



WASHINGTON

All-Payer Claims Database

Supporting Documentation

**Washington Office of the Insurance Commissioner (WA OIC)
Behavioral Health Crisis Study**

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Purpose and Background

The State of Washington adopted network access rules in 2016. WAC 284-170-200 requires that emergency mental health services and substance use disorder services, including crisis intervention and crisis stabilization services, must be included in an insurance carrier's provider network.

Effective July 2022, a new "988" national suicide prevention and mental health crisis hotline number will be implemented in State of Washington, and carriers will be required to ensure access to next day appoints for person experiencing an urgent, symptomatic behavioral health condition. Planning for implementation of this legislation makes it pertinent to assess existing access to behavioral health crisis response services, including current services available through plans/carriers.

The objective of this project is to better understand how behavioral health crisis response services, including emergency behavioral health services, are currently utilized by individuals enrolled in private health plans issued in State of Washington, including:

- The type of service utilized and the setting within which it was provided
- Whether the services are provided by in-network or out-of-network providers
- Geographic variation in service utilization
- Differences between utilization patterns depending on whether the service is for mental health, substance use disorder (SUD), or suicide / self-harm diagnoses
- Whether any claims were denied for these services

This study utilizes a merged dataset of claims covering the period of October 2017 through September 2018 collected from Washington's commercial carriers who provide data to Washington's All Payer Claims Database (WA-APCD). As part of this dataset, carriers were requested to submit any denied claims and any substance use data that is normally not submitted. This enabled a more thorough analysis of mental health, substance use disorder, and suicide / self-harm diagnoses, with a focus on denials of claims.

This study analyzes claims submitted by providers to carriers that were either approved or denied. It does not capture services that enrollees may have paid out of pocket without billing their health plan or services provided to health plan enrollees that are not billed to carriers by entities not contracted with carriers, such as agencies affiliated with behavioral health administrative service organizations. It may not capture situations in which a higher level of care may have been requested through prior authorization, but a lower level of care was authorized, provided and billed.

This study serves as a baseline for behavioral health crisis use by people enrolled in commercial health plans in the State of Washington and gives insights into potential gaps in care that may be addressed by the new crisis phone line or other services.

This study has been conducted under the Washington State Office of the Insurance Commissioner’s (OIC) market conduct authority. As such, unique carrier results are confidential and not subject to public disclosure.²

Methods

Claims were limited to those received from commercial carriers and integrated into WA OIC’s merged dataset. Patients with medical coverage and eligibility between October 1, 2017, and September 30, 2018, were included. Patients were restricted to age less than 65 to exclude older patients who are likely enrolled in Medicare. Three months of claims run-out were included.

Table 1. Summary of Specifications

Date Restriction	Eligibility: Members with coverage between October 1, 2017, and September 30, 2018 Claims: Restricted to claims with first service date between October 1, 2017, and September 30, 2018
Insurance Type	Commercial (Medicaid and Medicare excluded)
Type of Coverage	Limited to medical eligibility and claims only. Pharmacy eligibility not required
Claim Types	Professional and facility claims, including denied
Age Group	Restricted to ages 0-64 (adults over age 65 were excluded)
ZIP Code	Patient’s ZIP Code at the time of claim was used to identify county of residence. WA residents only were included
Diagnoses	Mental health, substance use disorder, and suicide / self-harm services are limited to claims with a primary diagnosis in one of those categories

Diagnosis Categories

Throughout this reporting, we limited to claims with a primary diagnosis of mental health, substance use disorder, or suicide / self-harm. We started with ICD-10 codes provided in Appendix E of SAMSHA’s Mental Health Annual Report 2015, which can be accessed here: https://www.dasis.samhsa.gov/dasis2/mhclid/2015_Mental_Health_Client_Level_Data_Report.pdf

We also scanned the database for other new codes within the F ICD-10 code range that may have been added since 2015 and included those as appropriate.

Behavioral health diagnoses were grouped into three major categories:

- **Mental Health** – Screening for Mental Health, Schizophrenia, Delirium Dementia, Personality Disorders, Pervasive Developmental Disorders, Conduct Disorders, Bipolar,

² RCW 48.37.080

Mood Disorders, Adjustment Disorders, Impulse Control, Oppositional Defiant, Depressive, Developmental Disorders, ADD/ADHD, and Disorders of Infancy, Childhood & Adolescence

- **Substance use disorder** – Alcohol-Related, Substance use disorder, Screening for Substance use disorder
- **Suicide / Self-Harm** – Suicide and Self-Harm

We also created two additional categories:

- **Total Behavioral Health.** This included any claims with mental health, substance use disorder, or suicide / self-harm as the primary diagnosis.
- **Non-Behavioral Health.** This included all other claims, where the primary diagnosis was not mental health, substance use disorder, or suicide / self-harm. This category was intended to give a comparison of utilization and denials of claims for non-behavioral health claims within each category of service to identify whether there were disproportionate denials of behavioral health claims.

