



Medicaid Child/Adolescent MH/SU/IDD Services Benefit Plan
Effective July 1, 2019
Updated July 1, 2022

Medicaid Child/Adolescent Mental Health (MH) Services				
Service Description	Benefit Limit	Level of Care	Source	Documentation Required for Authorization
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 visits per year/member.	LOCUS/CALOCUS: ≥1 ASAM: ≥.05	8C	N/A
Child/Adolescent Day Treatment: H2012 (HA)	Initial: 60 days for maximum of 258 units. Concurrent: 60 days for maximum of 258 units.	CALOCUS: 3-5 ASAM: 1-2.5	8A	Initial: CCA, PCP, CCP, Service order; school documentation. Concurrent: Updated PCP and supporting documentation.
Developmental Testing: 96112, +96113, 96110	No prior approval or authorization is required up to and including 10 units. 1 episode of testing/year. 10 hours limit for all codes/year.	NA	8C	N/A

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Diagnostic Assessment: T1023 T1023 (GT)	No prior approval or authorization is required. 1 visit per year per member.	LOCUS/CALOCUS: ≥1 ASAM: ≥.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: ≥.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: ≥.05	8C	N/A
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: ≥ .05	8C	N/A

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Home Based Psychotherapy: 90832 (IH) 90834 (IH)	No prior approval or authorization is required.	LOCUS/CALOCUS: 1 ASAM: 1	8C	N/A
Intensive In-Home Services: H2022	<u>Initial:</u> 60 days for 36 units maximum. <u>Concurrent:</u> 60 days for 36 units maximum.	CALOCUS: 3-5 ASAM: 1-2.1	8A	<u>Initial:</u> CCA; PCP w/CCP and service order. <u>Concurrent:</u> Updated PCP with each request.
Multi-Systemic Therapy (MST): H2033 (M1)- Initial pass-through H2033 (M2) H2033 (M3) H2033 (M4) H2033 (M5)	<u>Initial:</u> Pass-through for 30 days/1unit <u>Concurrent:</u> M2: 30 days for 1 unit M3: 30 days for 1 unit M4: 30 days for 1 unit M5: 30 days for 1 unit	CALOCUS: 3-5 ASAM: 1-2.5	8A	<u>Initial:</u> Notification SAR required; CCA, PCP, CCP and Service order on file and submit w/second request. Member cannot be over 19 years of age. <u>Concurrent:</u> Updated PCP w/each request.
Neurobehavioral Status Exam: 96116, +96121	No prior approval or authorization is required. 1 episode of testing/year. 10 hours limit for all codes/year.	NA	8C	N/A

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Neuropsychological Testing: 96136, +96137, 96132, +96133, 96146	No prior approval or authorization is required up to and including 10 hours. 1 episode of testing/year. 10hours 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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Outpatient Individual Therapy: 90832-90834 (TU) (AH)(GT); 90837 (SR)(GT) (FN) (SR FN); 90845 +90839- Psychotherapy Crisis 30-74 minutes 90839 (KX) – Crisis Therapy 60 Minute Telephonic 90839 (GT) - Telehealth +90840 – Psychotherapy Crisis 74-minute add-on code for an additional crisis intervention +90840 (KX) – 30 Minute Crisis Add on Telephonic +90840 (GT) - Telehealth 90833 (GT); 90836 and 90838 allow add-on codes when EM code occurs simultaneously.	No prior approval or authorization is required.	LOCUS/CALOCUS: 1 ASAM: 1	8C	N/A

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Service Description	Benefit Limit	Level of Care	Source	Documentation Required for Authorization
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. 1 episode of testing/year. 10 hours limit for all codes/year.	NA	8C	N/A
Psychiatric Residential Treatment Facility (PRTF): 0911	<u>Initial:</u> 30 days, 30 units. <u>Concurrent:</u> 30 days, 30 units. 1 unit=1 day	CALOCUS: 6 ASAM: 1-3.7	8D-1	<u>Initial:</u> CCA dated within 30 days of submission, CON dated within 15 days of submission, PCP, CCP, Service order. <u>Concurrent:</u> Updated PCP and Discharge Plan with each request.
Residential I & II: H0046: Level I, Family S5145: Level II, Family-TFC H2020: Level II, Program Type S5145 (DD): Level II, Family Type-MH/IDD	<u>Initial:</u> 90 days <u>Concurrent:</u> 180 days 1 unit =1 day	CALOCUS: 2-4 ASAM: 1-3.1	8D-2	<u>Initial:</u> CCA, PCP and CCP, Service order. <u>Concurrent:</u> Updated PCP with each request.

