



Effective: 2/1/2019



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CODE	SERVICE DESCRIPTION	AUTHORIZATION REQUIREMENT	Notes (0= No Additional Comments)
100	All inclusive room and board	On	0
101	All inclusive room and board	On	0
104	Anesthesia, ECT	On	0
114	Room and Board - private psychiatric	On	0
116	Room and Board - private room detoxification	On	0
118	Room and Board - private rehabilitation	On	0
120	Residential Treatment	On	0
124	Room and Board - semi private psychiatric	On	0
126	Room and Board - semi- private room detoxification	On	0
128	Room and Board - semi private rehabilitation	On	0
134	Room and Board - 3-4 bed psychiatric	On	0
136	Room and Board - 3-4 bed detoxification	On	0
138	Room and Board - 3-4 bed rehabilitation	On	0
144	Room and Board private psychiatric	On	0
146	Room and Board private - detoxification	On	0
154	Room and Board - ward psychiatric	On	0
156	Room and Board - detoxification ward	On	0
158	Room and Board - ward rehabilitation	On	0
180	Leave of absence from residential	On	0
183	Therapeutic home time	On	0
190	Sub Acute Inpatient	On	0
204	Intensive Care - psychiatric	On	0
240	Intensive Care - psychiatric	On	0
450	Emergency Room	Off	0



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451	Emergency Room	Off	0
510	Clinic encounter all inclusive	Off	0
513	Psych clinic	Off	0
516	Urgent Care Clinic	Off	0
519	Other clinic - med supervised withdrawal	Off	0
520	Freestanding clinic	Off	0
521	Rural Clinic	Off	0
529	Other freestanding clinic	Off	0
900	BH treatment services	Off	0
901	ECT - electroshock treatment	On	0
905	Intensive Outpatient - providers should be instructed to use proper code with 915	On	0
906	Intensive Outpatient - providers should be instructed to use proper code with 915	On	0
910	BH treatment services	On	0
911	Substance abuse rehabilitation	Off	0
914	Psychiatric/Psychological Services - Individual therapy	Off	0
915	Intensive Outpatient - providers should be instructed to use proper code with 915	Off	0
916	Psychiatric/Psychological Services - Family therapy	Off	0
917	Biofeedback	On	0
918	Testing	Off	0
919	Other BH treatment services	Off	0
944	Drug Rehabilitation	Off	0
945	Alcohol Rehabilitation	Off	0



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1001	Behavioral Health Residential - psychiatric	On	0
1002	Detox - Docimillary (DASA)	On	0
90785	Interactive complexity add-on code	Off	0
90791	Psychiatric diagnostic evaluation (no medical services)	Off	0
90792	Psychiatric diagnostic evaluation with medical services	Off	0
90832	Psychotherapy, 30 mins	On	On At visit 21
90833	30-minute psychotherapy add-on code when performed with E/M Service - (list separately)	Off	0
90834	Psychotherapy, 45 mins	On	On At visit 21
90836	45-minute psychotherapy add-on code when performed with E/M Service (list separately)	Off	0
90837	Psychotherapy, 60 mins	On	On At visit 21
90838	60-minute psychotherapy when performed with E/M service (list separately)	Off	0
90839	Psychotherapy for crisis, first 60 min.	On	On At visit 21
90840	Crisis code add-on for each additional 30 min.	Off	0
90845	Psychoanalysis	Off	0
90846	Family psychotherapy, without patient present	On	On At visit 21
90847	Family psychotherapy, 45 min	On	On At visit 21
90849	Multiple-family group psychotherapy	On	On At visit 21
90853	Group psychotherapy	On	On At visit 21
90863	Pharmacologic management, add on code	Off	0
90865	Narcosynthesis	Off	0
90867	Therapeutic Repetitive Transcranial (TMS)	On	0
90868	Therapeutic Repetitive Transcranial (TMS)	On	0



