



Medicaid Adult MH/SU Services Benefit Plan
Effective July 1, 2019
Updated July 1, 2022

Medicaid Adult Mental Health (MH) Services				
Service Description	Benefit Limit	Level of Care	Source	Documentation Required for Authorization
<p>Assertive Community Treatment Team:</p> <p>H0040 (DJ)</p>	<p>Initial: 4 units for 30 days. If member enters treatment with less than 14 days left in calendar month, authorize 4 units for partial month + 4 units for 30 days.</p> <p>1st Concurrent: 24 units per 6 months. If member enters treatment with less than 14 days left in the calendar month, authorize 4 units for partial month +24 units per 6 months.</p> <p>2nd Concurrent and Beyond: 24 units per 6 months.</p> <p>Note: ACTT authorizations end on the last day of the month.</p>	<p>LOCUS: 3-5 ASAM: 1-2.5</p>	<p>8A-1</p>	<p>Initial: CCA and Service Order. Service Orders are valid for 1 year. Full PCP required by 1st concurrent authorization.</p> <p>1st Concurrent: PCP and CCP</p> <p>2nd Concurrent and Beyond: Updated PCP</p> <p>Note: If the provider submits the full PCP, CCP, CCA, and Service Order with the initial authorization—they may request 24 units per 6 months.</p> <p>Recommend a new CCA every 3 years</p>

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Assessment/Intake Codes: 90791 (DJ) (GT) (BT) 90792 (GT) +90785 (Interactive complexity Add-On code) +90785 KX (Interactive complexity Add-On code telephonic) +90785 GT Telehealth	No prior approval or authorization is required. 4 units per year, per member	LOCUS/CALOCUS: ≥ 1 ASAM: $\geq .05$	8C	N/A

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Service Description	Benefit Limit	Level of Care	Source	Documentation Required for Authorization
Community Support Team: H2015 HT U1 – CST Peer Support Specialist H2015 HT HM – CST Paraprofessional H2015 HT HN – CST Qualified Professional/Associate Professional H2015 HT HF – CST Substance Use Counselor (LCAS, LCAS-A, CCS, CSAC) * specific per service definition H2015 HT HO – CST Licensed Team Lead	<p>Initial: Pass-through of 36 units for 30 days only once per treatment episode, once per fiscal year.</p> <p>1st Concurrent: Up to 128 units per 60 days. For those seeking permanent supportive housing, up to 420 units for 60 days.</p> <p>2nd Concurrent: Up to 192 units per 90 days. For those seeking permanent supportive housing, up to 630 units for 90 days. Service intensity titrates down as the member demonstrates improvement in targeted life domains.</p>	LOCUS: 2-4 ASAM: 1-2.5	8A-6	<p>Notification SAR is Required for Pass-through on Initial Service Authorization Request (SAR)</p> <p>1st Concurrent: CCA, PCP, and Comprehensive Crisis Plan. Service Order is also required and is due on or before the first date of service. For those seeking permanent supportive housing, a housing goal must be included on the PCP.</p> <p>2nd Concurrent: Updated PCP. New CCA or CCA Addendum needed if member has been in services 6 months or more per calendar year. For those seeking permanent supportive housing, a housing goal must be included on the PCP.</p>

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Community Support Team (continued): H2015 HT U1 DJ – CST Peer Support Specialist (DOJ) H2015 HT HM DJ – CST Paraprofessional (DOJ) H2015 HT HN DJ – CST Qualified Professional/Associate Professional (DOJ) H2015 HT HF DJ – CST Substance Use Counselor (LCAS, LCAS-A, CCS, CSAC) * specific per service definition (DOJ) H2015 HT HO DJ – CST Licensed Team Lead (DOJ)				

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Developmental Testing: <u>Effective 1/1/19:</u> 96112, +96113, 96110	No prior approval or authorization is required up to and including 10 hours. One (1) episode per year. Ten (10) hour limit for all testing codes/year.	NA	8C	N/A
Diagnostic Assessment: T1023 T1023 (GT)	No prior approval or authorization is required. 1 visit per year per member.	LOCUS/CALOCUS: ≥ 1 ASAM: $\geq .05$	8C	N/A
E/M Assessment Codes: 99201-99205 (GT)	E/M Codes have unlimited benefits. No prior approval or authorization is required.	LOCUS/CALOCUS: ≥ 1 ASAM: $\geq .05$	8C	N/A
E/M Established Patient Codes: 99211-99215 (GT)	E/M Codes have unlimited benefits. No prior approval or authorization is required.	LOCUS/CALOCUS: ≥ 1 ASAM: $\geq .05$	8C	N/A