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Service Description	Benefit Limit	Level of Care	Source	Documentation Required for Authorization
Residential Level III: H0019 (HQ): <4 beds H0019 (TJ): 5+ beds	Initial: 60 days Concurrent: 60 days 1 unit=1 day	CALOCUS: 3-5 ASAM: 1-3.1	8D-2	Initial: CCA, PCP and CCP, Service order. Concurrent: Updated PCP Independent Psychiatric (MD/DO) or Psychological Evaluation completed by a PhD or PsyD that speaks to the continued need for Level III, at day 181.
Residential Level IV: H0019 (HK): 4 beds or less H0019 (UR): 5 or more beds H0019 (U5): Secure with 5 or more beds	Initial: 60 days, 60 units Concurrent: 60 days, 60 units 1 unit=1 day	CALOCUS: 4-5 ASAM: 1-3.5	8D-2	Initial: CCA, PCP and CCP, Service order. Concurrent: Updated PCP Independent Psychiatric (MD/DO) or psychological evaluation completed by PhD or PsyD that speaks to the continued need for Level IV, at day 181.
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 Child/Adolescent Substance Use (SU) Services				
Service Description	Benefit Limit	Level of Care	Source	Documentation Required for Authorization
Substance Abuse Intensive Outpatient (SAIOP): H0015 (AD)	<p>Notification SAR is required.</p> <p>Initial: Pass-through of 13 units for 30 days once per fiscal year.</p> <p>Concurrent: Up to 26 units for 60 days. An additional 2 weeks can be authorized if medically necessary.</p>	LOCUS: 3-5 ASAM: 2.1	8A	<p>Initial: PCP and CCP, Service order on file.</p> <p>Concurrent: First request-submit above with updated PCP w/each additional request.</p>

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Medicaid Intellectual/Developmental Disability (I/DD) & Mental Health (MH) Services				
Research Based-Behavioral Health Treatment (RBBHT)				
Service Description	Benefit Limit	Level of Care	Source	Documentation Required for Authorization
<p>Research Based- Behavioral Health Treatment: 97151: Research Based Behavioral Health Treatment Comprehensive Assessment-Billed by LQASP</p> <p>97151 (GT): Research Based Behavioral Health Treatment Comprehensive Assessment-Telehealth - Billed by LQASP</p> <p>97151 (KX): Research Based Behavioral Health Treatment Comprehensive Assessment-Telephonic - Billed by LQASP</p> <p>97151 (NC): Research Based Behavioral Health Treatment Comprehensive Assessment-Billed by Occupational Therapist/Speech & Language Pathologist</p> <p>97151 (GT) (NC): Research Based Behavioral Health Treatment Comprehensive Assessment-Telehealth - Billed by Occupational Therapist/Speech & Language Pathologist</p> <p>97151 (KX) (NC): Research Based Behavioral Health Treatment Comprehensive Assessment-Telephonic - Billed by Occupational Therapist/Speech & Language Pathologist</p>	<p>Up to 2 events per rolling calendar year. Each event is up to 32 units.</p> <p>Authorized up to 180 days per auth request</p> <p>Claims for all combinations of the base code's modifiers apply to the total units approved in the treatment plan for that base code.</p>		8F	<p>Initial:</p> <ul style="list-style-type: none"> • Service order PHD, PSYD, MD, DO • No Treatment Plan needed if a standalone code • Definitive ASD diagnosis documentation needed utilizing a scientifically validated diagnostic tool for diagnosis of ASD • Current (within 3 years) Behavioral, Functional or Adaptive Assessment utilized to inform the service order <p>and rewritten annually.</p> <ul style="list-style-type: none"> • Service order re-signed annually. • Copy of assessment completed with initial 97151 code.