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90869	Therapeutic Repetitive Transcranial (TMS)	On	0
90870	Electroconvulsive Therapy	On	0
90875	Ind psycho therapy incorporating bio feedback, 30 min	Off	0
90876	Ind psycho therapy incorporating bio feedback, 45 min	Off	0
90880	Hypnotherapy	On	0
90882	Complex care management	Off	0
90885	Psych eval of hospital records	Off	0
90887	Interpretation or explanation of results of psych exam and procedures - Outpatient Collateral, 15 min.	On	On At visit 21
90889	Prep of report of pt psych status	Off	0
90899	Unlisted Psychiatric procedure	On	0
96001	comp.comput.motion analysis	Off	0
96020	Functional brain mapping	Off	0
96101	Psychological testing	On	On after 5 Hours
96102	Psychological testing	On	On after 5 Hours
96103	Psychological testing	On	On after 5 Hours
96105	Assessment of Aphasia of speech/lang	On	0
96110	Developmental screening with interp	Off	0
96111	Developmental testing	On	On after 5 Hours
96116	Neurobehavioral status exam w clin assess	On	On after 5 Hours
96118	Neuropsychological testing per hour	On	On after 5 Hours
96119	Neuropsych testing admin by technician per hour	On	On after 5 Hours
96120	Neuropsych testing admin by computer per occurrence	On	On after 5 Hours
96125	Standardized cognitive perf testing	On	On after 5 Hours



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CODE	SERVICE DESCRIPTION	AUTHORIZATION REQUIREMENT	Notes (0= No Additional Comments)
96127	Brief emotional needs assessment	Off	0
96150	Nursing Assessment and Care - Initial	Off	0
96151	Nursing Assessment and Care - Reassessment	Off	0
96152	Health & Behavior individual intervention	Off	0
96153	Health & Behavior group intervention	Off	0
96154	Health & Behavior Intervention with patient present	Off	0
96155	Health & Behavior Intervention without patient present	Off	0
96160	Administration of patient-focused health risk assessment instrument (eg, health hazard appraisal) with scoring and documentation, per standardized instrument	Off	0
96161	Administration of caregiver-focused health risk assessment instrument (eg, depression inventory) for the benefit of the patient, with scoring and documentation, per standardized instrument	Off	0
96372	Medication administration	Off	0
99051	Services rendered after hours	Off	0
99058	Office Emergency Services	Off	0
99201	New Patient Office Visit, Level 1	Off	0
99202	New Patient Office Visit, Level 2	Off	0
99203	New Patient Office Visit, Level 3	Off	0
99204	New Patient Office Visit, Level 4	Off	0
99205	New Patient Office Visit, Level 5	Off	0
99211	Est Patient Office Visit, Level 1	Off	0
99212	Est Patient Office Visit, Level 2	Off	0



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99213	Est Patient Office Visit, Level 3	Off	0
99214	Est Patient Office Visit, Level 4	Off	0
99215	Est Patient Office Visit, Level 5	Off	0
99221	Initial Hospital Care - comprehensive; low complexity	Off	0
99222	Initial Hospital Care - comprehensive; moderate complexity	Off	0
99223	Initial Hospital Care - comprehensive; high complexity	Off	0
99224	Subsequent observation Care	Off	0
99225	Subsequent observation Care	Off	0
99226	Subsequent observation Care	Off	0
99231	Subsequent Hospital Care - focused; low complexity	Off	0
99232	Subsequent Hospital Care - focused; moderate complexity	Off	0
99233	Subsequent Hospital Care - focused; high complexity	Off	0
99234	Observation - comprehensive; low complexity	Off	0
99235	Observation - comprehensive; moderate complexity	Off	0
99236	Observation - comprehensive; high complexity	Off	0
99238	Discharge Day Management - 30 min or less	Off	0
99239	Discharge Day Management - more than 30 min	Off	0
99241	Problem focused; straightforward - 15 min	Off	0
99242	Expanded; straightforward - 30 min	Off	0
99243	Detailed; low complexity - 40 min	Off	0
99244	Comprehensive; moderate complexity - 60 min	Off	0
99245	Comprehensive; high complexity - 80 min	Off	0
99251	Initial Consultation - focused, straightforward	Off	0
99252	Initial Consultation - expanded, straightforward	Off	0



