**Behavioral Health benefits, codes, authorization rules and limitations**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Services** | **Service code** | **Authorization required** | **Population** | **Limitations** |
| Psychiatric diagnostic interview | 90791 | No | Medicaid | None |
| Psychiatric diagnostic evaluation with medical services | 90792 | No | Medicaid | None |
| Individual psychotherapy, 20-30 min | 90832 | No | Medicaid | None |
| Individual psychotherapy, 45-50 min | 90834 | No | Medicaid | None |
| Individual psychotherapy, 60 minutes | 90837 | No | Medicaid | None |
| Crisis psychotherapy (first 60 minutes) | 90839 | No | Medicaid | None |
| Crisis psychotherapy (each additional 30 minutes) | 90840 | No | Medicaid | None |
| Psychoanalysis | 90845 | No | Medicaid | None |
| Family psychotherapy (without the patient present) | 90846 | No | Medicaid | None |
| Family psychotherapy (conjoint psychotherapy) (with patient present) | 90847 | No | Medicaid | None |
| Multiple-family group psychotherapy (with patient present) | 90849 | No | Medicaid | None |
| Group psychotherapy (other than of a multiple-family group)(NC) | 90853 | No | Medicaid | None |
| Electroconvulsive therapy (includes necessary monitoring); single seizure | 90870 | Yes | Medicaid | None |
| Biofeedback , 20-30 minutes | 90875 | No | Medicaid | None |
| **Services** | **Service code** | **Authorization required** | **Population** | **Limitations** |
| Biofeedback, 45-50 minutes | 90876 | No | Medicaid | None |
| Collateral service | 90887 | No | Medicaid | None |
| Psychological testing | 96101 | Yes | Medicaid | None |
| Psychological testing, administered by technician | 96102 | Yes | Medicaid | None |
| Psychological testing, administered by a computer | 96103 | Yes | Medicaid | None |
| Neurobehavioral status exam (clinical) | 96116 | Yes | Medicaid | None |
| Neuropsychological testing | 96118 | Yes | Medicaid | None |
| Neuropsych testing admin by technician | 96119 | Yes | Medicaid | None |
| Neuropsych testing admin by computer | 96120 | Yes | Medicaid | None |
| Assessment health/behavior initial | 96150 | No | Medicaid | None |
| Assessment health/behavior subsequent | 96151 | No | Medicaid | None |
| Inpatient professional: initial hospital care (30 min.) | 99221 | Yes | Medicaid | None |
| Inpatient professional: initial hospital care (50 min.) | 99222 | Yes | Medicaid | None |
| Inpatient professional: initial hospital care (70 min.) | 99223 | Yes | Medicaid | None |
| Inpatient professional: subsequent hospital care (15 min.) | 99231 | Yes | Medicaid | None |
| Inpatient professional: subsequent hospital care (25 min.) | 99232 | Yes | Medicaid | None |
| Inpatient professional: subsequent hospital care (35 min.) | 99233 | Yes | Medicaid | None |
| Inpatient professional: observation or inpatient hospital care, low complexity | 99234 | Yes | Medicaid | None |
| Inpatient professional: observation or inpatient hospital care, moderate complexity | 99235 | Yes | Medicaid | None |
| Inpatient professional: observation or inpatient hospital care, high complexity | 99236 | Yes | Medicaid | None |
| Inpatient professional: hospital discharge day management: more than 30 minutes | 99238 | Yes | Medicaid | None |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Services** | **Service code** | **Authorization required** | **Population** | **Limitations** |
| Inpatient professional: hospital discharge day management: 30 minutes or less | 99239 | Yes | Medicaid | None |
| Inpatient professional: initial hospital evaluation, 20 minutes | 99251 | Yes | Medicaid | None |
| Inpatient professional: initial hospital evaluation, 40 minutes | 99252 | Yes | Medicaid | None |
| Inpatient professional: initial hospital evaluation, 55 minutes | 99253 | Yes | Medicaid | None |
| Inpatient professional: initial hospital evaluation, 80 minutes | 99254 | Yes | Medicaid | None |
| Inpatient professional: initial hospital evaluation, 110 minutes | 99255 | Yes | Medicaid | None |
| Alcohol and substance (other than tobacco) abuse structure screening (e.g., AUDIT, DAST) and brief intervention (SBI) services; 15-30 minutes | 99408 | No | Medicaid | None |
| Alcohol and substance (other than tobacco) abuse structure screening (e.g., AUDIT, DAST) and brief intervention (SBI) services; over 30 minutes | 99409 | No | Medicaid | None |
