



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

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CODE	MODIFIER	LEVEL OF CARE	PROVIDER TYPE	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	Facility	Off	0
513		Psych clinic	Facility	Off	0



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516		Urgent Care Clinic	Facility	Off	0
519		Other clinic - med supervised withdrawal	Facility	Off	0
520		Freestanding clinic	Facility	Off	0
521		Rural Clinic	Facility	Off	0
529		Other freestanding clinic	Facility	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	Facility	On	0
906		Intensive Outpatient - providers should be instructed to use proper code with 915	Facility	On	0
910		BH treatment services	Facility	On	0
911		Substance abuse rehabilitation	Facility	Off	0
914		Psychiatric/Psychological Services - Individual therapy	Facility	Off	0
916		Psychiatric/Psychological Services - Family therapy	Facility	Off	0
917		Biofeedback		On	0
918		Testing	Facility	Off	Psychological Testing
919		Other BH treatment services	Facility	Off	Medication Monitoring
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	MD, NP	Off	0
90791	26, SA, 2A 26, UC	Psychiatric diagnostic evaluation (no medical services)	MD,NP,PHD, LICENSE MASTER CLINICIAN	Off	0
90791	26, SA, 2A 26, UC, HF	Intake and Assessment: Psychiatric Diagnostic Evaluation (with no medical services)		Off	0



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90792	26, SA, 2A 26, UC, HF	Psychiatric diagnostic evaluation with medical services	MD, NP	Off	0
90832	26, SA, UC, HF	Psychotherapy, 30 mins	MD,NP,PHD, LICENSE MASTER CLINICIAN	On	No auth requirement up to 20 units. Prior authorization Request = ON after 20 units Total of identified 90000 Series Codes.
90833	SA, UC, HF	30-minute psychotherapy add-on code when performed with E/M Service - (list separately)	MD,NP	Off	0
90834	26, SA, UC, HF	Psychotherapy, 45 mins	MD,NP,PHD, LICENSE MASTER CLINICIAN	On	No auth requirement up to 20 units. Prior authorization Request = ON after 20 units Total of identified 90000 Series Codes.
90836	SA, UC, HF	45-minute psychotherapy add-on code when performed with E/M Service (list separately)	MD,NP	Off	0
90837		Psychotherapy, 60 mins	MD,NP,PHD, LICENSE MASTER CLINICIAN	On	No auth requirement up to 20 units. Prior authorization Request = ON after 20 units Total of identified 90000 Series Codes.
90838		60-minute psychotherapy when performed with E/M service (list separately)	MD,NP,PHD, LICENSE MASTER CLINICIAN	Off	0
90839		Psychotherapy for crisis, first 60 min.	MD,NP,PHD, LICENSE MASTER CLINICIAN	On	No auth requirement up to 20 units. Prior authorization Request = ON after 20 units Total of identified 90000 Series Codes.
90840		Crisis code add-on for each additional 30 min.	MD,NP,PHD, LICENSE MASTER CLINICIAN	Off	0
90845		Psychoanalysis	MD,NP,PHD, LICENSE MASTER CLINICIAN	Off	0
90846		Family psychotherapy, without patient present	PHD, LICENSED MASTER CLINICIAN	On	No auth requirement up to 20 units. Prior authorization Request = ON after 20 units Total of identified 90000 Series Codes.



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90847		Family psychotherapy, 45 min	PHD, LICENSED MASTER CLINICIAN	On	No auth requirement up to 20 units. Prior authorization Request = ON after 20 units Total of identified 90000 Series Codes.
90849		Multiple-family group psychotherapy	PHD, LICENSED MASTER CLINICIAN	On	No auth requirement up to 20 units. Prior authorization Request = ON after 20 units Total of identified 90000 Series Codes.
90853	UC, HF	Group psychotherapy	PHD, LICENSED MASTER CLINICIAN	On	On At visit 21; 90 min & up to 12 people in substance abuse facility
90863		Pharmacologic management, add on code	MD,NP	Off	0
90865	SA, UC, HF	Narcosynthesis		Off	0
90867		Therapeutic Repetitive Transcranial (TMS)		On	0
90868		Therapeutic Repetitive Transcranial (TMS)		On	0
90869		Therapeutic Repetitive Transcranial (TMS)		On	0
90870		Electroconvulsive Therapy		On	0
90875		Ind psycho therapy incorporating bio feedback, 30 min	MD	Off	0
90876		Ind psycho therapy incorporating bio feedback, 45 min	MD	Off	0
90880		Hypnotherapy	MD	On	0
90882		Complex care management		Off	0
90885		Psych eval of hospital records	MD	Off	0
90887		Interpretation or explanation of results of psych exam and procedures - Outpatient Collateral, 15 min.	MD, NP, PHD, LICENSED MASTER CLINICIAN	On	On At visit 21; Group Therapy- 20 min; Family conference (25 min)
90889		Prep of report of pt psych status	MD	Off	0
90899		Unlisted Psychiatric procedure		On	0
96001	UC, SA, HF	comp.comput.motion analysis		Off	0



