

Service Category	Benefit/Description	Codes Requiring Authorization	Programs/ Products	Benefit Limit/Threshold	Medical Necessity Criteria
Behavioral Health	ARMHS (Adult Rehabilitative Mental Health Services)	H2017 HM/HQ/U3/U3 HM 90882 HM/U3/U3 HM H0031 H0031 TS H0032 H0032 TS H0034 H0034HQ	All Products	H2017: Authorization is required for more than 300 hours per calendar year combined total (with any modifiers) 90882: 10 sessions/month or 72 sessions/year H0031: 6 sessions/calendar year H0032: 4 sessions/calendar year H0034: 26 hrs/calendar year for H0034 and 26 hrs/calendar year for H0034 HQ <u>H2017 & 90882</u> with the U3 or U3 HM modifiers do not have a threshold but cannot be done concurrently with other ARMHS services.*	Authorization Required <u>after Threshold</u> Form: Behavioral Health Authorization (Form #4381) MHCP Provider Manual: Mental Health Services: ARMHS
Behavioral Health	Behavioral Health Home	S0280 U5 S0281 U5	All Products	S0280 U5: Lifetime limit of six enhanced payments in member's lifetime. One payment per month. S0281 U5: One payment per month.	Notification Required Form: Use Notification of Eligibility for Behavioral Health Home (BHH) Services From DHS-4797
Behavioral Health	Children's Clinical Care Consultation [ages 0-21]	90899	PMAP MNCare	90899: 15 per calendar year	Authorization Required <u>after Threshold</u> Form: Behavioral Health Authorization (Form #4381) MHCP Provider Manual: Mental Health Services: Children's MH Clinical Care Consultation
Behavioral Health	CPSS (Certified Peer Specialist Services) CFPS [Children/Youth] (Certified Family Peer Specialist)	H0038 U5/HQ H0038 HA/HA HQ	All Products	H0038: 300 hours per calendar year combined total (regardless of modifiers)	Authorization Required <u>after Threshold</u> Form: Behavioral Health Authorization (Form #4381) MHCP Provider Manual: Mental Health Services: Certified Peer Specialist Services or MH Certified Family Peer Specialist

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Behavioral Health	CTSS [ages 20 & under] [Children's Therapeutic Services and Supports]	H0031 UA H0032 UA H2015 UA H2014 UA/UA HQ/UA HR H2019 UA/UA HM/UA HE	PMAP MNCare	Combined: 200 hours per calendar year threshold See DHS MHCP Manual for thresholds on specific codes.	Authorization Required <u>after Threshold</u> Form: Children's Therapeutic Services and Supports (CTSS) Authorization (Form #4390) MHCP Provider Manual: Mental Health Services: CTSS
Behavioral Health	Day Treatment	H2012 <u>Children:</u> H2012 UA HK H2012 UA HK U6	All Products	H2012: 115 hours per calendar year or 15 hours per week <u>Children: [21 & under]</u> H2012: 150 hours per calendar year or 15 hours per week minimum 2 hours per day - max 3 hours per day	Authorization Required <u>after Threshold</u> Form: Children: Children's Therapeutic Services and Supports (CTSS) Authorization (Form #4390) Adult: Behavioral Health Authorization (Form #4381) MHCP Provider Manual: Mental Health Services: Adult Day Treatment or Children's Day Treatment
Behavioral Health	DA (Diagnostic Assessment)	90791 52/TG/TS 90792 52/TG/TS	All Products	90791 & 90792: 4 session per calendar year (combined) 90791: 2 session per calendar year	Authorization Required <u>after Threshold</u> Form: Behavioral Health Authorization (Form #4381) MHCP Provider Manual: Mental Health Services: Diagnostic Assessment
Behavioral Health	DBT (Dialectic Behavioral Therapy)	H2019 U1 H2019 U1 HQ <u>Adolescent DBT:</u> H2019 U1 HA H2019 U1 HQ HA	All Products	H2019 U1: 104 units per 6 months H2019 U1 HQ: 312 units per 6 months <u>Adolescents: [12-17 years old]</u> Same thresholds as adults	Notification Required: <u>At the start of services and every 6 months after</u> Form: Dialectical Behavior Therapy (DBT) Authorization (Form #4498) MHCP Provider Manual: Mental Health Services: DBT

