



State-Funded Child Adolescent MH/SU Services Benefit Plan
Effective July 1, 2019
Updated July 1, 2022

State-Funded 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

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Behavioral Health Counseling: YP830 (Alcohol and Drug Assessment) YP831 (BH Individual) YP832 (BH Group) YP833 (BH Outpatient Family with client present) YP834 (SU Outpatient Family without client present) YP835 (Alcohol and Drug Group Counseling) YP836 (MH Assessment)	No prior approval or authorization is required. Up to 480 units per year ***A Certified Substance Abuse Counselor (CSAC) may provide this service***	LOCUS/CALOCUS: ≥1 ASAM: ≥.05	State	N/A
Community Respite: YA213	Prior Authorization Required Up to 15 days per year.	CALOCUS: 2 ASAM: 1-2.5	State	Treatment Plan

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Developmental Testing: 96112, +96113, 96110	No prior approval or authorization is required up to and including 10 hours. One (1) episode of testing/year. Ten (10) hour limit for all 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: ≥.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 (KX) (GT)	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
Group Therapy Codes: 90849; 90853 (KX) (GT)	No prior approval or authorization is required.	LOCUS/CALOCUS: 1 ASAM: 1	8C	N/A
Multi Systemic Therapy (MST): H2033 (M1)-Initial Pass through H2033 (M2) H2033 (M3) H2033 (M4) H2033 (M5)	Initial: Pass through for 30 days= 1 unit Concurrent: 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	Initial: Notification SAR is required. CCA, PCP, CCP, and Service Order on file and submit with 2 nd request. Concurrent: Updated PCP w/each request.
Neurobehavioral Status Exam: 96116, +96121	No prior approval or authorization is required. One (1) episode of testing/year. Ten (10) hour limit for all codes/year.	NA	8C	N/A

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Service Description	Benefit Limit	Level of Care	Source	Documentation Required for Authorization
Neuropsychological Testing: 96136, +96137, 96132, +96133	No prior approval or authorization is required up to and including 10 hours. One (1) episode of testing/year. Ten (10) hour limit for all codes/year.	NA	8C	N/A
Outpatient Consultation Codes: 99241-99245	No prior auth required.	LOCUS/CALOCUS: ≥1 ASAM: ≥.05	8C	N/A

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<p>Outpatient Individual Therapy:</p> <p>90832-(TU) (GT) (KX)</p> <p>90834 (GT) (TU) (BT) (AH) (KX);</p> <p>90839-Psychotherapy Crisis 30-74 minutes</p> <p>90839 (KX) – Crisis Therapy 60 Minute Telephonic</p> <p>90839 (GT) - Telehealth</p> <p>+90840 – Psychotherapy Crisis 74 mins, add-on code for additional minutes.</p> <p>+90840 (KX) – 30 Minute Crisis Add on Telephonic</p> <p>+90840 (GT) - Telehealth</p> <p>90833(GT); 90836 (GT) and 90838 (GT) allow add-on codes when EM code occurs simultaneously.</p> <p>*90837 is NOT covered by State Benefits</p>	<p>No prior approval or authorization is required.</p>	<p>LOCUS/CALOCUS: ≥1</p> <p>ASAM: ≥.05</p>	<p>8C</p>	<p>N/A</p>

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Psychiatric Residential Treatment Facility (PRTF): 0911	<u>Initial:</u> 30 units for 30 days <u>Concurrent:</u> 30 units for 30 days. 1 unit=1 day	CALOCUS: 6 ASAM: 1-3.7	8D-1	<u>Initial:</u> CCA completed within 30 days of submission, CON completed within 15 days of submission, PCP, CCP, Service order. <u>Concurrent:</u> Updated PCP and Discharge Plan w/each request.
Psychological Testing: 96105, 96136, +96137, 96130, +96131	No prior approval or authorization is required up to and including 10 hours. One (1) episode of testing/year. Ten (10) hour limit for all codes/year.	NA	8C	N/A
Residential I & II: H0046: Level I, Family S5145: Level II, Family-TFC S5145 (HA): IAFT H2020: Level II, Program Type	<u>Initial:</u> 90 days <u>Concurrent:</u> 180 days 1 unit=1 day	CALOCUS: 3-5 ASAM: 1-2.5	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	<u>Initial:</u> 60 days <u>Concurrent:</u> 60 days 1 unit=1 day	CALOCUS: 3-5 ASAM: 1-3.1	8D-2	<u>Initial:</u> CCA, PCP and CCP, Service order. <u>Concurrent:</u> Updated PCP Independent Psychiatric (MD/DO) or Psychological Evaluation by a Ph.D. or Psy.D. that speaks to the continued need for Level III at day 181.
Residential Level IV: H0019 (HK): 4 beds or less H0019 (UR): 5 beds or more	<u>Initial:</u> 60 days <u>Concurrent:</u> 60 days 1 unit=1 day	CALOCUS: 4-5 ASAM: 1-3.5	8D-2	<u>Initial:</u> CCA, PCP and CCP, Service order. <u>Concurrent:</u> Updated PCP. Independent Psychiatric (MD/DO) or Psychological Evaluation by a Ph.D. or PsyD that speaks to the continued need for Level IV at day 181.

