



Medicare Behavioral Health Authorization List

Effective 5/26/18

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

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CODE	SERVICE DESCRIPTION	AUTHORIZATION REQUIREMENT	Comments
513	Psych clinic	No	
516	Urgent Care Clinic	Yes	
519	Other clinic- med supervised withdrawal	Yes	
520	Freestanding clinic	No	
521	Rural Clinic	No	
529	Other freestanding clinic	No	
900	BH treatment services	Yes	
901	ECT- electroshock treatment	Yes	
905	Intensive Outpatient - providers should be instructed to use proper code with 915	Yes	
906	Intensive Outpatient - providers should be instructed to use proper code with 915	Yes	
910	BH treatment services	Yes	
911	Substance abuse rehabilitation	Yes	
914	Psychiatric/Psychological Services- Individual therapy	Yes	
916	Psychiatric/Psychological Services- Family therapy	Yes	
917	Biofeedback	Yes	
918	Testing	Yes	
919	Other BH treatment services	Yes	
944	Drug Rehabilitation	Yes	
945	Alcohol Rehabilitation	Yes	
1001	Behavioral Health Residential- psychiatric	Yes	
1002	Detox - Docimillary (DASA)	Yes	
90785	Interactive complexity add-on code	No	
90791	Psychiatric diagnostic evaluation (no medical Services)	No	
90792	Psychiatric diagnostic evaluation with medical services	No	

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CODE	SERVICE DESCRIPTION	AUTHORIZATION REQUIREMENT	Comments
90832	Psychotherapy, 30 mins	Yes	Auth required as of visit 21
90833	30 min psychotherapy add on code when performed with E/M Service- (list separately)	No	
90834	Psychotherapy, 45 mins	Yes	Auth required as of visit 21
90836	45 minute psychotherapy add on code when performed with E/M Service (list separately)	No	
90837	Psychotherapy, 60 mins	Yes	Auth required as of visit 21
90838	60 min psychotherapy when performed with E/M service (list separately)	No	
90839	Psychotherapy for crisis, first 60 min.	Yes	Auth required as of visit 21
90840	crisis code add on for each additional 30 min.	No	
90845	Psychoanalysis	No	
90846	Family Psychotherapy, without patient present	Yes	Auth required as of visit 21
90847	Family Psychotherapy, 45 min	Yes	Auth required as of visit 21
90849	Multiple-family group psychotherapy	Yes	Auth required as of visit 21
90853	Group psychotherapy	Yes	Auth required as of visit 21
90863	Pharmacologic management, add on code	No	
90865	Narcosynthesis	No	
90867	Therapeutic Repetitive Transcranial (TMS)	Yes	
90868	Therapeutic Repetitive Transcranial (TMS)	Yes	
90869	Therapeutic Repetitive Transcranial (TMS)	Yes	
90870	Electroconvulsive Therapy	Yes	
90875	Ind psycho therapy incorporating bio feedback 30 min	No	
90876	Ind psycho therapy incorporating bio feedback 45 min	No	
90880	Hypnotherapy	Yes	
90882	Complex care management	No	

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CODE	SERVICE DESCRIPTION	AUTHORIZATION REQUIREMENT	Comments
90885	Psych eval of hospital records	No	
90887	Interpretation or explan of results of psych exam and procedures Outpatient Collateral, 15 min.	Yes	
90889	Prep of report of pt psych status	No	
90899	Unlisted Psychiatric procedure	Yes	
96001	comp.comput.motion analysis	No	
96020	Functional brain mapping	No	
96101	Psychological testing	No	Auth required after 5 hours of testing
96102	Psychological testing	No	Auth required after 5 hours of testing
96103	Psychological testing	No	Auth required after 5 hours of testing
96105	Assessment of Aphasia of speech/lang	Yes	
96110	Developmental screening with interp	No	
96111	Developmental testing	Yes	Auth required after 5 hours of testing
96116	Neurobehavioral status exam w clin assess	Yes	Auth required after 5 hours of testing
96118	Neuropsychological Testing per hour	Yes	Auth required after 5 hours of testing
96119	Neuropsych Testing Admin by Technician per hour	Yes	Auth required after 5 hours of testing
96120	Neuropsych Testing Admin by Computer per occurrence	Yes	Auth required after 5 hours of testing
96125	Standardized cognitive perf testing	Yes	Auth required after 5 hours of testing
96127	Brief emotional needs assessment	No	
96150	Nursing Assessment and Care-Initial	No	
96151	Nursing Assessment and Care-Re-Assessment	No	
96152	H&B individual intervention	No	
96153	H&B group intervention	No	
96154	Health & Behavior Intervention with patient present	No	

