

Service Category	Benefit/Description	Codes Requiring Authorization	Programs/Products	Benefit Limit/Threshold	Medical Necessity Criteria
Adult Behavioral Health	<b>Dialectic Behavioral Therapy (DBT) Initial &amp; Concurrent</b>	H2019 U1 H2019 U1 HN H2019 U1 HQ H2019 U1 HQ HN	All Products	26 hrs (104 units) individual and 78 hrs (312 units)/group	<b>Notification Required:</b> DBT Form #4498 <b>MHCP Provider Manual:</b> Mental Health Services: DBT
Adult Behavioral Health	<b>ARMHS (Adult Rehabilitative Mental Health Services)</b> <b>ARMHS: Community Intervention</b> <b>ARMHS: Mental Health Assessment</b> <b>ARMHS: Mental Health Service Plan</b> <b>ARMHS: Medication Education</b>	H2017: HM/HQ/U3/U3 HM 90882: HM/U3/U3 HM H0031, H0031 TS H0032, H0032 TS H0034, H0034HQ	All Products	<b>H2017:</b> Authorization is required for more than 300 hours per calendar year combined total of H2017, H2017 HM, H2017 HQ. <u>*Codes H2017 &amp; 90882 with the U3 or U3 HM modifiers do not have a threshold but cannot be done concurrently with other ARMHS services.*</u> <b>90882:</b> 10 sessions/month or 72 sessions/year <b>H0031:</b> 6 sessions/calendar year <b>H0032:</b> 4 sessions/calendar year <b>H0034:</b> 26 hrs/calendar year for H0034 and 26 hrs/calendar year for H0034 HQ	<b>Authorization Required after Threshold:</b> Behavioral Health Form #4381 <b>MHCP Provider Manual:</b> Mental Health Services: ARMHS
Adult Behavioral Health	<b>IRTS (Intensive residential treatment services) [18 and over]</b>	H0019	All Products	90 days	<b>Notification Required:</b> Use BH Notification form #4398 <b>Authorization Required after 90 days:</b> Use Outpatient BH Authorizations #4381 <b>MHCP Provider Manual:</b> Mental Health Services: IRTS
Adult Behavioral Health	<b>Mental Health Targeted Case Management</b>	T2023	All Products	1 session/month	<b>Notification Required:</b> Use MHTCM Form #4532 <b>MHCP Provider Manual:</b> Mental Health Services: AMHTCM
Adult Behavioral Health	<b>Neuropsychological Services (adult and child)</b>	96116 96121 96132, 96133 96136, 96137 96138, 96139 96146	All Products (all ages)	Authorization is required for <b>more than 15 cumulative hours</b> of 96116, 96121, 96132, 96133, 96136, 96137, 96138 and 96139 in a calendar year. Authorization is required for more than <b>5 sessions of 96146</b> in a calendar year	<b>Authorization Required after Threshold:</b> Psychological Testing Form #4395 <b>MHCP Provider Manual:</b> Mental Health Services: Neuropsychological Services
Adult Behavioral Health	<b>Psychological Testing (adult and child)</b>	96130, 96131 96136, 96137 96138, 96139 96146	All Products (all ages)	8 cumulative maximum hours per calendar year. Threshold for 96146 is 1 session per day.	<b>Authorization Required after Threshold:</b> Psychological Testing Form #4395 <b>MHCP Provider Manual:</b> Mental Health Services: Psychological Testing

