode, in full remission
F328	Other depressive episodes
F3281	Premenstrual dysphoric disorder
F3289	Other specified depressive episodes
F329	Major depressive disorder, single episode, unspecified
F3291	Unknown Dx code
F32A	Depression, unspecified
F33	Major depressive disorder, recurrent
F330	Major depressive disorder, recurrent, mild
F331	Major depressive disorder, recurrent, moderate

ICD-10 Code	Description
F332	Major depressv disorder, recurrent severe w/o psych features
F333	Major depressv disorder, recurrent, severe w psych symptoms
F334	Major depressive disorder, recurrent, in remission
F3340	Major depressive disorder, recurrent, in remission, unsp
F3341	Major depressive disorder, recurrent, in partial remission
F3342	Major depressive disorder, recurrent, in full remission
F338	Other recurrent depressive disorders
F339	Major depressive disorder, recurrent, unspecified
F34	Persistent mood [affective] disorders
F340	Cyclothymic disorder
F341	Dysthymic disorder
F348	Other persistent mood [affective] disorders
F3481	Disruptive mood dysregulation disorder
F3489	Other specified persistent mood disorders
F349	Persistent mood [affective] disorder, unspecified
F39	Unspecified mood [affective] disorder
F400	Agoraphobia
F4000	Agoraphobia, unspecified
F4001	Agoraphobia with panic disorder
F4002	Agoraphobia without panic disorder
F401	Social phobias
F4010	Social phobia, unspecified
F4011	Social phobia, generalized
F40210	Arachnophobia
F40218	Other animal type phobia
F40220	Fear of thunderstorms
F40228	Other natural environment type phobia
F40230	Fear of blood
F40231	Fear of injections and transfusions
F40232	Fear of other medical care
F40233	Fear of injury

ICD-10 Code	Description
F40240	Claustrophobia
F40241	Acrophobia
F40242	Fear of bridges
F40243	Fear of flying
F40248	Other situational type phobia
F40290	Androphobia
F40298	Other specified phobia
F408	Other phobic anxiety disorders
F409	Phobic anxiety disorder, unspecified
F41	Other anxiety disorders
F410	Panic disorder [episodic paroxysmal anxiety]
F411	Generalized anxiety disorder
F413	Other mixed anxiety disorders
F418	Other specified anxiety disorders
F419	Anxiety disorder, unspecified
F42	Obsessive-compulsive disorder
F420	Unknown Dx code
F422	Mixed obsessional thoughts and acts
F423	Hoarding disorder
F424	Excoriation (skin-picking) disorder
F428	Other obsessive-compulsive disorder
F429	Obsessive-compulsive disorder, unspecified
F430	Acute stress reaction
F431	Post-traumatic stress disorder (PTSD)
F4310	Post-traumatic stress disorder, unspecified
F4311	Post-traumatic stress disorder, acute
F4312	Post-traumatic stress disorder, chronic
F43123	Unknown Dx code
F432	Adjustment disorders
F4320	Adjustment disorder, unspecified
F4321	Adjustment disorder with depressed mood

ICD-10 Code	Description
F4322	Adjustment disorder with anxiety
F4323	Adjustment disorder with mixed anxiety and depressed mood
F4324	Adjustment disorder with disturbance of conduct
F4325	Adjustment disorder w mixed disturb of emotions and conduct
F4329	Adjustment disorder with other symptoms
F438	Other reactions to severe stress
F439	Reaction to severe stress, unspecified
F440	Dissociative amnesia
F441	Dissociative fugue
F442	Dissociative stupor
F444	Conversion disorder with motor symptom or deficit
F445	Conversion disorder with seizures or convulsions
F446	Conversion disorder with sensory symptom or deficit
F447	Conversion disorder with mixed symptom presentation
F4481	Dissociative identity disorder
F4489	Other dissociative and conversion disorders
F449	Dissociative and conversion disorder, unspecified
F450	Somatization disorder
F451	Undifferentiated somatoform disorder
F4520	Hypochondriacal disorder, unspecified
F4521	Hypochondriasis
F4522	Body dysmorphic disorder
F4541	Pain disorder exclusively related to psychological factors
F4542	Pain disorder with related psychological factors
F458	Other somatoform disorders
F459	Somatoform disorder, unspecified
F481	Depersonalization-derealization syndrome
F488	Other specified nonpsychotic mental disorders
F489	Nonpsychotic mental disorder, unspecified
F5000	Anorexia nervosa, unspecified
F5001	Anorexia nervosa, restricting type

ICD-10 Code	Description
F5002	Anorexia nervosa, binge eating/purging type
F502	Bulimia nervosa
F508	Other eating disorders
F5081	Binge eating disorder
F5082	Avoidant/restrictive food intake disorder
F5089	Other specified eating disorder
F509	Eating disorder, unspecified
F5101	Primary insomnia
F5102	Adjustment insomnia
F5103	Paradoxical insomnia
F5104	Psychophysiologic insomnia
F5105	Insomnia due to other mental disorder
F5109	Oth insomnia not due to a substance or known physiol cond
F5111	Primary hypersomnia
F5112	Insufficient sleep syndrome
F5113	Hypersomnia due to other mental disorder
F5119	Oth hypersomnia not due to a substance or known physiol cond
F513	Sleepwalking [somnambulism]
F514	Sleep terrors [night terrors]
F515	Nightmare disorder
F518	Oth sleep disord not due to a sub or known physiol cond
F519	Sleep disorder not due to a sub or known physiol cond, unsp
F520	Hypoactive sexual desire disorder
F521	Sexual aversion disorder
F5221	Male erectile disorder
F5222	Female sexual arousal disorder
F5231	Female orgasmic disorder
F5232	Male orgasmic disorder
F524	Premature ejaculation
F525	Vaginismus not due to a substance or known physiol condition
F526	Dyspareunia not due to a substance or known physiol cond