Service Types

In the early weeks of this study, we scanned the literature for definitions of “Crisis” codes for behavioral health services. WA OIC reached out to groups of providers to get feedback on the codes proposed, and the providers proposed additional definitions. We sought to examine the following key crisis and non-crisis services as part of this study:

- Emergency department (ED) services (billed on facility claims)
- Emergency department services (billed on professional claims)
- Urgent care
- Services at Washington Inpatient and Diversion Resources
- Crisis services (refer to “Service Types” below for detailed listing)
 - Narrow definition – includes crisis service codes only
 - Broad definition – includes codes that may not always be considered crisis
- Mobile / telephonic crisis services
- All Mental Health and Substance use disorder claims
 - Facility Inpatient
 - Facility Outpatient
 - Professional
 - Other

Emergency Department – Professional

After restricting to the claims based upon the criteria included in **Table 1** above, Emergency Department professional services were identified using any procedures that occurred in the ED setting through the following procedure codes:

- Claim Type Professional
- Procedure codes = 99281 – 99288

Emergency Department – Facility

Emergency Department facility claims are identified by the following criteria:

- Claim Type Description (or Claim Type ID) = Facility Outpatient
- Revenue Codes 045X (Emergency Room), excluding 0456 (Urgent Care)

Urgent Care

Urgent care claims are identified by the following criteria:

- Revenue Codes 0456 (Urgent Care)
- Billing or rendering provider with taxonomy code 261QU0200X (Urgent Care)
- Place of service = 20 (Urgent Care)

Crisis Codes – Narrow Definition

Crisis services were identified using the CPT/HCPCs procedure codes in **Table 2**.

Table 2. CPT/HCPCs Codes Used in the Narrow Definition of Crisis Codes

Procedure Code	Description
90839	Psychotherapy For Crisis Initial 60 Minutes
90840	Psychotherapy For Crisis Each Addl 30 Minutes
H0007	Alcohol &Or Drug Services; Crisis Intervention
H0009	Alcohol &Or Drug Services; Acute Dtox Hosp Ip
H0010	Alcohol &/ Drug Srv; Sub-Acute Dtox Res Prog Ip
H0011	Alcohol &/ Drug Services; Acute Dtox Res Prog Ip
H0017	Behavioral Health; Res W/O Room &Board Per Diem
H0038	Self-Help/Peer Services Per 15 Minutes
S9484	Crisis Interven Mental Health Services Per Hour
T1016	Case Management Each 15 Mins

Among these codes, H0007, H0038, H0009, S9484 and T1016 were billed infrequently (<100 services in the year) in the commercial population.

Crisis Codes – Broad Definition

We received additional CPT/HCPCs and ICD-10 procedure codes from providers that they use to bill for crisis services. These are provided in **Tables 3 and 4**. When we added these services into our analysis, several (including 90791 and 90792) had high volume. We include them in the data set as a broad definition of crisis codes, understanding that sometimes these codes are billed in

less critical situations. The Crisis Code Broad definition includes the codes in **Tables 2, 3, and 4** combined. It likely overestimates crisis services due to the inclusion of those broader procedure codes that are often billed during a crisis by some providers but may be billed in non-crisis settings as well.

Table 3. Additional CPT/HCPCS Codes Used in the Broad Definition of Crisis Codes

Procedure Code	Description
90791	Psychiatric Diagnostic Evaluation
90792	Psychiatric Diagnostic Eval W/Medical Services
90839	Psychotherapy For Crisis Initial 60 Minutes
90840	Psychotherapy For Crisis Each Addl 30 Minutes
96100	Psychological Testing W/I&R Per Hour
96105	Assessment Phasia W/Interp & Report Per Hour
96105	Assessment Aphasia W/Interp & Report Per Hour
96112	Developmental Tst Admin Phys/Qhp 1St Hour
96113	Developmental Tst Admin Phys/Qhp Ea Addl 30 Min
96116	Nubhvl Status Xm Pr Hr W/Pt Interpj&Prepj
96116	Neurobehavioral Status Xm Phys/Qhp 1St Hour
96121	Neurobehavioral Status Xm Phys/Qhp Ea Addl Hour
96125	Standardized Cognitive Performance Testing
96127	Behav Assmt W/Score & Docd/Stand Instrument
96130	Psychological Tst Eval Svc Phys/Qhp First Hour
96131	Psychological Tst Eval Svc Phys/Qhp Ea Addl Hour
96136	Psyl/Nrpsycl Tst Phys/Qhp 2+ Tst 1St 30 Min
96138	Psycl/Nrpsycl Tst Tech 2+ Tst 1St 30 Min
96146	Psycl/Nrpsycl Tst Elec Platform Auto Result
H0007	Alcohol &Or Drug Services; Crisis Intervention
H0009	Alcohol &Or Drug Services; Acute Dtox Hosp Ip
H0010	Alcohol &/ Drug Svc; Sub-Acute Dtox Res Prog Ip
H0011	Alcohol &/ Drug Services; Acute Dtox Res Prog Ip
H0017	Behavioral Health; Res W/O Room&Board Per Diem
H0038	Self-Help/Peer Services Per 15 Minutes
S9484	Crisis Interven Mental Health Services Per Hour
T1016	Case Management Each 15 Mins

Table 4. ICD-10 Procedure Codes Used in the Broad Definition of Crisis Codes

ICD 10 Procedure Code	Description
H22ZZZZ	Detoxification services – Substance use disorder Treatment
G22ZZZZ	Crisis Intervention

Mobile / Telephonic Crisis Codes

We used the CPT/HCPCs codes in **Table 5** below to identify mobile crisis services and telephonic services. These codes were billed infrequently among the commercial population during the study period.

