



We're in this together:
Quality Health Care

Behavioral Health Authorization Requirements* - Effective September 15, 2018

*Authorizations for Services that require an authorization must be submitted prior to services being delivered.

Auth Required Key: On = Authorization Required; Off= No Authorization Required; Auto-Approve = Provider calls Intake for auto-approval

Please note that modifiers signify the level of the provider billing the service. If a claim is submitted without a modifier, it will be reimbursed at the allied professional level. A modifier is NOT required at point of authorization.

SERVICE DESCRIPTION	CODE	MODIFIER 1	MODIFIER 2	MODIFIER DESCRIPTION	DAILY MAX UNITS	UNITS INCREMENT	AUTH REQUIREMENT	Notes (0 = No Additional Information)
All inclusive room and board	100						On	0
All inclusive room and board	101						On	0
Anesthesia, ECT	104						On	0
Room and Board- private psychiatric	114						On	0
Room and Board- private room detoxification	116						On	0
Room and Board- private rehabilitation	118						On	0
Residential Treatment	120						On	0
Room and Board -semi private psychiatric	124						On	0
Room and Board- semi- private room detoxification	126						On	0
Room and Board - semi private rehabilitation	128						On	0
Room and Board - 3-4 bed psychiatric	134						On	0
Room and Board- 3-4 bed detoxification	136						On	0
Room and Board - 3-4 bed rehabilitation	138						On	0
Room and board private psychiatric	144						On	0
Room and board private- detoxification	146						On	0
Room and Board- ward psychiatric	154						On	0
Room and Board- detoxification ward	156						On	0
Room and Board- ward rehabilitation	158						On	0
leave of absence from residential	180						On	0
Therapeutic home time	183						On	0
Sub Acute Inpatient	190						On	0
Intensive Care -psychiatric	204						On	0
Intensive Care -psychiatric	240						On	0
Emergency Room	450						Off	0
Emergency Room	451						Off	0
Clinic encounter all inclusive	510						Off	0
Psych clinic	513						Off	0
Urgent Care Clinic	516						On	0
Other clinic- med supervised withdrawal	519						On	0



We're in this together:
Quality Health Care

Behavioral Health Authorization Requirements* - Effective September 15, 2018

*Authorizations for Services that require an authorization must be submitted prior to services being delivered.

Auth Required Key: On = Authorization Required; Off= No Authorization Required; Auto-Approve = Provider calls Intake for auto-approval

Please note that modifiers signify the level of the provider billing the service. If a claim is submitted without a modifier, it will be reimbursed at the allied professional level. A modifier is NOT required at point of authorization.

SERVICE DESCRIPTION	CODE	MODIFIER 1	MODIFIER 2	MODIFIER DESCRIPTION	DAILY MAX UNITS	UNITS INCREMENT	AUTH REQUIREMENT	Notes (0 = No Additional Information)
Freestanding clinic	520						Off	0
Rural Clinic	521						Off	0
Other freestanding clinic	529						Off	0
BH treatment services	900						Off	0
ECT- electroshock treatment	901						On	0
Intensive Outpatient - providers should be instructed to use proper code with 915	905						On	0
Intensive Outpatient - providers should be instructed to use proper code with 915	906						On	0
BH treatment services	910						On	0
Substance abuse rehabilitation	911						Off	0
Psychiatric/Psychological Services- Individual therapy	914						Off	0
Psychiatric/Psychological Services- Family therapy	916						Off	0
Biofeedback	917						On	0
Testing	918						Off	0
Other BH treatment services	919						Off	0
Drug Rehabilitation	944						Off	0
Alcohol Rehabilitation	945						Off	0
Behavioral Health Residential- psychiatric	1001						On	only covered for ages 18 and under
Detox - Docimillary (DASA)	1002						On	0
Interactive complexity add-on code	90785	U1		Practitioner Level 1	1	1 encounter	Off	3/year w/no auth
Psychiatric diagnostic evaluation (no medical Services)	90791	U2		Practitioner Level 2	1	1 encounter	Off	3/year w/no auth
Psychiatric diagnostic evaluation (no medical Services)	90791	U3		Practitioner Level 3	1	1 encounter	Off	3/year w/no auth
Psychiatric diagnostic evaluation (no medical Services)	90791	U2	GT	Interactive telecom, Practitioner Level 2	1	1 encounter	Off	3/year w/no auth

Behavioral Health Authorization Requirements* - Effective September 15, 2018

*Authorizations for Services that require an authorization must be submitted prior to services being delivered.

Auth Required Key: On = Authorization Required; Off= No Authorization Required; Auto-Approve = Provider calls Intake for auto-approval

Please note that modifiers signify the level of the provider billing the service. If a claim is submitted without a modifier, it will be reimbursed at the allied professional level. A modifier is NOT required at point of authorization.

SERVICE DESCRIPTION	CODE	MODIFIER 1	MODIFIER 2	MODIFIER DESCRIPTION	DAILY MAX UNITS	UNITS INCREMENT	AUTH REQUIREMENT	Notes (0 = No Additional Information)
Psychiatric diagnostic evaluation (no medical Services)	90791	U3	GT	Interactive telecom, Practitioner Level 3	1	1 encounter	Off	3/year w/no auth
Psychiatric diagnostic evaluation with medical services	90792	U1		Practitioner Level 1	1	1 encounter	Off	3/year w/no auth
Psychiatric diagnostic evaluation with medical services	90792	U2		Practitioner Level 2	1	1 encounter	Off	3/year w/no auth
Psychiatric diagnostic evaluation with medical services	90792	U1	GT	Interactive telecom, Practitioner Level 1	1	1 encounter	Off	3/year w/no auth
Psychiatric diagnostic evaluation with medical services	90792	U2	GT	Interactive telecom, Practitioner Level 2	1	1 encounter	Off	3/year w/no auth
Psychotherapy, 30 mins	90832	U2		Practitioner Level 2	1	1 encounter	On	On At visit 21
Psychotherapy, 30 mins	90832	U3		Practitioner Level 3	1	1 encounter	On	On At visit 21
Psychotherapy, 30 mins	90832	U4		Practitioner Level 4	1	1 encounter	On	On At visit 21
Psychotherapy, 30 mins	90832	U5		Practitioner Level 5	1	1 encounter	On	On At visit 21
30 min psychotherapy add on code when performed with E/M Service- (list separately)	90833	U1		Practitioner Level 1	1	1 encounter	Off	0
30 min psychotherapy add on code when performed with E/M Service- (list separately)	90833	U2		Practitioner Level 2	1	1 encounter	Off	
30 min psychotherapy add on code when performed with E/M Service- (list separately)	90833	U1	GT	Interactive telecom, Practitioner Level 1	1	1 encounter	Off	
30 min psychotherapy add on code when performed with E/M Service- (list separately)	90833	U2	GT	Interactive telecom, Practitioner Level 2	1	1 encounter	Off	
Psychotherapy, 45 mins	90834	U2		Practitioner Level 2	1	1 encounter	On	On At visit 21
Psychotherapy, 45 mins	90834	U3		Practitioner Level 3	1	1 encounter	On	On At visit 21
Psychotherapy, 45 mins	90834	U4		Practitioner Level 4	1	1 encounter	On	On At visit 21
Psychotherapy, 45 mins	90834	U5		Practitioner Level 5	1	1 encounter	On	On At visit 21
45 minute psychotherapy add on code when performed with E/M Service (list separately)	90836	U1		Practitioner Level 1	1	1 encounter	Off	0

Behavioral Health Authorization Requirements* - Effective September 15, 2018

*Authorizations for Services that require an authorization must be submitted prior to services being delivered.

Auth Required Key: On = Authorization Required; Off= No Authorization Required; Auto-Approve = Provider calls Intake for auto-approval

Please note that modifiers signify the level of the provider billing the service. If a claim is submitted without a modifier, it will be reimbursed at the allied professional level. A modifier is NOT required at point of authorization.

