COLORADO
Department of Health Care Policy & Financing

303 E. 17th Avenue
Denver, CO 80203

June 15, 2026

RE: Supportive Service MUEs and PTPs for August 1, 2026
(Policy Transmittal 25-26-24)

Regional Accountable Entities:

This transmittal serves as official notification that, as part of the Department of Health Care Policy and Financing's (HCPF) Supportive Services Sustainability Strategy, HCPF will implement new Colorado Medically Unlikely Edits (MUEs) and Procedure-to-Procedure (PTP) edits for select supportive services codes effective August 1, 2026.

All Regional Accountable Entities (RAEs) must ensure that the Colorado MUE and PTP edits described below are implemented and enforced effective August 1, 2026.

New Colorado MUEs and PTP Edits Effective August 1, 2026:

Code	Service	CO MUEs Limits	CO PTP
H0038	Self-help/peer services	12 units per day; 512 units per fiscal year	Cannot be billed on same day as H2014, H2015, H2016, H2017, or H2018
H2014	Skills training and development	12 units per day; 24 units per fiscal year	Cannot be billed on the same day as H0038, H2015, H2016, H2017, or H2018
T1017	Targeted Case Management	4 units per day; 64 units per fiscal year	Cannot be billed on the same day as H0006

Claims submitted in excess of established annual limits will deny with the message: “Benefit maximum for the time period has been met.”

Clinical Oversight and Medical Necessity:
The Rendering Provider overseeing a member’s treatment remains responsible for determining:

- Appropriate level of care
- Medical necessity
- Whether services are aligned with a member’s diagnosis and individualized treatment plan

Extended or intensive use of supportive services may indicate the need for a higher level of care. In alignment with the Behavioral Health Administration (BHA) rules and best practice standards, supportive services remain integral to team-based treatment models such as:

- Assertive Community Treatment (ACT)
- Intensive Outpatient Programs (IOP)
- Partial Hospitalization Programs (PHP)

Services Not Impacted:
These limits apply only to services covered under the Capitated Behavioral Health Benefit. They do not change benefits available through:

- 1115 Health Related Social Needs (HRSN) Waiver
- 1115 Reentry Waiver
- Home and Community-Based Services (HCBS) Waivers

HCPF recognizes these changes may require operational adjustments for providers. Navigating this challenging fiscal environment requires continued partnership and shared responsibility to preserve member access to high quality, effective behavioral health services while supporting the long-term sustainability of the Medicaid program.

Please reach out to your contract management team if you have any questions.

Sincerely,

David Ducharme

David Ducharme
ACC/Delivery System Division Director
Cost Control & Quality Improvement Deputy Office Director

cc: Melissa Eddleman, Behavioral Health Policy & Benefit Division Director
Jennifer Holcomb, Behavioral Health Benefits Section Manager
Matthew Sundeen, Program Management Section Manager