Table 5. Mobile / Telephonic Crisis Codes

Procedure Code	Description
H0030	Behavioral Health Hotline Service
H2001	Rehabilitation Program Per 1/2 Day
S9485	Crisis Intervent Mental Health Serv

Inpatient and Diversion Mental Health Facilities – Narrow

We received a list of inpatient and diversion mental health facilities from the State of Washington Health Care Authority (HCA). Using the National Provider Identifiers (NPIs) from that list (Appendix A), we identified these facilities in the claims and extracted their claims with mental health and substance use disorder as a primary diagnosis. We aggregated all mental health, substance use disorder, and suicide / self-harm claims at these facilities to look at the percent denied. Services at these facilities are not always crisis services, but volume of services and examination of denials does give insight into how care is accessed by the commercial population and how frequently services are denied.

Inpatient and Diversion Mental Health Facilities – Broad

After pulling data on the inpatient and diversion mental health facilities from HCA, we scanned the data on these facilities to identify their taxonomy codes. We found most used the taxonomy codes in **Table 6**. We searched the database for other providers using these taxonomy codes, appended them on to the list above, and extracted their claims with mental health and substance use disorder as a primary diagnosis. We aggregated all mental health, substance use disorder, and suicide / self-harm claims at these facilities to look at percent denied. Again, services at these facilities are not always expected to be crisis services, but this category does give us a glimpse of provision of care in the state of Washington among facilities providing inpatient and diversion services.

Table 6. Taxonomy Codes Used to Identify Inpatient and Diversion Mental Health Facilities

Taxonomy Code	Description
261QM0801X	Clinic/Center: Mental Health (Including Community Mental Health Center)
273R00000X	Hospital Units Psychiatric Unit
283Q00000X	Hospital Psychiatric hospital

Taxonomy Code	Description
251B00000X	Case management agencies
320800000X	Community based residential treatment facility
323P00000X	Psychiatric residential treatment facility
324500000X	Substance Use Rehabilitation Facility
3245S0500X	Substance use disorder Rehabilitation Facility
251S00000X	Agencies: Community/Behavioral Health

All Mental Health, Substance use disorder, Suicide / Self-Harm Claims in Dataset

While the primary focus of this study was to examine access to crisis services, we also wanted to provide a baseline level of mental health, substance use disorder, and suicide / self-harm service utilization and percent of denied services, not restricted to crisis services. We scanned all the claims and grouped into categories:

- Inpatient Facility: Claim type = Facility, Type of setting = Inpatient
- Outpatient Facility: Claim type = Facility, Type of setting = Outpatient
- Professional: Claim type = Professional
- Other: Any additional claims that do not fall into the prior categories. This includes Home Health, Hospice, Durable Medical Equipment (DME), Unclassified/Other, and Pharmacy.
- Total: All categories combined

Aggregation of the Data

Membership

Eligibility: For this project, the number of eligible members and member months were extracted from eligibility data at the monthly level. Members were attributed to multiple carriers, age groups, and ZIP Codes during the year if their eligibility data changed. For example, if an individual was covered for half the year by one carrier and half the year by another, he/she would have 6 months of coverage in each carrier’s membership. Eligibility was used to calculate distinct members in the population, eligible member months, eligible average members – the denominator of the entire population that had coverage (but may or may not have had a claim).

Claims: For each service, carrier, age, and ZIP Code were extracted from the information on the claim. Data from the claims were used to bucket members into diagnosis categories to calculate the number of services, distinct members with services, percent claims denied, and utilization rate.

Geography

Each member's county of residence was assigned based on their ZIP Code in the eligibility file or the claims. Statewide totals and county stratifications were calculated for each service type.

Age Group

Age group was assigned based on the patient's age in the eligibility file and on the claim for services. The age groups used in this study were 0-17 years, 18-26 years, 27-44 years, 45-64 years.

Because this is a study on commercial populations, individuals aged 65 and older were not included. Additionally, the age bands are not uniform because we wanted to ensure we had a focus on pediatrics (0-17 years) and on adolescents (18-26 years), who have different mental health and substance use disorder service needs and utilization than other groups.