SERVICE DESCRIPTION	CODE	MODIFIER 1	MODIFIER 2	MODIFIER DESCRIPTION	DAILY MAX UNITS	UNITS INCREMENT	AUTH REQUIREMENT	Notes (0 = No Additional Information)
45 minute psychotherapy add on code when performed with E/M Service (list separately)	90836	U2		Practitioner Level 2	1	1 encounter	Off	0
45 minute psychotherapy add on code when performed with E/M Service (list separately)	90836	U1	GT	Interactive telecom, Practitioner Level 1	1	1 encounter	Off	0
45 minute psychotherapy add on code when performed with E/M Service (list separately)	90836	U2	GT	Interactive telecom, Practitioner Level 2	1	1 encounter	Off	0
Psychotherapy, 60 mins	90837	U2		Practitioner Level 2	1	1 encounter	On	On At visit 21
Psychotherapy, 60 mins	90837	U3		Practitioner Level 3	1	1 encounter	On	On At visit 21
Psychotherapy, 60 mins	90837	U4		Practitioner Level 4	1	1 encounter	On	On At visit 21
Psychotherapy, 60 mins	90837	U5		Practitioner Level 5	1	1 encounter	On	On At visit 21
60 min psychotherapy when performed with E/M service (list separately)	90838						Off	0
Psychotherapy for crisis, first 60 min.	90839	U1		Practitioner Level 1	1	1 encounter	On	On At visit 21
Psychotherapy for crisis, first 60 min.	90839	U2		Practitioner Level 2	1	1 encounter	On	On At visit 21
Psychotherapy for crisis, first 60 min.	90839	U3		Practitioner Level 3	1	1 encounter	On	On At visit 21
crisis code add on for each additional 30 min.	90840	U1		Practitioner Level 1	1	1 encounter	Off	0
crisis code add on for each additional 30 min.	90840	U2		Practitioner Level 2	1	1 encounter	Off	0
crisis code add on for each additional 30 min.	90840	U3		Practitioner Level 3	1	1 encounter	Off	0
Psychoanalysis	90845						Off	0
Family Psychotherapy, without patient present	90846	U2		Practitioner Level 2	1	50 minutes	On	On At visit 21
Family Psychotherapy, without patient present	90846	U3		Practitioner Level 3	1	50 minutes	On	On At visit 21
Family Psychotherapy, without patient present	90846	U4		Practitioner Level 4	1	50 minutes	On	On At visit 21
Family Psychotherapy, without patient present	90846	U5		Practitioner Level 5	1	50 minutes	On	On At visit 21
Family Psychotherapy, 45 min	90847	U2		Practitioner Level 2	1	50 minutes	On	On At visit 21
Family Psychotherapy, 45 min	90847	U3		Practitioner Level 3	1	50 minutes	On	On At visit 21
Family Psychotherapy, 45 min	90847	U4		Practitioner Level 4	1	50 minutes	On	On At visit 21
Family Psychotherapy, 45 min	90847	U5		Practitioner Level 5	1	50 minutes	On	On At visit 21
Multiple-family group psychotherapy	90849						On	On At visit 21
Group psychotherapy	90853	U2		Practitioner Level 2	4	15 minutes	On	On At visit 21

Behavioral Health Authorization Requirements* - Effective September 15, 2018

*Authorizations for Services that require an authorization must be submitted prior to services being delivered.

Auth Required Key: On = Authorization Required; Off= No Authorization Required; Auto-Approve = Provider calls Intake for auto-approval

Please note that modifiers signify the level of the provider billing the service. If a claim is submitted without a modifier, it will be reimbursed at the allied professional level. A modifier is NOT required at point of authorization.

SERVICE DESCRIPTION	CODE	MODIFIER 1	MODIFIER 2	MODIFIER DESCRIPTION	DAILY MAX UNITS	UNITS INCREMENT	AUTH REQUIREMENT	Notes (0 = No Additional Information)
Group psychotherapy	90853	U3		Practitioner Level 3	4	15 minutes	On	On At visit 21
Group psychotherapy	90853	U4		Practitioner Level 4	4	15 minutes	On	On At visit 21
Group psychotherapy	90853	U5		Practitioner Level 5	4	15 minutes	On	On At visit 21
Pharmacologic management, add on code	90863						Off	0
Narcosynthesis	90865						Off	0
Therapeutic Repetitive Transcranial (TMS)	90867						On	0
Therapeutic Repetitive Transcranial (TMS)	90868						On	0
Therapeutic Repetitive Transcranial (TMS)	90869						On	0
Electroconvulsive Therapy	90870						On	0
Ind psycho therapy incorporating bio feedback 30 min	90875						Off	0
Ind psycho therapy incorporating bio feedback 45 min	90876						Off	0
Hypnotherapy	90880						On	0
Complex care management	90882						Off	0
Psych eval of hospital records	90885						Off	0
Interpretation or explan of results of psych exam and procedures Outpatient Collateral, 15 min.	90887						On	On At visit 21
Prep of report of pt psych status	90889						Off	0
Unlisted Psychiatric procedure	90899						On	0
comp.comput.motion analysis	96001						Off	0
Functional brain mapping	96020						Off	0
Psychological testing	96101	U2		Practitioner Level 2		1 Hour	On	On after 5 Hours Benefit Limit 5
Psychological testing	96102	U3		Practitioner Level 3		1 Hour	On	On after 5 Hours Benefit Limit 6
Psychological testing	96103						On	On after 5 Hours Benefit Limit 7
Assessment of Aphasia of speech/lang	96105						On	0

Behavioral Health Authorization Requirements* - Effective September 15, 2018

*Authorizations for Services that require an authorization must be submitted prior to services being delivered.

Auth Required Key: On = Authorization Required; Off= No Authorization Required; Auto-Approve = Provider calls Intake for auto-approval

Please note that modifiers signify the level of the provider billing the service. If a claim is submitted without a modifier, it will be reimbursed at the allied professional level. A modifier is NOT required at point of authorization.

SERVICE DESCRIPTION	CODE	MODIFIER 1	MODIFIER 2	MODIFIER DESCRIPTION	DAILY MAX UNITS	UNITS INCREMENT	AUTH REQUIREMENT	Notes (0 = No Additional Information)
Developmental screening with interp	96110						Off	0
Developmental testing	96111						On	On after 5 Hours
Neurobehavioral status exam w clin assess	96116						On	On after 5 Hours
Neuropsychological Testing per hour	96118						On	On after 5 Hours
Neuropsych Testing Admin by Technician per hour	96119						On	On after 5 Hours
Neuropsych Testing Admin by Computer per occurrence	96120						On	On after 5 Hours
Standardized cognitive perf testing	96125						On	On after 5 Hours
Brief emotional needs assessment	96127						Off	0
Nursing Assessment and Care-Initial	96150	U2		Practitioner Level 2	1	15 minutes	Off	0
Nursing Assessment and Care-Initial	96150	U3		Practitioner Level 3	1	15 minutes	Off	0
Nursing Assessment and Care-Initial	96150	U4		Practitioner Level 4	1	15 minutes	Off	0
Nursing Assessment and Care-Re-Assessment	96151	U2		Practitioner Level 2	1	15 minutes	Off	0
Nursing Assessment and Care-Re-Assessment	96151	U3		Practitioner Level 3	1	15 minutes	Off	0
Nursing Assessment and Care-Re-Assessment	96151	U4		Practitioner Level 4	1	15 minutes	Off	0
H&B individual intervention	96152						Off	0
H&B group intervention	96153						Off	0
Health & Behavior Intervention with patient present	96154						Off	0
Health & Behavior Intervention without patient present	96155						Off	0
Administration of patient-focused health risk assessment instrument (eg, health hazard appraisal) with scoring and documentation, per standardized instrument	96160						Off	



We're in this together:
Quality Health Care

Behavioral Health Authorization Requirements* - Effective September 15, 2018

*Authorizations for Services that require an authorization must be submitted prior to services being delivered.

Auth Required Key: On = Authorization Required; Off= No Authorization Required; Auto-Approve = Provider calls Intake for auto-approval

Please note that modifiers signify the level of the provider billing the service. If a claim is submitted without a modifier, it will be reimbursed at the allied professional level. A modifier is NOT required at point of authorization.

SERVICE DESCRIPTION	CODE	MODIFIER 1	MODIFIER 2	MODIFIER DESCRIPTION	DAILY MAX UNITS	UNITS INCREMENT	AUTH REQUIREMENT	Notes (0 = No Additional Information)
Administration of caregiver-focused health risk assessment instrument (eg, depression inventory) for the benefit of the patient, with scoring and documentation, per standardized instrument	96161						Off	
Medication administration	96372	U2	1	Practitioner Level 2		Per Contract	Off	0
Medication administration	96372	U3	1	Practitioner Level 3		Per Contract	Off	0
Medication administration	96372	U4	1	Practitioner Level 4		Per Contract	Off	0
Community integration counseling	97537						On	0
Services rendered after hours	99051						Off	0
Office Emergency Services	99058						Off	0
New Patient Office Visit Level 1	99201	U1		Practitioner Level 1	1	1 encounter	Off	0
New Patient Office Visit Level 1	99201	U2		Practitioner Level 2	1	1 encounter	Off	0
New Patient Office Visit Level 1	99201	U1	GT	Interactive telecom, Practitioner Level 1	1	1 encounter	Off	0
New Patient Office Visit Level 1	99201	U2	GT	Interactive telecom, Practitioner Level 2	1	1 encounter	Off	0
New Patient Office Visit Level 2	99202	U1		Practitioner Level 1	1	1 encounter	Off	0
New Patient Office Visit Level 2	99202	U2		Practitioner Level 2	1	1 encounter	Off	0
New Patient Office Visit Level 2	99202	U1	GT	Interactive telecom, Practitioner Level 1	1	1 encounter	Off	0
New Patient Office Visit Level 2	99202	U2	GT	Interactive telecom, Practitioner Level 2	1	1 encounter	Off	0
New Patient Office Visit Level 3	99203	U1		Practitioner Level 1	1	1 encounter	Off	0
New Patient Office Visit Level 3	99203	U2		Practitioner Level 2	1	1 encounter	Off	0
New Patient Office Visit Level 3	99203	U1	GT	Interactive telecom, Practitioner Level 1	1	1 encounter	Off	0
New Patient Office Visit Level 3	99203	U2	GT	Interactive telecom, Practitioner Level 2	1	1 encounter	Off	0
New Patient Office Visit Level 4	99204	U1		Practitioner Level 1	1	1 encounter	Off	0

Behavioral Health Authorization Requirements* - Effective September 15, 2018

*Authorizations for Services that require an authorization must be submitted prior to services being delivered.