ICD-10 Code	Description
F528	Oth sexual dysfnct not due to a sub or known physiol cond
F529	Unsp sexual dysfnct not due to a sub or known physiol cond
F53	Mental and behavrl disorders assoc with the puerperium, NEC
F530	Postpartum depression
F531	Puerperal psychosis
F54	Psych & behavrl factors assoc w disord or dis classd elswhr
F550	Abuse of antacids
F551	Abuse of herbal or folk remedies
F552	Abuse of laxatives
F553	Abuse of steroids or hormones
F554	Abuse of vitamins
F558	Abuse of other non-psychoactive substances
F59	Unsp behavrl synd assoc w physiol disturb and physcl factors
F600	Paranoid personality disorder
F601	Schizoid personality disorder
F602	Antisocial personality disorder
F603	Borderline personality disorder
F604	Histrionic personality disorder
F605	Obsessive-compulsive personality disorder
F606	Avoidant personality disorder
F607	Dependent personality disorder
F6081	Narcissistic personality disorder
F6089	Other specific personality disorders
F609	Personality disorder, unspecified
F630	Pathological gambling
F631	Pyromania
F632	Kleptomania
F633	Trichotillomania
F6381	Intermittent explosive disorder
F6389	Other impulse disorders
F639	Impulse disorder, unspecified

ICD-10 Code	Description
F640	Transsexualism
F641	Dual role transvestism
F642	Gender identity disorder of childhood
F648	Other gender identity disorders
F649	Gender identity disorder, unspecified
F650	Fetishism
F651	Transvestic fetishism
F652	Exhibitionism
F653	Voyeurism
F654	Pedophilia
F6552	Sexual sadism
F6581	Frotteurism
F6589	Other paraphilias
F659	Paraphilia, unspecified
F66	Other sexual disorders
F6810	Factitious disorder imposed on self, unspecified
F6811	Factit disord imposed on self, with predom psych signs/symp
F6812	Factit disord impsd on self, with predom physcl signs/symp
F6813	Factit disord impsd on self,w comb psych & physcl signs/symp
F688	Other specified disorders of adult personality and behavior
F68A	Factitious disorder imposed on another
F69	Unspecified disorder of adult personality and behavior
F910	Conduct disorder confined to family context
F911	Conduct disorder, childhood-onset type
F912	Conduct disorder, adolescent-onset type
F913	Oppositional defiant disorder
F918	Other conduct disorders
F919	Conduct disorder, unspecified
F93	Emotional disorders with onset specific to childhood
F99	Mental disorder, not otherwise specified
K2920	Alcoholic gastritis without bleeding

ICD-10 Code	Description
K2921	Alcoholic gastritis with bleeding
K5902	Outlet dysfunction constipation
K7010	Alcoholic hepatitis without ascites
K7011	Alcoholic hepatitis with ascites
O99310	Alcohol use complicating pregnancy, unspecified trimester
O99311	Alcohol use complicating pregnancy, first trimester
O99312	Alcohol use complicating pregnancy, second trimester
O99313	Alcohol use complicating pregnancy, third trimester
O99320	Drug use complicating pregnancy, unspecified trimester
O99321	Drug use complicating pregnancy, first trimester
O99322	Drug use complicating pregnancy, second trimester
O99323	Drug use complicating pregnancy, third trimester
O99324	Drug use complicating childbirth
O99325	Drug use complicating the puerperium
O99340	Oth mental disorders complicating pregnancy, unsp trimester
O99341	Oth mental disorders complicating pregnancy, first trimester
O99342	Oth mental disorders comp pregnancy, second trimester
O99343	Oth mental disorders complicating pregnancy, third trimester
O99344	Other mental disorders complicating childbirth
O99345	Other mental disorders complicating the puerperium
R45851	Suicidal ideations
R780	Finding of alcohol in blood
T1491	Suicide attempt
T1491XA	Suicide attempt, initial encounter
T1491XD	Suicide attempt, subsequent encounter
T1491XS	Suicide attempt, sequela
T360X2A	Poisoning by penicillins, intentional self-harm, init encntr
T361X2A	Poisn by cephalospor/oth beta-lactm antibiot, slf-hrm, init
T368X2A	Poisoning by oth systemic antibiotics, self-harm, init
T375X2A	Poisoning by antiviral drugs, intentional self-harm, init
T378X2A	Poisn by oth systemic anti-infect/parasit, self-harm, init