Company/Carrier

Washington health plans include National Association of Insurance Commissioners (NAIC) codes on their claims and eligibility files submitted to the Washington All Payer Claims Database. Company/Carrier was assigned based on the NAIC code on the eligibility file (for membership totals) and claims (for services).

In- and Out-of-Network Indicator

Washington health plans include an in- and out-of-network indicator on their claims submitted to the Washington All Payer Claims Database. This indicator was used to determine whether the service was conducted by an in-network provider or an out-of-network provider. Invalid or blank indicators were not included in the analysis.

Calculations

The following were calculated for each service type:

- Total number of eligible members in the data for each stratification (e.g., total number of members with coverage from a particular carrier in King County with age 18-26). Members can appear in more than one stratification if they changed categories during the year.
- Member months of coverage during the year for each stratification.
- Average members in the data during the year for each stratification. This is the total member months of coverage divided by 12 months.
- Members with service in category. This is the number of unique patients who had a given service during the year. If patients had multiple services in the category, they still only count once.
- Number of services in category. This is the total number of claims (both denied and paid) for the category during the year.

- Denied claims. This is the number of denied claims for the category during the year.
- Percent denied. This is the number of denied claims divided by the number of services.
- Rate per 1,000. This is the number of services multiplied by 1000 divided by average members. This gives context about how frequently carriers are being billed for certain services (whether paid or denied).

Calculations were done separately for in- and out-of-network services, by major diagnosis category, by age group, and by carrier. The calculations are aggregated in this report. As this study was conducted under WA OIC's market conduct authority, unique carrier results are confidential and not subject to public disclosure.³ Statewide totals and totals for each geography were presented.

Note that the number of total distinct members in a group may be less than the sum of its subgroups as individuals could be part of more than one subgroup during a year. For example, a person may appear as a distinct member for having a mental health ED visit and again for having a substance use disorder visit, but he or she would only appear once in the total distinct members with a behavioral health ED visit.

Results

Access

Access to behavioral health services is essential. The 2019 National Survey on Drug Use and Health (NSDUH) indicates that nationally there is a significant demand for mental health and substance use disorder services:

(<https://www.samhsa.gov/data/sites/default/files/reports/rpt29393/2019NSDUHFFRPDFWHTML/2019NSDUHFFR1PDFW090120.pdf>).

Among adults aged 18 and older, 20.6% had any mental illness in the last year. Meanwhile, 4.8% of adults reported having serious thoughts of suicide. Among people age 12 and older, 5.3% had an alcohol use disorder, and small percentages had other substance use disorders. Approximately 1.5% reported receiving any substance use treatment in the past year, while 1.0% received SUD treatment at a specialty facility. This survey found that small fraction (12.2%) of the 21.6 million people nationwide who were estimated to need SUD treatment actually accessed it.

³ RCW 48.37.080

Like the NSDUH data, the data from this study indicate there may be unmet need for services in Washington. We looked at all medical claims in the dataset (any place of setting) to see what percentage of people were accessing any type of services for behavioral health conditions. Overall, 12.4% of individuals had at least one claim during the year for mental health, significantly below the nationwide average of 20.6%. Only 1.1% of commercial members had claims for substance use treatment, far below the percentage with substance use disorder (5.3% nationwide have alcohol use disorder, for example). Only 0.1% had a suicide / self-harm claims, compared with the 4.8% nationally having suicidal thoughts.

Table 7. Commercial Claims with a Primary Diagnosis of Mental Health on Any Claim, Percent of Members with Any Claim

Major Diagnosis Category	All Ages			Age 0-17 Years			Age 18+ Years		
	Eligible Members in Population (Distinct)	Members with a Behavioral Health Service (Distinct)	Percent with a Claim	Eligible Members in Population (Distinct)	Members with a Behavioral Health Service (Distinct)	Percent with a Claim	Eligible Members in Population (Distinct)	Members with a Behavioral Health Service (Distinct)	Percent with a Claim
Substance use disorder	1,677,632	18,730	1.1%	286,183	549	0.2%	1,391,449	18,181	1.3%
Mental Health	1,677,632	207,238	12.4%	286,183	32,651	11.4%	1,391,449	174,587	12.5%
Suicide / Self-Harm	1,677,632	2,396	0.1%	286,183	737	0.3%	1,391,449	1,659	0.1%
Total - MH/SA	1,677,632	220,058	13.1%	286,183	32,952	11.5%	1,391,449	187,106	13.4%

Denied Claims by Service Category

Table 8 below provides a summary of the number of behavioral health services (claims with a primary diagnosis of mental health), number of denied services, and percent denied. In general, percentage denied was similar for behavioral health and non-behavioral health (10% denied across all claims for behavioral health compared with 11% for non-behavioral health claims). Behavioral health claims were somewhat less likely to be denied for ED services and urgent care, but denials were still significant for these critical services (3-8% denied).

Mobile/telephonic codes were rarely billed during this time period (only 124 claims statewide), and they were usually denied (81%). Crisis codes, both broad and narrow definitions, were denied at similar rates to other behavioral health claims (9%).