Auth Required Key: On = Authorization Required; Off= No Authorization Required; Auto-Approve = Provider calls Intake for auto-approval

Please note that modifiers signify the level of the provider billing the service. If a claim is submitted without a modifier, it will be reimbursed at the allied professional level. A modifier is NOT required at point of authorization.

SERVICE DESCRIPTION	CODE	MODIFIER 1	MODIFIER 2	MODIFIER DESCRIPTION	DAILY MAX UNITS	UNITS INCREMENT	AUTH REQUIREMENT	Notes (0 = No Additional Information)
New Patient Office Visit Level 4	99204	U2		Practitioner Level 2	1	1 encounter	Off	0
New Patient Office Visit Level 4	99204	U1	GT	Interactive telecom, Practitioner Level 1	1	1 encounter	Off	0
New Patient Office Visit Level 4	99204	U2	GT	Interactive telecom, Practitioner Level 2	1	1 encounter	Off	0
New Patient Office Visit Level 5	99205	U1		Practitioner Level 1	1	1 encounter	Off	0
New Patient Office Visit Level 5	99205	U2		Practitioner Level 2	1	1 encounter	Off	0
New Patient Office Visit Level 5	99205	U1	GT	Interactive telecom, Practitioner Level 1	1	1 encounter	Off	0
New Patient Office Visit Level 5	99205	U2	GT	Interactive telecom, Practitioner Level 2	1	1 encounter	Off	0
Est Patient Office Visit Level 1	99211	U1		Practitioner Level 1	1	1 encounter	Off	0
Est Patient Office Visit Level 1	99211	U2		Practitioner Level 2	1	1 encounter	Off	0
Est Patient Office Visit Level 1	99211	U1	GT	Interactive telecom, Practitioner Level 1	1	1 encounter	Off	0
Est Patient Office Visit Level 1	99211	U2	GT	Interactive telecom, Practitioner Level 2	1	1 encounter	Off	0
Est Patient Office Visit Level 2	99212	U1		Practitioner Level 1	1	1 encounter	Off	0
Est Patient Office Visit Level 2	99212	U2		Practitioner Level 2	1	1 encounter	Off	0
Est Patient Office Visit Level 2	99212	U1	GT	Interactive telecom, Practitioner Level 1	1	1 encounter	Off	0
Est Patient Office Visit Level 2	99212	U2	GT	Interactive telecom, Practitioner Level 2	1	1 encounter	Off	0
Est Patient Office Visit Level 3	99213	U1		Practitioner Level 1	1	1 encounter	Off	0
Est Patient Office Visit Level 3	99213	U2		Practitioner Level 2	1	1 encounter	Off	0
Est Patient Office Visit Level 3	99213	U1	GT	Interactive telecom, Practitioner Level 1	1	1 encounter	Off	0
Est Patient Office Visit Level 3	99213	U2	GT	Interactive telecom, Practitioner Level 2	1	1 encounter	Off	0



We're in this together:
Quality Health Care

Behavioral Health Authorization Requirements* - Effective September 15, 2018

*Authorizations for Services that require an authorization must be submitted prior to services being delivered.

Auth Required Key: On = Authorization Required; Off= No Authorization Required; Auto-Approve = Provider calls Intake for auto-approval

Please note that modifiers signify the level of the provider billing the service. If a claim is submitted without a modifier, it will be reimbursed at the allied professional level. A modifier is NOT required at point of authorization.

SERVICE DESCRIPTION	CODE	MODIFIER 1	MODIFIER 2	MODIFIER DESCRIPTION	DAILY MAX UNITS	UNITS INCREMENT	AUTH REQUIREMENT	Notes (0 = No Additional Information)
Est Patient Office Visit Level 4	99214	U1		Practitioner Level 1	1	1 encounter	Off	0
Est Patient Office Visit Level 4	99214	U2		Practitioner Level 2	1	1 encounter	Off	0
Est Patient Office Visit Level 4	99214	U1	GT	Interactive telecom, Practitioner Level 1	1	1 encounter	Off	0
Est Patient Office Visit Level 4	99214	U2	GT	Interactive telecom, Practitioner Level 2	1	1 encounter	Off	0
Est Patient Office Visit Level 5	99215	U1		Practitioner Level 1	1	1 encounter	Off	0
Est Patient Office Visit Level 5	99215	U2		Practitioner Level 2	1	1 encounter	Off	0
Est Patient Office Visit Level 5	99215	U1	GT	Interactive telecom, Practitioner Level 1	1	1 encounter	Off	0
Est Patient Office Visit Level 5	99215	U2	GT	Interactive telecom, Practitioner Level 2	1	1 encounter	Off	0
Initial Hospital Care-comprehensive; low complexity	99221				1	per occurrence	Off	0
Initial Hospital Care-comprehensive; moderate complexity	99222				1	per occurrence	Off	0
Initial Hospital Care-comprehensive; high complexity	99223				1	per occurrence	Off	0
Subsequent observation Care	99224						Off	0
Subsequent observation Care	99225						Off	0
Subsequent observation Care	99226						Off	0
Subsequent Hospital Care-focused; low complexity	99231				1	per occurrence	Off	0
Subsequent Hospital Care-focused; moderate complexity	99232				1	per occurrence	Off	0
Subsequent Hospital Care-focused; high complexity	99233				1	per occurrence	Off	0
Observation-comprehensive; low complexity	99234				1	per occurrence	Off	0



We're in this together:
Quality Health Care

Behavioral Health Authorization Requirements* - Effective September 15, 2018

*Authorizations for Services that require an authorization must be submitted prior to services being delivered.

Auth Required Key: On = Authorization Required; Off= No Authorization Required; Auto-Approve = Provider calls Intake for auto-approval

Please note that modifiers signify the level of the provider billing the service. If a claim is submitted without a modifier, it will be reimbursed at the allied professional level. A modifier is NOT required at point of authorization.

SERVICE DESCRIPTION	CODE	MODIFIER 1	MODIFIER 2	MODIFIER DESCRIPTION	DAILY MAX UNITS	UNITS INCREMENT	AUTH REQUIREMENT	Notes (0 = No Additional Information)
Observation-comprehensive; moderate complexity	99235				1	per occurrence	Off	0
Observation-comprehensive; high complexity	99236				1	per occurrence	Off	0
Discharge Day Management- 30 min or less	99238				1	per occurrence	Off	0
Discharge Day Management-more than 30 min	99239				1	per occurrence	Off	0
Problem focused; straightforward-15 min	99241						Off	0
Expanded; straightforward-30 min	99242						Off	0
Detailed; low complexity-40 min	99243						Off	0
Comprehensive; moderate complexity-60 min	99244						Off	0
Comprehensive; high complexity-80 min	99245						Off	0
Initial Consultation-focused, straightforward	99251				1	per occurrence	Off	0
Initial Consultation-expanded, straightforward	99252				1	per occurrence	Off	0
Initial Consultation-detailed, low complexity	99253				1	per occurrence	Off	0
Initial Consultation-comprehensive, moderate complexity	99254				1	per occurrence	Off	0
Initial Consultation-comprehensive, high complexity	99255				1	per occurrence	Off	0
ER Consultation-focused, straightforward	99281				1	per occurrence	Off	0
ER Consultation-expanded; low complexity	99282				1	per occurrence	Off	0
ER Consultation-expanded; moderate complexity	99283				1	per occurrence	Off	0



We're in this together:
Quality Health Care

Behavioral Health Authorization Requirements* - Effective September 15, 2018

*Authorizations for Services that require an authorization must be submitted prior to services being delivered.

Auth Required Key: On = Authorization Required; Off= No Authorization Required; Auto-Approve = Provider calls Intake for auto-approval

Please note that modifiers signify the level of the provider billing the service. If a claim is submitted without a modifier, it will be reimbursed at the allied professional level. A modifier is NOT required at point of authorization.