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Family Therapy Codes: 90846-90847 (SR) (KX) (GT)	No prior approval or authorization is required.	LOCUS/CALOCUS: 1 ASAM: 1	8C	N/A
Group Therapy Codes: 90849; 90853 (KX) (GT)	No prior approval or authorization is required.	LOCUS/CALOCUS: 1 ASAM: 1	8C	N/A
Home Based Psychiatric Diagnostic Evaluation (Non-Medical): 90791 IH	No prior approval or authorization is required. 4 visits per year per member	LOCUS/CALOCUS: ≥ 1 ASAM: $\geq .05$	8C	N/A
Home Based Psychotherapy: 90832 IH (30 minutes) 90834 IH (45 minutes)	No prior approval or authorization is required.	LOCUS/CALOCUS: 1 ASAM: 1	8C	N/A
Mobile Crisis Management: H2011	32 units (8 hours) per 24-hours unmanaged	N/A	8A	Crisis Plan after 32 units per 24-hour period.

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Service Description	Benefit Limit	Level of Care	Source	Documentation Required for Authorization
Neurobehavioral Status Exam: 96116, +96121	No prior approval or authorization is required. One (1) episode of testing per year. Ten (10) hour limit for all codes/year.	NA	8C	N/A
Neuropsychological Testing: 96136, +96137, 96132, +96133, 96146	No prior approval or authorization is required up to and including 10 hours. One (1) episode of testing per year. Ten (10) hour limit for all codes/year.	NA	8C	N/A
Outpatient Consultation Codes: 99241-99245	Limit of 4 visits per year.	LOCUS/CALOCUS: 1 ASAM: 1	8C	N/A

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<p>Outpatient Individual Therapy: 90832-90834 (GT) (AH) (TU) (KX); 90837 (GT) (KX) (SR); 90845</p> <p>90839 – Psychotherapy for Crisis (30-74 minutes); 90839 KX – Crisis Therapy 60 Minute Telephonic 90839 GT - Telehealth</p> <p>+90840 – Psychotherapy for Crisis Beyond 74 minutes (add on code for crisis intervention)</p> <p>+90840 KX – 30 Minute Crisis Add on Telephonic</p> <p>+90840 GT - Telehealth</p> <p>90833 (GT); 90836 and 90838 allow add-on codes when EM code occurs Simultaneously.</p>	No prior approval or authorization is required.	LOCUS/CALOCUS: 1 ASAM: 1	8C	N/A

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Peer Support Services: H0038 – Peer Supports Individual H0038 HK - Peer Supports Individual Timely Follow-Up H0038 DJ – Peer Supports Individual (DOJ) H0038 HQ – Peer Supports Group H0038 HQ DJ – Peer Support Group (DOJ) H0038 EN - Peer Support Encounter	<u>No prior approval required.</u> 270 units per 90 days. Includes both individual and group.	LOCUS: 1 ASAM: 1	8G	Service Order is required and is due on or before the first date of service. Service Order is valid for 1 year. CCA, PCP, Service Order, and Comprehensive Crisis Plan. Updated PCP and Signature Page.

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Service Description	Benefit Limit	Level of Care	Source	Documentation Required for Authorization
Post Discharge Peer Bridger/Assertive Engagement: H0038 HK BD	No prior approval or authorization is required. Up to 4 visits per year.	LOCUS/CALOCUS: 1 ASAM: 1	8G	N/A
Psychological Testing: 96105, 96136, +96137, 96130, +96131, 96138, +96139, 96146, 96125, 96127	No prior approval or authorization is required up to and including 10 hours per year. One (1) episode of testing/year. Ten (10) hour limit for all codes/year.	NA	8C	N/A
Psychosocial Rehabilitation: H2017	No authorization required for members who receive 32 hours or less per week. For over 32 hours, initial and concurrent authorization is for up to one year. 32 hours = 128 units per week = 512 units per month	LOCUS/CALOCUS: 2-5 ASAM: 1-2.5	8A	If exceeding 32 hours per week: <u>Initial:</u> CCA, PCP, CCP, Service Order. <u>Concurrent:</u> Updated PCP

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Service Description	Benefit Limit	Level of Care	Source	Documentation Required for Authorization
Therapeutic Injection: 96372-96375	Up to 52 units per year; does not require authorization.	LOCUS/CALOCUS: ≥1 ASAM: ≥.05	8C	N/A

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Medicaid Adult Substance Use (SU) Services				
Service Description	Benefit Limit	Level of Care	Source	Documentation Required for Authorization
Ambulatory Detox: H0014	<p>Initial: Pass-through of 3 days, 72 units, maximum.</p> <p>Concurrent: Up to 3 days, 24 units/day, for 10 days maximum per episode of care.</p>	LOCUS: 4 ASAM: Level I-WM	8A	<p>Notification SAR is required for the pass-through.</p> <p>No clinical documentation required to be uploaded with the Notification SAR</p> <p>Concurrent: SAR with clinical information is required along with PCP/Tx Plan and Service Order (dated on or prior the first day the service was provided).</p> <p>Suggested but not required: CIWA or COWS score.</p>

