

## UCare

### 2012 Pre-Notification/Authorization Grid for Mental Health and Chemical Dependency Services

Service	Codes	Pre-Notification Required?	Initial Authorization Required?	Calendar Year Threshold Units	Authorization Required Beyond Threshold Units?	Medicare Covered?
<b>Diagnostic Assessment (for State Public Program Members)</b>					Yes	Yes
Four Levels				2 Sessions of 90801 (excluding Extended).		
Brief	90801 with 52 modifier	No	No	For definitions of service levels, please refer to:  <a href="http://www.dhs.state.mn.us/main/groups/publications/documents/pub/dhs16_162553.pdf">http://www.dhs.state.mn.us/main/groups/publications/documents/pub/dhs16_162553.pdf</a>		
Standard	90801 with no modifier	No	No			
Adult Update	90801 with TS modifier	No	No			
Extended	90801 with TG modifier	Yes	No			
<b>Diagnostic Assessment (for Medicare Members)</b>	90801	No	No	2 Sessions of 90801	Yes	Yes
<b>Psychotherapy*</b>						
Individual ( <i>non HK modifier</i> )	90804 – 90809 90816 – 90829	No	No	20 Units of any combination of 90804-90829, except for 90810 through 90815.	Yes	Yes
Family ( <i>non HK modifier</i> )	90846 - 90849	No	No	26 Sessions, cumulative, of any combination of 90846-90849.		
Group ( <i>non HK modifier</i> )	90853	No	No	52 Sessions of 90853.		
*Includes UA modifier.						
<b>Psychological Testing</b>	96101 96102	No	No	4 Units of any combination of 96101-96102.	Yes	Yes
	96103	No	No	1 Unit of 96103.		
<b>Medication Management</b>	90862	No	No	12 Units of 90862.	Yes	Yes

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Submit authorization requests 14 calendar days prior to the start of service for non-urgent conditions.

All services subject to member eligibility and benefit coverage.

Clinical criteria determined by product.

For Calendar Year Threshold Units not listed above, contact BHP (763.525.9919 or 1.800.361.0491) or MMSI (1.800.645.6296) for additional information.

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<b>Brief Office Visit for Monitoring or Changing Drug Prescriptions</b>	M0064	No	No	N/A	N/A	Yes
<b>Evaluation and Management Codes performed by physician, clinical nurse specialist, or nurse practitioner</b>	99210-99285	No	No	N/A	N/A	Yes
<b>Crisis Assessment</b>	S9484	No	No	N/A	N/A	No
<b>Children's Crisis Response</b>	S9484	No	No			
<b>Crisis Stabilization</b>		No	No			
<b>Crisis Intervention Mobile</b>		No	No			
<b>Interactive Procedures</b>	90802 (All levels) 90810 90811 90812 90814 90815 90857	Yes	No	N/A	N/A	Yes
<b>Electroconvulsive Therapy</b>	90870	No	No	N/A	N/A	Yes
<b>Biofeedback</b>	90875	Yes- up to 1	No	N/A	N/A	Yes
<b>Explanation of Findings</b>	90887	No	No	Authorization is required to exceed 2 sessions per calendar year. Maximum of 4 sessions per calendar year.	Yes	No
<b>Neuropsychological Testing</b>	96118 96119 96120	Yes- up to 8 units in any combination	No		Yes	Yes

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<b>Certain CTSS Services</b>						
Children's Day Treatment provided under CTSS (pending Administrative Uniformity Committee approval)	H2012 with UA Modifier	Yes	No	N/A	N/A	No
Skills Training	H2014	No	No	400 Units of any combination of H2014, H2019, and H2015.	Yes	No
Therapeutic Behavioral Services	H2019 with UA modifier	No	No		Yes	No
Community Support Services	H2015 with UA modifier	No	No		Yes	No
<b>Adult Day Treatment</b>	H2012	Yes	No	N/A	Yes	No
<b>Cognitive Remediation</b>	H2012					No
<b>Health and Behavior Assessment/Intervention (under physician order)</b>	96150-96154	No	No	N/A	N/A	Yes
<b>Neuropsychological Rehab.</b>	97535	Yes	No			Yes
<b>Partial Hospitalization</b>	H0035 for State Public Programs.  Revenue Codes for Medicare.	Yes	No			Yes

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**Revised 12/6/11**

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<b>ARMHS</b> Psychosocial Rehab. Community Intervention Medication Education	H2017 90882 H0034	No	No	Authorization is required for more than 300 hours per calendar year combined total of H2017, H2017 HM and H2017 HQ.  Authorization is required for more than 10 hours per month or 72 hours per calendar year for 90882.  Authorization is required for more than 26 hours per calendar year of H0034 and 26 hours per calendar year of H0034 HQ	Yes	No
<b>ACT</b>	H0040	Yes – up to 365 days	No	N/A	Yes	No
<b>IRTS</b>	H0019	Yes - up to 90 days	No	N/A	Yes	No
<b>Children’s Residential Treatment (Mental Health)</b>	Revenue Codes 090X to 091X	No	Yes - up to 30 days	N/A	Yes	No
<b>Mental Health Targeted Case Management</b>	T2023/T1017	Yes- up to 6 months.	No	N/A	Yes	No
<b>Crisis Residential</b>	H0018	Yes- up to 10 days		N/A.	Yes	No

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<b>Intensive Outpatient for Dialectical Behavior Therapy</b>	H2019 with U1 modifier or U1/HQ modifiers	No	Yes- up to 26 hours ( 104 units) of individual DBT therapy per six months: up to 78 hours (312 units) of group DBT skills training per six months	Up to 26 hours (104 units) of individual DBT therapy per six months; Up to 78 hours (312 units) of group DBT skills training per six months.	Yes	No
<b>Certified Peer Specialist</b>	H0038	No	No	After 300 hours per member per year.	Yes	No
<b>Chemical Dependency Assessments</b>	Codes vary by payer.	Yes, with receipt of full Rule 25 Assessment.	No	Contact BHP or MMSI for more information.		Yes
<b>Chemical Dependency Outpatient</b>	Codes vary by payer.	Yes	No	Contact BHP or MMSI for more information.		
<b>Methadone Maintenance</b>	H0020	Yes, with receipt of full Rule 25 Assessment-up to 60 days	No		Yes	No
<b>Chemical Dependency Residential</b>	Coverage and Codes vary by payer.	Yes, within 24 hours of admission.	No	Contact BHP or MMSI for more information.	N/A	Follow Medicare guidelines.
<b>Inpatient Mental Health Admissions</b>		Yes, within 24 hours of admission.	No	Contact BHP or MMSI for more information.	N/A	Yes
<b>Inpatient Chemical Dependency Admissions</b>		Yes, within 24 hours of admission.	No	Contact BHP or MMSI for more information.	N/A	Yes

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