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Medicaid Intellectual/Developmental Disability (I/DD) & Mental Health (MH) Services				
Research Based-Behavioral Health Treatment (RBBHT)				
Service Description	Benefit Limit	Level of Care	Source	Documentation Required for Authorization
<p>Research Based- Behavioral Health Treatment: 97152: Research Based Behavioral Health Treatment Assessment Follow Up- Billed by LQASP, C-QP, Paraprofessional***</p> <p>97152 (GT): Research Based Behavioral Health Treatment Assessment Follow Up- Telehealth - Billed by LQASP, C-QP, Paraprofessional***</p> <p>97152 (KX): Research Based Behavioral Health Treatment Assessment Follow Up- Telephonic - Billed by LQASP, C-QP, Paraprofessional***</p> <p>97152 (NC): Research Based Behavioral Health Treatment Assessment Follow Up-Billed by Occupational Therapist/Speech & Language Pathologist</p> <p>97152 (GT) (NC): Research Based Behavioral Health Treatment Assessment Follow Up- Telehealth - Billed by Occupational Therapist/Speech & Language Pathologist</p> <p>97152 (KX) (NC): Research Based Behavioral Health Treatment Assessment Follow Up- Telephonic - Billed by Occupational Therapist/Speech & Language Pathologist</p>	<p>Up to 16 units per month</p> <p>Authorized up to 180 days per auth request</p> <p>Claims for all combinations of the base code's modifiers apply to the total units approved in the treatment plan for that base code.</p>		8F	<p>Initial:</p> <ul style="list-style-type: none"> • Service order PHD, PSYD, MD, DO • Treatment Plan signed/dated/Credentials by LQASP (who develops the plan) and legally responsible person. • Service Order statement needs to cover the amount of time provider wants their plan to be valid for. Plan/service order can be valid for up to one year if indicated. • Definitive ASD diagnosis documentation needed utilizing a scientifically validated diagnostic tool for diagnosis of ASD • Current (within 3 years) Behavioral, Functional or Adaptive Assessment utilized to inform the service order • Copy of assessment completed with 97151 code. If requesting all codes upon initiation of service, the assessment is required for the 1st concurrent request. <p>Concurrent:</p> <ul style="list-style-type: none"> • Updated Treatment Plan at least every 6 months and rewritten annually. • Service order re-signed annually. • Copy of assessment completed with 97151 code. If requesting all codes upon initiation of service, the assessment is required for the 1st concurrent request.

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Medicaid Intellectual/Developmental Disability (I/DD) & Mental Health (MH) Services				
Research Based-Behavioral Health Treatment (RBBHT)				
Service Description	Benefit Limit	Level of Care	Source	Documentation Required for Authorization
<p>Research Based- Behavioral Health Treatment:</p> <p>97153: Research Based Behavioral Health Therapy ABA - LQASP, C-QP, Paraprofessional***</p> <p>97153 (GT): Research Based Behavioral Health Treatment ABA – Telehealth – LQASP, C-QP, Paraprofessional ***</p> <p>97153 (KX): Research Based Behavioral Health Therapy ABA – Telephonic - LQASP, C-QP, Paraprofessional***</p>	<p>Service hours up to 10- 40 hours (40-160 units) per week. Includes 97153 and 97154.</p> <p>Authorized up to 180 days per auth request</p> <p>Claims for all combinations of the base code’s modifiers apply to the total units approved in the treatment plan for that base code.</p>		8F	<p>Initial:</p> <ul style="list-style-type: none"> • Service order PHD, PSYD, MD, DO • Treatment Plan signed/dated/Credentials by LQASP (who develops the plan) and legally responsible person. • Service Order statement needs to cover the amount of time provider wants their plan to be valid for. Plan/service order can be valid for up to one year if indicated. • Definitive ASD diagnosis documentation needed utilizing a scientifically validated diagnostic tool for diagnosis of ASD • Current (within 3 years) Behavioral, Functional or Adaptive Assessment utilized to inform the service order • Copy of assessment completed with 97151 code. If requesting all codes upon initiation of service, the assessment is required for the 1st concurrent request. <p>Concurrent:</p> <ul style="list-style-type: none"> • Updated Treatment Plan at least every 6 months and rewritten annually. • Service order re-signed annually. • Copy of assessment completed with 97151 code. If requesting all codes upon initiation of service, the assessment is required for the 1st concurrent request.