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CODE	SERVICE DESCRIPTION	AUTHORIZATION REQUIREMENT	Comments
96155	Health & Behavior Intervention without patient present	No	
96160	Administration of patient-focused health risk assessment instrument (eg, health hazard appraisal) with scoring and documentation, per standardized instrument	No	
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	No	
96372	Medication administration	No	
97537	Community integration counseling	Yes	
99051	Services rendered after hours	No	
99058	Office Emergency Services	No	
99201	New Patient Office Visit Level 1	No	
99202	New Patient Office Visit Level 2	No	
99203	New Patient Office Visit Level 3	No	
99204	New Patient Office Visit Level 4	No	
99205	New Patient Office Visit Level 5	No	
99211	Est Patient Office Visit Level 1	No	
99212	Est Patient Office Visit Level 2	No	
99213	Est Patient Office Visit Level 3	No	
99214	Est Patient Office Visit Level 4	No	
99215	Est Patient Office Visit Level 5	No	
99221	Initial Hospital Care-comprehensive; low complexity	No	

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CODE	SERVICE DESCRIPTION	AUTHORIZATION REQUIREMENT	Comments
99222	Initial Hospital Care-comprehensive; moderate complexity	No	
99223	Initial Hospital Care-comprehensive; high complexity	No	
99224	Subsequent observation Care	No	
99225	Subsequent observation Care	No	
99226	Subsequent observation Care	No	
99231	Subsequent Hospital Care-focused; low complexity	No	
99232	Subsequent Hospital Care-focused; moderate complexity	No	
99233	Subsequent Hospital Care-focused; high complexity	No	
99234	Observation-comprehensive; low complexity	No	
99235	Observation-comprehensive; moderate complexity	No	
99236	Observation-comprehensive; high complexity	No	
99238	Discharge Day Management- 30 min or less	No	
99239	Discharge Day Management-more than 30 min	No	
99241	Problem focused; straightforward-15 min	No	
99242	Expanded; straightforward-30 min	No	
99243	Detailed; low complexity-40 min	No	
99244	Comprehensive; moderate complexity-60 min	No	
99245	Comprehensive; high complexity-80 min	No	
99251	Initial Consultation-focused, straightforward	No	
99252	Initial Consultation-expanded, straightforward	No	
99253	Initial Consultation-detailed, low complexity	No	
99254	Initial Consultation-comprehensive, moderate complexity	No	
99255	Initial Consultation-comprehensive, high complexity	No	

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CODE	SERVICE DESCRIPTION	AUTHORIZATION REQUIREMENT	Comments
99281	ER Consultation-focused, straightforward	No	
99282	ER Consultation-expanded; low complexity	No	
99283	ER Consultation-expanded; moderate complexity	No	
99284	ER Consultation-detailed; moderate complexity	No	
99285	ER Consultation-comprehensive; high complexity	No	
99304	Nursing facility consultation 25 min	No	
99305	Nursing facility consultation 35 min	No	
99306	Nursing facility consultation 45 min	No	
99307	Evaluation Management nursing facility 10 min	No	
99308	Evaluation Management nursing facility 15 min	No	
99309	Evaluation Management nursing facility 25 min	No	
99310	Evaluation Management nursing facility 35 min	No	
99341	Home visit, new patient	No	
99342	Home visit, new patient	No	
99343	Home visit, new patient	No	
99344	Home visit, new patient	No	
99345	Home visit, new patient	No	
99347	Home visit, est patient	No	
99348	Home visit, est patient	No	
99349	Home visit, est patient	No	
99350	Home visit, est patient	No	
99354	Prolonged evaluation and mgmt psycho therapy svcs	No	
99355	Prolonged evaluation and mgmt psycho therapy svcs	No	
99366	Medical team conference	No	
99367	Medical team conference with family	No	
99368	Medical team conference without family	No	