SERVICE DESCRIPTION	CODE	MODIFIER 1	MODIFIER 2	MODIFIER DESCRIPTION	DAILY MAX UNITS	UNITS INCREMENT	AUTH REQUIREMENT	Notes (0 = No Additional Information)
ER Consultation-detailed; moderate complexity	99284				1	per occurrence	Off	0
ER Consultation-comprehensive; high complexity	99285				1	per occurrence	Off	0
Nursing facility consultation 25 min	99304						Off	0
Nursing facility consultation 35 min	99305						Off	0
Nursing facility consultation 45 min	99306						Off	0
Evaluation Management nursing facility 10 min	99307						Off	0
Evaluation Management nursing facility 15 min	99308						Off	0
Evaluation Management nursing facility 25 min	99309						Off	0
Evaluation Management nursing facility 35 min	99310						Off	0
Home visit, new patient	99341						Off	0
Home visit, new patient	99342						Off	0
Home visit, new patient	99343						Off	0
Home visit, new patient	99344						Off	0
Home visit, new patient	99345						Off	0
Home visit, est patient	99347						Off	0
Home visit, est patient	99348						Off	0
Home visit, est patient	99349						Off	0
Home visit, est patient	99350						Off	0
Prolonged evaluation and mgmt psycho therapy svcs	99354						Off	0
Prolonged evaluation and mgmt psycho therapy svcs	99355						Off	0
Medical team conference	99366						Off	0
Medical team conference with family	99367						Off	0
Medical team conference without family	99368						Off	0
Preventive counseling, individual	99401						Off	0
Preventive counseling, individual 30 min	99402						Off	0



We're in this together:
Quality Health Care

Behavioral Health Authorization Requirements* - Effective September 15, 2018

*Authorizations for Services that require an authorization must be submitted prior to services being delivered.

Auth Required Key: On = Authorization Required; Off= No Authorization Required; Auto-Approve = Provider calls Intake for auto-approval

Please note that modifiers signify the level of the provider billing the service. If a claim is submitted without a modifier, it will be reimbursed at the allied professional level. A modifier is NOT required at point of authorization.

SERVICE DESCRIPTION	CODE	MODIFIER 1	MODIFIER 2	MODIFIER DESCRIPTION	DAILY MAX UNITS	UNITS INCREMENT	AUTH REQUIREMENT	Notes (0 = No Additional Information)
Preventive counseling, individual 45 min	99403						Off	0
Preventive counseling, individual	99404						Off	0
Smoking cessation	99406						Off	0
Smoking cessation	99407						Off	0
Alcohol substance abuse BH change intervention	99408						Off	0
Alcohol and substance abuse screening and brief intervention	99409						Off	0
Preventive counseling, individual 60 min	99411						Off	0
Preventive medicine group counseling- 60 min	99412						Off	0
Home visit, single, family counseling	99510						Off	0
Behavior Identification Assessment (ABA)	0359T						On	New authorization required every 6 mo
Observational Behavioral Follow-up Assessment	0360T & 0361T						On	New authorization required every 6 mo
Exposure Behavioral Follow-up Assessment	0362T, 0363T						On	New authorization required every 6 mo
Adaptive Behavior Treatment By Protocol	0364T, 0365T						On	New authorization required every 6 mo
Group adaptive behavior treatment by protocol, In-Clinic	0366T						On	New authorization required every 6 mo
Group adaptive behavior treatment by protocol, Additional 30 mins	0367T						On	New authorization required every 6 mo
Adaptive Behavior Treatment With Protocol Modification	0368T & 0369T						On	New authorization required every 6 mo
Family Adaptive Behavior Treatment Guidance	0370T						On	New authorization required every 6 mo
Multiple-family group adaptive behavior treatment guidance, In-Clinic	0371T						On	New authorization required every 6 mo



We're in this together:
Quality Health Care

Behavioral Health Authorization Requirements* - Effective September 15, 2018

*Authorizations for Services that require an authorization must be submitted prior to services being delivered.

Auth Required Key: On = Authorization Required; Off= No Authorization Required; Auto-Approve = Provider calls Intake for auto-approval

Please note that modifiers signify the level of the provider billing the service. If a claim is submitted without a modifier, it will be reimbursed at the allied professional level. A modifier is NOT required at point of authorization.

SERVICE DESCRIPTION	CODE	MODIFIER 1	MODIFIER 2	MODIFIER DESCRIPTION	DAILY MAX UNITS	UNITS INCREMENT	AUTH REQUIREMENT	Notes (0 = No Additional Information)
Adaptive behavior treatment social skills group, In-Clinic	0372T						On	New authorization required every 6 mo
Exposure adaptive behavior treatment with protocol modification, In-Clinic	0373T						On	New authorization required every 6 mo
Exposure adaptive behavior treatment with protocol modification Additional 30 mins, In-Clinic	0374T						On	New authorization required every 6 mo
Community behavioral program (day treatment)	907, H2012						On	0
Partial Hospitalization	915 and G0410, G0411, or H0035						On	0
BH intensive outpatient substance abuse	915, H0015						On	0
BH intensive outpatient psychiatric	915, S9480						On	0
Recreation, related to the care and treatment of patients disabling mental health problems; per session (45 minutes or more)	G0176						Off	0
Training and educational services related to the care and treatment of patients disabling mental health problems per session (45 minutes or more)	G0177						Off	0
Alcohol/subs interv 15-30mn	G0396						On	Prior Authorization Request =ON after 200 Units Total of identified HCPC Series Codes
Alcohol/subs interv >30 min	G0397						On	Prior Authorization Request =ON after 200 Units Total of identified HCPC Series Codes



We're in this together:
Quality Health Care

Behavioral Health Authorization Requirements* - Effective September 15, 2018

*Authorizations for Services that require an authorization must be submitted prior to services being delivered.

Auth Required Key: On = Authorization Required; Off= No Authorization Required; Auto-Approve = Provider calls Intake for auto-approval

Please note that modifiers signify the level of the provider billing the service. If a claim is submitted without a modifier, it will be reimbursed at the allied professional level. A modifier is NOT required at point of authorization.

SERVICE DESCRIPTION	CODE	MODIFIER 1	MODIFIER 2	MODIFIER DESCRIPTION	DAILY MAX UNITS	UNITS INCREMENT	AUTH REQUIREMENT	Notes (0 = No Additional Information)
Social work and psychological services, directly relating to and/or furthering the patient's rehabilitation goals	G0409						Off	0
Partial Hospitalization	G0410						On	0
BH intensive outpatient substance abuse	G0411						On	0
Tobacco-use counsel 3-10 min	G0436						Off	0
Tobacco-use counsel>10min	G0437						Off	0
Annual alcohol misuse screening 15 min	G0442						Off	0
Alcohol mis use and screening -various markets; lowa=face to face BH counseling-15 min	G0443						Off	0
Depression Screening	G0444						Off	0
High intensity BH counseling 30 min	G0445						Off	0
Intensive BH therapy	G0446						Off	0
Face to face behavioral counseling-15 min	G0447						Off	0
Developmental testing with I & R	G0451						Off	0
Hospital outpatient clinic visit	G0463						Off	0
Face to face behavioral counseling 15 min	G0473						Off	0
Alcohol and/or drug assessment	H0001						Off	0
Behavioral Health Screen to determine eligibility for admission to treatment program	H0002						Off	0
Alcohol and/or drug screening; laboratory analysis of specimens for presence of alcohol or drugs	H0003						Off	0
Behavioral health counseling and therapy; per 15 minutes	H0004	U2	HQ	Practitioner Level 2	6	15 minutes	Off	0
Behavioral health counseling and therapy; per 15 minutes	H0004	U3	HQ	Practitioner Level 3	6	15 minutes	Off	0
Behavioral health counseling and therapy; per 15 minutes	H0004	U4	HQ	Practitioner Level 4	6	15 minutes	Off	0

Behavioral Health Authorization Requirements* - Effective September 15, 2018

*Authorizations for Services that require an authorization must be submitted prior to services being delivered.

Auth Required Key: On = Authorization Required; Off= No Authorization Required; Auto-Approve = Provider calls Intake for auto-approval

Please note that modifiers signify the level of the provider billing the service. If a claim is submitted without a modifier, it will be reimbursed at the allied professional level. A modifier is NOT required at point of authorization.