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Service Description	Benefit Limit	Level of Care	Source	Documentation Required for Authorization
Non-Hospital Medical Detox: H0010	Initial: Pass-Through of 3 days Concurrent: Up to 7 days, 1 unit/day, for 10 days maximum per episode of care.	LOCUS: 3-5 ASAM: 3.7 WM	8A	Initial: Notification SAR is required for the pass-through. No clinical documentation required to be uploaded with the Notification SAR. Concurrent: SAR with clinical information is required along with PCP/Tx Plan and Service Order (dated on or prior the first day the service was provided). Suggested but not required: CIWA or COWS score.

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Service Description	Benefit Limit	Level of Care	Source	Documentation Required for Authorization
Outpatient Opioid Treatment: H0020 - Per Diem H0020 (U3) (OU) - Weekly	<u>No prior approval.</u> H0020 - up to 180 units for 180 days H0020 U3U - up to 26 units (26 weeks) for 180 days	LOCUS: ≥2 ASAM: OTP	8A	No prior approval required. Tx Plan. Service order is required and is due on or before the first date of service. Service Order must be signed by a MD or DO. Service Order is valid for 1 year. Updated Tx Plan and signature page.

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Service Description	Benefit Limit	Level of Care	Source	Documentation Required for Authorization
Substance Abuse Comprehensive Outpatient Treatment Program (SACOT): H2035	<p>Initial: Pass-through of 180 hours for 60 days; one per fiscal year.</p> <p>Concurrent: Additional units authorized per medical necessity, minimum is 4 hours, per day</p>	LOCUS: 3-5 ASAM: 2.5	8A	<p>Notification SAR is required for Pass-Through.</p> <p>Initial: PCP and CCP, Service order on file. Urine Drug Screen Results recommended.</p> <p>Concurrent: First request- submit above with updated PCP w/each additional request. Urine Drug Screen Results recommended.</p>

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Service Description	Benefit Limit	Level of Care	Source	Documentation Required for Authorization
Substance Abuse Intensive Outpatient (SAIOP): H0015	Initial: Pass-through of 13 units for 30 days once per fiscal year. Concurrent: Up to 26 units for 60 days. An additional 2 weeks can be authorized if medically necessary.	LOCUS: 3-5 ASAM: 2.1	8A	Notification SAR is required for Pass-Through. Initial: PCP and CCP, Service order on file. Urine Drug Screen Results recommended. Concurrent: First request- submit above with updated PCP w/each additional request. Urine Drug Screen Results recommended.
Substance Abuse Medically Monitored Community Residential Treatment: H0013	Initial: Up to 10 days Concurrent: Up to 10 days; no more than 30 days per 12 months.	LOCUS: 3-5 ASAM: 3.7	8A	Initial: PCP, CCP, Service order. Concurrent: Updated PCP w/each request.

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Service Description	Benefit Limit	Level of Care	Source	Documentation Required for Authorization
Substance Abuse Non-Medically Monitored Community Residential Treatment: H0012	Initial: Up to 10 days. Concurrent: Up to 10 days; no more than 30 days per 12 months.	LOCUS: 3-5 ASAM: 3.5 WM	8A	Initial: PCP and CCP, Service order. Concurrent: Updated PCP w/each request.

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NOTES

KX indicates telephonic. GT indicates telehealth.

+ Indicates an add-on code. Add-on codes cannot be billed separately and should be billed as an addition to a primary procedure code when applicable. Please consult the American Medical Association's CPT® Code Book for complete details.

- Services requiring a PCP include the service order. A separate service order is indicated for those services for which a treatment plan and service order is required.
- Evaluation/Management services may be delivered by an MD, PA or NP.
- Evaluation/Management services for adults and children are not limited and do not require authorization.
- **“Report 90785** When at least one of the following communication factors is present during the visit:
 1. The need to manage maladaptive communication (related to, e.g., high anxiety, high reactivity, repeated questions, or disagreement) among participants that complicates delivery of care.
 2. Caregiver emotions/behavior that interfere with implementation of the treatment plan.
 3. Evidence/disclosure of a sentinel event and mandated report to a third party (e.g., abuse or neglect with report to state agency) with initiation of discussion of the sentinel event and/or report with patient and other visit participants.
 4. Use of play equipment, physical devices, interpreter or translator to overcome barriers to diagnostic or therapeutic interaction with a patient who is not fluent in the same language or who has not developed or lost expressive or receptive language skills to use or understand typical language.