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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	This code constitutes 1-hour. No auth requirement up to 5 hours. Prior authorization Request = ON after 5 hours total of 1-hour psychological testing codes.
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	This code constitutes 1-hour. No auth requirement up to 5 hours. Prior authorization Request = ON after 5 hours total of 1-hour psychological testing codes.
96116		Neurobehavioral status exam w clin assess		On	This code constitutes 1-hour. No auth requirement up to 5 hours. Prior authorization Request = ON after 5 hours total of 1-hour psychological testing codes.



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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	This code constitutes 1-hour. No auth requirement up to 5 hours. Prior authorization Request = ON after 5 hours total of 1-hour psychological testing codes.
96125		Standardized cognitive perf testing		On	This code constitutes 1-hour. No auth requirement up to 5 hours. Prior authorization Request = ON after 5 hours total of 1-hour psychological testing codes.
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	This code constitutes 1-hour. No auth requirement up to 5 hours. Prior authorization Request = ON after 5 hours total of 1-hour psychological testing codes.



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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	This code constitutes 1-hour. No auth requirement up to 5 hours. Prior authorization Request = ON after 5 hours total of 1-hour psychological testing codes.
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	This code constitutes 1-hour. No auth requirement up to 5 hours. Prior authorization Request = ON after 5 hours total of 1-hour psychological testing codes.
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	This code constitutes 1-hour. No auth requirement up to 5 hours. Prior authorization Request = ON after 5 hours total of 1-hour psychological testing codes.



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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	This 30-minute code constitutes 1-unit. No auth requirement up to 5 units. Prior authorization Request = ON after 5 units total of 30-minute psychological testing codes.
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	This 30-minute code constitutes 1-unit. No auth requirement up to 5 units. Prior authorization Request = ON after 5 units total of 30-minute psychological testing codes.
96138		Psychological or neuropsychological test administration and scoring by technician, two or more tests, any method; first 30 minutes		On	This 30-minute code constitutes 1-unit. No auth requirement up to 5 units. Prior authorization Request = ON after 5 units total of 30-minute psychological testing codes.
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	This 30-minute code constitutes 1-unit. No auth requirement up to 5 units. Prior authorization Request = ON after 5 units total of 30-minute psychological testing codes.
96146		Psychological or neuropsychological test administration, with single automated, standardized instrument via electronic platform, with automated result only		On	This 30-minute code constitutes 1-unit. No auth requirement up to 5 units. Prior authorization Request = ON after 5 units total of 30-minute psychological testing codes.
96150		Health & Behavior - Initial Assessment		Off	0
96151		Health & Behavior - Reassessment		Off	0
96152		Health & Behavior individual intervention		Off	0



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96153		Health & Behavior group intervention		Off	0
96154	HF	Health & Behavior Intervention with patient present		Off	0
96155	HF	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
97151	HF	Behavior identification assessment, administered by a physician or other qualified healthcare professional, each 15 minutes of the physician's or other qualified healthcare professional's time face-to-face with patient and/or guardian(s)/caregiver(s) administering assessments and discussing findings and recommendations, and non-face-to-face analyzing past data, scoring/interpreting the assessment, and preparing the report/treatment plan		On	0