ICD-10 Code	Description
T378X2D	Poisn by oth systemic anti-infect/parasit, self-harm, subs
T380X2A	Poisoning by glucocort/synth analog, self-harm, init
T381X2A	Poisoning by thyroid hormones and sub, self-harm, init
T383X2A	Poisn by insulin and oral hypoglycemic drugs, slf-hrm, init
T383X2D	Poisn by insulin and oral hypoglycemic drugs, slf-hrm, subs
T385X2A	Poisoning by oth estrogens and progestogens, self-harm, init
T38892A	Poisoning by oth hormones and synthetic sub, self-harm, init
T39012A	Poisoning by aspirin, intentional self-harm, init encntr
T39012D	Poisoning by aspirin, intentional self-harm, subs encntr
T39092A	Poisoning by salicylates, intentional self-harm, init encntr
T39092D	Poisoning by salicylates, intentional self-harm, subs encntr
T391X2A	Poisoning by 4-Aminophenol derivatives, self-harm, init
T391X2D	Poisoning by 4-Aminophenol derivatives, self-harm, subs
T391X2S	Poisoning by 4-Aminophenol derivatives, self-harm, sequela
T39312A	Poisoning by propionic acid derivatives, self-harm, init
T39312D	Poisoning by propionic acid derivatives, self-harm, subs
T39312S	Poisoning by propionic acid derivatives, self-harm, sequela
T39392A	Poisn by oth nonsteroid anti-inflam drugs, self-harm, init
T39392D	Poisn by oth nonsteroid anti-inflam drugs, self-harm, subs
T39392S	Poisn by oth nonsteroid anti-inflam drugs, slf-hrm, sequela
T398X2A	Poisn by oth nonopio analges/antipyret, NEC, self-harm, init
T3992XA	Poisn by unsp nonopi analgs/antipyr/antirheu, slf-hrm, init
T401X2A	Poisoning by heroin, intentional self-harm, init encntr
T402X2A	Poisoning by oth opioids, intentional self-harm, init encntr
T403X2A	Poisoning by methadone, intentional self-harm, init encntr
T403X2D	Poisoning by methadone, intentional self-harm, subs encntr
T40412A	Poisoning by fentanyl or fentanyl analogs, self-harm, init
T40412D	Poisoning by fentanyl or fentanyl analogs, self-harm, subs
T40422A	Poisoning by tramadol, self-harm, initial encounter
T40492A	Poisoning by other synthetic narcotics, self-harm, init
T40492D	Poisoning by other synthetic narcotics, self-harm, subs

ICD-10 Code	Description
T404X2A	Poisoning by oth synthetic narcotics, self-harm, init
T404X2D	Poisoning by oth synthetic narcotics, self-harm, subs
T405X2A	Poisoning by cocaine, intentional self-harm, init encntr
T40602A	Poisoning by unsp narcotics, intentional self-harm, init
T40602D	Poisoning by unsp narcotics, intentional self-harm, subs
T40692A	Poisoning by oth narcotics, intentional self-harm, init
T407X2A	Poisoning by cannabis (derivatives), self-harm, init
T41292A	Poisoning by oth general anesthetics, self-harm, init
T420X2A	Poisoning by hydantoin derivatives, self-harm, init
T421X2A	Poisoning by iminostilbenes, intentional self-harm, init
T421X2D	Poisoning by iminostilbenes, intentional self-harm, subs
T423X2A	Poisoning by barbiturates, intentional self-harm, init
T424X2A	Poisoning by benzodiazepines, intentional self-harm, init
T424X2D	Poisoning by benzodiazepines, intentional self-harm, subs
T424X2S	Poisoning by benzodiazepines, intentional self-harm, sequela
T426X2A	Poisn by oth antieplptc and sed-hypntc drugs, slf-hrm, init
T426X2D	Poisn by oth antieplptc and sed-hypntc drugs, slf-hrm, subs
T4272XA	Poisn by unsp antieplptc and sed-hypntc drugs, slf-hrm, init
T4272XD	Poisn by unsp antieplptc and sed-hypntc drugs, slf-hrm, subs
T428X2A	Poisn by antiparkns drug/centr musc-tone depr, slf-hrm, init
T428X2D	Poisn by antiparkns drug/centr musc-tone depr, slf-hrm, subs
T43012A	Poisoning by tricyclic antidepressants, self-harm, init
T43012D	Poisoning by tricyclic antidepressants, self-harm, subs
T43022A	Poisoning by tetracyclic antidepressants, self-harm, init
T43202A	Poisoning by unsp antidepressants, self-harm, init
T43212A	Poisn by slctv seroton/norepineph reup inhibtr,slf-hrm, init
T43212D	Poisn by slctv seroton/norepineph reup inhibtr,slf-hrm, subs
T43222A	Poisn by slctv serotonin reuptake inhibtr, self-harm, init
T43292A	Poisoning by oth antidepressants, self-harm, init
T433X2A	Poisn by phenothiaz antipsychot/neurolept, self-harm, init
T434X2A	Poisn by butyrophen/thiothixen neuroleptc, self-harm, init

ICD-10 Code	Description
T43502A	Poisoning by unsp antipsychot/neurolept, self-harm, init
T43502S	Poisoning by unsp antipsychot/neurolept, self-harm, sequela
T43592A	Poisoning by oth antipsychot/neurolept, self-harm, init
T43592D	Poisoning by oth antipsychot/neurolept, self-harm, subs
T43602A	Poisoning by unsp psychostimulants, self-harm, init
T43612A	Poisoning by caffeine, intentional self-harm, init encntr
T43622A	Poisoning by amphetamines, intentional self-harm, init
T43632A	Poisoning by methylphenidate, intentional self-harm, init
T43642A	Poisoning by ecstasy, self-harm, initial encounter
T438X2A	Poisoning by oth psychotropic drugs, self-harm, init
T4392XA	Poisoning by unsp psychotropic drug, self-harm, init
T440X2A	Poisoning by anticholinesterase agents, self-harm, init
T441X2A	Poisoning by oth parasympathomimetics, self-harm, init
T443X2A	Poisn by oth parasympath and spasmolytics, self-harm, init
T444X2A	Poisn by predom alpha-adrenocpt agonists, self-harm, init
T445X2A	Poisoning by predom beta-adrenocpt agonists, self-harm, init
T446X2A	Poisoning by alpha-adrenocpt antagonists, self-harm, init
T447X2A	Poisoning by beta-adrenocpt antagonists, self-harm, init
T448X2A	Poisn by centr-acting/adren-neurn-block agnt, slf-hrm, init
T44902A	Poisn by unsp drugs aff the autonm nrv sys, slf-hrm, init
T450X2A	Poisoning by antiallerg/antiemetic, self-harm, init
T450X2D	Poisoning by antiallerg/antiemetic, self-harm, subs
T451X2A	Poisoning by antineopl and immunosup drugs, self-harm, init
T452X2A	Poisoning by vitamins, intentional self-harm, init encntr
T454X2A	Poisoning by iron and its compounds, self-harm, init
T45512A	Poisoning by anticoagulants, intentional self-harm, init
T45522A	Poisoning by antithrombotic drugs, self-harm, init
T457X2A	Poisn by anticoag antag, vit K and oth coag, slf-hrm, init
T460X2A	Poisn by cardi-stim glycos/drug simlar act, self-harm, init
T461X2A	Poisoning by calcium-channel blockers, self-harm, init
T461X2D	Poisoning by calcium-channel blockers, self-harm, subs