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99253	Initial Consultation - detailed, low complexity	Off	0
99254	Initial Consultation - comprehensive, moderate complexity	Off	0
99255	Initial Consultation - comprehensive, high complexity	Off	0
99281	ER Consultation - focused, straightforward	Off	0
99282	ER Consultation - expanded; low complexity	Off	0
99283	ER Consultation - expanded; moderate complexity	Off	0
99284	ER Consultation - detailed; moderate complexity	Off	0
99285	ER Consultation - comprehensive; high complexity	Off	0
99304	Nursing facility consultation, 25 min	Off	0
99305	Nursing facility consultation, 35 min	Off	0
99306	Nursing facility consultation, 45 min	Off	0
99307	Evaluation Management nursing facility, 10 min	Off	0
99308	Evaluation Management nursing facility, 15 min	Off	0
99309	Evaluation Management nursing facility, 25 min	Off	0
99310	Evaluation Management nursing facility, 35 min	Off	0
99341	Home visit, new patient	Off	0
99342	Home visit, new patient	Off	0
99343	Home visit, new patient	Off	0
99344	Home visit, new patient	Off	0
99345	Home visit, new patient	Off	0
99347	Home visit, est patient	Off	0
99348	Home visit, est patient	Off	0
99349	Home visit, est patient	Off	0
99350	Home visit, est patient	Off	0



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99354	Prolonged evaluation and mgmt psycho therapy svcs	Off	0
99355	Prolonged evaluation and mgmt psycho therapy svcs	Off	0
99366	Medical team conference	Off	0
99367	Medical team conference with family	Off	0
99368	Medical team conference without family	Off	0
99401	Preventive counseling, individual	Off	0
99402	Preventive counseling, individual, 30 min	Off	0
99403	Preventive counseling, individual, 45 min	Off	0
99404	Preventive counseling, individual	Off	0
99406	Smoking cessation	Off	0
99407	Smoking cessation	Off	0
99408	Alcohol substance abuse BH change intervention	Off	0
99409	Alcohol and substance abuse screening and brief intervention	Off	0
99411	Preventive counseling, individual - 60 min	Off	0
99412	Preventive medicine group counseling - 60 min	Off	0
99510	Home visit, single, family counseling	Off	0
0359T	Behavior Identification Assessment (ABA)	On	0
0360T & 0361T	Observational Behavioral Follow-up Assessment	On	0
0362T	Exposure Behavioral Follow-up Assessment	On	0
0363T	Exposure Behavioral Follow-up Assessment	On	0
0364T, 0365T	Adaptive Behavior Treatment By Protocol	On	0
0366T	Group adaptive behavior treatment by protocol, In-Clinic	On	0



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0367T	Group adaptive behavior treatment by protocol, additional 30 mins	On	0
0368T & 0369T	Adaptive Behavior Treatment With Protocol Modification	On	0
0370T	Family Adaptive Behavior Treatment Guidance	On	0
0371T	Multiple-family group adaptive behavior treatment guidance, In-Clinic	On	0
0372T	Adaptive behavior treatment social skills group, In-Clinic	On	0
0373T	Exposure adaptive behavior treatment with protocol modification, In-Clinic	On	0
0374T	Exposure adaptive behavior treatment with protocol modification Additional 30 mins, In-Clinic	On	0
907, H2012	Community behavioral program (day treatment)	On	0
915 and G0410, G0411, or H0035	Partial hospitalization	On	0
915, H0015	BH intensive outpatient substance abuse	On	0
915, S9480	BH intensive outpatient psychiatric	On	0
G0176	Recreation, related to the care and treatment of patients disabling mental health problems; per session (45 minutes or more)	Off	0
G0177	Training and educational services related to the care and treatment of patients disabling mental health problems per session (45 minutes or more)	Off	0
G0396	Alcohol/subs interv 30min	On	No auth requirement up to 200 units. Prior Authorization Request = ON after 200 Units Total of identified HCPC Series Codes.
G0397	Alcohol/subs interv >30 min	On	No auth requirement up to 200 units. Prior Authorization Request = ON after 200 Units Total of identified HCPC Series Codes.