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97152		Behavior identification-supporting assessment, administered by one technician under the direction of a physician or other qualified healthcare professional, face-to-face with the patient, each 15 minutes		On	0
97153		Adaptive behavior treatment by protocol, administered by technician under the direction of a physician or other qualified healthcare professional, face-to-face with one patient, each 15 minutes		On	0
97154		Group adaptive behavior treatment by protocol, administered by technician under the direction of a physician or other qualified healthcare professional, face-to-face with two or more patients, each 15 minutes		On	0
97155		Adaptive behavior treatment with protocol modification, administered by physician or other qualified healthcare professional, which may include simultaneous direction of technician, face-to-face with one patient, each 15 minutes		On	0
97156		Family adaptive behavior treatment guidance, administered by physician or other qualified healthcare professional (with or without the patient present), face-to-face with guardian(s)/caregiver(s), each 15 minutes		On	0



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97157		Multiple-family group adaptive behavior treatment guidance, administered by physician or other qualified healthcare professional (without the patient present), face-to-face with multiple sets of guardians/caregivers, each 15 minutes		On	0
97158		Group adaptive behavior treatment with protocol modification, administered by physician or other qualified healthcare professional, face-to-face with multiple patients, each 15 minutes		On	0
97537		Community integration counseling		On	0
99051		Services rendered after hours		Off	0
99058		Office Emergency Services		Off	0
99201	HF	New Patient Office Visit, Level 1	MD, NP	Off	0
99202	HF	New Patient Office Visit, Level 2	MD, NP	Off	0
99203		New Patient Office Visit, Level 3	MD, NP	Off	0
99204		New Patient Office Visit, Level 4	MD, NP	Off	0
99205		New Patient Office Visit, Level 5	MD, NP	Off	0
99211	HF	Est Patient Office Visit, Level 1	MD, NP	Off	0
99212		Est Patient Office Visit, Level 2	MD, NP	Off	0
99213		Est Patient Office Visit, Level 3	MD, NP	Off	0
99214		Est Patient Office Visit, Level 4	MD, NP	Off	0
99215		Est Patient Office Visit, Level 5	MD, NP	Off	0
99221		Initial Hospital Care - comprehensive; low complexity	MD, NP	Off	0
99222		Initial Hospital Care - comprehensive; moderate complexity	MD, NP	Off	0
99223		Initial Hospital Care - comprehensive; high complexity	MD, NP	Off	0



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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	MD, NP	Off	0
99232		Subsequent Hospital Care - focused; moderate complexity	MD, NP	Off	0
99233		Subsequent Hospital Care - focused; high complexity	MD, NP	Off	0
99234		Observation - comprehensive; low complexity	MD, NP	Off	0
99235		Observation - comprehensive; moderate complexity	MD, NP	Off	0
99236		Observation - comprehensive; high complexity	MD, NP	Off	0
99238		Discharge Day Management - 30 min or less	MD, NP	Off	0
99239		Discharge Day Management - more than 30 min	MD, NP	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	MD, NP	Off	0
99252		Initial Consultation - expanded, straightforward	MD, NP	Off	0
99253		Initial Consultation - detailed, low complexity	MD, NP	Off	0
99254		Initial Consultation - comprehensive, moderate complexity	MD, NP	Off	0
99255		Initial Consultation - comprehensive, high complexity	MD, NP	Off	0
99281		ER Consultation - focused, straightforward	MD, NP	Off	0



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99282		ER Consultation - expanded; low complexity	MD, NP	Off	0
99283		ER Consultation - expanded; moderate complexity	MD, NP	Off	0
99284		ER Consultation - detailed; moderate complexity	MD, NP	Off	0
99285		ER Consultation - comprehensive; high complexity	MD, NP	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
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



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99401		Preventive counseling, individual	MD,NP, PHD,MASTER LICENSED CLINICIAN	Off	0
99402		Preventive counseling, individual, 30 min		Off	0
99403		Preventive counseling, individual, 45 min		Off	0
99404		Preventive counseling, individual	MD,NP, PHD,MASTER LICENSED CLINICIAN	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
0362T		Exposure Behavioral Follow-up Assessment		On	0
0373T		Exposure adaptive behavior treatment with protocol modification, 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)	Facility: CMHC	Off	0