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CODE	SERVICE DESCRIPTION	AUTHORIZATION REQUIREMENT	Comments
99401	Preventive counseling, individual	No	
99402	Preventive counseling, individual 30 min	No	
99403	Preventive counseling, individual 45 min	No	
99404	Preventive counseling, individual	No	
99406	Smoking cessation	No	
99407	Smoking cessation	No	
99408	Alcohol substance abuse BH change intervention	No	
99409	Alcohol and substance abuse screening and brief intervention	No	
99411	Preventive counseling, individual 60 min	No	
99412	Preventive medicine group counseling- 60 min	No	
99510	Home visit, single, family counseling	No	
907, H2012	Community behavioral program (day treatment)	Yes	
915 and G0410 or G0411/ or H0035	Partial Hospitalization	Yes	
915, H0015	BH intensive outpatient substance abuse	Yes	
915, S9480	BH intensive outpatient psychiatric	Yes	
G0176	Recreation, related to the care and treatment of patients disabling mental health problems; per session (45 minutes or more)	No	
G0177	Training and educational services related to the care and treatment of patients disabling mental health problems per session (45 minutes or more)	No	
G0396	Alcohol/subs interv 15-30mn	Yes	
G0397	Alcohol/subs interv >30 min	Yes	

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

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CODE	SERVICE DESCRIPTION	AUTHORIZATION REQUIREMENT	Comments
H0006	Alcohol and/or drug services; case management	Yes	
H0007	Alcohol and/or drug services; crisis intervention (outpatient)	No	
H0008	Alcohol and/or drug services; sub acute detoxification (outpatient)	Yes	
H0009	Alcohol and/or drug services; acute detoxification (hospital inpatient)	Yes	
H0010	Alcohol and/or drug services; sub-acute detoxification (residential addiction program inpatient)	Yes	
H0011	Alcohol and/or drug services; acute detoxification (residential addiction program inpatient)	Yes	
H0012	Alcohol and/or drug services; sub-acute detoxification (residential addiction program outpatient)	Yes	
H0013	Alcohol and/or drug services; acute detoxification (residential addiction program outpatient)	Yes	
H0014	Alcohol and/or drug services; ambulatory detoxification	Yes	
H0015	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	Yes	
H0016	Alcohol and/or drug services; medical/somatic (medical intervention in ambulatory setting)	Yes	

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CODE	SERVICE DESCRIPTION	AUTHORIZATION REQUIREMENT	Comments
H0017	Behavioral health; residential (hospital residential treatment program), without room and board; per diem	Yes	
H0018	Behavioral health; short-term residential (non hospital residential treatment program), without room and board; per diem	Yes	
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	Yes	
H0020	Alcohol and/or drug services; methadone administration and/or service (provisions of the drug by a licensed program)	Yes	No auth requirement up to 200 units. Prior Authorization Request =ON after 200 Units Total of all HCPC Series Codes
H0021	Alcohol and Drug training service for staff	No	
H0022	Alcohol and/or drug intervention service (planned facilitation)	No	
H0023	Behavioral health outreach service (planned approach to reach a targeted population)	No	
H0024	Behavioral health prevention information dissemination service (one way direct or non-direct contact with service audiences to affect knowledge and attitude); 15 minutes	No	
H0025	Behavioral health prevention education service (delivered of services with target population to affect knowledge, attitude and/or behavior); 15 minutes	No	