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CODE	SERVICE DESCRIPTION	AUTHORIZATION REQUIREMENT	Notes (0= No Additional Comments)
G0409	Social work and psychological services, directly relating to and/or furthering the patient's rehabilitation goals	Off	0
G0410	Partial hospitalization	On	0
G0411	BH intensive outpatient substance abuse	On	0
G0436	Tobacco-use counsel 3-10 min	Off	0
G0437	Tobacco-use counsel >10min	Off	0
G0442	Annual alcohol misuse screening 15 min	Off	0
G0443	Alcohol misuse and screening - various markets; lowa = face to face BH counseling - 15 min	Off	0
G0444	Depression Screening	Off	0
G0445	High intensity BH counseling, 30 min	Off	0
G0446	Intensive BH therapy	Off	0
G0447	Face-to-face behavioral counseling - 15 min	Off	0
G0451	Developmental testing with I & R	Off	0
G0463	Hospital outpatient clinic visit	Off	0
G0473	Face-to-face behavioral counseling - 15 min	Off	0
H0001	Alcohol and/or drug assessment	Off	0
H0002	Behavioral Health Screen to determine eligibility for admission to treatment program	Off	0
H0003	Alcohol and/or drug screening; laboratory analysis of specimens for presence of alcohol or drugs	Off	0
H0004	Behavioral health counseling and therapy; per 15 minutes	Off	0
H0005	Alcohol and/or drug services; group counseling by a clinician	Off	0



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H0006	Alcohol and/or drug services; case management	On	No auth requirement up to 200 units. Prior Authorization Request = ON after 200 Units Total of identified HCPC Series Codes.
H0007	Alcohol and/or drug services; crisis intervention (outpatient)	Off	0
H0008	Alcohol and/or drug services; sub acute detoxification (outpatient)	On	0
H0009	Alcohol and/or drug services; acute detoxification (hospital inpatient)	On	0
H0010	Alcohol and/or drug services; sub-acute detoxification (residential addiction program inpatient)	On	No auth requirement up to 200 units. Prior Authorization Request = ON after 200 Units Total of identified HCPC Series Codes.
H0011	Alcohol and/or drug services; acute detoxification (residential addiction program inpatient)	On	0
H0012	Alcohol and/or drug services; sub-acute detoxification (residential addiction program outpatient)	On	0
H0013	Alcohol and/or drug services; acute detoxification (residential addiction program outpatient)	On	0
H0014	Alcohol and/or drug services; ambulatory detoxification	On	0
H0015	Alcohol and/or drug services; intensive outpatient treatment (treatment program that operates at least three hours/day and at least three days/week and is based on an individualized treatment plan) including assessment, counseling, crisis intervention, and activity therapies or education	On	0
H0017	Behavioral health; residential (hospital residential treatment program), without room and board; per diem	On	0



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H0018	Behavioral health; short-term residential (non-hospital residential treatment program), without room and board; per diem	On	0
H0019	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	On	0
H0020	Alcohol and/or drug services; methadone administration and/or service (provisions of the drug by a licensed program)	On	No auth requirement up to 200 units. Prior Authorization Request = ON after 200 Units Total of identified HCPC Series Codes.
H0021	Alcohol and drug training service for staff	Off	0
H0022	Alcohol and/or drug intervention service (planned facilitation)	Off	0
H0023	Behavioral health outreach service (planned approach to reach a targeted population)	Off	0
H0024	Behavioral health prevention information dissemination service (one way direct or non-direct contact with service audiences to affect knowledge and attitude); 15 minutes	Off	0
H0025	Behavioral health prevention education service (delivered services with target population to affect knowledge, attitude and/or behavior), 15 minutes	Off	0
H0026	Alcohol and/or drug intervention service (planned facilitation)	Off	0
H0027	Alcohol and drug prevention service	Off	0
H0028	Alcohol and/or drug prevention problem identification and referral service	Off	0
H0029	Alcohol and/or drug prevention alternatives service (services for populations that exclude alcohol and other drug use, e.g. alcohol-free social events)	Off	0