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Adult Behavioral Health	<b>CPSS (ages 18 and older) CFPS (Certified Family Peer Specialist) Children/Youth</b>	H0038 U5, HQ H0038 HA, HA HQ	All Products (all ages)	300 hrs/calendar year combined total of H0038, H0038 U5, and H0038 HQ, or H0038 HA, or H0038 HA HQ	<b>Authorization Required after Threshold:</b> Behavioral Health Form #4381 - <b>no check box for CFPS on the form</b> <b>MHCP Provider Manual:</b> Mental Health Services: Certified Peer Specialist Services and Mental Health Services: MH Certified Family Peer Specialist
Adult Behavioral Health	<b>Diagnostic Assessment Adult and Child</b>	90791 90792 Modifiers: 52/TG/TS	All Products (all ages)	4 max cumulative ( <b>90791 and 90792</b> ) per calendar year. A member may not receive more than two brief DA's in a calendar year.	<b>Authorization Required after Threshold:</b> Behavioral Health Form #4381 <b>MHCP Provider Manual:</b> Mental Health Services: Diagnostic Assessment
Adult Behavioral Health	<b>Partial Hospitalization (PHP) Adult and Child</b>	H0035 (18 and over) H0035 HA (under 18)	All Products (all ages)	Greater than 21 day stay requires auth or readmission within 45 days of a previous discharge from PHP requires auth	<b>Notification Required:</b> Use BH Notification form #4398 <b>Authorization:</b> Use Outpatient BH Authorizations #4381 <b>MHCP Provider Manual:</b> Mental Health Services: Partial Hospitalization
Adult Behavioral Health	<b>Day Treatment (Adult)</b>	H2012	All Products	115 hrs/calendar year; or 15 hrs/wk	<b>Authorization:</b> Use Outpatient BH Authorizations #4381 <b>MHCP Provider Manual:</b> Mental Health Services: Adult Day Treatment
Adult Behavioral Health	<b>Healthy Pathways Program</b>	G9006	All Products	Initial auth will be entered as 6 months. Age limit reduced from 18 to 17 to allow for transitional youth to access program. Re-auth every 6 months.	<b>Notification Only:</b> Use Healthy Pathways Communication Form #4536 <b>Internal Criteria</b>
Adult Behavioral Health	<b>Behavioral Health Home</b>	S0280	All Products	<b>No authorization required/Notification Only</b>	<b>Notification Only:</b> Use BH Home Service Eligibility Notification Form #4537
Childrens Behavioral Health	<b>Adolescent Dialectic Behavioral Therapy (DBT) Initial &amp; Concurrent</b>	H2019 U1 HA H2019 U1 HN HA H2019 U1 HQ HA H2019 U1 HQ HN HA	PMAP MNCare	26 hrs (104 units) individual and 78 hrs (312 units)/group	<b>Notification Required:</b> DBT Form #4498 <b>MHCP Provider Manual:</b> Mental Health Services: DBT
Childrens Behavioral Health	<b>Children's Clinical Care Consultation (age 0-21)</b>	90899	PMAP MNCare	15 hrs/calendar year	<b>Authorization require after threshold: BH form #4381</b> <b>MHCP Provider Manual: Mental Health Services:</b> <b>Children's MH Clinical Care Consultation</b>

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Childrens Behavioral Health	<b>CTSS [Children's Therapeutic Services and Supports] Behavioral Services Crisis Assistance Skills Training</b>	H0031 UA H0032 UA H2019 UA, UA HM, UA HE H2015 UA H2014 UA, UA HQ, UA HR	PMAP MNCare	Services count toward total 200 hrs/calendar year threshold See DHS MHCP Manual for thresholds on specific codes.	<b>Authorization Required after Threshold:</b> CTSS Authorization Form #4390 <b>MHCP Provider Manual:</b> Mental Health Services: CTSS
Childrens Behavioral Health	<b>Children's Day Treatment</b>	H2012 UA HK H2012 UA HK U6	PMAP MNCare	Daily limit - minimum 2 hours, maximum 3 hours ; Weekly limit - maximum 15 hours per week ; Calendar year threshold - maximum 150 hours per calendar year	<b>Authorization Required after Threshold:</b> CTSS Authorization Form #4390 <b>MHCP Provider Manual:</b> Mental Health Services: Children's Day Treatment
Childrens Behavioral Health	<b>CMHRTS/Rule 5</b>	H0019	PMAP MNCare	30 days	<b>Notification Required:</b> Use BH Notification form #4398 <b>Authorization Required after 30 days:</b> Use Outpatient BH Authorizations #4381 <b>MHCP Provider Manual:</b> Mental Health Services: CMHRTS
Childrens Behavioral Health	<b>Mental Health Targeted Case Management</b>	T2023	PMAP MNCare	1 session/month	<b>Notification Required:</b> Use MHTCM Form #4532 <b>MHCP Provider Manual:</b> Mental Health Services: CMHTCM
Childrens Behavioral Health	<b>Psychiatric Residential Treatment Facility (PRTF) -under 21</b>	R0101	PMAP MNCare	PMAP MNCare	<b>Notification Required:</b> Use Behavioral Health Admission Worksheet #4398 <b>MHCP Provider Manual:</b> Mental Health Services: PRTF
<b>SUD</b>	<b>Residential Treatment</b>	H2036	All products		<b>Notification Required upon Admit: Use SUD Admission/Discharge Form #4505</b> Follow DHS CD guidelines applied by CDCC.