Table 8. Number of Claims and Percent Denied by Category of Service, Behavioral Health and Non-Behavioral Health

Service Category	Behavioral Health, All Categories (Primary Diagnosis)			Non-Behavioral Health (Primary Diagnosis)		
	Number of Claims	Denied Claims	Percent Denied	Number of Claims	Denied Claims	Percent Denied
All Claims - Inpatient Facility	46,693	1,116	2%	643,704	4,652	1%
All Claims - Other	2,760	1,152	42%	232,980	38,465	17%
All Claims - Outpatient Facility	180,531	15,168	8%	5,053,807	379,149	8%
All Claims - Professional	2,090,840	214,060	10%	20,457,825	2,398,930	12%
All Claims - Total	2,320,824	231,496	10%	26,388,316	2,821,196	11%
Crisis Codes – Narrow Definition	5,703	535	9%			
Crisis Codes - Broad Definition	85,086	7,984	9%			
ED Facility	13,078	392	3%	296,995	15,863	5%
ED Professional	7,935	534	7%	165,833	15,964	10%
Inpatient and Diversion Resources - Broad (Taxonomies)	180,204	21,542	12%			
Inpatient and Diversion Resources - Narrow (NPIs)	17,793	1,600	9%			
Mobile/Telephonic Codes	124	100	81%			
Urgent Care	3,983	330	8%	477,746	50,331	11%

Diagnosis Category

Table 9 below provides the number of total claims and percent denied for each category of service by primary diagnosis category (mental health, substance use disorder, suicide / self-harm, and total behavioral health). This provides a glimpse into whether denials are more prevalent for specific diagnosis categories.

Across all claims, denials were higher for substance use disorder claims (16% denied) compared to mental health (9% denied) and suicide / self-harm (8% denied). Similarly, there was a somewhat higher percentage denied for substance use disorder in inpatient and diversion resources. In the ED and urgent care settings, however, substance use disorder claims were somewhat less likely to be denied than other behavioral health claims.

Table 9. Number of Claims and Percent Denied by Category of Service and Behavioral Health Primary Diagnosis Category – Total Claims (% Denied)

Service Category	Mental Health	Substance use disorder	Suicide / Self Harm	Total Behavioral Health
All Claims - Inpatient Facility	16,968 (4%)	27,389 (1%)	2,336 (1%)	46,693 (2%)
All Claims – Other	2,201 (36%)	547 (65%)		2,760 (42%)
All Claims - Outpatient Facility	99,426 (11%)	69,270 (6%)	11,835 (6%)	180,531 (8%)

Service Category	Mental Health	Substance use disorder	Suicide / Self Harm	Total Behavioral Health
All Claims - Professional	1,831,600 (9%)	253,511 (20%)	5,729 (17%)	2,090,840 (10%)
All Claims - Total	1,950,195 (9%)	350,717 (16%)	19,912 (8%)	2,320,824 (10%)
Crisis Codes	4,017 (11%)	1,622 (6%)		5,703 (9%)
Crisis Codes - Broad Definition	78,091 (10%)	6,870 (6%)		85,086 (9%)
ED Facility	5,472 (4%)	5,463 (2%)	2,143 (3%)	13,078 (3%)
ED Professional	4,158 (7%)	2,270 (6%)	1,507 (7%)	7,935 (7%)
Inpatient and Diversion Resources - Broad (Taxonomies)	122,817 (11%)	56,578 (14%)	809 (5%)	180,204 (12%)
Inpatient and Diversion Resources - Narrow (NPIs)	14,308 (9%)	2,701 (12%)	784 (5%)	17,793 (9%)
Mobile/Telephonic Codes	120 (83%)			124 s(81%)
Urgent Care	2,361 (10%)	1,324 (7%)		3,983 (8%)

County

Table 10 below provides the total claims and percentage denied by county of patient residence for some of the key categories of services. We found that there was some variability in the percentage denied for ED claims by county, with residents in Walla Walla, Pend Orielle, Lewis, Kittas, Gray Harbor, Clark, Cowlitz, Chelan, and Asotin experiencing higher rates of denials.

Table 10. Number of Claims and Percent Denied by Category of Service and County – Total Claims (% Denied)

County	Primary Diagnosis of Behavioral Health					Primary Diagnosis Non-Behavioral Health
	Any Claim	Crisis Codes (Narrow)	Emergency Department Professional	Inpatient Diversion (Broad)	Urgent Care	Any Claim
Adams	1,535 (11%)					54,906 (11%)
Asotin	3,336 (16%)			107 (0%)		45,796 (18%)
Benton	54,328 (10%)	85 (0%)	192 (0%)	6,020 (8%)	54 (33%)	840,063 (10%)
Chelan	14,125 (13%)	34 (62%)	74 (0%)	912 (40%)		217,124 (11%)
Clallam	15,380 (9%)		103 (0%)	792 (5%)		271,956 (9%)
Clark	115,167 (16%)	120 (25%)	503 (13%)	12,227 (41%)		1,292,142 (15%)
Columbia	460 (23%)					14,227 (9%)
Cowlitz	22,203 (14%)		129 (0%)	3,208 (11%)		331,282 (14%)
Douglas	5,372 (9%)		26 (0%)	347 (10%)		100,428 (11%)
Ferry	516 (5%)					11,426 (9%)
Franklin	15,678 (11%)		84 (14%)	1,621 (6%)		303,323 (10%)