ICD-10 Code	Description
T463X2A	Poisoning by coronary vasodilators, self-harm, init
T464X2A	Poisn by angiotens-convert-enzyme inhibtr, self-harm, init
T465X2A	Poisoning by oth antihypertensive drugs, self-harm, init
T465X2D	Poisoning by oth antihypertensive drugs, self-harm, subs
T465X2S	Poisoning by oth antihypertensive drugs, self-harm, sequela
T466X2A	Poisn by antihyperlip and antiarterio drugs, self-harm, init
T467X2A	Poisoning by peripheral vasodilators, self-harm, init
T467X2D	Poisoning by peripheral vasodilators, self-harm, subs
T46902A	Poisn by unsp agents aff the cardiovasc sys, self-harm, init
T470X2A	Poisoning by histamine H2-receptor blockers, self-harm, init
T471X2A	Poisn by oth antacids & anti-gstrc-sec drugs, slf-hrm, init
T472X2A	Poisoning by stimulant laxatives, self-harm, init
T476X2A	Poisoning by antidiarrheal drugs, self-harm, init
T481X2A	Poisoning by skeletal muscle relaxants, self-harm, init
T48202A	Poisoning by unsp drugs acting on muscles, self-harm, init
T483X2A	Poisoning by antitussives, intentional self-harm, init
T484X2A	Poisoning by expectorants, intentional self-harm, init
T485X2A	Poisoning by oth anti-common-cold drugs, self-harm, init
T486X2A	Poisoning by antiasthmatics, intentional self-harm, init
T490X2A	Poisn by local antifung/infect/inflamm drugs, slf-hrm, init
T492X2A	Poisoning by local astringents/detergents, self-harm, init
T496X2A	Poisoning by otorhino drugs and prep, self-harm, init
T500X2A	Poisoning by mineralocorticoids and antag, self-harm, init
T502X2A	Poisn by crbnc-anhydr inhibtr,benzo/oth diuretc,slf-hrm,init
T502X2D	Poisn by crbnc-anhydr inhibtr,benzo/oth diuretc,slf-hrm,subs
T502X2S	Poisn by crbnc-anhydr inhibtr,benzo/oth diuretc,slf-hrm,sqla
T503X2A	Poisn by electrolytic/caloric/wtr-bal agnt, self-harm, init
T506X2A	Poisoning by antidotes and chelating agents, self-harm, init
T507X2A	Poisn by analeptics and opioid receptor antag, slf-hrm, init
T50902A	Poisoning by unsp drug/meds/biol subst, self-harm, init
T50902D	Poisoning by unsp drug/meds/biol subst, self-harm, subs

ICD-10 Code	Description
T50902S	Poisoning by unsp drug/meds/biol subst, self-harm, sequela
T50912A	Poisn by multiple unsp drug/meds/biol subst, self-harm, init
T50912D	Poisn by multiple unsp drug/meds/biol subst, self-harm, subs
T50912S	Poisn by mult unsp drug/meds/biol subst, slf-hrm, sequela
T50992A	Poisoning by oth drug/meds/biol subst, self-harm, init
T50992D	Poisoning by oth drug/meds/biol subst, self-harm, subs
T510X2A	Toxic effect of ethanol, intentional self-harm, init encntr
T511X2A	Toxic effect of methanol, intentional self-harm, init encntr
T512X2A	Toxic effect of 2-Propanol, intentional self-harm, init
T513X2A	Toxic effect of fusel oil, intentional self-harm, init
T518X2A	Toxic effect of oth alcohols, intentional self-harm, init
T518X2D	Toxic effect of oth alcohols, intentional self-harm, subs
T5192XA	Toxic effect of unsp alcohol, intentional self-harm, init
T520X2A	Toxic effect of petroleum products, self-harm, init
T520X2S	Toxic effect of petroleum products, self-harm, sequela
T528X2A	Toxic effect of organic solvents, self-harm, init
T528X2S	Toxic effect of organic solvents, self-harm, sequela
T541X2A	Toxic effect of corrosive organic compounds, self-harm, init
T542X2A	Tox eff of corrosv acids & acid-like substnc, slf-hrm, init
T543X2A	Tox eff of corrosv alkalis & alk-like substnc, slf-hrm, init
T5492XA	Toxic effect of unsp corrosive substance, self-harm, init
T550X2A	Toxic effect of soaps, intentional self-harm, init encntr
T551X2A	Toxic effect of detergents, intentional self-harm, init
T560X2D	Toxic effect of lead and its compounds, self-harm, subs
T56892A	Toxic effect of oth metals, intentional self-harm, init
T578X2A	Toxic effect of inorganic substances, self-harm, init
T5792XA	Toxic effect of unsp inorganic substance, self-harm, init
T5802XA	Toxic eff of carb monx from mtr veh exhaust, slf-hrm, init
T5812XA	Toxic effect of carb monx from utility gas, self-harm, init
T588X2A	Toxic effect of carb monx from oth source, self-harm, init
T5892XA	Toxic effect of carb monx from unsp source, self-harm, init