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G0177		Training and educational services related to the care and treatment of patients disabling mental health problems per session (45 minutes or more)	Facility: CMHC	Off	0
G0396		Alcohol/subs interv 30min	Facility: CMHC	On	No auth requirement up to 200 units. Prior Authorization Request = ON after 200 Units Total of identified HCPC Series Codes.
G0397	HF	Alcohol/subs interv >30 min	Facility: CMHC	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	Facility: CMHC	Off	0
G0410		Partial hospitalization	Facility: CMHC	On	0
G0411		BH intensive outpatient substance abuse	Facility: CMHC	On	0
G0436		Tobacco-use counsel 3-10 min	Facility: CMHC	Off	0
G0437		Tobacco-use counsel >10min	Facility: CMHC	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	Facility: CMHC	Off	0



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H0002		Behavioral Health Screen to determine eligibility for admission to treatment program	Facility: CMHC	Off	0
H0003	HF	Alcohol and/or drug screening; laboratory analysis of specimens for presence of alcohol or drugs	Facility: CMHC	Off	0
H0004		Behavioral health counseling and therapy; per 15 minutes	Facility: CMHC	Off	0
H0005		Alcohol and/or drug services; group counseling by a clinician	Facility: CMHC	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.
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	HF	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.; Med Nec Criteria = SUD - Residential (covered Medicaid recipients aged 21 and younger and 65 and older)
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



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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	HF	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	Facility: CMHC	On	0
H0016	HF	Alcohol and/or drug services; medical/somatic (medical intervention in ambulatory setting)	Facility: CMHC	On	0
H0017		Behavioral health; residential (hospital residential treatment program), without room and board; per diem		On	0
H0018	HF	Behavioral health; short-term residential (non-hospital residential treatment program), without room and board; per diem		On	Med Nec Criteria = SUD - Residential (covered Medicaid recipients aged 21 and younger and 65 and older)
H0019	U1, U1 52, U2, U3, U3 52, U5	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	Facility: CMHC	On	Group home, currently no MN criteria, managed by market for LTSS only
H0020	HF, HF 26	Alcohol and/or drug services; methadone administration and/or service (provisions of the drug by a licensed program)		Off	Opioid treatment methadone - wkly bundled rate & methadone medication/dispensing (per diem)
H0021	U1, U1 52, U2, U3, U3 52, U5	Alcohol and drug training service for staff		Off	0



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H0022	HF, HF 26	Alcohol and/or drug intervention service (planned facilitation)	Facility: CMHC	Off	0
H0023		Behavioral health outreach service (planned approach to reach a targeted population)	Facility: CMHC	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	Facility: CMHC	Off	0
H0025		Behavioral health prevention education service (delivered services with target population to affect knowledge, attitude and/or behavior), 15 minutes	Facility: CMHC	Off	0
H0026		Alcohol and/or drug intervention service (planned facilitation)	Facility: CMHC	Off	0
H0027		Alcohol and drug prevention service	Facility: CMHC	Off	0
H0028		Alcohol and/or drug prevention problem identification and referral service	Facility: CMHC	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)	Facility: CMHC	Off	0
H0030		Behavioral health hotline service		Off	0
H0031		Mental health assessment, by non-physician	Facility: CMHC	Off	0
H0032		Mental health service plan development by non-physician	Facility: CMHC	Off	0



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H0033	HF, HF 26	Oral medication administration, direct observation	Facility: CMHC	Off	**opioid treatment non-methadone - weekly bundled rate; AND **non-methadone medication/dispensing (per diem)
H0034		Medication training and support; per 15 minutes	Facility: CMHC	Off	0
H0035	HF, HF 26	Mental health partial hospitalization, treatment, less than 24 hours	Facility: CMHC	On	Partial Care (Per Hour; Max of 5 hours/day)
H0036	HQ 52, 52, HQ, HM, HM HQ	Community psychiatric supportive treatment, face-to-face	Facility: CMHC	On	No auth requirement up to 200 units. Prior Authorization Request =ON after 200 Units Total of identified HCPC Series Codes.; 2 yr Associate degree group (15 min unit) & HS, peer group/indiv (15 min unit)
H0037		Community psychiatric supportive treatment program; per diem	Facility: CMHC	On	0
H0038	HQ 52, 52, HQ, HM, HM HQ	Self-help/peer services; per 15 minutes	Facility: CMHC	Off	0
H0039	HN HQ, HN, HQ TE, TE	Assertive Community Treatment; per 15 min		On	Bachelor group (15 min unit) & LPN individual (15 min unit)
H0040	22	Assertive Community Treatment; per diem		On	Monthly rate; ≥ 2 hrs per month
H0041	HN HQ, HN, HQ TE, TE	Foster Care child, non-therapeutic; per diem		Off	0
H0042	22	Foster Care child, non-therapeutic; per month		Off	0
H0043		Supported housing; per diem	Facility: CMHC	Off	0
H0044		Supported housing; per month	Facility: CMHC	Off	0
H0045		Respite care services, not in the home; per diem	Facility: CMHC	Off	0
H0046		Mental Health Services NOS	Facility: CMHC	Off	0
H0047		Alcohol and drug services not otherwise specified	Facility: CMHC	On	0