SERVICE DESCRIPTION	CODE	MODIFIER 1	MODIFIER 2	MODIFIER DESCRIPTION	DAILY MAX UNITS	UNITS INCREMENT	AUTH REQUIREMENT	Notes (0 = No Additional Information)
Behavioral health counseling and therapy; per 15 minutes	H0004	U5	HQ	Practitioner Level 5	6	15 minutes	Off	0
Behavioral health counseling and therapy; per 15 minutes	H0004	U2	HR	Practitioner Level 2	6	15 minutes	Off	0
Behavioral health counseling and therapy; per 15 minutes	H0004	U3	HR	Practitioner Level 3	6	15 minutes	Off	0
Behavioral health counseling and therapy; per 15 minutes	H0004	U4	HR	Practitioner Level 4	6	15 minutes	Off	0
Behavioral health counseling and therapy; per 15 minutes	H0004	U5	HR	Practitioner Level 5	6	15 minutes	Off	0
Behavioral health counseling and therapy; per 15 minutes	H0004	U2	HS	Practitioner Level 2	6	15 minutes	Off	0
Behavioral health counseling and therapy; per 15 minutes	H0004	U3	HS	Practitioner Level 3	6	15 minutes	Off	0
Behavioral health counseling and therapy; per 15 minutes	H0004	U4	HS	Practitioner Level 4	6	15 minutes	Off	0
Behavioral health counseling and therapy; per 15 minutes	H0004	U5	HS	Practitioner Level 5	6	15 minutes	Off	0
Alcohol and/or drug services; group counseling by a clinician	H0005						Off	0
Alcohol and/or drug services; case management	H0006						On	Prior Authorization Request =ON after 200 Units Total of identified HCPC Series Codes
Alcohol and/or drug services; crisis intervention (outpatient)	H0007						Off	0
Alcohol and/or drug services; sub acute detoxification (outpatient)	H0008						On	0
Alcohol and/or drug services; acute detoxification (hospital inpatient)	H0009						On	0

Behavioral Health Authorization Requirements* - Effective September 15, 2018

*Authorizations for Services that require an authorization must be submitted prior to services being delivered.

Auth Required Key: On = Authorization Required; Off= No Authorization Required; Auto-Approve = Provider calls Intake for auto-approval

Please note that modifiers signify the level of the provider billing the service. If a claim is submitted without a modifier, it will be reimbursed at the allied professional level. A modifier is NOT required at point of authorization.

SERVICE DESCRIPTION	CODE	MODIFIER 1	MODIFIER 2	MODIFIER DESCRIPTION	DAILY MAX UNITS	UNITS INCREMENT	AUTH REQUIREMENT	Notes (0 = No Additional Information)
Alcohol and/or drug services; sub-acute detoxification (residential addiction program inpatient)	H0010						On	Prior Authorization Request =ON after 200 Units Total of identified HCPC Series Codes.
Alcohol and/or drug services; acute detoxification (residential addiction program inpatient)	H0011						On	0
Alcohol and/or drug services; sub-acute detoxification (residential addiction program outpatient)	H0012						On	0
Alcohol and/or drug services; acute detoxification (residential addiction program outpatient)	H0013						On	0
Alcohol and/or drug services; ambulatory detoxification	H0014	U2		Practitioner Level 2	32	15 minutes	On	0
Alcohol and/or drug services; ambulatory detoxification	H0014	U3		Practitioner Level 3	32	15 minutes	On	0
Alcohol and/or drug services; ambulatory detoxification	H0014	U4		Practitioner Level 4	32	15 minutes	On	0
Alcohol and/or drug services; intensive outpatient treatment (treatment program that operates at least 3 hours/day and at least 3 days/week and is based on an individualized treatment plan) including assessment, counseling, crisis intervention, and activity therapies or education	H0015				3	1 Hour	On	0
Alcohol and/or drug services; medical/somatic (medical intervention in ambulatory setting)	H0016						On	0

Behavioral Health Authorization Requirements* - Effective September 15, 2018

*Authorizations for Services that require an authorization must be submitted prior to services being delivered.

Auth Required Key: On = Authorization Required; Off= No Authorization Required; Auto-Approve = Provider calls Intake for auto-approval

Please note that modifiers signify the level of the provider billing the service. If a claim is submitted without a modifier, it will be reimbursed at the allied professional level. A modifier is NOT required at point of authorization.

SERVICE DESCRIPTION	CODE	MODIFIER 1	MODIFIER 2	MODIFIER DESCRIPTION	DAILY MAX UNITS	UNITS INCREMENT	AUTH REQUIREMENT	Notes (0 = No Additional Information)
Behavioral health; residential (hospital residential treatment program), without room and board; per diem	H0017						On	0
Behavioral health; short-term residential (non hospital residential treatment program), without room and board; per diem	H0018					Per Diem	On	Auth required after 3 Days
Behavioral health; long term residential (non-medical, non-acute care in a residential treatment program where stay is typically longer than 30 days), without room and board; per diem	H0019						On	0
Alcohol and/or drug services; methadone administration and/or service (provisions of the drug by a licensed program)	H0020	U2		Practitioner Level 2		1 encounter	On	No auth requirement up to 200 units. Prior Authorization Request =ON after 200 Units Total of identified HCPC Series Codes.
Alcohol and/or drug services; methadone administration and/or service (provisions of the drug by a licensed program)	H0020	U3		Practitioner Level 3		1 encounter	On	No auth requirement up to 200 units. Prior Authorization Request =ON after 200 Units Total of identified HCPC Series Codes.
Alcohol and/or drug services; methadone administration and/or service (provisions of the drug by a licensed program)	H0020	U4		Practitioner Level 4		1 encounter	On	No auth requirement up to 200 units. Prior Authorization Request =ON after 200 Units Total of identified HCPC Series Codes.
Alcohol and Drug training service for staff	H0021						Off	0
Alcohol and/or drug intervention service (planned facilitation)	H0022						Off	0
Behavioral health outreach service (planned approach to reach a targeted population)	H0023						Off	0



We're in this together:
Quality Health Care

Behavioral Health Authorization Requirements* - Effective September 15, 2018

*Authorizations for Services that require an authorization must be submitted prior to services being delivered.

Auth Required Key: On = Authorization Required; Off= No Authorization Required; Auto-Approve = Provider calls Intake for auto-approval

Please note that modifiers signify the level of the provider billing the service. If a claim is submitted without a modifier, it will be reimbursed at the allied professional level. A modifier is NOT required at point of authorization.

SERVICE DESCRIPTION	CODE	MODIFIER 1	MODIFIER 2	MODIFIER DESCRIPTION	DAILY MAX UNITS	UNITS INCREMENT	AUTH REQUIREMENT	Notes (0 = No Additional Information)
Behavioral health prevention information dissemination service (one way direct or non-direct contact with service audiences to affect knowledge and attitude); 15 minutes	H0024						Off	0
Behavioral health prevention education service (delivered of services with target population to affect knowledge, attitude and/or behavior); 15 minutes	H0025	U3		Practitioner Level 3	6	15 minutes	Off	0
Behavioral health prevention education service (delivered of services with target population to affect knowledge, attitude and/or behavior); 15 minutes	H0025	U4		Practitioner Level 4	6	15 minutes	Off	0
Behavioral health prevention education service (delivered of services with target population to affect knowledge, attitude and/or behavior); 15 minutes	H0025	U5		Practitioner Level 5	6	15 minutes	Off	0
Alcohol and/or drug intervention service (planned facilitation)	H0026						Off	0
Alcohol and drug prevention service	H0027						Off	0
Alcohol and/or drug prevention problem identification and referral service	H0028						Off	0
Alcohol and/or drug prevention alternatives service (services for populations that exclude alcohol and other drug use e.g. alcohol free social events)	H0029						Off	0
Behavioral health hotline service	H0030						Off	0
Mental health assessment, by non-physician	H0031	U2		Practitioner Level 2	5	15 minutes	Off	0
Mental health assessment, by non-physician	H0031	U3		Practitioner Level 3	5	15 minutes	Off	0
Mental health assessment, by non-physician	H0031	U4		Practitioner Level 4	5	15 minutes	Off	0

Behavioral Health Authorization Requirements* - Effective September 15, 2018

*Authorizations for Services that require an authorization must be submitted prior to services being delivered.

Auth Required Key: On = Authorization Required; Off= No Authorization Required; Auto-Approve = Provider calls Intake for auto-approval

Please note that modifiers signify the level of the provider billing the service. If a claim is submitted without a modifier, it will be reimbursed at the allied professional level. A modifier is NOT required at point of authorization.

SERVICE DESCRIPTION	CODE	MODIFIER 1	MODIFIER 2	MODIFIER DESCRIPTION	DAILY MAX UNITS	UNITS INCREMENT	AUTH REQUIREMENT	Notes (0 = No Additional Information)
Mental health assessment, by non-physician	H0031	U5		Practitioner Level 5	5	15 minutes	Off	0
Mental health service plan development by non-physician	H0032	U2		Practitioner Level 2	5	15 minutes	Off	0
Mental health service plan development by non-physician	H0032	U3		Practitioner Level 3	5	15 minutes	Off	0
Mental health service plan development by non-physician	H0032	U4		Practitioner Level 4	5	15 minutes	Off	0
Mental health service plan development by non-physician	H0032	U5		Practitioner Level 5	5	15 minutes	Off	0
Oral medication administration, direct observation	H0033						Off	0
Medication training and support; per 15 minutes	H0034						Off	0
Mental health partial hospitalization, treatment, less than 24 hours	H0035						On	0
Community psychiatric supportive treatment, face to face	H0036	U3		Practitioner Level 3	8	15 minutes	On	No auth requirement up to 200 units. Prior Authorization Request =ON after 200 Units Total of identified HCPC Series Codes. Use MN Criteria for IFI Services
Community psychiatric supportive treatment, face to face	H0036	U4		Practitioner Level 4	8	15 minutes	On	Prior Authorization Request =ON after 200 Units Total of identified HCPC Series Codes. Use MN Criteria for IFI Services
Community psychiatric supportive treatment, face to face	H0036	U5		Practitioner Level 5	8	15 minutes	On	Prior Authorization Request =ON after 200 Units Total of identified HCPC Series Codes. Use MN Criteria for IFI Services



We're in this together:
Quality Health Care

Behavioral Health Authorization Requirements* - Effective September 15, 2018

*Authorizations for Services that require an authorization must be submitted prior to services being delivered.