ICD-10 Code	Description
T5892XD	Toxic effect of carb monx from unsp source, self-harm, subs
T5892XS	Toxic effect of carb monx from unsp source, slf-hrm, sequela
T59812A	Toxic effect of smoke, intentional self-harm, init encntr
T59892A	Toxic effect of gases, fumes and vapors, self-harm, init
T5992XA	Toxic effect of unsp gases, fumes and vapors, slf-hrm, init
T620X2A	Toxic effect of ingested mushrooms, self-harm, init
T622X2A	Toxic effect of ingested (parts of) plant(s), slf-hrm, init
T63462A	Toxic effect of venom of wasps, intentional self-harm, init
T65222A	Toxic effect of tobacco cigarettes, self-harm, init
T65222D	Toxic effect of tobacco cigarettes, self-harm, subs
T65292A	Toxic effect of tobacco and nicotine, self-harm, init
T65292S	Toxic effect of tobacco and nicotine, self-harm, sequela
T65892A	Toxic effect of oth substances, intentional self-harm, init
T6592XA	Toxic effect of unsp substance, intentional self-harm, init
T6592XD	Toxic effect of unsp substance, intentional self-harm, subs
T6592XS	Toxic effect of unsp substance, self-harm, sequela
T71122A	Asphyxiation due to plastic bag, intentional self-harm, init
T71162A	Asphyxiation due to hanging, intentional self-harm, init
T71162D	Asphyxiation due to hanging, intentional self-harm, subs
T71162S	Asphyxiation due to hanging, intentional self-harm, sequela
T71192A	Asphyx d/t mech thrt to breathe d/t oth cause, slf-hrm, init
X730XXA	Intentional self-harm by shotgun discharge, init encntr
X780XXA	Intentional self-harm by sharp glass, initial encounter
X781XXA	Intentional self-harm by knife, initial encounter
X781XXD	Intentional self-harm by knife, subsequent encounter
X788XXA	Intentional self-harm by other sharp object, init encntr
X788XXD	Intentional self-harm by other sharp object, subs encntr
X789XXA	Intentional self-harm by unsp sharp object, init encntr
X789XXD	Intentional self-harm by unsp sharp object, subs encntr
X838XXA	Intentional self-harm by other specified means, init encntr
Z7141	Alcohol abuse counseling and surveillance of alcoholic

ICD-10 Code	Description
Z7151	Drug abuse counseling and surveillance of drug abuser
Z8651	Personal history of combat and operational stress reaction
Z8659	Personal history of other mental and behavioral disorders

Behavioral Health Provider Type Taxonomy Codes and Description Included in Behavioral Health Definition

Taxonomy	Taxonomy Classification/Specialization
101Y00000X	Counselor,
101YA0400X	Counselor, Addiction (Substance Use Disorder)
101YM0800X	Counselor, Mental Health
101YP1600X	Counselor, Pastoral
101YP2500X	Counselor, Professional
101YS0200X	Counselor, School
103T00000X	Psychologist,
103TA0400X	Psychologist, Addiction (Substance Use Disorder)
103TA0700X	Psychologist, Adult Development & Aging
103TB0200X	Psychologist, Cognitive & Behavioral
103TC0700X	Psychologist, Clinical
103TC1900X	Psychologist, Counseling
103TF0000X	Psychologist, Family
103TM1800X	Psychologist, Mental Retardation & Developmental Disabilities
103TP0016X	Psychologist, Prescribing (Medical)
103TP0814X	Psychologist, Psychoanalysis
103TP2701X	Psychologist, Group Psychotherapy
104100000X	Social Worker,
1041C0700X	Social Worker, Clinical
1041S0200X	Social Worker, School
106H00000X	Marriage & Family Therapist
106S00000X	Behavior Technician
133VN1006X	Dietitian, Registered, Nutrition, Metabolic
163WA0400X	Registered Nurse, Addiction (Substance Use Disorder)
163W00000X	Registered Nurse

Taxonomy	Taxonomy Classification/Specialization
163WP0807X	Registered Nurse, Psychiatric/Mental Health, Child & Adolescent
163WP0808X	Registered Nurse, Psychiatric/Mental Health
163WP0809X	Registered Nurse, Psychiatric/Mental Health, Adult
172V00000X	Community Health Worker
175T00000X	Peer Specialist
207PP0204X	Emergency Medicine, Pediatric Emergency Medicine
207QA0401X	Family Medicine, Addiction Medicine
2083A0300X	Preventive Medicine, Addiction Medicine
2084A0401X	Psychiatry & Neurology, Addiction Medicine
2084F0202X	Psychiatry & Neurology, Forensic Psychiatry
2084P0015X	Psychiatry & Neurology, Psychosomatic Medicine
2084P0800X	Psychiatry & Neurology, Psychiatry
2084P0802X	Psychiatry & Neurology, Addiction Psychiatry
2084P0804X	Psychiatry & Neurology, Child & Adolescent Psychiatry
2084P0805X	Psychiatry & Neurology, Geriatric Psychiatry
225500000X	Specialist/Technologist
225600000X	Dance Therapist
251K00000X	Public Health or Welfare
251S00000X	Community/Behavioral Health
251V00000X	Voluntary or Charitable
261QD1600X	Clinic/Center, Developmental Disabilities
261QM0801X	Clinic/Center, Mental Health (Including Community Mental Health Center)
261QM0850X	Clinic/Center, Adult Mental Health
261QM0855X	Clinic/Center, Adolescent and Children Mental Health
261QM2800X	Clinic/Center, Methadone
261QR0405X	Clinic/Center, Rehabilitation, Substance Use Disorder
273R00000X	Psychiatric Unit
276400000X	Rehabilitation, Substance Use Disorder Unit
283Q00000X	Psychiatric Hospital
3104A0625X*	Assisted Living Facility, Assisted Living (Mental Illness)
310500000X*	Intermediate Care Facility, Mental Illness

