

BENEFIT EXCEPTIONS

PRESCRIPTION DRUGS

The BHO will not be responsible for the cost of prescription drugs, including those received in the emergency room.

RESIDENTIAL TREATMENT

The BHO covers medically necessary use of residential treatment for minors who have a covered diagnosis, where the need for residential treatment derives from the covered diagnosis, and who are not in Department of Social Services custody or adjudicated.

RECIPIENT CO-PAYMENTS

The BHO and its contracted provider network will not assess any charges to Medicaid recipients for covered services. This includes co-payments. Balanced billing is also not allowed.

EXCLUSIONS FROM THE COLORADO MEDICAID PROGRAM

Specifically excluded Medicaid members are:

1. Qualified Medicare Beneficiaries Only
2. Undocumented Aliens (who are entitled to emergency services)
3. Presumptive Eligibility
4. Program of All-inclusive Care for the Elderly (PACE)

Benefits Exclusions and Limitations:

1. Treatment of the underlying condition of organic mental disorders associated with permanent brain dysfunction.
2. Treatment of the underlying condition of mental retardation or pervasive developmental disorder or autism.
4. Treatment for detoxification or other substance abuse treatment.
5. Treatment for obesity, or weight loss not associated with anorexia nervosa or bulimia except as part of an overall treatment plan.
6. Test or procedures conducted to rule out medical conditions.
7. Medical care, supplies or service required for concomitant medical problems.
8. Care which is predominantly custodial or domiciliary in nature.
9. Speech therapy.
10. Stand-alone smoking cessation programs unless adjunctive to a comprehensive treatment plan.
11. Treatment for chronic pain unless of predominantly psychological origin.
12. Inpatient treatment for conditions which are often described as sexual addiction, compulsive gambling, co-dependency, or adult children of alcoholics, or non-abusing family members.

13. Structured sexual therapy programs including sexual offender treatment.
14. Nutritionally-based therapies.
15. Health care services, treatment and/or supplies which are deemed to be experimental by the BHO Medical Director, or investigational, or mainly for research or not in keeping with national standards of practice, including, but not limited to: crystal healing therapy, rolfing, regressive therapy, megavitamin therapy, and aversion treatment.
16. Ancillary services such as sleep therapy, employment counseling, training and/or educational therapy for learning disabilities, or other educational services such as educational testing will only be considered if pre-authorized by ValueOptions.
17. Discrete services and treatments which are for personal growth, development, or professional authorization.
18. Discrete services and treatments which are required under law to be provided by the school system for children.
19. Services that are court-ordered but not deemed medically necessary.
20. Electroconvulsive therapy (ECT), unless pre-authorized.
21. Psychological testing, including neuropsychological testing, unless pre-authorized.
22. Therapy for behaviors considered to be normal for the development stage.
23. LIMITATIONS:
 - There is a 35-session limit for outpatient services including individual and brief therapy per fiscal year.
 - There is a 45-day inpatient benefit limit per fiscal year.