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H0048		Alcohol and/or other drug testing: collection and handling only, specimens other than blood	Facility: CMHC	Off	0
H0049		Alcohol and/or drug screening	Facility: CMHC	Off	0
H0050		Alcohol and/or drug service, brief intervention; per 15 minutes	Facility: CMHC	Off	0
H1000		Prenatal care, at-risk assessment	Facility: CMHC	Off	0
H1001		Prenatal care, at-risk enhanced service; antepartum management	Facility: CMHC	Off	0
H1002		Prenatal care, at-risk enhanced service; care coordination		Off	0
H1003		Prenatal care, at-risk enhanced service; education	Facility: CMHC	Off	0
H1004		Prenatal care, at-risk enhanced service; follow-up home visit	Facility: CMHC	Off	0
H1005		Prenatal care, at-risk enhanced service package (includes H1001-H)		Off	0
H1010		Non-medical family planning education; per session	Facility: CMHC	Off	0
H1011		Family assessment by licensed behavioral health professional for state defined purposes	Facility: CMHC	Off	0
H2000	HE	Comprehensive multidisciplinary evaluation		On	No auth requirement up to 200 units. Prior Authorization Request =ON after 200 Units Total of identified HCPC Series Codes.; APN individual, physician individual (15 min unit)
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.



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H2010		Comprehensive medication services; per 15 minutes	Facility: CMHC	Off	Med Nec Criteria = SUD - Residential (covered Medicaid recipients aged 21 and younger and 65 and older)
H2011		Crisis Intervention Services; per 15 minutes	Facility: CMHC	On	No auth requirement up to 200 units. Prior Authorization Request = ON after 200 Units Total of identified HCPC Series Codes.
H2012	HE	Behavioral health day treatment; per hour	Facility: CMHC	On	0
H2013		Psychiatric health facility service; per diem	Facility: CMHC	On	0
H2014		Skills training and development; per 15 minutes	Facility: CMHC	On	No auth requirement up to 200 units. Prior Authorization Request = ON after 200 Units Total of identified HCPC Series Codes.
H2015	He, HE HO, HE TD	Comprehensive community support services; per 15 minutes	Facility: CMHC	On	No auth requirement up to 200 units. Prior Authorization Request =ON after 200 Units Total of identified HCPC Series Codes.; Master's, licensed professional of the healing arts individual, RN, psychologist
H2016		Comprehensive community support services; per diem	Facility: CMHC	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	Facility: CMHC	On	No auth requirement up to 200 units. Prior Authorization Request = ON after 200 Units Total of identified HCPC Series Codes.
H2018	He, HE HO, HE TD	Psychosocial rehabilitation services; per diem	Facility: CMHC	On	0
H2019		Therapeutic behavioral services; per 15 minutes	Facility: CMHC	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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H2020		Therapeutic behavioral services; per diem In NE Therapeutic group home	Facility: CMHC	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	Facility: CMHC	On	No auth requirement up to 200 units. Prior Authorization Request = ON after 200 Units Total of identified HCPC Series Codes.
H2022		Community-based wrap-around services; per diem (intensive in-home services)	Facility: CMHC	On	0
H2023		Supported employment; per 15 minutes	Facility: CMHC	Off	0
H2024		Supported employment; per diem	Facility: CMHC	Off	0
H2025		Ongoing support to maintain employment; per 15 minutes	Facility: CMHC	Off	0
H2026		Ongoing support to maintain employment; per diem	Facility: CMHC	Off	0
H2027		See Notes - per 15 minutes	Facility: CMHC	Off	Use MN Criteria for Psych Education
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.
H2029		Sex Offend Tx Svc, Per Diem		On	0
H2030		Clubhouse services ; per 15 min	Facility: CMHC	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	Facility: CMHC	On	No auth requirement up to 200 units. Prior Authorization Request = ON after 200 Units Total of identified HCPC Series Codes.
H2032		Activity Therapy	Facility: CMHC	Off	0
H2033		Multi-systemic therapy for juveniles; per 15 minutes	Facility: CMHC	On	0



