# Medicare Behavioral Health Authorization List

## Effective 1/1/2023

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| CODE | SERVICE DESCRIPTION | AUTHORIZATION REQUIREMENT | Comments (0 = No Additional Comments) |
|---|---|---|---|
| 100 | All inclusive room and board | Yes | 0 |
| 101 | All inclusive room and board | Yes | 0 |
| 104 | Anesthesia, ECT | Yes | 0 |
| 114 | Room and Board - private psychiatric | Yes | 0 |
| 116 | Room and Board - private room detoxification | Yes | 0 |
| 118 | Room and Board - private rehabilitation | Yes | 0 |
| 120 | Residential Treatment | Yes | 0 |
| 124 | Room and Board - semi private psychiatric | Yes | 0 |
| 126 | Room and Board - semi- private room detoxification | Yes | 0 |
| 128 | Room and Board - semi private rehabilitation | Yes | 0 |
| 134 | Room and Board - 3-4 bed psychiatric | Yes | 0 |
| 136 | Room and Board - 3-4 bed detoxification | Yes | 0 |
| 138 | Room and Board - 3-4 bed rehabilitation | Yes | 0 |
| 144 | Room and Board private psychiatric | Yes | 0 |
| 146 | Room and Board private - detoxification | Yes | 0 |
| 154 | Room and Board - ward psychiatric | Yes | 0 |
| 156 | Room and Board - detoxification ward | Yes | 0 |
| 158 | Room and Board - ward rehabilitation | Yes | 0 |
| 180 | Leave of absence from residential | Yes | 0 |
| 183 | Therapeutic home time | Yes | 0 |
| 190 | Sub Acute Inpatient | Yes | 0 |
| 204 | Intensive Care - psychiatric | Yes | 0 |
| 240 | Intensive Care - psychiatric | Yes | 0 |
| 450 | Emergency Room | No | 0 |
| 451 | Emergency Room | No | 0 |
| 510 | Clinic encounter all inclusive | No | 0 |
| 513 | Psych clinic | No | 0 |
| 516 | Urgent Care Clinic | No | 0 |
| 519 | Other clinic - med supervised withdrawal | No | 0 |
| 520 | Freestanding clinic | No | 0 |

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|------|---------------------|---------------------------|----------------------------------------|
| 521 | Rural Clinic | No | 0 |
| 529 | Other freestanding clinic | No | 0 |
| 900 | BH treatment services | No | 0 |
| 901 | ECT - electroshock treatment | Yes | 0 |
| 905 | Intensive Outpatient - providers should be instructed to use proper code with 915 | Yes | 0 |
| 906 | Intensive Outpatient - providers should be instructed to use proper code with 915 | Yes | 0 |
| 910 | BH treatment services | Yes | 0 |
| 911 | Substance abuse rehabilitation | No | 0 |
| 914 | Psychiatric/Psychological Services - Individual therapy | No | 0 |
| 916 | Psychiatric/Psychological Services - Family therapy | No | 0 |
| 917 | Biofeedback | Yes | 0 |
| 918 | Testing | No | 0 |
| 919 | Other BH treatment services | No | 0 |
| 944 | Drug Rehabilitation | No | 0 |
| 945 | Alcohol Rehabilitation | No | 0 |
| 1001 | Behavioral Health Residential - psychiatric | Yes | 0 |
| 1002 | Detox - Docimillary (DASA) | Yes | 0 |
| 90785 | Interactive complexity add-on code | No | 0 |
| 90791 | Psychiatric diagnostic evaluation (no medical services) | No | 0 |
| 90792 | Psychiatric diagnostic evaluation with medical services | No | 0 |
| 90832 | Psychotherapy, 30 mins | No | 0 |
| 90833 | 30-minute psychotherapy add-on code when performed with E/M Service - (list separately) | No | 0 |
| 90834 | Psychotherapy, 45 mins | No | 0 |