Primary Diagnosis of Behavioral Health						Primary Diagnosis Non-Behavioral Health
County	Any Claim	Crisis Codes (Narrow)	Emergency Department Professional	Inpatient Di version (Broad)	Urgent Care	Any Claim
Garfield	514 (10%)					10,372 (18%)
Grant	10,652 (11%)		71 (0%)	583 (26%)		218,355 (10%)
Grays Har- bor	14,664 (14%)		80 (0%)	932 (22%)		297,444 (13%)
Island	13,095 (11%)	57 (0%)	66 (0%)	970 (18%)		227,091 (8%)
Jefferson	5,998 (8%)		32 (0%)	332 (0%)		85,964 (11%)
King	99,0948 (9%)	2,261 (8%)	2,588 (5%)	71,194 (8%)	2,007 (7%)	8,750,168 (11%)
Kitsap	57,240 (10%)	117 (0%)	240 (0%)	3,753 (11%)	135 (19%)	724,044 (11%)
Kittitas	12,996 (12%)		71 (0%)	1,825 (14%)		212,031 (11%)
Klickitat	2,866 (16%)		21 (0%)	46 (0%)		59,438 (11%)
Lewis	14,144 (13%)	39 (0%)	64 (0%)	2,125 (12%)	36 (0%)	251,503 (11%)
Lincoln	2,798 (7%)		21 (0%)			52,581 (10%)
Mason	13,069 (10%)	27 (0%)	58 (0%)	1,221 (7%)	19 (0%)	197,379 (10%)
Okanogan	4,630 (11%)		28 (0%)	355 (15%)		100,211 (10%)
Pacific	4678 (14%)		23 (0%)	713 (6%)		72,415 (14%)
Pend Oreille	1335 (17%)					26,258 (9%)
Pierce	201142 (10%)	783 (11%)	663 (6%)	15,169 (8%)	637 (6%)	2,781,632 (11%)
San Juan	4365 (13%)		23 (0%)	572 (48%)		74,280 (8%)
Skagit	33074 (9%)	97 (12%)	167 (0%)	2,023 (16%)	51 (0%)	491,059 (9%)
Skamania	1334 (8%)			128 (15%)		16,775 (12%)
Snohomish	236,747 (10%)	478 (3%)	778 (7%)	15,479 (10%)	474 (11%)	2,767,630 (11%)
Spokane	14,0421 (11%)	396 (10%)	585 (15%)	11,547 (10%)	140 (0%)	1,715,289 (10%)
Stevens	3,400 (11%)		23 (0%)	157 (0%)		84,575 (9%)
Thurston	144,208 (9%)	344 (7%)	522 (5%)	9,577 (14%)	252 (8%)	1,699,911 (10%)
Wahkia- kum	592 (9%)					13,650 (13%)
Walla Walla	14,937 (16%)		77 (0%)	966 (14%)	19 (0%)	200,210 (10%)
Whatcom	84,592 (9%)		243 (0%)	4,310 (11%)	28 (0%)	818,005 (9%)
Whitman	14,722 (8%)	321 (17%)	70 (0%)	2,074 (7%)		217,633 (10%)
Yakima	43,563 (12%)	162 (7%)	256 (0%)	8,316 (10%)		739,740 (11%)
Total	2,320,824 (10%)	5,703 (9%)	7,935 (7%)	180,204 (12%)	3,983 (8%)	26,388,316 (11%)

Age Group

Table 11 provides data on the number of behavioral health and non-behavioral health claims and percent denied by age group. There were not substantial differences between the age groups in percent denied, but ages 18-26 did have a somewhat higher level of denials for behavioral health claims. This was driven by a proportionately higher rate of substance use disorder claims, which were more likely to be denied across all age groups.

Table 11. Number of Claims and Percent Denied by Age, Behavioral Health and Non-Behavioral Health

Age Group	Eligible Members in Population (Distinct)	Behavioral Health			Non-Behavioral Health		
		Members with a Service (Distinct)	Number of Services	Percent Denied	Members with a Service (Distinct)	Number of Services	Percent Denied
Age 0-17	286,183	32,952	511,072	10%	223,668	2,705,260	12%
Age 18-26	239,035	34,040	376,970	13%	140,803	2,145,006	12%
Age 27-44	529,772	80,666	796,556	9%	370,421	7,295,256	11%
Age 45-64	628,508	72,400	636,226	9%	530,808	14,242,794	10%
Total	1,677,632	220,058	2,320,824	10%	1,265,700	26,388,316	11%

In- and Out-of-Network

Table 12 below provides the percentage of claims billed by out-of-network providers for the categories by primary diagnosis. The percentage was calculated as the number of in-network claims divided by total in-network and out-of-network claims. Any claims with unknown network status were not included in these percentages.