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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.; SUD: Partial care treatment in substance abuse facility (per diem)
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	Facility: CMHC	Off	0
Q3014		Telehealth original site facility	Facility: CMHC	Off	0
S0109		Methadone, oral, 5mg	Facility: CMHC	Off	0
S0201		Alcohol and/or drug treatment program; per hour	Facility: CMHC	On	0
S5108		Home care training to home care client, per 15 minutes		On	0
S5110		Home care training, family; per 15 minutes		On	0
S5145		Behavioral health specialized foster care		On	0
S5150		Unskilled respite care, not hospice; per 15 minutes		On	0
S9110		In-home telemonitoring		Off	0
S9123		In-home psychiatric nursing		On	0



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S9475		Ambulatory setting substance abuse treatment or detoxification services; per diem		On	0
S9480		Intensive outpatient psychiatric services; per diem; in IL use 913 in combination with this code	Facility: CMHC	On	0
S9482		Family stabilization services; per 15 minutes	Facility: CMHC	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	Facility: CMHC	On	0
T1002		RN services up to 15 minutes	Facility: CMHC	Off	0
T1003		LPN/ LVN services, up to 15 minutes	Facility: CMHC	On	0
T1005		Respite care services, up to 15 minutes	Facility: CMHC	Off	0
T1006		Alcohol and/or substance abuse services, family/couple counseling	Facility: CMHC	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	Facility: CMHC	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	Facility: CMHC	Off	0
T1013		Sign language or oral interpretive services; per 15 minutes	Facility: CMHC	Off	0
T1014		Telehealth telemedicine		Off	0
T1015		Clinic encounter all-inclusive	Facility: CMHC	Off	0
T1016		Case management, each 15 minutes		Off	0



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T1017	52	Targeted case management, each 15 minutes	Facility: CMHC	On	Targeted Case Management with PATH Homelessness Transition and Justice Services (15 min)
T1019		Personal care services; per 15 minutes	Facility: CMHC	On	0
T1020		Personal care services; per diem	Facility: CMHC	On	0
T1023		Screening to determine the appropriateness of consideration of an individual for participation in a specified program, project or treatment protocol; per encounter	Facility: CMHC	Off	0
T1024	52	Team evaluation & management	Facility: CMHC	Off	0
T1027		Family training & counseling	Facility: CMHC	Off	0
T1502		Psychotropic Medication Administration		Off	0
T2001		Non emergency transportation; patient attendant/escort	Facility: CMHC	On	0
T2002		Non-emergency transportation; per diem	Facility: CMHC	On	0
T2003		Non-emergency transportation; encounter/trip	Facility: CMHC	On	0
T2004		Non-emergency transport; commercial carrier, multi-pass	Facility: CMHC	On	0
T2005		Non-emergency transportation; stretch van	Facility: CMHC	On	0
T2010		Preadmission screening and resident review (pasrr) level 1 identification screening; per screen	Facility: CMHC	Off	0
T2011		Preadmission screening and resident review level 2 evaluation; per evaluation	Facility: CMHC	Off	0
T2012		Children's Day Treatment	Facility: CMHC	Off	0
T2014		Pre-vocational Services - per diem		Off	0
T2015		Pre-vocational Services - per hour		Off	0
T2017		Community integration counseling		Off	0
T2018		Supported Employment Job Development		Off	0



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T2019		Supported Employment		Off	0
T2020		Day Habilitation		Off	0
T2021		Pre-admission PASSR assessment		Off	0
T2022		Other specified case management service not elsewhere classified		On	0
T2023		Targeted Case Management - per month		On	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