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|---|---|---|---|
| 90836 | 45-minute psychotherapy add-on code when performed with E/M Service (list separately) | No | 0 |
| 90837 | Psychotherapy, 60 mins | No | 0 |
| 90838 | 60-minute psychotherapy when performed with E/M service (list separately) | No | 0 |
| 90839 | Psychotherapy for crisis, first 60 min. | No | 0 |
| 90840 | Crisis code add-on for each additional 30 min. | No | 0 |
| 90845 | Psychoanalysis | No | 0 |
| 90846 | Family psychotherapy, without patient present | No | 0 |
| 90847 | Family psychotherapy, 45 min | No | 0 |
| 90849 | Multiple-family group psychotherapy | No | 0 |
| 90853 | Group psychotherapy | No | 0 |
| 90863 | Pharmacologic management, add on code | No | 0 |
| 90865 | Narcosynthesis | No | 0 |
| 90867 | Therapeutic Repetitive Transcranial (TMS) | Yes | 0 |
| 90868 | Therapeutic Repetitive Transcranial (TMS) | Yes | 0 |
| 90869 | Therapeutic Repetitive Transcranial (TMS) | Yes | 0 |
| 90870 | Electroconvulsive Therapy | Yes | 0 |
| 90875 | Ind psycho therapy incorporating bio feedback, 30 min | No | 0 |
| 90876 | Ind psycho therapy incorporating bio feedback, 45 min | No | 0 |
| 90880 | Hypnotherapy | No | 0 |
| 90882 | Complex care management | No | 0 |
| 90885 | Psych eval of hospital records | No | 0 |
| 90887 | Interpretation or explanation of results of psych exam and procedures - Outpatient Collateral, 15 min. | No | 0 |
| 90889 | Prep of report of pt psych status | No | 0 |
| 90899 | Unlisted Psychiatric procedure | Yes | 0 |
| 96001 | comp.comput.motion analysis | No | 0 |

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|---|---|---|---|
| 96020 | Functional brain mapping | No | 0 |
| 96105 | Assessment of Aphasia of speech/lang | No | 0 |
| 96110 | Developmental screening with interp | No | 0 |
| 96112 | Developmental test administration (including assessment of fine and/or gross motor, language, cognitive level, social, memory and/or executive functions by standardized developmental instruments when performed), by physician or other qualified healthcare professional, with interpretation and report; first hour | Yes | This code constitutes 1-hour. No auth requirement up to 5 hours.  Prior authorization Request = ON after 5 hours total of 1-hour psychological testing codes. |
| 96113 | Developmental test administration (including assessment of fine and/or gross motor, language, cognitive level, social, memory and/or executive functions by standardized developmental instruments when performed), by physician or other qualified healthcare professional, with interpretation and report; each additional 30 minutes (List separately in addition to code for primary procedure) | Yes | This code constitutes 1-hour. No auth requirement up to 5 hours.  Prior authorization Request = ON after 5 hours total of 1-hour psychological testing codes. |
| 96116 | Neurobehavioral status exam w clin assess | Yes | This code constitutes 1-hour. No auth requirement up to 5 hours.  Prior authorization Request = ON after 5 hours total of 1-hour psychological testing codes. |

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|---|---|---|---|
| 96121 | Neurobehavioral status exam (clinical assessment of thinking, reasoning and judgment, [eg, acquired knowledge, attention, language, memory, planning and problem solving, and visual spatial abilities]), by physician or other qualified healthcare professional, both face-to-face time with the patient and time interpreting test results and preparing the report; each additional hour (List separately in addition to code for primary procedure) | Yes | This code constitutes 1-hour. No auth requirement up to 5 hours.  Prior authorization Request = ON after 5 hours total of 1-hour psychological testing codes. |
| 96125 | Standardized cognitive perf testing | No | 0 |
| 96127 | Brief emotional needs assessment | No | 0 |
| 96130 | Psychological testing evaluation services by physician or other qualified healthcare professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report, and interactive feedback to the patient, family member(s) or caregiver(s), when performed; first hour | Yes | This code constitutes 1-hour. No auth requirement up to 5 hours.  Prior authorization Request = ON after 5 hours total of 1-hour psychological testing codes. |

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|---|---|---|---|
| 96131 | Psychological testing evaluation services by physician or other qualified healthcare professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report, and interactive feedback to the patient, family member(s) or caregiver(s), when performed; each additional hour (List separately in addition to code for primary procedure) | Yes | This code constitutes 1-hour. No auth requirement up to 5 hours.  Prior authorization Request = ON after 5 hours total of 1-hour psychological testing codes. |
| 96132 | Neuropsychological testing evaluation services by physician or other qualified healthcare professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report, and interactive feedback to the patient, family member(s) or caregiver(s), when performed; first hour | Yes | This code constitutes 1-hour. No auth requirement up to 5 hours.  Prior authorization Request = ON after 5 hours total of 1-hour psychological testing codes. |
| 96133 | Neuropsychological testing evaluation services by physician or other qualified healthcare professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report, and interactive feedback to the patient, family member(s) or caregiver(s), when performed; each additional hour (List separately in addition to code for primary procedure) | Yes | This code constitutes 1-hour. No auth requirement up to 5 hours.  Prior authorization Request = ON after 5 hours total of 1-hour psychological testing codes. |