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Behavioral Health	EIDBI [ages 21 & under] (Early Intensive Developmental and Behavioral Intervention)	97151 UB 97153 UB 97154 UB 97155 UB 97156 UB 97157 UB H0046 T1024 0373T	PMAP MNCare	97151: 80 units per calendar year (1 CMDE allowed annually) Thresholds vary, see DHS Billing Grid	Authorization Required - authorization cannot exceed 180 day time span Form: Early Intensive Developmental and Behavior Interventions (EIDBI) Authorization (Form #4894), the CMDE and ITP MHCP Provider Manual: Mental Health Services: EIDBI
Behavioral Health	Healthy Pathways Program [ages 17 & older]	G9006	All Products	G9006: 1 session per month	Notification Required <u>First 6 months of service:</u> Form: Healthy Pathways Initial Request #6021 <u>Concurrent / after first months:</u> Form: Healthy Pathways Renewal Request or End of Service #6023
Behavioral Health	IRTS [18 & over] (Intensive residential treatment services) CMHRTS/Rule 5 [17 & under] (Children's Mental Health Residential Treatment Services)	H0019	All Products	Adults: 90 days Children: 45 days	Notification Required: <u>At the start of services</u> Authorization/Concurrent - after threshold: 30 day increments. Form: At Admission: Initial Behavioral Health Notificaiton (Form #4398) For concurrent authorization: Behavioral Health Authorization (Form #4381) MHCP Provider Manual: Mental Health Services: IRTS MHCP Provider Manual: Mental Health Services: CMHRTS

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Behavioral Health	Neuropsychological Services	96116 96121 96132 96133 96136 96137 96138 96139 96146	All Products	96116, 96121, 96132, 96133, 96136, 96137, 96138 and 96139: more than 15 cumulative hours in a calendar year. 96146: more than 5 sessions of in a calendar year	Authorization Required <u>after Threshold</u> Form: Psychological Testing Form #4395 MHCP Provider Manual: Mental Health Services: Neuropsychological Services
Behavioral Health	PHP (Partial Hospitalization)	H0035 <u>Children:</u> H0035 HA	All Products	H2035: Greater than 21 day stay requires authorization or Readmission within <u>45</u> days of a previous discharge from PHP requires authorization	Notification Required: <u>At the start of services</u> Authorization/Concurrent - After 21 day threshold, submit form listed below along with documentation that supports medical necessity of additional days needed. Form: At Admission: Initial Behavioral Health Notification (Form #4398) Concurrent authorization: Behavioral Health Authorization (Form #4381) MHCP Provider Manual: Mental Health Services: Partial Hospitalization

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Behavioral Health	PRTF [ages 20 & under] (Psychiatric Residential Treatment Facility)	R0101	PMAP MNCare	R0101: 90 days	<p>Notification Required: <u>At the start of services</u> Submit DA completed within last 180 days. Plan of care must be submitted within 14 days of admission.</p> <p>Authorization/Concurrent: 90 day increments. Submit an updated plan of care 10 days before the end of the current authorization.</p> <p>Form: At Admission: Initial Behavioral Health Notification (Form #4398) Concurrent authorization: Behavioral Health Authorization (Form #4381)</p> <p>MHCP Provider Manual: Mental Health Services: PRTF</p>
Behavioral Health	Psychological Testing	96130 96131 96136 96137 96138 96139 96146	All Products	<p>Combined: 8 cumulative hours per calendar year</p> <p>96146: 1 session per day</p>	<p>Authorization Required <u>after Threshold</u></p> <p>Form: Psychological Testing (Form #4395)</p> <p>MHCP Provider Manual: Mental Health Services: Psychological Testing</p>
SUD	SUD (Substance Use Disorder) <u>Residential Treatment</u>	H2036	All products	No authorization required/Notification Only	<p>Notification Required</p> <p>Form: SUD Admission & Discharge (Form #4505)</p>

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SUD	SUD (Substance Use Disorder) Out of network outpatient treatment	H2035	All products	Services Provided Outside of MN	Notification Required <u>Form:</u> Out of Network SUD Authorization (Form #5991)