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H0030	Behavioral health hotline service	Off	0
H0031	Mental health assessment, by non-physician	Off	0
H0032	Mental health service plan development by non-physician	Off	0
H0033	Oral medication administration, direct observation	Off	0
H0034	Medication training and support; per 15 minutes	Off	0
H0035	Mental health partial hospitalization, treatment, less than 24 hours	On	0
H0038	Self-help/peer services; per 15 minutes	Off	0
H0041	Foster Care child, non-therapeutic; per diem	Off	0
H0042	Foster Care child, non-therapeutic; per month	Off	0
H0043	Supported housing; per diem	Off	0
H0044	Supported housing; per month	Off	0
H0045	Respite care services, not in the home; per diem	Off	0
H0046	Mental Health Services NOS	Off	0
H0048	Alcohol and/or other drug testing: collection and handling only, specimens other than blood	Off	0
H0049	Alcohol and/or drug screening	Off	0
H0050	Alcohol and/or drug service, brief intervention; per 15 minutes	Off	0
H1000	Prenatal care, at-risk assessment	Off	0
H1001	Prenatal care, at-risk enhanced service; antepartum management	Off	0
H1002	Prenatal care, at-risk enhanced service; care coordination	Off	0
H1003	Prenatal care, at-risk enhanced service; education	Off	0



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H1004	Prenatal care, at-risk enhanced service; follow-up home visit	Off	0
H1005	Prenatal care, at-risk enhanced service package (includes H1001-H)	Off	0
H1010	Non-medical family planning education; per session	Off	0
H1011	Family assessment by licensed behavioral health professional for state defined purposes	Off	0
H2000	Comprehensive multidisciplinary evaluation	On	No auth requirement up to 200 units. Prior Authorization Request = ON after 200 Units Total of identified HCPC Series Codes.
H2001	Rehab program half day	On	No auth requirement up to 200 units. Prior Authorization Request = ON after 200 Units Total of identified HCPC Series Codes.
H2010	Comprehensive medication services; per 15 minutes	Off	0
H2011	Crisis Intervention Services; per 15 minutes	On	No auth requirement up to 200 units. Prior Authorization Request = ON after 200 Units Total of identified HCPC Series Codes.
H2012	Behavioral health day treatment; per hour	On	0
H2014	Skills training and development; per 15 minutes	On	No auth requirement up to 200 units. Prior Authorization Request = ON after 200 Units Total of identified HCPC Series Codes.
H2015	Comprehensive community support services; per 15 minutes	On	No auth requirement up to 200 units. Prior Authorization Request = ON after 200 Units Total of identified HCPC Series Codes.
H2016	Comprehensive community support services; per diem	On	No auth requirement up to 200 units. Prior Authorization Request = ON after 200 Units Total of identified HCPC Series Codes.



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H2017	Psychosocial rehabilitation services; per 15 minutes	On	No auth requirement up to 200 units. Prior Authorization Request = ON after 200 Units Total of identified HCPC Series Codes.
H2019	Therapeutic behavioral services; per 15 minutes	On	No auth requirement up to 200 units. Prior Authorization Request = ON after 200 Units Total of identified HCPC Series Codes.
H2020	Therapeutic behavioral services; per diem In NE Therapeutic group home	On	No auth requirement up to 200 units. Prior Authorization Request = ON after 200 Units Total of identified HCPC Series Codes.
H2021	Community-based wrap-around services; per 15 min	On	No auth requirement up to 200 units. Prior Authorization Request = ON after 200 Units Total of identified HCPC Series Codes.
H2023	Supported employment; per 15 minutes	Off	0
H2024	Supported employment; per diem	Off	0
H2025	Ongoing support to maintain employment; per 15 minutes	Off	0
H2026	Ongoing support to maintain employment; per diem	Off	0
H2027	See Notes - per 15 minutes	Off	0
H2028	Sexual offender treatment service, per 15 minutes	On	No auth requirement up to 200 units. Prior Authorization Request = ON after 200 Units Total of identified HCPC Series Codes.
H2030	Clubhouse services ; per 15 min	On	No auth requirement up to 200 units. Prior Authorization Request = ON after 200 Units Total of identified HCPC Series Codes.
H2031	Clubhouse services; per diem	On	No auth requirement up to 200 units. Prior Authorization Request = ON after 200 Units Total of identified HCPC Series Codes.
H2032	Activity Therapy	Off	0