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|---|---|---|---|
| 96136 | Psychological or neuropsychological test administration and scoring by physician or other qualified healthcare professional, two or more tests, any method; first 30 minutes | Yes | This 30-minute code constitutes 1-unit. No auth requirement up to 5 units.  Prior authorization Request = ON after 5 units total of 30-minute psychological testing codes. |
| 96137 | Psychological or neuropsychological test administration and scoring by physician or other qualified healthcare professional, two or more tests, any method; each additional 30 minutes (List separately in addition to code for primary procedure) | Yes | This 30-minute code constitutes 1-unit. No auth requirement up to 5 units.  Prior authorization Request = ON after 5 units total of 30-minute psychological testing codes. |
| 96138 | Psychological or neuropsychological test administration and scoring by technician, two or more tests, any method; first 30 minutes | Yes | This 30-minute code constitutes 1-unit. No auth requirement up to 5 units.  Prior authorization Request = ON after 5 units total of 30-minute psychological testing codes. |
| 96139 | Psychological or neuropsychological test administration and scoring by technician, two or more tests, any method; each additional 30 minutes (List separately in addition to code for primary procedure) | Yes | This 30-minute code constitutes 1-unit. No auth requirement up to 5 units.  Prior authorization Request = ON after 5 units total of 30-minute psychological testing codes. |
| 96146 | Psychological or neuropsychological test administration, with single automated, standardized instrument via electronic platform, with automated result only | Yes | This 30-minute code constitutes 1-unit. No auth requirement up to 5 units.  Prior authorization Request = ON after 5 units total of 30-minute psychological testing codes. |
| 96156 | Health behavior assessment, or re-assessment (ie, health-focused clinical interview, behavioral observations, clinical decision making) | No | 0 |

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|---|---|---|---|
| 96158 | Health behavior intervention, individual, face-to-face; initial 30 minutes | No | 0 |
| 96159 | Health behavior intervention, individual, face-to-face; each additional 15 minutes (List separately in addition to code for primary service) | No | 0 |
| 96160 | Administration of patient-focused health risk assessment instrument (eg, health hazard appraisal) with scoring and documentation, per standardized instrument | No | 0 |
| 96161 | Administration of caregiver-focused health risk assessment instrument (eg, depression inventory) for the benefit of the patient, with scoring and documentation, per standardized instrument | No | 0 |
| 96164 | Health behavior intervention, group (2 or more patients), face-to-face; initial 30 minutes | No | 0 |
| 96165 | Health behavior intervention, group (2 or more patients), face-to-face; each additional 15 minutes (List separately in addition to code for primary service) | No | 0 |
| 96167 | Health behavior intervention, family (with the patient present), face-to-face; initial 30 minutes | No | 0 |
| 96168 | Health behavior intervention, family (with the patient present), face-to-face; each additional 15 minutes (List separately in addition to code for primary service) | No | 0 |
| 96170 | Health behavior intervention, family (without the patient present), face-to-face; initial 30 minutes | No | 0 |