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Research Based-Behavioral Health Treatment (RBBHT)				
Service Description	Benefit Limit	Level of Care	Source	Documentation Required for Authorization
<p>Research Based- Behavioral Health Treatment:</p> <p>97154: Research Based Behavior Health Therapy ABA Group - LQASP, C-QP, Paraprofessional***</p> <p>97154 (GT): Research Based Behavior Health Therapy ABA Group – Telehealth - LQASP, C-QP, Paraprofessional***</p> <p>97154 (KX): Research Based Behavior Health Therapy ABA Group – Telephonic - LQASP, C-QP, Paraprofessional***</p>	<p>Service hours up to 10- 40 hours (40-160 units) per week. Includes 97153 and 97154.</p> <p>Authorized up to 180 days per auth request</p> <p>Claims for all combinations of the base code’s modifiers apply to the total units approved in the treatment plan for that base code.</p>		8F	<p>Initial:</p> <ul style="list-style-type: none"> • Service order PHD, PSYD, MD, DO • Treatment Plan signed/dated/Credentials by LQASP (who develops the plan) and legally responsible person. • Service Order statement needs to cover the amount of time provider wants their plan to be valid for. Plan/service order can be valid for up to one year if indicated. • Definitive ASD diagnosis documentation needed utilizing a scientifically validated diagnostic tool for diagnosis of ASD • Current (within 3 years) Behavioral, Functional or Adaptive Assessment utilized to inform the service order • Copy of assessment completed with 97151 code. If requesting all codes upon initiation of service, the assessment is required for the 1st concurrent request. <p>Concurrent:</p> <ul style="list-style-type: none"> • Updated Treatment Plan at least every 6 months and rewritten annually. • Service order re-signed annually. • Copy of assessment completed with 97151 code. If requesting all codes upon initiation of service, the assessment is required for the 1st concurrent request.

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Research Based-Behavioral Health Treatment (RBBHT)				
Service Description	Benefit Limit	Level of Care	Source	Documentation Required for Authorization
<p>Research Based- Behavioral Health Treatment:</p> <p>97155: Research Based Behavioral Health Therapy Supervision, Parent Training - LQASP, C-QP</p> <p>97155 (GT): Research Based Behavioral Health Therapy Supervision, Parent Training - Telehealth - LQASP, C-QP</p> <p>97155 (KX): Research Based Behavioral Health Therapy Supervision, Parent Training - Telephonic - LQASP, C-QP</p>	<p>Up to 10 hours per week.</p> <p>Authorized up to 180 days per auth request</p> <p>Claims for all combinations of the base code's modifiers apply to the total units approved in the treatment plan for that base code.</p>		8F	<p>Initial:</p> <ul style="list-style-type: none"> • Service order PHD, PSYD, MD, DO • Treatment Plan signed/dated/Credentials by LQASP (who develops the plan) and legally responsible person. • Service Order statement needs to cover the amount of time provider wants their plan to be valid for. Plan/service order can be valid for up to one year if indicated. • Definitive ASD diagnosis documentation needed utilizing a scientifically validated diagnostic tool for diagnosis of ASD • Current (within 3 years) Behavioral, Functional or Adaptive Assessment utilized to inform the service order • Copy of assessment completed with 97151 code. If requesting all codes upon initiation of service, the assessment is required for the 1st concurrent request. <p>Concurrent:</p> <ul style="list-style-type: none"> • Updated Treatment Plan at least every 6 months and rewritten annually. • Service order re-signed annually. • Copy of assessment completed with 97151 code. If requesting all codes upon initiation of service, the assessment is required for the 1st concurrent request.

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Research Based-Behavioral Health Treatment (RBBHT)				
Service Description	Benefit Limit	Level of Care	Source	Documentation Required for Authorization
Research Based- Behavioral Health Treatment: 97156: Research Based Behavioral Health Treatment Parent Training without Child - LQASP, C-QP, Paraprofessional*** 97156 (GT): Research Based Behavioral Health Treatment Parent Training without Child - Telehealth - LQASP, C-QP, Paraprofessional*** 97156 (KX): Research Based Behavioral Health Treatment Parent Training without Child - Telephonic - LQASP, C-QP, Paraprofessional***	Up to 34 hours per month or 136 units per month Authorized up to 180 days per auth request Claims for all combinations of the base code's modifiers apply to the total units approved in the treatment plan for that base code.		8F	Initial: <ul style="list-style-type: none"> • Service order PHD, PSYD, MD, DO • Treatment Plan signed/dated/Credentials by LQASP (who develops the plan) and legally responsible person. • Service Order statement needs to cover the amount of time provider wants their plan to be valid for. Plan/service order can be valid for up to one year if indicated. • Definitive ASD diagnosis documentation needed utilizing a scientifically validated diagnostic tool for diagnosis of ASD • Current (within 3 years) Behavioral, Functional or Adaptive Assessment utilized to inform the service order • Copy of assessment completed with 97151 code. If requesting all codes upon initiation of service, the assessment is required for the 1st concurrent request. Concurrent: <ul style="list-style-type: none"> • Updated Treatment Plan at least every 6 months and rewritten annually. • Service order re-signed annually. • Copy of assessment completed with 97151 code. If requesting all codes upon initiation of service, the assessment is required for the 1st concurrent request.