Taxonomy	Taxonomy Classification/Specialization
311Z00000X*	Custodial Care Facility
320600000X	Residential Treatment Facility, Mental Retardation and/or Developmental Disabilities
320800000X	Community Based Residential Treatment Facility, Mental Illness
322D00000X	Residential Treatment Facility, Emotionally Disturbed Children
323P00000X	Psychiatric Residential Treatment Facility
324500000X	Substance Abuse Rehabilitation Facility
3245S0500X	Substance Abuse Rehabilitation Facility, Substance Abuse Treatment, Children
363LP0808X	Nurse Practitioner, Psychiatric/Mental Health
363LP2300X	Nurse Practitioner, Primary Care
364SF0001X	Clinical Nurse Specialist, Family Health
364S00000X	Clinical Nurse Specialist
364SP0807X	Clinical Nurse Specialist, Psychiatric/Mental Health, Child & Adolescent
364SP0808X	Clinical Nurse Specialist, Psychiatric/Mental Health
364SP0809X	Clinical Nurse Specialist, Psychiatric/Mental Health, Adult

* Non-LTSS Related Services

Procedure Codes Used in Telehealth Analysis

Procedure Codes**	Description
2 (Place of Service)	Health services are received through Telecommunications technology
FR (Modifier)	Procedure modifier
FQ (Modifier)	Procedure modifier
GT (Modifier)	Via interactive audio and video telecommunication systems
G0 (Modifier)	Procedure modifier
GQ (Modifier)	Procedure modifier
93 (Modifier)	Procedure modifier
95 (Modifier)	Synchronous Telemedicine Service Rendered Via a Real-Time Interactive Audio and Video Telecommunications System
99446-99449	Interprofessional Telephone/Internet/Electronic Health Record Consultations
99451-99452	Interprofessional Telephone/Internet/Electronic Health Record Consultations
99457	QHP service; 20 minutes of Non F2F and F2F time spent in analysis and via synchronous communication with patient the findings or care plan
99458	Add-on code; full additional 20 minutes for services described in 99457
0188T-O1189T	Remote Real-Time Interactive Video-conferenced Critical Care Services
G0181	Physician or allowed practitioner supervision of a patient receiving Medicare-covered services provided by a participating home health agency (patient not present) requiring complex and multidisciplinary care modalities involving regular physician or allowed practitioner development and/or revision of care plans

Procedure Codes**	Description
G0182	Physician supervision of a patient under a Medicare-approved hospice (patient not present) requiring complex and multidisciplinary care modalities involving regular physician development and/or revision of care plans, review of subsequent reports of patient status, review of laboratory and other studies, communication (including telephone calls) with other health care professionals involved in the patient's care, integration of new information into the medical treatment plan and/or adjustment of medical therapy, within a calendar month, 30 minutes or more
G0406-G0408	Follow-up inpatient consultation, limited, physicians typically spend [15, 25, 35] minutes communicating with the patient via telehealth
G0425-G0427	Telehealth consultation, emergency department or initial inpatient, typically [30, 50, 70] minutes communicating with the patient via telehealth
G0459	Inpatient telehealth pharmacologic management, including prescription, use, and review of medication with no more than minimal medical psychotherapy
G0508-G0509	Telehealth consultation, critical care
Q3014	Telehealth originating site facility fee
T1014	Telehealth transmission, per minute, professional services bill separately
G2025	Payment for a telehealth distant site service furnished by a rural health clinic (rhc) or federally qualified health center (fqhc) only
S9110	Telemonitoring of patient in their home, including all necessary equipment; computer system, connections, and software; maintenance; patient education and support; per month
G2010	Remote evaluation of recorded video and/or images submitted by an established patient, including interpretation with follow-up with the patient within 24 business hours, not originating from a related e/m service provided within the previous 7 days nor leading to an e/m service or procedure within the next 24 hours or soonest available appointment
G2012	Brief communication technology-based service, e.g., virtual check-in, by a physician or other qualified health care professional who can report e/m services, provided to an established patient, not originating from a related e/m service provided within the previous 7 days nor leading to an e/m service or procedure within the next 24 hours or soonest available appointment; 5-10 minutes of medical discussion
G2061-G2063	Qualified nonphysician healthcare professional online assessment and management service, for an established patient, for up to seven days, cumulative time during the 7 days; [5-10, 11-20, 21+] minutes
G2252	Brief communication technology-based service, e.g., virtual check-in, by a physician or other qualified health care professional who can report evaluation and management services, provided to an established patient, not originating from a related E/M service provided within the previous 7 days nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment: 11–20 minutes of medical discussion
G0071	Payment for communication technology-based services for 5 minutes or more of a virtual (non-face-to-face) communication between a rural health clinic (rhc) or federally qualified health center (fqhc) practitioner and rhc or fqhc patient, or 5 minutes or more of remote evaluation of recorded video and/or images by an rhc or fqhc practitioner, occurring in lieu of an office visit; rhc or fqhc only

Procedure Codes**	Description
98966-98968	Telephone assessment and management service provided by a qualified nonphysician health care professional to an established patient, parent, or guardian not originating from a related assessment and management service provided within the previous 7 days nor leading to an assessment and management service or procedure within the next 24 hours or soonest available appointment
99421-99423	Online Digital Evaluation and Management Services
98970 - 98972	Qualified nonphysician healthcare professional online assessment, for an established patient, for up to seven days, cumulative time during the 7 days
98980	Remote monitoring PLUS interacting with patient
98981	Addl time
99441-99443	Telephone E/M service provided by a physician to an established patient, parent, or guardian not originating from a related E/M service provided within the previous 7 days nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment

**Most codes used a Modifier.

Attachment F – Glossary[‡‡‡]

Claim: Communication from a health care provider to a health care payor requesting payment for services rendered by the provider. A claim includes information about the patient's diagnoses, the procedures performed by the provider, the amount the payor and patient will pay for the service under a health insurance plan, and — in the case of a paid claim — the amount paid by the payor.