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|---|---|---|---|
| 96171 | Health behavior intervention, family (without the patient present), face-to-face; each additional 15 minutes (List separately in addition to code for primary service) | No | 0 |
| 96372 | Medication administration | No | 0 |
| 97537 | Community integration counseling | Yes | 0 |
| 99051 | Services rendered after hours | No | 0 |
| 99058 | Office Emergency Services | No | 0 |
| 99201 | New Patient Office Visit, Level 1 | No | 0 |
| 99202 | New Patient Office Visit, Level 2 | No | 0 |
| 99203 | New Patient Office Visit, Level 3 | No | 0 |
| 99204 | New Patient Office Visit, Level 4 | No | 0 |
| 99205 | New Patient Office Visit, Level 5 | No | 0 |
| 99211 | Est Patient Office Visit, Level 1 | No | 0 |
| 99212 | Est Patient Office Visit, Level 2 | No | 0 |
| 99213 | Est Patient Office Visit, Level 3 | No | 0 |
| 99214 | Est Patient Office Visit, Level 4 | No | 0 |
| 99215 | Est Patient Office Visit, Level 5 | No | 0 |
| 99221 | Initial Hospital Care - comprehensive; low complexity | No | 0 |
| 99222 | Initial Hospital Care - comprehensive; moderate complexity | No | 0 |
| 99223 | Initial Hospital Care - comprehensive; high complexity | No | 0 |
| 99224 | Subsequent observation Care | No | 0 |
| 99225 | Subsequent observation Care | No | 0 |
| 99226 | Subsequent observation Care | No | 0 |
| 99231 | Subsequent Hospital Care - focused; low complexity | No | 0 |

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|------|---------------------|---------------------------|----------------------------------------|
| 99232 | Subsequent Hospital Care - focused; moderate complexity | No | 0 |
| 99233 | Subsequent Hospital Care - focused; high complexity | No | 0 |
| 99234 | Observation - comprehensive; low complexity | No | 0 |
| 99235 | Observation - comprehensive; moderate complexity | No | 0 |
| 99236 | Observation - comprehensive; high complexity | No | 0 |
| 99238 | Discharge Day Management - 30 min or less | No | 0 |
| 99239 | Discharge Day Management - more than 30 min | No | 0 |
| 99241 | Problem focused; straightforward - 15 min | No | 0 |
| 99242 | Expanded; straightforward - 30 min | No | 0 |
| 99243 | Detailed; low complexity - 40 min | No | 0 |
| 99244 | Comprehensive; moderate complexity - 60 min | No | 0 |
| 99245 | Comprehensive; high complexity - 80 min | No | 0 |
| 99251 | Initial Consultation - focused, straightforward | No | 0 |
| 99252 | Initial Consultation - expanded, straightforward | No | 0 |
| 99253 | Initial Consultation - detailed, low complexity | No | 0 |
| 99254 | Initial Consultation - comprehensive, moderate complexity | No | 0 |
| 99255 | Initial Consultation - comprehensive, high complexity | No | 0 |
| 99281 | ER Consultation - focused, straightforward | No | 0 |
| 99282 | ER Consultation - expanded; low complexity | No | 0 |
| 99283 | ER Consultation - expanded; moderate complexity | No | 0 |
| 99284 | ER Consultation - detailed; moderate complexity | No | 0 |
| 99285 | ER Consultation - comprehensive; high complexity | No | 0 |
| 99304 | Nursing facility consultation, 25 min | No | 0 |
| 99305 | Nursing facility consultation, 35 min | No | 0 |
| 99306 | Nursing facility consultation, 45 min | No | 0 |
| 99307 | Evaluation Management nursing facility, 10 min | No | 0 |
| 99308 | Evaluation Management nursing facility, 15 min | No | 0 |

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|---|---|---|---|
| 99309 | Evaluation Management nursing facility, 25 min | No | 0 |
| 99310 | Evaluation Management nursing facility, 35 min | No | 0 |
| 99341 | Home visit, new patient | No | 0 |
| 99342 | Home visit, new patient | No | 0 |
| 99343 | Home visit, new patient | No | 0 |
| 99344 | Home visit, new patient | No | 0 |
| 99345 | Home visit, new patient | No | 0 |
| 99347 | Home visit, est patient | No | 0 |
| 99348 | Home visit, est patient | No | 0 |
| 99349 | Home visit, est patient | No | 0 |
| 99350 | Home visit, est patient | No | 0 |
| 99354 | Prolonged evaluation and mgmt psycho therapy svs | No | 0 |
| 99355 | Prolonged evaluation and mgmt psycho therapy svs | No | 0 |
| 99366 | Medical team conference | No | 0 |
| 99367 | Medical team conference with family | No | 0 |
| 99368 | Medical team conference without family | No | 0 |
| 99401 | Preventive counseling, individual | No | 0 |
| 99402 | Preventive counseling, individual, 30 min | No | 0 |
| 99403 | Preventive counseling, individual, 45 min | No | 0 |
| 99404 | Preventive counseling, individual | No | 0 |
| 99406 | Smoking cessation | No | 0 |
| 99407 | Smoking cessation | No | 0 |
| 99408 | Alcohol substance abuse BH change intervention | No | 0 |
| 99409 | Alcohol and substance abuse screening and brief intervention | No | 0 |
| 99411 | Preventive counseling, individual - 60 min | No | 0 |
| 99412 | Preventive medicine group counseling - 60 min | No | 0 |
| 99510 | Home visit, single, family counseling | No | 0 |
| 907,  H2012 | Community behavioral program (day treatment) | Yes | 0 |

