

Nebraska Behavioral Health Authorization List

Authorization is not a Guarantee of Payment** Not all services below are covered - please verify member's benefits for coverage of specific codes and services.

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CODE	LEVEL OF CARE	MODIFIER	MODIFIER	Authorization Requirement	Notes (0 = No Additional Information)
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
451	Emergency Room			Off	0
510	Clinic encounter all inclusive			Off	0



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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
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
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

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90832	Psychotherapy, 30 mins	HF, U2/HF, U4/HF,	U5/HF, U6/HF, U9	Off	U9 = Functional Family therapy/30min
90833	30-minute psychotherapy add-on code when performed with E/M Service - (list separately)	U4	U5	Off	0
90834	Psychotherapy, 45 mins	HF, U2/HF, U4/HF, U9	U5/HF, U6/HF	Off	U9 = Functional Family therapy/30min
90836	45-minute psychotherapy add-on code when performed with E/M Service (list separately)	U4	U5	Off	0
90837	Psychotherapy, 60 mins	HF, U2/HF, U4/HF,	U5/HF, U6/HF,	Off	U9 = Functional Family therapy/30min
90838	60-minute psychotherapy when performed with E/M service (list separately)	U4	U5	Off	0
90839	Psychotherapy for crisis, first 60 min.			Off	0
90840	Crisis code add-on for each additional 30 min.			Off	0
90845	Psychoanalysis			Off	0
90846	Family psychotherapy, without patient present	HF, U2/HF, U4/HF,	U5/HF, U6/HF, HA/HF, U9	Off	U9 = Functional Family therapy/30min
90847	Family psychotherapy, 45 min	HF, ET/HF, HA/HF, U2/HF, U3/HF, U4/HF, U5/HF, U6/HF, U7, U8		Off	U9 = Functional Family therapy/30min
90849	Multiple-family group psychotherapy			Off	0
90853	Group psychotherapy	HF, U2/HF, U3/HF, U4/HF, U6/HF		Off	0
90863	Pharmacologic management, add on code			Off	0
90865	Narcosynthesis			Off	0
90875	Ind psycho therapy incorporating bio feedback, 30 min			Off	0
90876	Ind psycho therapy incorporating bio feedback, 45 min			Off	0
90882	Complex care management			Off	0



Effective 3/1/2019

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90885	Psych eval of hospital records			Off	0
90887	Interpretation or explanation of results of psych exam and procedures - Outpatient Collateral, 15 min.	HF, U5/HF,		Off	0
90889	Prep of report of pt psych status			Off	0
96001	comp.comput.motion analysis			Off	0
96020	Functional brain mapping			Off	0
96105	Assessment of Aphasia of speech/lang			On	0
96110	Developmental screening with interp			Off	0
96112	Developmental test administration (including assessment of fine and/or gross motor, language, cognitive level, social, memory and/or executive functions by standardized developmental instruments when performed), by physician or other qualified healthcare professional, with interpretation and report; first hour			On	On after 5 Units
96113	Developmental test administration (including assessment of fine and/or gross motor, language, cognitive level, social, memory and/or executive functions by standardized developmental instruments when performed), by physician or other qualified healthcare professional, with interpretation and report; each additional 30 minutes (List separately in addition to code for primary procedure)			On	On after 5 Units
96116	Neurobehavioral status exam w clin assess			On	On after 5 Units

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96121	Neurobehavioral status exam (clinical assessment of thinking, reasoning and judgment, [eg, acquired knowledge, attention, language, memory, planning and problem solving, and visual spatial abilities]), by physician or other qualified healthcare professional, both face-to-face time with the patient and time interpreting test results and preparing the report; each additional hour (List separately in addition to code for primary procedure)			On	On after 5 Units
96125	Standardized cognitive perf testing			On	On after 5 Units
96127	Brief emotional needs assessment			Off	0
96130	Psychological testing evaluation services by physician or other qualified healthcare professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report, and interactive feedback to the patient, family member(s) or caregiver(s), when performed; first hour			On	On after 5 Units
96131	Psychological testing evaluation services by physician or other qualified healthcare professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report, and interactive feedback to the patient, family member(s) or caregiver(s), when performed; each additional hour (List separately in addition to code for primary procedure)			On	On after 5 Units