Auth Required Key: On = Authorization Required; Off= No Authorization Required; Auto-Approve = Provider calls Intake for auto-approval

Please note that modifiers signify the level of the provider billing the service. If a claim is submitted without a modifier, it will be reimbursed at the allied professional level. A modifier is NOT required at point of authorization.

SERVICE DESCRIPTION	CODE	MODIFIER 1	MODIFIER 2	MODIFIER DESCRIPTION	DAILY MAX UNITS	UNITS INCREMENT	AUTH REQUIREMENT	Notes (0 = No Additional Information)
Community psychiatric supportive treatment program; per diem	H0037						On	0
Self-help/peer services; per 15 minutes	H0038	U4	HQ	Practitioner Level 4	6	15 minutes	Off	0
Self-help/peer services; per 15 minutes	H0038	U5	HQ	Practitioner Level 5	6	15 minutes	Off	0
Self-help/peer services; per 15 minutes	H0038	U4		Practitioner Level 4	6	15 minutes	Off	0
Self-help/peer services; per 15 minutes	H0038	U5		Practitioner Level 5	6	15 minutes	Off	0
Assertive Community Treatment; per 15 min	H0039	U1		Practitioner Level 1	Per Auth	15 minutes	On	0
Assertive Community Treatment; per 15 min	H0039	U2		Practitioner Level 2	Per Auth	15 minutes	On	0
Assertive Community Treatment; per 15 min	H0039	U3		Practitioner Level 3	Per Auth	15 minutes	On	0
Assertive Community Treatment; per 15 min	H0039	U4		Practitioner Level 4	Per Auth	15 minutes	On	0
Assertive Community Treatment; per 15 min	H0039	U5		Practitioner Level 5	Per Auth	15 minutes	On	0
Assertive Community Treatment; per 15 min	H0039	U3	TN	Practitioner Level 3	Per Auth	15 minutes	On	0
Assertive Community Treatment; per 15 min	H0039	U4	TN	Practitioner Level 4	Per Auth	15 minutes	On	0
Assertive Community Treatment; per 15 min	H0039	U5	TN	Practitioner Level 5	Per Auth	15 minutes	On	0
Assertive Community Treatment; per diem	H0040						On	0
Foster Care child, non therapeutic per diem	H0041						Off	0
Foster Care child, non therapeutic per month	H0042						Off	0
Supported housing; per diem	H0043						Off	0
Supported housing; per month	H0044						Off	0
Respite care services, not in the home; per diem	H0045						Off	0
Mental Health Services NOS	H0046						Off	0
Alcohol and drug services not otherwise specified	H0047						On	0
Alcohol and/or other drug testing: collection and handling only, specimens other than blood	H0048						Off	0
Alcohol and/or drug Screening	H0049						Off	0
Alcohol and/or Drug Service, Brief Intervention; per 15 minutes	H0050						Off	0
Prenatal care, at-risk assessment	H1000						Off	0

Behavioral Health Authorization Requirements* - Effective September 15, 2018

*Authorizations for Services that require an authorization must be submitted prior to services being delivered.

Auth Required Key: On = Authorization Required; Off= No Authorization Required; Auto-Approve = Provider calls Intake for auto-approval

Please note that modifiers signify the level of the provider billing the service. If a claim is submitted without a modifier, it will be reimbursed at the allied professional level. A modifier is NOT required at point of authorization.

SERVICE DESCRIPTION	CODE	MODIFIER 1	MODIFIER 2	MODIFIER DESCRIPTION	DAILY MAX UNITS	UNITS INCREMENT	AUTH REQUIREMENT	Notes (0 = No Additional Information)
Prenatal care, at-risk enhanced service; antepartum management	H1001						Off	0
Prenatal care, at risk enhanced service; care coordination	H1002						Off	0
Prenatal care, at-risk enhanced service; education	H1003						Off	0
Prenatal care, at-risk enhanced service; follow-up home visit	H1004						Off	0
Prenatal care, at-risk enhanced service package (includes H1001-H	H1005						Off	0
Non-medical family planning education; per session	H1010						Off	0
Family assessment by licensed behavioral health professional for state defined purposes	H1011						Off	0
Comprehensive multidisciplinary evaluation	H2000						On	No auth requirement up to 200 units. Prior Authorization Request =ON after 200 Units Total of identified HCPC Series
Rehab program 1/2 day	H2001						On	No auth requirement up to 200 units. Prior Authorization Request =ON after 200 Units Total of identified HCPC Series
Comprehensive medication services; per 15 minutes	H2010	U2		Practitioner Level 2	5	Per Contract	Off	0
Comprehensive medication services; per 15 minutes	H2010	U3		Practitioner Level 3	5	Per Contract	Off	0
Comprehensive medication services; per 15 minutes	H2010	U4		Practitioner Level 4	5	Per Contract	Off	0
Comprehensive medication services; per 15 minutes	H2010	U5		Practitioner Level 5	5	Per Contract	Off	0

Behavioral Health Authorization Requirements* - Effective September 15, 2018

*Authorizations for Services that require an authorization must be submitted prior to services being delivered.

Auth Required Key: On = Authorization Required; Off= No Authorization Required; Auto-Approve = Provider calls Intake for auto-approval

Please note that modifiers signify the level of the provider billing the service. If a claim is submitted without a modifier, it will be reimbursed at the allied professional level. A modifier is NOT required at point of authorization.

SERVICE DESCRIPTION	CODE	MODIFIER 1	MODIFIER 2	MODIFIER DESCRIPTION	DAILY MAX UNITS	UNITS INCREMENT	AUTH REQUIREMENT	Notes (0 = No Additional Information)
Comprehensive medication services; per 15 minutes	H2010	U2		Practitioner Level 2	5	1 encounter	Off	0
Comprehensive medication services; per 15 minutes	H2010	U3		Practitioner Level 3	5	1 encounter	Off	0
Comprehensive medication services; per 15 minutes	H2010	U4		Practitioner Level 4	5	1 encounter	Off	0
Comprehensive medication services; per 15 minutes	H2010	U5		Practitioner Level 5	5	1 encounter	Off	0
Crisis Intervention Services; per 15 Minutes	H2011	U1		Practitioner Level 1	24	15 minutes	On	Prior Authorization Request =ON after 200 Units Total of identified HCPC Series Codes.
Crisis Intervention Services; per 15 Minutes	H2011	U2		Practitioner Level 2	24	15 minutes	On	Prior Authorization Request =ON after 200 Units Total of identified HCPC Series Codes.
Crisis Intervention Services; per 15 Minutes	H2011	U3		Practitioner Level 3	24	15 minutes	On	Prior Authorization Request =ON after 200 Units Total of identified HCPC Series Codes.
Crisis Intervention Services; per 15 Minutes	H2011	U4		Practitioner Level 4	24	15 minutes	On	No auth requirement up to 200 units. Prior Authorization Request =ON after 200 Units Total of identified HCPC Series Codes.
Crisis Intervention Services; per 15 Minutes	H2011	U5		Practitioner Level 5	24	15 minutes	On	No auth requirement up to 200 units. Prior Authorization Request =ON after 200 Units Total of identified HCPC Series Codes.
Behavioral health day treatment; per hour	H2012						On	0
Psychiatric health facility service per diem	H2013						On	0
								No auth requirement up to 200 units. Prior Authorization Request =ON after 200 Units Total of identified HCPC Series Codes.

Behavioral Health Authorization Requirements* - Effective September 15, 2018

*Authorizations for Services that require an authorization must be submitted prior to services being delivered.

Auth Required Key: On = Authorization Required; Off= No Authorization Required; Auto-Approve = Provider calls Intake for auto-approval

Please note that modifiers signify the level of the provider billing the service. If a claim is submitted without a modifier, it will be reimbursed at the allied professional level. A modifier is NOT required at point of authorization.