Commercial health plan: Group or individual health insurance plan offered by a health insurance carrier.

Fee for Service (FFS): A method of paying providers for covered services rendered to members. Under Maine's fee-for-service system, the provider is paid for each discrete service provided to a patient.

Healthcare Common Procedure Coding System (HCPCS): A uniform set of codes that represent health care procedures, service, supplies and products which may be provided to Medicare and Medicaid beneficiaries and to individuals enrolled in private health insurance programs. HCPCS includes two levels of codes: Level I codes consist of the AMA's CPT® codes. Level II codes are maintained by CMS and primarily include non-physician products, supplies, and procedures.

Health care payor: Health insurance plan or health coverage program that pays doctors, hospitals and other health care providers for care and services received by a person with health care coverage. A health care payor includes commercial and public plans such as Medicaid and Medicare.

International Statistical Classification of Diseases and Related Health Problems (ICD) 10 Codes: A uniform set of codes used to describe a disease and identify the diagnosis of a particular medical condition, so that the patient, health care provider as well as the insurance payor can better comprehend the medical condition under treatment.

Maine Education Association Benefits Trust (MEABT): A benefit plan that provides health insurance to Maine public school employees and their families.

Maine State Employee Health Commission (SEHC): Maine State Employee Health Commission ("SEHC") is a self-insured health benefit plan that covers State of Maine and University of Maine System employees and non-Medicare retirees, and their families.

MaineCare: Maine's Medicaid and Children's Health Insurance (CHIP) program. Medicaid provides low-income children, pregnant women, and parents with health insurance coverage for little or no cost. The program also covers low-income elderly and people with disabilities. Adults without children may be eligible through the non-categorical waiver, but the Maine expansion program was implemented in July 2018.

Non-claims-based payment: Non-claims-based payments are defined as payments that are for something other than a fee-for-service claim. These payments include but are not limited to Capitation Payments, Care Management/Care Coordination/ Population Health Payments, Electronic Health Records/Health Information Technology Infrastructure/Other Data Analytics Payments, Global Budget Payments, Patient-centered Medical Home Payments, Pay-for-performance Payments, Pay-for-reporting Payments, Primary Care and Behavioral Health Integration Payments, Prospective Case Rate Payments, Prospective Episode-based Payments, Provider Salary Payments, Retrospective/Prospective Incentive Payments, Risk-based Payments, Shared-risk Recoupments, Shared-savings Distributions.

Primary care: Health care that includes general exams and assessments, preventive care and care coordination. Primary care providers respond to new patient needs and undiagnosed conditions, help patients navigate the health system, and maintain relationships over time. For purposes of reporting on medical spending allocated to

[‡‡‡] Definitions partially sourced from: Oregon Health Authority. Primary Care Spending in Oregon: A Report to the Oregon State Legislature. February 2019.

primary care under P.L. Chapter 244, we used the broad definition of all services provided by primary care providers and the narrow definition of a specific set of health care services delivered by specific types of primary care providers (see MQF Primary Care Spending Report, 2023 for details).

Rural Health Clinics (RHCs): The Rural Health Clinic (RHC) program is intended to increase access to primary care services for patients in rural communities. RHCs can be public, nonprofit, or for-profit healthcare facilities. To receive certification, they must be located in rural, underserved areas. They are required to use a team approach of physicians working with non-physician providers such as nurse practitioners (NP), physician assistants (PA), and certified nurse midwives (CNM) to provide services. The clinic must be staffed at least 50% of the time with a NP, PA, or CNM. RHCs are required to provide outpatient primary care services and basic laboratory services.

Self-insured employer: Employer that sets aside funds to pay for health care expenses of employees rather than buying a group health insurance plan offered by a private insurance company. Primary care spending by self-insured employers that voluntarily submit data to the APCD are included in this report. The Maine State Employee Health Commission and Maine Education Association Benefits Trust are the two largest self-insured employers in Maine.

Supplemental plan: An additional health insurance plan that helps pay for healthcare costs that are not covered by a person's regular health insurance plan. These costs include copayments, coinsurance, and deductibles. There are many different types of supplemental health insurance, including vision, dental, hospital, accident, disability, long-term care, and Medicare supplemental plans. There are also supplemental health insurance plans for specific conditions, such as cancer, stroke, or kidney failure. Some types of supplemental health insurance may also be used to help pay for food, medicine, transportation, and other expenses related to an illness or injury.

Taxonomy Code: The Healthcare Provider Taxonomy Code Set is a hierarchical code set that consists of codes, descriptions, and definitions designed to categorize the type, classification, and/or specialization of health care providers. The Code Set consists of two sections: Individuals and Groups of Individuals, and Non-Individuals. The Code Set is a Health Insurance Portability and Accountability (HIPAA) standard code set. As such, it is the only code set that may be used in HIPAA standard transactions to report the type/classification/specialization of a health care provider when such reporting is required. Each taxonomy code is a unique alphanumeric code that enables providers to identify their specialty at the claim level.