| Medication management | 99201 - 99215 (with appropriate add on codes) | No | Medicaid | Four services, per physician (non- psychiatrist), per member, per 12 months. - 2 units per follow-up for medication management/therapy (1 unit = 15 minutes); |
| Annual alcohol misuse screening, 15 minutes | G0442 | No | Medicaid | None |
| Brief face-to-face behavioral counseling for alcohol misuse, 15 minutes | G0443 | No | Medicaid | None |
| Alcohol and/or drug assessment | H0001 | No | Medicaid | None |
| Behavioral health screening to determine eligibility for admission to treatment program | H0002 | No | Medicaid | None |
| **Services** | **Service code** | **Authorization required** | **Population** | **Limitations** |
| Alcohol and/or drug screening; laboratory analysis of specimens for presence of alcohol and / or drugs | H0003 | No | Medicaid | None |
| Mental health intensive outpatient program | H0004 | Yes | Medicaid | None |
| Alcohol and/or drug services; sub-acute detoxification (residential addiction program inpatient) | H0010 | Yes | Medicaid | None |
| Alcohol and/or drug services; intensive outpatient treatment, per diem | H0015 | Yes | Medicaid | None |
| Behavioral health short term residential, per diem | H0018 | Yes | Medicaid | None |
| Behavioral health long term residential, per diem | H0019 | Yes | Medicaid | None |
| Mental health assessment by non-physician | H0031 | No | Medicaid EFFECTIVE retrospective to1/1/14 | None |
| Mental health service plan development by non-physician | H0032 | No | Medicaid EFFECTIVE retroactive to 1/1/14 | None |
| Mental health partial hospitalization, treatment, less than 24 hours | H0035 | Yes | Medicaid | None |
| Self-help/peer support; per 15 minutes | H0038 | No | Medicaid | None |
| Assertive community treatment; monthly | H0040 | Yes | Medicaid | 1 unit per month |
| Mental Health Services NOS | H0046 | No | Medicaid | None |
| Alcohol and / or drug brief treatment | H0047 | No | Medicaid | None |
| Alcohol and/or drug service, brief intervention; per 15 minutes | H0050 | No | Medicaid | None |
| **Services** | **Service code** | **Authorization required** | **Population** | **Limitations** |
| Comprehensive medication services; per 15 minutes | H2010 | No | Medicaid | Four (4) services, per physician (non-psychiatrist), per member, per twelve (12) months. - 2 units per follow-up for medication management/therapy (1 unit = 15 minutes); |
| Crisis intervention services; per 15 minutes | H2011 | No | Medicaid | None |
| Behavioral health day treatment; per hour | H2012 | Yes | Medicaid | None |
| Therapeutic behavioral services | H2019 | Yes | Medicaid EFFECTIVE retroactive to 5/1/14 | None |
| Comprehensive community supports (per 15 minutes) | H2021 | Yes | Medicaid | None |
| Community support services: paraprofessional | H2021 HM | Yes | Medicaid | None |
| Community support services: professional | H2021 HN | Yes | Medicaid | None |
| Community support services: parent to parent | H2021 HS | Yes | Medicaid | None |
| Inpatient mental health | Rev Codes (0114, 0118, 0120, 0124, 0128, 0134) | Yes | Medicaid | None |
| **Services** | **Service code** | **Authorization required** | **Population** | **Limitations** |
| Inpatient medical detoxification | Rev Codes (0116, 0126, 0136) | Yes | Medicaid | None |
| Psychiatric residential treatment facility (Level I) | Revenue Code 1001 | Yes | Medicaid | None |
| Therapeutic foster care | S5145 | Yes | Medicaid | None |
| Intensive outpatient psychiatric service per diem | S9480 | Yes | Medicaid | None |
| Crisis intervention mental health services; per hour/mobile crisis | S9484 | No | Medicaid | None |
| Crisis stabilization (per day) | S9485 | No | Medicaid | None |
| Alcohol and/or substance abuse services, treatment plan development and/or modification | T1007 | No | Medicaid | None |
| Alcohol and/or substance abuse services, skills development | T1012 | Yes | Medicaid | None |
| Case management, each 15 minutes | T1016 | No | Medicaid | None |
| Targeted case management, each 15 minutes | T1017 | Yes | Medicaid | None |
| Family training and counseling, 15 minutes | T1027 | No | Medicaid | None |
| Children’s day treatment | T2012 | Yes | Medicaid | None |
| Targeted case management, SMI | T2023 | Yes | Medicaid | 1 unit per month |
| Targeted case management, substance use | T2023 HF | Yes | Medicaid | 1 unit per month |
| Targeted Case Management, Complex | T2023 TG | Yes | Medicaid | 1 unit per month |
| Targeted Case Management, SED | T2023 UA | Yes | Medicaid | 1 unit per month |