Overall, behavioral health claims were more likely to be billed by out-of-network providers than non-behavioral health claims, with substance use disorder claims the most likely to be billed out-of-network. Inpatient behavioral health claims were particularly likely to be billed out of network, at 22%, compared with 3% of non-behavioral health claims in this setting.

Table 12. Percent Claims Billed by Out-of-Network Providers by Diagnosis Category (Primary Diagnosis)

Service Category	Behavioral Health Primary Diagnosis			Non-Behavioral Health Primary Diagnosis	
	Total	Mental Health	Substance use disorder	Suicide Self Harm	Any Claim
All Claims - Inpatient Facility	22%	14%	29%	4%	3%
All Claims - Other	12%	11%	16%		3%
All Claims - Outpatient Facility	12%	5%	22%	4%	3%
All Claims - Professional	10%	9%	16%	12%	4%
All Claims - Total	10%	9%	18%	6%	4%
Crisis Codes	32%	9%	90%	0%	
Crisis Codes - Broad Definition	8%	6%	29%	0%	
ED Facility	5%	5%	6%	4%	5%
ED Professional	7%	7%	9%	7%	9%
Inpatient and Diversion Resources - Broad (Taxonomies)	12%	6%	27%	0%	
Inpatient and Diversion Resources - Narrow (NPIs)	5%	5%	7%	0%	
Mobile/Telephonic Codes	0%	0%			
Urgent Care	2%	2%	0%	0%	2%

Table 13 below provides the number of claims and percentage denied by in-network and out-of-network providers in Washington by service category. For comparison, this is stratified by claims with behavioral health primary diagnoses and non-behavioral health primary diagnoses.

In almost all cases, out-of-network claims were more likely to be denied than in-network claims. The exception was crisis codes (narrow definition), which did not have greater denial rates for out of network services. In-network denial rates were similar for behavioral health and non-behavioral health diagnoses.

Table 13. Number of claims and percent denied for In- and Out-of-Network Providers by Diagnosis Category (Primary Diagnosis)

Service Category	Behavioral Health Primary Diagnosis		Non-Behavioral Health Primary Diagnosis	
	In Network	Out of Network	In Network	Out of Network
All Claims - Inpatient Facility	35,835 (3%)	10,254 (5%)	619,679 (1%)	18,906 (4%)
All Claims - Other	2,410 (37%)	316 (79%)	218,571 (15%)	7,733 (57%)
All Claims - Outpatient Facility	157,264 (8%)	20,892 (13%)	4,815,350 (7%)	169,475 (28%)
All Claims - Professional	1,829,091 (8%)	200,411 (33%)	18,972,827 (10%)	835,438 (44%)
All Claims - Total	2,024,600 (8%)	231,873 (30%)	24,626,427 (9%)	1,031,552 (41%)
Crisis Codes	3,803 (9%)	1,778 (9%)		
Crisis Codes - Broad Definition	76,175 (8%)	6,429 (24%)		
ED Facility	11,869 (3%)	622 (7%)	268,982 (5%)	12,999 (19%)
ED Professional	6,999 (6%)	558 (15%)	144,199 (8%)	13,478 (19%)
Inpatient and Diversion Resources - Broad (Taxonomies)	151,623 (11%)	21,517 (17%)		
Inpatient and Diversion Resources - Narrow (NPIs)	16,510 (8%)	947 (24%)		
Mobile/Telephonic Codes	78 (77%)			
Urgent Care	3,868 (7%)	97 (69%)		10,529 (44%)

Summary

This study provides baseline data for the period of October 1, 2017, through September 30, 2018, on behavioral health crisis response usage and access among the commercial population and denied claims. With an eye towards the new “988” national suicide prevention and mental health crisis hotline number that will soon be implemented in the State of Washington, we sought to evaluate existing access to behavioral health crisis response services, including current services available through plans/carriers.

The study indicates there may be unmet need in Washington around behavioral health services, with the percentage of people with behavioral health claims being far lower than the percentage nationally reporting need for services. Specifically, the data showed that, during the study period, mobile / telephonic services for behavioral health crises were rarely billed and usually denied coverage. It is unclear if the data captured in claims reflects the true usage of such services in the commercial population or if some services are not billed to insurance by providers. Other types of crisis codes were billed at a higher volume (e.g., 5,700 crisis claims and 13,078 emergency department facility claims).

One caveat of these data is that the study focuses upon the commercial population, which may have lower rates of behavioral health disorders than Medicaid populations.