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|---|---|---|---|
| 915 and G0410, G0411, or H0035 | Partial hospitalization | No | |
| 915,  H0015 | BH intensive outpatient substance abuse | No | 0 |
| 915,  S9480 | BH intensive outpatient psychiatric | No | 0 |
| G0176 | Recreation, related to the care and treatment of patients disabling mental health problems; per session (45 minutes or more) | Yes | 0 |
| G0177 | Training and educational services related to the care and treatment of patients disabling mental health problems per session (45 minutes or more) | No | 0 |
| G0396 | Alcohol/subs interv 30min | No | 0 |
| G0397 | Alcohol/subs interv >30 min | No | 0 |
| G0409 | Social work and psychological services, directly relating to and/or furthering the patient's rehabilitation goals | No | 0 |
| G0410 | Partial hospitalization | Yes | 0 |
| G0411 | BH intensive outpatient substance abuse | Yes | 0 |
| G0436 | Tobacco-use counsel 3-10 min | No | 0 |
| G0437 | Tobacco-use counsel >10min | No | 0 |
| G0442 | Annual alcohol misuse screening 15 min | No | 0 |
| G0443 | Alcohol misuse and screening - various markets; Iowa = face to face BH counseling - 15 min | No | 0 |
| G0444 | Depression Screening | No | 0 |
| G0445 | High intensity BH counseling, 30 min | No | 0 |
| G0446 | Intensive BH therapy | No | 0 |
| G0447 | Face-to-face behavioral counseling - 15 min | No | 0 |
| G0451 | Developmental testing with I & R | No | 0 |
| G0463 | Hospital outpatient clinic visit | No | 0 |

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| G0473 | Face-to-face behavioral counseling - 15 min | No | 0 |
| G2011 | Alcohol and/or substance (other than tobacco) abuse structured assessment (e.g., audit, DAST), and brief intervention, 5-14 minutes | No | 0 |
| G2076 | Intake activities, including initial medical examination that is a complete, fully documented physical evaluation and initial assessment by a program physician or a primary care physician, or an authorized health care professional under the supervision of a program physician qualified personnel that includes preparation of a treatment plan that includes the patient's short-term goals and the tasks the patient must perform to complete the short-term goals; the patient's requirements for education, vocational rehabilitation, and employment; and the medical, psycho-social, economic, legal, or other supportive services that a patient needs, conducted by qualified personnel (provision of the services by a Medicare-enrolled opioid treatment program); list separately in addition to code for primary procedure | No | 0 |
| G2077 | Periodic assessment; assessing periodically by qualified personnel to determine the most appropriate combination of services and treatment (provision of the services by a Medicare-enrolled opioid treatment program); list separately in addition to code for primary procedure | No | 0 |

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|---|---|---|---|
| G2080 | Each additional 30 minutes of counseling in a week of medication assisted treatment, (provision of the services by a Medicare-enrolled opioid treatment program); list separately in addition to code for primary procedure | No | 0 |
| G2082 | Office or other outpatient visit for the evaluation and management of an established patient that requires the supervision of a physician or other qualified health care professional and provision of up to 56 mg of esketamine nasal self administration, includes 2 hours post administration observation | No | 0 |
| G2083 | Office or other outpatient visit for the evaluation and management of an established patient that requires the supervision of a physician or other qualified health care professional and provision of greater than 56 mg esketamine nasal self administration, includes 2 hours post administration observation | No | 0 |
| G2086 | Office-based treatment for opioid use disorder, including development of the treatment plan, care coordination, individual therapy and group therapy and counseling; at least 70 minutes in the first calendar month | No | 0 |
| G2087 | Office-based treatment for opioid use disorder, including care coordination, individual therapy and group therapy and counseling; at least 60 minutes in a subsequent calendar month | No | 0 |