Tele-behavioral Health: A form of synchronous telehealth, tele-behavioral health is the process of providing behavioral health care from a distance, usually using videoconferencing technology. This can involve intakes, psychiatric evaluations, therapy (individual, group, family), patient education, and medication management.[19]

TeleHealth: The use of electronic information and telecommunications technologies to support and promote long-distance clinical health care, patient and professional health-related education, public health and health administration. Technologies include videoconferencing, the internet, store-and-forward imaging, streaming media, and terrestrial and wireless communications.[19]

Total Medical Payments: The total dollars paid by health care purchasers for health care services, claims-based medical payments excluding pharmacy, long-term care services and supports, and dental

Attachment G – Endnotes

1. An Act Regarding Reporting on Spending for Behavioral Health Care Services and To Clarify Requirements for Credentialing by Health Insurance Carriers, P.L 2021, ch. 603, H.P. 874 - L.D. 1196. https://legislature.maine.gov/bills/getPDF.asp?paper=HP0874&item=3&snum=130

2. Maine Health Data Organization. Rule Chapter 243: Uniform Reporting System for Health Care Claims Data Sets. Adopted November 15, 2021. https://mhdo.maine.gov/_finalStatutesRules/Chapter%20243%20Claims%20Data_211115.pdf.

3. Maine Health Data Organization. Rule Chapter 247: Uniform Reporting System for Non-Claims-Based Payments. Adopted December 12, 2021. https://mhdo.maine.gov/_finalStatutesRules/Chapter%20247%20Non-Claims%20Data_211212.pdf.

4. Confidentiality of Substance Use Disorder Patient Records, 42 C.F.R. Part 2, (2017). https://www.federalregister.gov/documents/2017/01/18/2017-00719/confidentiality-of-substance-use-disorder-patient-records

5. Attiya A, Cousart C. States Focus on Behavioral Health as They Consider the Future of Telehealth. NASHP. March 14, 2022. Accessed March 16, 2022. https://www.nashp.org/states-focus-on-behavioral-health-as-they-consider-the-future-of-telehealth/.

6. Zhu JM, Myers R, McConnell KJ, Levander X, Lin SC. Trends In Outpatient Mental Health Services Use Before And During The COVID-19 Pandemic. *Health Affairs.* 2022;41(4):573-580.10.1377/hlthaff.2021.01297

7. Center for Health Information and Analysis (CHIA). *Massachusetts Primary Care and Behavioral Health Expenditures: Baseline Report* CHIA; September, 2022. https://www.chiamass.gov/assets/docs/r/pubs/2022/PCBH-Report.pdf.

8. Barry CL, Stuart EA, Donohue JM, et al. The Early Impact Of The 'Alternative Quality Contract' On Mental Health Service Use And Spending In Massachusetts. *Health Affairs.* 2015;34(12):2077-2085.10.1377/hlthaff.2015.0685

9. Davenport S, Gray TJ, Melek S. *How do individuals with behavioral health conditions contribute to physical and total health care spending?* Denver, CO: Milliman; August 13, 2020. https://www.nationalalliancehealth.org/www/initiatives/initiatives-national/workplace-mental-health/pathforward/milliman-report.

10. Freeman E, McGuire CA, Thomas JW, Thayer DA. Factors Affecting Costs in Medicaid Populations with Behavioral Health Disorders. *Med Care.* 2014;52 Suppl 3:S60-66.10.1097/MLR.0000000000000075

11. Jonk Y, McGuire C, Gray C, et al. *Assessing the Impact of Maine's MaineCare Expansion Efforts: An Analysis of Outreach and Enrollment Activities, Enrollment Characteristics, Provider Capacity, and Service Use.* Portland, ME: University of Southern Maine, Muskie School of Public Service, Cutler Institute; November 2021.

12. Mark TL, Levit KR, Yee T, Chow CM. Spending On Mental And Substance Use Disorders Projected To Grow More Slowly Than All Health Spending Through 2020. *Health Affairs.* 2014;33(8):1407-1415.10.1377/hlthaff.2014.0163

13. Smith ML, Thayer D, Rosingana K, et al. *Interim Evaluation Report by the Independent Evaluator for the New Hampshire Delivery System Reform Incentive Payment (DSRIP) Program.* Portland, ME: University of Southern Maine, Muskie School of Public Service, Cutler Institute; October 19, 2020.

14. Song Z, Lillehaugen T, Busch SH, Benson NM, Wallace J. Out-of-Network Spending on Behavioral Health, 2008-2016. *J Gen Intern Med.* 2021;36(1):232-234.10.1007/s11606-020-05665-w

15. Substance Abuse and Mental Health Services Administration. *Behavioral Health Spending & Use Accounts 2006–2015.* Rockville, MD: Substance Abuse and Mental Health Services Administration;2019. https://store.samhsa.gov/sites/default/files/d7/priv/bhsua-2006-2015-508.pdf.

16. Sporinova B, Manns B, Tonelli M, et al. Association of Mental Health Disorders With Health Care Utilization and Costs Among Adults With Chronic Disease. *JAMA Netw Open.* 2019;2(8):e199910.10.1001/jamanetworkopen.2019.9910

17. Thorpe K, Jain S, Joski P. Prevalence and Spending Associated with Patients Who Have a Behavioral Health Disorder and Other Conditions. *Health Affairs.* 2017;36(1):124-132.10.1377/hlthaff.2016.0875

18. Maine Department of Health and Human Services. Chapter 101: MaineCare Benefits Manual. Accessed December 14, 2022. https://www.maine.gov/sos/cec/rules/10/ch101.htm.

19. U.S. DHHS Indian Health Service. About TeleHealth and Telebehavioral Health. Accessed February 14, 2023. https://www.ihs.gov/telebehavioral/abouttelehealth/.