The study identifies variation in denials among certain services and groups. Notably:

- Across all claims, denials were higher for substance use disorder claims (16% denied) compared to mental health (9% denied) and suicide / self-harm (8% denied)
- There were higher rates of denials for ED claims in certain counties
- Young adults (18-26 years) had higher rates of denials, driven by a greater percentage of substance use disorder claims
- Out-of-network claims were, unsurprisingly, far more likely to be denied, which was consistent with non-behavioral health claims

Appendix

NPIs for Psychiatric Evaluation / Triage Facilities

Facility	NPI
Bridges E&T (Comprehensive) Adults	1083035547
Comprehensive Healthcare - Waypoint	1902236144, 1285064428
Lourdes Counseling Center - Transitions Triage Center (1)	1831553247
Lourdes Counseling Center -IMD (1)	1548342181
Selah E&T	1760941579
Toppenish Hospital	1851817308
Two Rivers Landing (Comprehensive) (adolescent)	1689812968
Yakima Triage Center	1235350216
Yakima Valley Memorial Hospital	1053373480
American Behavioral Health Services	1073648374
Cascade E&T	1760979298
Telecare Mark Reed	1851859144
PeaceHealth - St. John Medical Center	1073510277
Columbia Wellness and recovery - Lower Columbia Crisis Beds	1487659579
Multicare Behavioral Health geriatric Inpatient - Auburn	1770579533
Multicare Behavioral Health Inpatient Services - Auburn	1770579534
Multicare Behavioral Health Inpatient Services - Adolescent	1770579535
SEATTLE CHILDRENS	1477622595
Fairfax Hospital Adolescent unit	1053327890
Fairfax Hospital IMD	1053327890
UW Medicine Harborview Medical Center	1922102342, 1053359729
Cascade Hospital IMD	1124456967
Cascade Hospital New Adult Unit IMD	1124456967
Cascade Hospital Geropsych IMD	1124456967
UW Medicine Northwest Hospital (Geriatric)	1497766067
Overlake Hospital Medical Center	1811904063
SWEDISH MEDICAL CENTER Ballard	1902355654
UW University of Washington Medical Center - Northwest	1497766067
UW University of Washington Medical Center - Vol Adult	1891895835
Navos Inpatient Services H Beds -IMD	1124034698
Valley Cities E&T	1972668853
Telecare King County E&T	1790298347
Valley Cities SWMS	1972668853
Crisis Solutions Center - King County	Unavailable
ABHS - Parkside Stabilization Center	Unavailable
Mobile Stabilization Program/Medical Unit 1/SBC unit	Unavailable

Facility	NPI
ST JOSEPH MEDICAL CENTER	1710945910
Smokey Point Behavioral Hospital	1679020150
SWEDISH EDMONDS	1033107214
Skagit Regional Health	1457588386
Fairfax Behavioral Health Everett IMD	1053327890
Fairfax Behavioral Health Monroe Gero IMD	1053327890
Compass Health - Mukilteo Evaluation and Treatment	1730136201
Telecare North Sound E&T	1659758639
Compass Health - Snohomish County Triage	1730136201
Compass Health - Whatcom County Behavioral Health Triage	1689083800
Tacoma General Adolescent Behavioral Health Unit	1366556227
Wellfound Behavioral Health Hospital	1891298980
St. Joseph Medical Center	1710945910
Greater Lakes E&T (Pierce County)	1225039811
MDC E&T	1720470057
Recovery Innovations Pierce County Recovery Response Center	1871726570
Recovery Innovations Crisis Stabilization Unit	1871726570
Telecare Pierce County E&T	1780913657
Kitsap Mental Health Services Inpatient Unit - Adults	1033268008
Kitsap Mental Health Services Inpatient Unit - Youth	1033268008
Peninsula Behavioral Health	1760519060
ABHS SWMS - Cozza	1215286851
Inland Behavioral Health Hospital	1932698107
Inland Behavioral Health Hospital - Adolescent	1932698107
Providence - Sacred Heart Adolescent Beds	1144471715
Providence - Sacred Heart Adult & takes geriatric beds	1639320484
Alliance E&T (Northeast Washington Alliance Counseling Services E&T)	1922517192
Frontier Behavioral Health Calispel E&T	1861495327
Frontier Behavioral Health - Foothills E&T	1861495327
Daybreak Youth Services - Spokane Inpatient	Unavailable
Excelsior Wellness Center	Unavailable
Frontier Behavioral Health - Stabilization Services Program @ Calispel - voluntary	1861495327
Rainier Springs Psychiatric Hospital	1750881017
Daybreak Youth Services - Brush Prairie	Unavailable
Lifeline Crisis Wellness Center	Unavailable
Elahan Place	1447481858
South Sound Behavioral Hospital	1336605849
Providence St. Peter Hospital (Crisis Line)	1508877689
Telecare - Shelton E&T	1275178360
Telecare - Shelton Next Steps	1134737737

Facility	NPI
Telecare - Olympia Next Steps	1043828643
Telecare - Thurston Mason Evaluation and Treatment Center	1912420449
Telecare - Thurston Mason Triage	1730532136
Thurston County Crisis Stabilization and Treatment Unit	Unavailable