May Not Report With: Psychotherapy for crisis (90839,90840); E/M alone, i.e., E/M service not reported in conjunction with a psychotherapy add-on service; Family psychotherapy (90846, 990847, 90849).” CPT® five-digit codes, descriptions, and other data only are copyright 2012 by the American Medical Association (AMA). All Rights Reserved. No fee schedules, basic units, relative values or related listings are included in CPT®. CPT® is a registered trademark of the American Medical Association (AMA).

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Date of Change	Service and Section Revised	Actual Change
7/7/17	Ambulatory Detox	Added a pass-through period
7/27/17	Non-Hospital Detox	Added a pass-through period
8/1/17	Psychological Testing	Replaced codes that were deleted from the grid in error
8/2/17	B3 Supported Employment (MH)	Replaced pass-through that was deleted from the grid in error
8/14/17	B3 Supported Employment (MH)	Extended authorization limit to 6 months
8/30/17	Ambulatory Detox	Corrected pass-through information
9/6/17	B3 Individual Supports	Clarified notification SAR requirement
11/13/17	TICCA	Clarified hourly unit
2/2/18	Peer Support	Clarified benefit limit
2/15/18	Residential Level III	Shortened continued stay auth limit to 60 days
2/15/18	FCT	Clarified option to group codes on one SAR
2/15/18	Facility Based Crisis for Children	Added Service
3/23/18	Peer Support	Removed notification SAR requirement
7/1/18	Update in Formatting	Separated by Age and Disability
11/9/18	Electroconvulsive Therapy (ECT)	Added information re: unmanaged visits.
11/26/18	Eye Movement Desensitization and Reprocessing	Added Service
1/1/19	Developmental, Psychological, Neuropsychological Testing, FCT	Updated Code Changes
4/1/2019	Removed Specialty Services	Created Specialty Services Benefit Grid
7/1/2019	ECT, Partial Hospitalization	Relocated to Inpatient Benefit Grid
7/10/2019	Basic Outpatient Services	See Provider Alert: Unmanaged Outpatient Services
8/1/2019	Outpatient Opioid Treatment	Updated benefit limit for Opioid Treatment Services
9/19/19	Outpatient Opioid Treatment	Updated benefit limit for Opioid Treatment Services
11/6/19	Peer Support Services	Added Service
12/1/2019	Community Support Team	Updated benefit grid to reflect the new service definition
2/1/2020	Community Support Team	CST New Modifiers and PSH units

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Date of Change	Service and Section Revised	Actual Change
3/1/2020	ACTT	Clarified benefit limit for initial authorization
3/1/2020	Testing Codes	Increased Yearly Limits
3/25/2020	ACTT	Clarified benefit limit for initial authorization
4/9/2020	CST	Clarified benefit limit for concurrent authorization
4/9/2020	PSS	Clarified documentation requirements and benefit limit
4/9/2020	Ambulatory Detox	Clarified documentation requirements
4/9/2020	Non-Hospital Medical Detox	Clarified documentation requirements and benefit limit
4/9/2020	OOT	Clarified documentation requirements
5/1/2020	Interactive Complexity 90785	Clarified use of code
5/50/2020	Non-Hospital Medical Detox	Clarified benefit limit
7/29/2020	Diagnostic Assessment T1023	Clarified benefit limit
8/5/2020	ACTT	Clarified documentation requirements
7/1/2021	Psychological Testing	Added 96105 and 96127
8/11/2021	Home Based Psychiatric Diagnostic Evaluation (Non-Medical)	Added to benefit grid
8/11/2021	Home Based Psychotherapy	Added to benefit grid
8/16/2021	Post Discharge Peer Bridger/Assertive Engagement	Added to benefit grid
10/6/21	Outpatient Opioid Treatment	Clarified benefit limit
11/2/21	Outpatient Behavioral Health	Added (KX) and (GT) codes to benefit grid
11/18/21	Peer Support Services	Peer Support Services no longer require prior authorization
12/30/21	Community Support Team	Clarified documentation requirements
1/28/22	Assertive Community Treatment Team	Clarified benefit limit
2/15/2022	Substance Abuse Intensive Outpatient	Clarified documentation requirements
2/15/2022	Substance Abuse Comprehensive Outpatient Treatment	Clarified documentation requirements
3/29/2022	Outpatient Opioid Treatment	No prior approval
4/12/2022	Substance Abuse Medically Monitored Community Residential Treatment	Updated level of care

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4/12/2022	Substance Abuse Non-Medically Monitored Community Residential Treatment	Updated level of care
5/12/2022	Non-Hospital Medical Detox	Updated level of care

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