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CODE	SERVICE DESCRIPTION	AUTHORIZATION REQUIREMENT	Comments
H0026	Alcohol and/or drug intervention service (planned facilitation)	No	
H0027	Alcohol and drug prevention service	No	
H0028	Alcohol and/or drug prevention problem identification and referral service	No	
H0029	Alcohol and/or drug prevention alternatives service (services for populations that exclude alcohol and other drug use e.g. alcohol free social events)	No	
H0030	Behavioral health hotline service	No	
H0031	Mental health assessment, by non-physician	No	
H0032	Mental health service plan development by non-physician	No	
H0033	Oral medication administration, direct observation	No	
H0034	Medication training and support; per 15 minutes	No	
H0035	Mental health partial hospitalization, treatment, less than 24 hours	Yes	
H0036	Community psychiatric supportive treatment, face to face	Yes	
H0037	Community psychiatric supportive treatment program; per diem	Yes	
H0038	Self-help/peer services; per 15 minutes	No	
H0039	Assertive Community Treatment; per 15 min	Yes	
H0040	Assertive Community Treatment; per diem	Yes	
H0041	Foster Care child, non therapeutic per diem	No	
H0042	Foster Care child, non therapeutic per month	No	

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CODE	SERVICE DESCRIPTION	AUTHORIZATION REQUIREMENT	Comments
H0043	Supported housing; per diem	No	
H0044	Supported housing; per month	No	
H0045	Respite care services, not in the home; per diem	No	
H0046	Mental Health Services NOS	No	
H0047	Alcohol and drug services not otherwise specified	Yes	
H0048	Alcohol and/or other drug testing: collection and handling only, specimens other than blood	No	
H0049	Alcohol and/or drug Screening	No	
H0050	Alcohol and/or Drug Service, Brief Intervention; per 15 minutes	No	
H1000	Prenatal care, at-risk assessment	No	
H1001	Prenatal care, at-risk enhanced service; antepartum management	No	
H1002	Prenatal care, at risk enhanced service; care coordination	No	
H1003	Prenatal care, at-risk enhanced service; education	No	
H1004	Prenatal care, at-risk enhanced service; follow-up home visit	No	
H1005	Prenatal care, at-risk enhanced service package (includes H1001-H)	No	
H1010	Non-medical family planning education; per session	No	
H1011	Family assessment by licensed behavioral health professional for state defined purposes	No	
H2000	Comprehensive multidisciplinary evaluation	Yes	
H2001	Rehab program 1/2 day	Yes	

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CODE	SERVICE DESCRIPTION	AUTHORIZATION REQUIREMENT	Comments
H2010	Comprehensive medication services; per 15 minutes	No	
H2011	Crisis Intervention Services; per 15 Minutes	Yes	
H2012	Behavioral health day treatment; per hour	Yes	
H2013	Psychiatric health facility service per diem	Yes	
H2014	Skills training and development; per 15 minutes	Yes	
H2015	Comprehensive community support services; per 15 minutes	Yes	
H2016	Comprehensive community support services; per diem	Yes	
H2017	Psychosocial rehabilitation services; per 15 minutes	Yes	
H2018	Psychosocial rehabilitation services; per diem	Yes	
H2019	Therapeutic behavioral services; per 15 minutes	Yes	
H2020	Therapeutic behavioral services; per diem In NE Therapeutic group home	Yes	
H2021	Community-based wrap-around services; per 15 min	Yes	
H2022	Community-based wrap-around services; per diem (intensive in-home services)	Yes	
H2023	Supported employment; per 15 minutes	No	
H2024	Supported employment; per diem	No	
H2025	Ongoing support to maintain employment; per 15 minutes	No	
H2026	Ongoing support to maintain employment; per diem	No	
H2027	See Notes - per 15 minutes	No	
H2028	Sexual offender treatment service, per 15 minutes	Yes	
H2029	Sex Offend Tx Svc, Per Diem	Yes	

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CODE	SERVICE DESCRIPTION	AUTHORIZATION REQUIREMENT	Comments
H2030	Clubhouse services ; per 15 min	Yes	No auth requirement up to 200 units. Prior Authorization Request =ON after 200 Units Total of all HCPC Series Codes
H2031	Clubhouse services; per diem	Yes	No auth requirement up to 200 units. Prior Authorization Request =ON after 200 Units Total of all HCPC Series Codes
H2032	Activity Therapy	No	
H2033	Multi-systemic Therapy for Juveniles; per 15 minutes	Yes	
H2034	Alcohol and/or drug abuse halfway house services; per diem	Yes	
H2035	Alcohol and/or drug treatment program; per hour	Yes	
H2036	Alcohol and/or other drug treatment program; per diem	Yes	
H2037	Developmental delay prevention activities, dependent child of client, per 15 minutes	Yes	
M0064	Brief Office Visit for the Sole Purpose of Monitoring or Changing Drug Prescriptions Used in the Treatment of Mental Psychoneurotic and Personality Disorders	No	
Q3014	Telehealth original site facility	No	
S0109	Methadone, oral, 5mg	No	
S0201	Alcohol and/or drug treatment program; per hour	Yes	
S5108	Home care training to home care client, per 15 minutes	Yes	