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96132	Neuropsychological testing evaluation services by physician or other qualified healthcare professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report, and interactive feedback to the patient, family member(s) or caregiver(s), when performed; first hour			On	On after 5 Units
96133	Neuropsychological testing evaluation services by physician or other qualified healthcare professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report, and interactive feedback to the patient, family member(s) or caregiver(s), when performed; each additional hour (List separately in addition to code for primary procedure)			On	On after 5 Units
96136	Psychological or neuropsychological test administration and scoring by physician or other qualified healthcare professional, two or more tests, any method; first 30 minutes			On	On after 5 Units
96137	Psychological or neuropsychological test administration and scoring by physician or other qualified healthcare professional, two or more tests, any method; each additional 30 minutes (List separately in addition to code for primary procedure)			On	On after 5 Units
96138	Psychological or neuropsychological test administration and scoring by technician, two or more tests, any method; first 30 minutes			On	On after 5 Units

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96139	Psychological or neuropsychological test administration and scoring by technician, two or more tests, any method; each additional 30 minutes (List separately in addition to code for primary procedure)			On	On after 5 Units
96146	Psychological or neuropsychological test administration, with single automated, standardized instrument via electronic platform, with automated result only			On	On after 5 Units
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
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

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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
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

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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
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

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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
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	Use MN Criteria for Group ABA Therapy
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.
G0409	Social work and psychological services, directly relating to and/or furthering the patient's rehabilitation goals			Off	0
G0410	Partial hospitalization			On	0

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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; Iowa = 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
G2011	Alcohol and/or substance (other than tobacco) abuse structured assessment (e.g., audit, DAST), and brief intervention, 5-14 minutes			On	0
H0001	Alcohol and/or drug assessment	52		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
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.

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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
H0018	Behavioral health; short-term residential (non-hospital residential treatment program), without room and board; per diem			On	0

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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
H0030	Behavioral health hotline service			Off	0
H0031	Mental health assessment, by non-physician	31		Off	0

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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
H0036	Community psychiatric supportive treatment, face-to-face	HN		On	No auth requirement up to 200 units. Prior Authorization Request = ON after 200 Units Total of identified HCPC Series Codes.
H0036	Community psychiatric supportive treatment, face to face	HO		On	No auth requirement up to 200 units. Prior Authorization Request =ON after 200 Units Total of identified HCPC Series Codes.
H0036	Community psychiatric supportive treatment, face to face	HM		On	No auth requirement up to 200 units. Prior Authorization Request =ON after 200 Units Total of identified HCPC Series Codes.
H0038	Self-help/peer services; per 15 minutes			Off	0
H0040	Assertive Community Treatment; per diem	52		On	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	5 units
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

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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
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	SK, HA		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	52		On	0
H2013	Psychiatric health facility service; per diem	UA, U8, UC		On	Residential Psychiatric service hospital based
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	HE, HF		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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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.
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.
H2018	Psychosocial rehabilitation services; per diem	HK	HF, HH	On	0
H2019	Therapeutic behavioral services; per 15 minutes	TT, 52, 22		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	UA, UB, UC		On	LOC = Therapeutic group home
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	Use MN Criteria for Day Treatment Service
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.

Nebraska Behavioral Health Authorization List

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Auth Required Key: On = Authorization Required for Medical Necessity review; Off= No Authorization Required; Auto-Approve = Provider calls Intake for auto-approval but no medical necessity review

CODE	LEVEL OF CARE	MODIFIER	MODIFIER	Authorization Requirement	Notes (0 = No Additional Information)
H2032	Activity Therapy			Off	0
H2033	Multi-systemic therapy for juveniles; per 15 minutes			On	0
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.
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
S0109	Methadone, oral, 5mg			Off	0
S9110	In-home telemonitoring			Off	0
S9123	In-home psychiatric nursing			On	0
S9480	Intensive outpatient psychiatric services; per diem; in IL use 913 in combination with this code			On	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
T1003	LPN/ LVN services, up to 15 minutes			On	0

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CODE	LEVEL OF CARE	MODIFIER	MODIFIER	Authorization Requirement	Notes (0 = No Additional Information)
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
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	Prior authorization required after 2nd visit
T1027	Family training & counseling	UA, U8, UC		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
T2015	Pre-vocational Services - per hour	UC		Off	0
T2017	Community integration counseling			Off	0
T2018	Supported Employment Job Development			Off	0



Effective 3/1/2019

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CODE	LEVEL OF CARE	MODIFIER	MODIFIER	Authorization Requirement	Notes (0 = No Additional Information)
T2019	Supported Employment	UA, UB, UC		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
T2033	Psychiatric residential treatment facility - per diem	UC		On	0
T2048	Behavioral health; long-term care residential (non-acute care in a residential treatment program community-based per diem)	UA, UB, UC		On	0

Please note: **Nebraska Tribal Providers ONLY** - No authorization is required for Covered Services billed with the Places of Service 05, 06, 07 and 08.