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|---|---|---|---|
| G2088 | Office-based treatment for opioid use disorder, including care coordination, individual therapy and group therapy and counseling; each additional 30 minutes beyond the first 120 minutes (list separately in addition to code for primary procedure) | No | 0 |
| H0001 | Alcohol and/or drug assessment | No | 0 |
| H0002 | Behavioral Health Screen to determine eligibility for admission to treatment program | No | 0 |
| H0003 | Alcohol and/or drug screening; laboratory analysis of specimens for presence of alcohol or drugs | No | 0 |
| H0004 | Behavioral health counseling and therapy; per 15 minutes | No | 0 |
| H0005 | Alcohol and/or drug services; group counseling by a clinician | No | 0 |
| H0006 | Alcohol and/or drug services; case management | No | 0 |
| H0007 | Alcohol and/or drug services; crisis intervention (outpatient) | No | 0 |
| H0008 | Alcohol and/or drug services; sub acute detoxification (outpatient) | Yes | 0 |
| H0009 | Alcohol and/or drug services; acute detoxification (hospital inpatient) | Yes | 0 |
| H0010 | Alcohol and/or drug services; sub-acute detoxification (residential addiction program inpatient) | Yes | 0 |
| H0011 | Alcohol and/or drug services; acute detoxification (residential addiction program inpatient) | Yes | 0 |
| H0012 | Alcohol and/or drug services; sub-acute detoxification (residential addiction program outpatient) | Yes | 0 |

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|---|---|---|---|
| H0013 | Alcohol and/or drug services; acute detoxification (residential addiction program outpatient) | Yes | 0 |
| H0014 | Alcohol and/or drug services; ambulatory detoxification | Yes | 0 |
| H0015 | Alcohol and/or drug services; intensive outpatient treatment (treatment program that operates at least three hours/day and at least three days/week and is based on an individualized treatment plan) including assessment, counseling, crisis intervention, and activity therapies or education | No | 0 |
| H0016 | Alcohol and/or drug services; medical/somatic (medical intervention in ambulatory setting) | Yes | 0 |
| H0017 | Behavioral health; residential (hospital residential treatment program), without room and board; per diem | Yes | 0 |
| H0018 | Behavioral health; short-term residential (non-hospital residential treatment program), without room and board; per diem | Yes | 0 |
| H0019 | Behavioral health; long-term residential (non-medical, non-acute care in a residential treatment program where stay is typically longer than 30 days), without room and board; per diem | No | 0 |
| H0020 | Alcohol and/or drug services; methadone administration and/or service (provisions of the drug by a licensed program) | No | 0 |
| H0021 | Alcohol and drug training service for staff | No | 0 |
| H0022 | Alcohol and/or drug intervention service (planned facilitation) | No | 0 |

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|---|---|---|---|
| H0023 | Behavioral health outreach service (planned approach to reach a targeted population) | No | 0 |
| H0024 | Behavioral health prevention information dissemination service (one way direct or non-direct contact with service audiences to affect knowledge and attitude); 15 minutes | No | 0 |
| H0025 | Behavioral health prevention education service (delivered services with target population to affect knowledge, attitude and/or behavior), 15 minutes | No | 0 |
| H0026 | Alcohol and/or drug intervention service (planned facilitation) | No | 0 |
| H0027 | Alcohol and drug prevention service | No | 0 |
| H0028 | Alcohol and/or drug prevention problem identification and referral service | No | 0 |
| H0029 | Alcohol and/or drug prevention alternatives service (services for populations that exclude alcohol and other drug use, e.g. alcohol-free social events) | No | 0 |
| H0030 | Behavioral health hotline service | No | 0 |
| H0031 | Mental health assessment, by non-physician | No | 0 |
| H0032 | Mental health service plan development by non-physician | No | 0 |
| H0033 | Oral medication administration, direct observation | No | 0 |
| H0034 | Medication training and support; per 15 minutes | No | 0 |
| H0035 | Mental health partial hospitalization, treatment, less than 24 hours | No | 0 |
| H0036 | Community psychiatric supportive treatment, face-to-face | No | 0 |
| H0037 | Community psychiatric supportive treatment program; per diem | No | 0 |