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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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State-Funded Child Substance Use (SU) Services				
Service Description	Benefit Limit	Level of Care	Source	Documentation Required for Authorization
Detox Social Setting: YP790	<u>Initial:</u> Pass-through of 3 days. <u>1st Concurrent:</u> Up to 7 days, maximum.	LOCUS/CALOCUS: 4 ASAM: 3.2 WM	8A	Notification SAR is required for the pass-through. No clinical documentation required to be uploaded with the Notification SAR <u>Concurrent:</u> SAR with clinical information is required along with PCP/Tx. Suggested but not required: CIWA or COWS score.
Substance Abuse Intensive Outpatient (SAIOP): H0015 (AD)	<u>Initial:</u> 13 units for 30 days. <u>Concurrent:</u> Up to 26 units for 60 days. NO PASS-THROUGH.	LOCUS: 3-5 ASAM: 2.1	8A	<u>Initial:</u> PCP and CCP, Service order. <u>Concurrent:</u> Updated PCP w/each additional 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 includes the service order. A separate service order is indicated for those services for which a treatment plan and service order is required.
- Evaluation/Management service 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 State Benefit Plan		
Date of Change	Service and Section Revised	Change
7/1/17	Changes to various State service limits	See communication bulletin
7/7/2017	Ambulatory Detox	Added a pass-through period
7/27/17	Non-Hospital Detox	Added a pass-through period
8/30/17	Ambulatory Detox	Corrected pass-through information
10/20/17	Transition Management Services	Extended auth period to 180 days
12/18/17	Supported Employment & Peer Support	Standardized auth limits with Medicaid limits
2/2/18	Peer Support	Clarified Benefit Limit
3/23/18	HDPT, AE, PSS	Removed notification SAR requirement
4/1/18	IDD Services: ADVP, DA, DS, Dev Day, FL, GL, SL, IL	Extended auth period to 1 year/365 days.
7/1/18	Update in Formatting	Organized by Age and Disability
11/1/18	EMDR	Service Added to Benefit Grid
1/1/2019	Developmental, Psychological, Neuropsychological Testing, FCT	Updated Code changes
4/1/2019	Removed Specialty Services; Testing Codes	Added Specialty Services to the Specialty Services Grid
7/10/2019	Basic Outpatient Services	See Provider Alert: Unmanaged Outpatient Services
10/1/2019	Outpatient Services	Added all modifiers
3/1/2020	Testing Codes	Increased yearly limit
5/1/2020	Interactive Complexity 90785	Clarified use of code
5/11/2020	Behavioral Health Counseling	Added YP836 (MH Assessment) code. Clarified service description for YP830.
7/29/2020	Diagnostic Assessment T1023	Clarified benefit limit
7/1/2021	Psychological Testing	Added 96105
8/17/2021	Detox Social Setting	Added to benefit grid
9/3/2021	Detox Social Setting	Clarified documentation requirements
11/2/21	Outpatient Behavioral Health	Added (KX) and (GT) codes to benefit grid

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Revisions to State Benefit Plan (continued)		
Date of Change	Service and Section Revised	Change
12/29/2021	PRTF	Updated CON requirement to within 15 days of admission
3/2/2022	Outpatient Consultation Codes	Corrected service code from 99214 to 99241. No prior auth needed. Removed limits.

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