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CODE	SERVICE DESCRIPTION	AUTHORIZATION REQUIREMENT	Notes (0= No Additional Comments)
H2034	Alcohol and/or drug abuse halfway house services; per diem	On	No auth requirement up to 200 units. Prior Authorization Request = ON after 200 Units Total of identified HCPC Series Codes.
H2035	Alcohol and/or drug treatment program; per hour	On	No auth requirement up to 200 units. Prior Authorization Request = ON after 200 Units Total of identified HCPC Series Codes.
H2036	Alcohol and/or other drug treatment program; per diem	On	No auth requirement up to 200 units. Prior Authorization Request = ON after 200 Units Total of identified HCPC Series Codes.
H2037	Developmental delay prevention activities, dependent child of client, per 15 minutes	On	0
M0064	Brief Office Visit for the Sole Purpose of Monitoring or Changing Drug Prescriptions Used in the Treatment of Mental Psychoneurotic and Personality Disorders	Off	0
Q3014	Telehealth original site facility	Off	0
S5108	Home care training to home care client, per 15 minutes	On	0
S5110	Home care training, family; per 15 minutes	On	0
S5150	Unskilled respite care, not hospice; per 15 minutes	On	0
S9110	In-home telemonitoring	Off	0
S9484	Crisis intervention mental health services; per hour	On	No auth requirement up to 200 units. Prior Authorization Request = ON after 200 Units Total of identified HCPC Series Codes.
S9485	Crisis intervention mental health services; per diem	On	No auth requirement up to 200 units. Prior Authorization Request = ON after 200 Units Total of identified HCPC Series Codes.
T1001	Nursing Assessment/Evaluation	On	0
T1002	RN services up to 15 minutes	Off	0
T1003	LPN/ LVN services, up to 15 minutes	On	0



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CODE	SERVICE DESCRIPTION	AUTHORIZATION REQUIREMENT	Notes (0= No Additional Comments)
T1005	Respite care services, up to 15 minutes	Off	0
T1006	Alcohol and/or substance abuse services, family/couple counseling	On	No auth requirement up to 200 units. Prior Authorization Request = ON after 200 Units Total of identified HCPC Series Codes.
T1007	Alcohol and/or substance abuse services, treatment plan development and/or modification	On	No auth requirement up to 200 units. Prior Authorization Request = ON after 200 Units Total of identified HCPC Series Codes.
T1012	Alcohol and/or substance abuse services, skills development	Off	0
T1013	Sign language or oral interpretive services; per 15 minutes	Off	0
T1014	Telehealth telemedicine	Off	0
T1015	Clinic encounter all-inclusive	Off	0
T1016	Case management, each 15 minutes	Off	0
T1023	Screening to determine the appropriateness of consideration of an individual for participation in a specified program, project or treatment protocol; per encounter	Off	0
T1024	Team evaluation & management	Off	0
T1027	Family training & counseling	Off	0
T1502	Psychotropic Medication Administration	Off	0
T2010	Preadmission screening and resident review (pasrr) level 1 identification screening; per screen	Off	0
T2011	Preadmission screening and resident review level 2 evaluation; per evaluation	Off	0
T2012	Children's Day Treatment	Off	0
T2014	Pre-vocational Services - per diem	Off	0



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T2015	Pre-vocational Services - per hour	Off	0
T2017	Community integration counseling	Off	0
T2018	Supported Employment Job Development	Off	0
T2019	Supported Employment	Off	0
T2020	Day Habilitation	Off	0
T2021	Pre-admission PASSR assessment	Off	0
T2024	Service Assessment Plan of Care Dev	Off	0
T2025	Waiver Services; Not Otherwise Specified (NOS)	Off	0
T2027	Specialized childcare, waiver; per 15 minutes	On	0
T2033	Psychiatric residential treatment facility - per diem	On	0
T2036	Therapeutic camping, overnight, waiver; each session	On	0
T2037	Therapeutic camping, day, waiver; each session	On	0
T2048	Behavioral health; long-term care residential (non-acute care in a residential treatment program community-based per diem)	On	0