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CODE	SERVICE DESCRIPTION	AUTHORIZATION REQUIREMENT	Comments
S5110	Home care training, family; per 15 minutes	Yes	
S5145	Behavioral health specialized foster care	Yes	
S5150	Unskilled respite care, not hospice; per 15 minutes	Yes	
S9110	In home telemonitoring	No	
S9123	In home psychiatric nursing	Yes	
S9475	Ambulatory setting substance abuse treatment or detoxification services; per diem	Yes	
S9480	Intensive outpatient psychiatric services; per diem; in IL use 913 in combination with this code	Yes	
S9482	Family stabilization services; per 15 minutes	Yes	
S9484	Crisis intervention mental health services; per hour	Yes	
S9485	Crisis intervention mental health services; per diem	Yes	
T1001	Nursing Assessment/ Evaluation	Yes	
T1002	RN services up to 15 minutes	Yes	
T1003	LPN/ LVN services up to 15 minutes	Yes	
T1005	Respite care services, up to 15 minutes	No	
T1006	Alcohol and/or substance abuse services, family/couple counseling	Yes	
T1007	Alcohol and/or substance abuse services, treatment plan development and/or modification	Yes	
T1012	Alcohol and/or substance abuse services, skills development	No	
T1013	Sign language or oral interpretive services; per 15 minutes	No	
T1014	Telehealth telemedicine	No	

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CODE	SERVICE DESCRIPTION	AUTHORIZATION REQUIREMENT	Comments
T1015	Clinic encounter all inclusive	No	
T1016	Case management, each 15 minutes	Yes	
T1017	Targeted case management, each 15 minutes	Yes	
T1019	Personal care services; per 15 minutes	Yes	
T1020	Personal care services; per diem	Yes	
T1023	Screening to determine the appropriateness of consideration of an individual for participation in a specified program, project or treatment protocol; per encounter	No	
T1024	Team evaluation & management	No	
T1027	Family training & counseling	No	
T1502	Psychotropic Medication Administration	No	
T2001	Non emergency transportation; patient attendant/escort	Yes	
T2002	Non-emergency transportation; per diem	Yes	
T2003	Non-emergency transportation; encounter/trip	Yes	
T2004	Non-emergency transport; commercial carrier, multi-pass	Yes	
T2005	Non-emergency transportation; stretch van	Yes	
T2010	Preadmission screening and resident review (pasrr) level i identification screening; per screen	No	
T2011	Preadmission screening and resident review level ii evaluation; per evaluation	No	
T2012	Children's Day Treatment	No	
T2014	Pre-vocational Services - per diem	No	

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CODE	SERVICE DESCRIPTION	AUTHORIZATION REQUIREMENT	Comments
T2015	Pre-Vocational Services - per hour	No	
T2017	Community integration counseling	No	
T2018	Supported Employment Job Development	No	
T2019	Supported Employment	No	
T2020	Day Habilitation	No	
T2021	Pre admission PASSR assessment	No	
T2022	Other specified case management service not elsewhere classified	No	
T2023	Targeted Case Management- per month	Yes	
T2024	Service Assessment Plan of Care Dev	No	
T2025	Waiver Services; Not Otherwise Specified (NOS)	No	
T2027	Specialized childcare, waiver; per 15 minutes	Yes	
T2033	Psychiatric residential treatment facility- per diem	Yes	
T2036	Therapeutic camping, overnight, waiver; each session	Yes	
T2037	Therapeutic camping, day, waiver; each session	Yes	
T2048	Behavioral health; long-term care residential (non-acute care in a residential treatment program community based per diem	Yes	