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|---|---|---|---|
| H0038 | Self-help/peer services; per 15 minutes | No | 0 |
| H0039 | Assertive Community Treatment; per 15 min | Yes | 0 |
| H0040 | Assertive Community Treatment; per diem | No | 0 |
| H0041 | Foster Care child, non-therapeutic; per diem | Yes | 0 |
| H0042 | Foster Care child, non-therapeutic; per month | No | 0 |
| H0043 | Supported housing; per diem | No | 0 |
| H0044 | Supported housing; per month | No | 0 |
| H0045 | Respite care services, not in the home; per diem | No | 0 |
| H0046 | Mental Health Services NOS | No | 0 |
| H0047 | Alcohol and drug services not otherwise specified | Yes | 0 |
| H0048 | Alcohol and/or other drug testing: collection and handling only, specimens other than blood | No | 0 |
| H0049 | Alcohol and/or drug screening | No | 0 |
| H0050 | Alcohol and/or drug service, brief intervention; per 15 minutes | No | 0 |
| H1000 | Prenatal care, at-risk assessment | No | 0 |
| H1001 | Prenatal care, at-risk enhanced service; antepartum management | No | 0 |
| H1002 | Prenatal care, at-risk enhanced service; care coordination | Yes | 0 |
| H1003 | Prenatal care, at-risk enhanced service; education | Yes | 0 |
| H1004 | Prenatal care, at-risk enhanced service; follow-up home visit | Yes | 0 |
| H1005 | Prenatal care, at-risk enhanced service package (includes H1001-H) | No | 0 |
| H1010 | Non-medical family planning education; per session | Yes | 0 |
| H1011 | Family assessment by licensed behavioral health professional for state defined purposes | No | 0 |
| H2000 | Comprehensive multidisciplinary evaluation | No | 0 |

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|---|---|---|---|
| H2001 | Rehab program half day | Yes | 0 |
| H2010 | Comprehensive medication services; per 15 minutes | No | 0 |
| H2011 | Crisis Intervention Services; per 15 minutes | No | 0 |
| H2012 | Behavioral health day treatment; per hour | Yes | 0 |
| H2013 | Psychiatric health facility service; per diem | No | 0 |
| H2014 | Skills training and development; per 15 minutes | No | 0 |
| H2015 | Comprehensive community support services; per 15 minutes | No | 0 |
| H2016 | Comprehensive community support services; per diem | Yes | 0 |
| H2017 | Psychosocial rehabilitation services; per 15 minutes | No | 0 |
| H2018 | Psychosocial rehabilitation services; per diem | Yes | 0 |
| H2019 | Therapeutic behavioral services; per 15 minutes | No | 0 |
| H2020 | Therapeutic behavioral services; per diem In NE Therapeutic group home | Yes | 0 |
| H2021 | Community-based wrap-around services; per  15 min | Yes | 0 |
| H2022 | Community-based wrap-around services; per diem (intensive in-home services) | Yes | 0 |
| H2023 | Supported employment; per 15 minutes | Yes | 0 |
| H2024 | Supported employment; per diem | No | 0 |
| H2025 | Ongoing support to maintain employment; per 15 minutes | No | 0 |
| H2026 | Ongoing support to maintain employment; per diem | No | 0 |
| H2027 | See Notes - per 15 minutes | No | 0 |
| H2028 | Sexual offender treatment service, per 15 minutes | Yes | 0 |
| H2029 | Sex Offend Tx Svc, Per Diem | Yes | 0 |
| H2030 | Clubhouse services ; per 15 min | Yes | No auth requirement up to 200 units. Prior Authorization Request = ON after 200 Units Total of all HCPC Series Codes. |

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|---|---|---|---|
| H2031 | Clubhouse services; per diem | Yes | No auth requirement up to 200 units. Prior Authorization Request = ON after 200 Units Total of all HCPC Series Codes. |
| H2032 | Activity Therapy | Yes | 0 |
| H2033 | Multi-systemic therapy for juveniles; per 15 minutes | No | 0 |
| H2034 | Alcohol and/or drug abuse halfway house services; per diem | Yes | 0 |
| H2035 | Alcohol and/or drug treatment program; per hour | No | 0 |
| H2036 | Alcohol and/or other drug treatment program; per diem | Yes | 0 |
| H2037 | Developmental delay prevention activities, dependent child of client, per 15 minutes | Yes | 0 |
| M0064 | Brief Office Visit for the Sole Purpose of Monitoring or Changing Drug Prescriptions Used in the Treatment of Mental Psychoneurotic and Personality Disorders | No | 0 |
| Q3014 | Telehealth original site facility | No | 0 |
| S0109 | Methadone, oral, 5mg | No | 0 |
| S0201 | Alcohol and/or drug treatment program; per hour | No | 0 |
| S5108 | Home care training to home care client, per 15 minutes | Yes | 0 |
| S5110 | Home care training, family; per 15 minutes | Yes | 0 |
| S5145 | Behavioral health specialized foster care | Yes | 0 |
| S5150 | Unskilled respite care, not hospice; per 15 minutes | Yes | 0 |
| S9110 | In-home telemonitoring | No | 0 |
| S9123 | In-home psychiatric nursing | Yes | 0 |
| S9475 | Ambulatory setting substance abuse treatment or detoxification services; per diem | No | 0 |