SERVICE DESCRIPTION	CODE	MODIFIER 1	MODIFIER 2	MODIFIER DESCRIPTION	DAILY MAX UNITS	UNITS INCREMENT	AUTH REQUIREMENT	Notes (0 = No Additional Information)
Skills training and development; per 15 minutes	H2014	U4	HQ	Practitioner Level 4	6	15 minutes	On	Includes Family Outpatient Services
Skills training and development; per 15 minutes	H2014	U5	HQ	Practitioner Level 5	6	15 minutes	On	No auth requirement up to 200 units. Prior Authorization Request =ON after 200 Units Total of identified HCPC Series Codes. Includes Family Outpatient Services
Skills training and development; per 15 minutes	H2014	U4	HR	Practitioner Level 4	6	15 minutes	On	No auth requirement up to 200 units. Prior Authorization Request =ON after 200 Units Total of identified HCPC Series Codes. Includes Family Outpatient Services
Skills training and development; per 15 minutes	H2014	U5	HR	Practitioner Level 5	6	15 minutes	On	No auth requirement up to 200 units. Prior Authorization Request =ON after 200 Units Total of identified HCPC Series Codes. Includes Family Outpatient Services
Skills training and development; per 15 minutes	H2014	U4	HR	Practitioner Level 4	6	15 minutes	On	No auth requirement up to 200 units. Prior Authorization Request =ON after 200 Units Total of identified HCPC Series Codes. Includes Family Outpatient Services
Skills training and development; per 15 minutes	H2014	U5	HR	Practitioner Level 5	6	15 minutes	On	No auth requirement up to 200 units. Prior Authorization Request =ON after 200 Units Total of identified HCPC Series Codes. Includes Family Outpatient Services

Behavioral Health Authorization Requirements* - Effective September 15, 2018

*Authorizations for Services that require an authorization must be submitted prior to services being delivered.

Auth Required Key: On = Authorization Required; Off= No Authorization Required; Auto-Approve = Provider calls Intake for auto-approval

Please note that modifiers signify the level of the provider billing the service. If a claim is submitted without a modifier, it will be reimbursed at the allied professional level. A modifier is NOT required at point of authorization.

SERVICE DESCRIPTION	CODE	MODIFIER 1	MODIFIER 2	MODIFIER DESCRIPTION	DAILY MAX UNITS	UNITS INCREMENT	AUTH REQUIREMENT	Notes (0 = No Additional Information)
Skills training and development; per 15 minutes	H2014	U4	HQ	Practitioner Level 4	6	15 minutes	On	No auth requirement up to 200 units. Prior Authorization Request =ON after 200 Units Total of identified HCPC Series Codes. Includes Family Outpatient Services
Skills training and development; per 15 minutes	H2014	U5	HQ	Practitioner Level 5	6	15 minutes	On	No auth requirement up to 200 units. Prior Authorization Request =ON after 200 Units Total of identified HCPC Series Codes. Includes Family Outpatient Services
Comprehensive community support services; per 15 minutes	H2015	U4		Practitioner Level 4	6	15 minutes	On	No auth requirement up to 200 units. Prior Authorization Request =ON after 200 Units Total of identified HCPC Series Codes.
Comprehensive community support services; per 15 minutes	H2015	U5		Practitioner Level 5	6	15 minutes	On	No auth requirement up to 200 units. Prior Authorization Request =ON after 200 Units Total of identified HCPC Series Codes.
Comprehensive community support services; per 15 minutes	H2015	U4	HF	Practitioner Level 4	6	15 minutes	On	No auth requirement up to 200 units. Prior Authorization Request =ON after 200 Units Total of identified HCPC Series Codes.
Comprehensive community support services; per 15 minutes	H2015	U5	HF	Practitioner Level 5	6	15 minutes	On	No auth requirement up to 200 units. Prior Authorization Request =ON after 200 Units Total of identified HCPC Series Codes.

Behavioral Health Authorization Requirements* - Effective September 15, 2018

*Authorizations for Services that require an authorization must be submitted prior to services being delivered.

Auth Required Key: On = Authorization Required; Off= No Authorization Required; Auto-Approve = Provider calls Intake for auto-approval

Please note that modifiers signify the level of the provider billing the service. If a claim is submitted without a modifier, it will be reimbursed at the allied professional level. A modifier is NOT required at point of authorization.

SERVICE DESCRIPTION	CODE	MODIFIER 1	MODIFIER 2	MODIFIER DESCRIPTION	DAILY MAX UNITS	UNITS INCREMENT	AUTH REQUIREMENT	Notes (0 = No Additional Information)
Comprehensive community support services; per diem	H2016						On	No auth requirement up to 200 units. Prior Authorization Request =ON after 200 Units Total of identified HCPC Series Codes
Psychosocial rehabilitation services; per 15 minutes	H2017	U4		Practitioner Level 4	5	15 minutes	On	No auth requirement up to 200 units. Prior Authorization Request =ON after 200 Units Total of identified HCPC Series Codes.
Psychosocial rehabilitation services; per 15 minutes	H2017	U5		Practitioner Level 5	5	15 minutes	On	No auth requirement up to 200 units. Prior Authorization Request =ON after 200 Units Total of identified HCPC Series Codes.
Psychosocial rehabilitation services; per diem	H2018						On	0
Therapeutic behavioral services; per 15 minutes	H2019						On	No auth requirement up to 200 units. Prior Authorization Request =ON after 200 Units Total of identified HCPC Series Codes.
Therapeutic behavioral services; per diem In NE Therapeutic group home	H2020						On	No auth requirement up to 200 units. Prior Authorization Request =ON after 200 Units Total of identified HCPC Series Codes
Community-based wrap-around services; per 15 min	H2021						On	No auth requirement up to 200 units. Prior Authorization Request =ON after 200 Units Total of identified HCPC Series Codes
Community-based wrap-around services; per diem (intensive in-home services)	H2022						On	0
Supported employment; per 15 minutes	H2023						Off	0
Supported employment; per diem	H2024						Off	0

Behavioral Health Authorization Requirements* - Effective September 15, 2018

*Authorizations for Services that require an authorization must be submitted prior to services being delivered.

Auth Required Key: On = Authorization Required; Off= No Authorization Required; Auto-Approve = Provider calls Intake for auto-approval

Please note that modifiers signify the level of the provider billing the service. If a claim is submitted without a modifier, it will be reimbursed at the allied professional level. A modifier is NOT required at point of authorization.

SERVICE DESCRIPTION	CODE	MODIFIER 1	MODIFIER 2	MODIFIER DESCRIPTION	DAILY MAX UNITS	UNITS INCREMENT	AUTH REQUIREMENT	Notes (0 = No Additional Information)
Ongoing support to maintain employment; per 15 minutes	H2025	U4		Practitioner Level 4	5	15 minutes	Off	0
Ongoing support to maintain employment; per 15 minutes	H2025	U5		Practitioner Level 5	5	15 minutes	Off	0
Ongoing support to maintain employment; per diem	H2026						Off	0
See Notes - per 15 minutes	H2027						Off	0
Sexual offender treatment service, per 15 minutes	H2028						On	No auth requirement up to 200 units. Prior Authorization Request =ON after 200 Units Total of identified HCPC Series Codes
Sex Offend Tx Svc, Per Diem	H2029						On	0
Clubhouse services ; per 15 min	H2030						On	No auth requirement up to 200 units. Prior Authorization Request =ON after 200 Units Total of identified HCPC Series Codes
Clubhouse services; per diem	H2031						On	No auth requirement up to 200 units. Prior Authorization Request =ON after 200 Units Total of identified HCPC Series Codes
Activity Therapy	H2032						Off	0
Multi-systemic Therapy for Juveniles; per 15 minutes	H2033						On	0
Alcohol and/or drug abuse halfway house services; per diem	H2034						On	No auth requirement up to 200 units. Prior Authorization Request =ON after 200 Units Total of identified HCPC Series Codes



We're in this together:
Quality Health Care

Behavioral Health Authorization Requirements* - Effective September 15, 2018

*Authorizations for Services that require an authorization must be submitted prior to services being delivered.

Auth Required Key: On = Authorization Required; Off= No Authorization Required; Auto-Approve = Provider calls Intake for auto-approval

Please note that modifiers signify the level of the provider billing the service. If a claim is submitted without a modifier, it will be reimbursed at the allied professional level. A modifier is NOT required at point of authorization.

SERVICE DESCRIPTION	CODE	MODIFIER 1	MODIFIER 2	MODIFIER DESCRIPTION	DAILY MAX UNITS	UNITS INCREMENT	AUTH REQUIREMENT	Notes (0 = No Additional Information)
Alcohol and/or drug treatment program; per hour	H2035						On	No auth requirement up to 200 units. Prior Authorization Request =ON after 200 Units Total of identified HCPC Series Codes.
Alcohol and/or other drug treatment program; per diem	H2036						On	No auth requirement up to 200 units. Prior Authorization Request =ON after 200 Units Total of identified HCPC Series Codes.
Developmental delay prevention activities, dependent child of client, per 15 minutes	H2037						On	0
Brief Office Visit for the Sole Purpose of Monitoring or Changing Drug Prescriptions Used in the Treatment of Mental Psychoneurotic and Personality Disorders	M0064						Off	0
Telehealth original site facility	Q3014						Off	0
Methadone, oral, 5mg	S0109						Off	0
Alcohol and/or drug treatment program; per hour	S0201						On	0
Home care training to home care client, per 15 minutes	S5108						On	0
Home care training, family; per 15 minutes	S5110						On	0
Behavioral health specialized foster care	S5145						On	0
Unskilled respite care, not hospice; per 15 minutes	S5150						On	0
In home telemonitoring	S9110						Off	0
In home psychiatric nursing	S9123						On	0
Ambulatory setting substance abuse treatment or detoxification services; per diem	S9475						On	0

Behavioral Health Authorization Requirements* - Effective September 15, 2018

*Authorizations for Services that require an authorization must be submitted prior to services being delivered.