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Research Based-Behavioral Health Treatment (RBBHT)				
Service Description	Benefit Limit	Level of Care	Source	Documentation Required for Authorization
Research Based- Behavioral Health Treatment: 97157: Parent Training Group - LQASP, C-QP, Paraprofessional*** 97157 (GT): Parent Training Group - Telehealth LQASP, C-QP, Paraprofessional*** 97157 (KX): Parent Training Group - Telephonic LQASP, C-QP, Paraprofessional***	Up to 34 hours per month or 136 units per month Authorized up to 180 days per auth request Claims for all combinations of the base code's modifiers apply to the total units approved in the treatment plan for that base code.		8F	Initial: <ul style="list-style-type: none"> • Service order PHD, PSYD, MD, DO • Treatment Plan signed/dated/Credentials by LQASP (who develops the plan) and legally responsible person. • Service Order statement needs to cover the amount of time provider wants their plan to be valid for. Plan/service order can be valid for up to one year if indicated. • Definitive ASD diagnosis documentation needed utilizing a scientifically validated diagnostic tool for diagnosis of ASD • Current (within 3 years) Behavioral, Functional or Adaptive Assessment utilized to inform the service order • Copy of assessment completed with 97151 code. If requesting all codes upon initiation of service, the assessment is required for the 1st concurrent request. Concurrent: <ul style="list-style-type: none"> • Updated Treatment Plan at least every 6 months and rewritten annually. • Service order re-signed annually. • Copy of assessment completed with 97151 code. If requesting all codes upon initiation of service, the assessment is required for the 1st concurrent request.

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NOTES

KX indicates telephonic. GT indicates telehealth.

* Indicates Partners “In Lieu of Service Definition” or Alternative Payment Agreement

+ 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 for adults and children are not limited and do not require authorization.
- Child and Adolescent Needs and Strengths (CANS) Comprehensive Assessment is required for services to children ages 0-5 years. The purpose is to facilitate linkage between the assessment process and individualized service plan.
- **“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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Revisions to Medicaid Benefit Plan		
Date of Change	Service and Section Revised	Actual Change
7/7/2017	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 m
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
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 Benefit Plan by Age and/or Disability
11/1/18	EMDR; TICCA; ECT	Added EMDR. Clarified units for TICCA. Clarified unmanaged units for ECT.
1/1/19	Developmental, Psychological, Neuropsychological Testing, FCT	Updated Code changes
4/1/2019	Removed Specialty Services	Created Specialty Services Benefit Plan
7/10//2019	Basic Outpatient Services	See Provider Alert: Unmanaged Outpatient Services
8/15/2019	Research Based Adaptive Behavioral Health Services	Added to Benefit plan due to Service Definition 8F
10/1/2019	ECT; Outpatient Services	Moved to Inpatient/Crisis Benefit Grid; Added all Modifiers
5/1/2020	Interactive Complexity 90785	Clarified use of code
7/29/2020	Diagnostic Assessment T1023	Clarified benefit limit
7/1/2021	Psychological testing	Added 96105 and 96127
8/1/2019	Added Research Based Adaptive Behavioral Treatment Services; RBBHT	Codes Changed per Service Definition

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Medicaid Child/Adolescent MH/SU/IDD Services Benefit Plan
Effective July 1, 2019
Updated June 1, 2022

Revisions to Medicaid Benefit Plan (continued)		
Date of Change	Service and Section Revised	Actual Change
2/19/2020	97152: Research Based Behavioral Health Treatment Assessment Follow-Up	Per State RBBHT FAQ, November 26, 2019: C-QP and Paraprofessional may bill code.
8/11/2021	Home Based Psychiatric Diagnostic Evaluation (Non-Medical)	Added to benefit grid
8/11/2021	Home Based Psychotherapy	Added to benefit grid
8/19/2021	RBBHT	Added 97153 GT. Changed limit for 97151, 97153, 97154, 97155, 97156, 97157. Added clarification language that auths can be up to 180 days.
9/9/21	Residential Level II Family Type MH/IDD	Added to benefit grid
10/1/2021	RBBHT	Changed code limits
11/2/21	Outpatient Behavioral Health	Added (KX) and (GT) codes to benefit grid
12/29/2021	PRTF	Corrected CON requirement to within 15 days of admission
3/20/2022	RBBHT	Added GT and KX modifier codes
3/19/2022	MST	Updated documentation requirements

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