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|---|---|---|---|
| S9480 | Intensive outpatient psychiatric services; per diem; in IL use 913 in combination with this code | No | 0 |
| S9482 | Family stabilization services; per 15 minutes | No | 0 |
| S9484 | Crisis intervention mental health services; per hour | Yes | 0 |
| S9485 | Crisis intervention mental health services; per diem | Yes | 0 |
| T1001 | Nursing Assessment/Evaluation | No | 0 |
| T1002 | RN services up to 15 minutes | No | 0 |
| T1003 | LPN/ LVN services, up to 15 minutes | No | 0 |
| T1005 | Respite care services, up to 15 minutes | No | 0 |
| T1006 | Alcohol and/or substance abuse services, family/couple counseling | No | 0 |
| T1007 | Alcohol and/or substance abuse services, treatment plan development and/or modification | No | 0 |
| T1012 | Alcohol and/or substance abuse services, skills development | No | 0 |
| T1013 | Sign language or oral interpretive services; per 15 minutes | No | 0 |
| T1014 | Telehealth telemedicine | No | 0 |
| T1015 | Clinic encounter all-inclusive | No | 0 |
| T1016 | Case management, each 15 minutes | No | 0 |
| T1017 | Targeted case management, each 15 minutes | No | 0 |
| T1019 | Personal care services; per 15 minutes | No | 0 |
| T1020 | Personal care services; per diem | No | 0 |
| T1023 | Screening to determine the appropriateness of consideration of an individual for participation in a specified program, project or treatment protocol; per encounter | No | 0 |
| T1024 | Team evaluation & management | No | 0 |
| T1027 | Family training & counseling | Yes | 0 |

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|---|---|---|---|
| T1502 | Psychotropic Medication Administration | No | 0 |
| T2001 | Non emergency transportation; patient attendant/escort | No | 0 |
| T2002 | Non-emergency transportation; per diem | No | 0 |
| T2003 | Non-emergency transportation; encounter/trip | No | 0 |
| T2004 | Non-emergency transport; commercial carrier, multi-pass | No | 0 |
| T2005 | Non-emergency transportation; stretch van | No | 0 |
| T2010 | Preadmission screening and resident review (pasrr) level 1 identification screening; per screen | No | 0 |
| T2011 | Preadmission screening and resident review level 2 evaluation; per evaluation | No | 0 |
| T2012 | Children's Day Treatment | No | 0 |
| T2014 | Pre-vocational Services - per diem | No | 0 |
| T2015 | Pre-vocational Services - per hour | No | 0 |
| T2017 | Community integration counseling | No | 0 |
| T2018 | Supported Employment Job Development | No | 0 |
| T2019 | Supported Employment | Yes | 0 |
| T2020 | Day Habiliitation | No | 0 |
| T2021 | Pre-admission PASSR assessment | No | 0 |
| T2022 | Other specified case management service not elsewhere classified | No | 0 |
| T2023 | Targeted Case Management - per month | No | 0 |
| T2024 | Service Assessment Plan of Care Dev | No | 0 |
| T2025 | Waiver Services; Not Otherwise Specified (NOS) | No | 0 |
| T2027 | Specialized childcare, waiver; per 15 minutes | Yes | 0 |
| T2033 | Psychiatric residential treatment facility - per diem | No | 0 |
| T2036 | Therapeutic camping, overnight, waiver; each session | Yes | 0 |
| T2037 | Therapeutic camping, day, waiver; each session | Yes | 0 |

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|---|---|---|---|
| T2048 | Behavioral health; long-term care residential (non-acute care in a residential treatment program community-based per diem) | No | 0 |