Auth Required Key: On = Authorization Required; Off= No Authorization Required; Auto-Approve = Provider calls Intake for auto-approval

Please note that modifiers signify the level of the provider billing the service. If a claim is submitted without a modifier, it will be reimbursed at the allied professional level. A modifier is NOT required at point of authorization.

SERVICE DESCRIPTION	CODE	MODIFIER 1	MODIFIER 2	MODIFIER DESCRIPTION	DAILY MAX UNITS	UNITS INCREMENT	AUTH REQUIREMENT	Notes (0 = No Additional Information)
Intensive outpatient psychiatric services; per diem; in IL use 913 in combination with this code	S9480						On	0
Family stabilization services; per 15 minutes	S9482						On	0
Crisis intervention mental health services; per hour	S9484						On	No auth requirement up to 200 units. Prior Authorization Request =ON after 200 Units Total of identified HCPC Series Codes
Crisis intervention mental health services; per diem	S9485						On	No auth requirement up to 200 units. Prior Authorization Request =ON after 200 Units Total of identified HCPC Series Codes
Nursing Assessment/ Evaluation	T1001	U2		Practitioner Level 2	5	15 minutes	On	0
Nursing Assessment/ Evaluation	T1001	U3		Practitioner Level 3	5	15 minutes	On	0
Nursing Assessment/ Evaluation	T1001	U4		Practitioner Level 4	5	15 minutes	On	0
RN services up to 15 minutes	T1002	U2		Practitioner Level 2	5	15 minutes	Off	0
RN services up to 15 minutes	T1002	U3		Practitioner Level 3	5	15 minutes	Off	0
LPN/ LVN services up to 15 minutes	T1003	U4		Practitioner Level 4	5	15 minutes	On	0
Respite care services, up to 15 minutes	T1005						Off	0
Alcohol and/or substance abuse services, family/couple counseling	T1006						On	No auth requirement up to 200 units. Prior Authorization Request =ON after 200 Units Total of identified HCPC Series Codes
Alcohol and/or substance abuse services, treatment plan development and/or modification	T1007						On	No auth requirement up to 200 units. Prior Authorization Request =ON after 200 Units Total of identified HCPC Series Codes
Alcohol and/or substance abuse services, skills development	T1012						Off	0



We're in this together:
Quality Health Care

Behavioral Health Authorization Requirements* - Effective September 15, 2018

*Authorizations for Services that require an authorization must be submitted prior to services being delivered.

Auth Required Key: On = Authorization Required; Off= No Authorization Required; Auto-Approve = Provider calls Intake for auto-approval

Please note that modifiers signify the level of the provider billing the service. If a claim is submitted without a modifier, it will be reimbursed at the allied professional level. A modifier is NOT required at point of authorization.

SERVICE DESCRIPTION	CODE	MODIFIER 1	MODIFIER 2	MODIFIER DESCRIPTION	DAILY MAX UNITS	UNITS INCREMENT	AUTH REQUIREMENT	Notes (0 = No Additional Information)
Sign language or oral interpretive services; per 15 minutes	T1013						Off	0
Telehealth telemedicine	T1014						Off	0
Clinic encounter all inclusive	T1015						Off	0
Case management, each 15 minutes	T1016	U4		Practitioner Level 4	5	15 minutes	Off	0
Case management, each 15 minutes	T1016	U5		Practitioner Level 5	5	15 minutes	Off	0
Targeted case management, each 15 minutes	T1017						On	0
Personal care services; per 15 minutes	T1019						On	0
Personal care services; per diem	T1020						On	0
Screening to determine the appropriateness of consideration of an individual for participation in a specified program, project or treatment protocol; per encounter	T1023						Off	0
Team evaluation & management	T1024						Off	0
Family training & counseling	T1027						Off	0
Psychotropic Medication Administration	T1502						Off	0
Non emergency transportation; patient attendant/escort	T2001						On	0
Non-emergency transportation; per diem	T2002						On	0
Non-emergency transportation; encounter/trip	T2003						On	0
Non-emergency transport; commercial carrier, multi-pass	T2004						On	0
Non-emergency transportation; stretch van	T2005						On	0
Preadmission screening and resident review (pasrr) level i identification screening; per screen	T2010						Off	0
Preadmission screening and resident review level ii evaluation; per evaluation	T2011						Off	0
Children's Day Treatment	T2012						Off	0
Pre-vocational Services - per diem	T2014						Off	0

Behavioral Health Authorization Requirements* - Effective September 15, 2018

*Authorizations for Services that require an authorization must be submitted prior to services being delivered.

Auth Required Key: On = Authorization Required; Off= No Authorization Required; Auto-Approve = Provider calls Intake for auto-approval

Please note that modifiers signify the level of the provider billing the service. If a claim is submitted without a modifier, it will be reimbursed at the allied professional level. A modifier is NOT required at point of authorization.

SERVICE DESCRIPTION	CODE	MODIFIER 1	MODIFIER 2	MODIFIER DESCRIPTION	DAILY MAX UNITS	UNITS INCREMENT	AUTH REQUIREMENT	Notes (0 = No Additional Information)
Pre-Vocational Services - per hour	T2015						Off	0
Community integration counseling	T2017						Off	0
Supported Employment Job Development	T2018						Off	0
Supported Employment	T2019						Off	0
Day Habilitation	T2020						Off	0
Pre admission PASSR assessment	T2021						Off	0
Other specified case management service not elsewhere classified	T2022						On	New authorization required every 6 months
Targeted Case Management- per month	T2023						On	0
Service Assessment Plan of Care Dev	T2024						Off	0
Waiver Services; Not Otherwise Specified (NOS)	T2025						Off	0
Specialized childcare, waiver; per 15 minutes	T2027						On	0
Psychiatric residential treatment facility- per diem	T2033						On	0
Therapeutic camping, overnight, waiver; each session	T2036						On	0
Therapeutic camping, day, waiver; each session	T2037						On	0
Behavioral health; long-term care residential (non-acute care in a residential treatment program community based per diem	T2048						On	0

Modifier	Description
U1	Physician/Psychiatrist
U2	Psychologist, Physician assistant, Nurse Practitioner, Clinical Nurse Specialist, Pharmacist
U3	Registered Nurse, Licensed Dietician, Licensed Professional Counselor (LPC), Licensed Clinical Social Worker (LCSW), Licensed Marriage and Family Therapist (LMFT)
U4	Licensed Practical Nurse (LPN), Licensed Associate Professional Counselor (LAPC), Licensed Master's Social Worker (LMSW), Licensed Associate Marriage and Family Therapist (LAMFT), Certified/Registered Addictions Counselors, Certified Peer Specialist, Trained Paraprofessionals, and Certified Psychosocial Rehabilitation Specialist (CPRP) with a Bachelor's degree or higher in the social sciences/helping profession.

Behavioral Health Authorization Requirements* - Effective September 15, 2018

*Authorizations for Services that require an authorization must be submitted prior to services being delivered.

Auth Required Key: On = Authorization Required; Off= No Authorization Required; Auto-Approve = Provider calls Intake for auto-approval

Please note that modifiers signify the level of the provider billing the service. If a claim is submitted without a modifier, it will be reimbursed at the allied professional level. A modifier is NOT required at point of authorization.

SERVICE DESCRIPTION	CODE	MODIFIER 1	MODIFIER 2	MODIFIER DESCRIPTION	DAILY MAX UNITS	UNITS INCREMENT	AUTH REQUIREMENT	Notes (0 = No Additional Information)
U5				Trained Paraprofessionals, Certified/Registered Addiction Counselors (CAC-1, RADT), Certified Peer Specialist, Certified Psychosocial Rehabilitation Professionals, and Qualified Medication Aides with at least a high school diploma/equivalent.				
GT				Via Interactive audio and video telecommunications systems				
HA				Child and Adolescent Program				
HE				Mental Health Program				
HF				Substance Abuse Program				
HQ				Group Setting				
HR				Family/Couple with client present				
HS				Family/Couple without client present				
HT				Multidisciplinary Team				
TN				Rural Service Area				

We value everything you do to deliver quality care to our members - your patients - and to ensure they have a positive health care experience.

Quality Care is a team effort. Thank you for playing a starring role!



WellCare proudly serves the *Georgia Medicaid* and *PeachCare for Kids*[®] members enrolled in the *Georgia Families*[®] program and women enrolled in the *Planning for Healthy Babies*[®] program.