

Nebraska Behavioral Health Authorization List

If the procedure code is not listed here, it is not a covered benefit

CODE	LEVEL OF CARE	MODIFIER	MODIFIER	MN = Authorization Required for Medical Necessity NA= No Authorization Required	Notes (0 = No additional information)
101	All inclusive room and board			MN	0
104	Anesthesia, ECT			MN	0
114	Room and Board- private psychiatric			MN	0
116	Room and Board- private room detoxification			MN	0
118	Room and Board- private rehabilitation			MN	0
124	Room and Board -semi private psychiatric			MN	0
126	Room and Board- semi- private room detoxification			MN	0
128	Room and Board - semi private rehabilitation			MN	0
134	Room and Board - 3-4 bed psychiatric			MN	0
136	Room and Board- 3-4 bed detoxification			MN	0
138	Room and Board - 3-4 bed rehabilitation			MN	0
144	Room and board private psychiatric			MN	0
146	Room and board private- detoxification			MN	0
154	Room and Board- ward psychiatric			MN	0
156	Room and Board- detoxification ward			MN	0
158	Room and Board- ward rehabilitation			MN	0
180	leave of absence from residential			MN	0
190	Sub Acute Inpatient			MN	0
204	Intensive Care -psychiatric			MN	0
240	Intensive Care -psychiatric			MN	0
450	Emergency Room			NA	0

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451	Emergency Room			NA	0
510	Clinic encounter all inclusive			NA	0
513	Psych clinic			NA	0
516	Urgent Care Clinic			NA	0
519	Other clinic- med supervised withdrawal			NA	0
520	Freestanding clinic			NA	0
521	Rural Clinic			NA	0
529	Other freestanding clinic			NA	0
762	23 HR hold			MN	0
900	BH treatment services			MN	0
901	ECT- electroshock treatment			MN	0
905	Intensive Outpatient - providers should be instructed to use proper code with 915			MN	0
906	Intensive Outpatient - providers should be instructed to use proper code with 915			MN	0
910	BH treatment services			MN	0
911	Substance abuse rehabilitation			MN	0
914	Psychiatric/Psychological Services- Individual therapy			NA	0
916	Psychiatric/Psychological Services- Family therapy			NA	0
917	Biofeedback			MN	0

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918	Testing			MN	0
919	Other BH treatment services			MN	0
944	Drug Rehabilitation			MN	0
945	Alcohol Rehabilitation			MN	0
1001	Behavioral Health Residential- psychiatric			MN	0
90785	Interactive complexity add-on code			NA	0
90791	Psychiatric diagnostic evaluation (no medical Services)			NA	0
90792	Psychiatric diagnostic evaluation with medical services			NA	0
90832	Psychotherapy, 30 mins	HF, U2/HF, U4/HF,	U5/HF, U6/HF, U9	NA	U9 = Functional Family therapy/30min
90833	30 min psychotherapy add on code when performed with E/M Service- (list separately)	U4	U5	NA	0
90834	Psychotherapy, 45 mins	HF, U2/HF, U4/HF, U9	U5/HF, U6/HF	NA	U9 = Functional Family therapy/45min
90836	45 minute psychotherapy add on code when performed with E/M Service (list separately)	U4	U5	NA	0
90837	Psychotherapy, 60 mins	HF, U2/HF, U4/HF,	U5/HF, U6/HF,	NA	U9 = Functional Family therapy/60min
90838	60 min psychotherapy when performed with E/M service (list separately)	U4	U5	NA	0

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90839	Psychotherapy for crisis, first 60 min.			NA	0
90840	crisis code add on for each additional 30 min.			NA	0
90845	Psychoanalysis			NA	0
90846	Family Psychotherapy, without patient present	HF, U2/HF, U4/HF,	U5/HF, U6/HF, HA/HF, U9	NA	U9 FFT = NO Client present
90847	Family Psychotherapy, 45 min	HF, ET/HF, HA/HF, U2/HF, U3/HF, U4/HF, U5/HF,U6/HF, U7, U8		NA	U9 FFT = Client present
90849	Multiple-family group psychotherapy			NA	0
90853	Group psychotherapy	HF,U2/HF, U3/HF, U4/HF,U6/HF		NA	0
90863	Pharmacologic management, add on code			NA	0
90870	Electroconvulsive Therapy			MN	0
90887	Interpretation or explain of results of psych exam and procedures Outpatient Collateral, 15 min.	HF, U5/HF,		NA	0

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96101	Psychological testing	52		MN	0
96102	Psychological testing			MN	0
96103	Psychological testing			MN	0
96105	Assessment of Aphasia of speech/lang			MN	0
96110	Developmental screening with interp			NA	0
96111	Developmental testing			MN	0
96116	Neurobehavioral status exam w clin assess			MN	0
96118	Neuropsychological Testing per hour			MN	0
96119	Neuropsych Testing Admin by Technician per hour			MN	0
96120	Neuropsych Testing Admin by Computer per occurrence			MN	0
96127	Brief emotional needs assessment			NA	0
96150	Nursing Assessment and Care-Initial			NA	0
96151	Nursing Assessment and Care-Re-Assessment			NA	0
96152	H&B individual intervention			NA	0
96153	H&B group intervention			NA	0
96154	Health & Behavior Intervention with patient present			NA	0
96155	Health & Behavior Intervention without patient present			NA	0
96372	Medication administration			NA	0

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99058	Office Emergency Services			NA	0
99201	New Patient Office Visit Level 1			NA	0
99202	New Patient Office Visit Level 2			NA	0
99203	New Patient Office Visit Level 3			NA	0
99204	New Patient Office Visit Level 4			NA	0
99205	New Patient Office Visit Level 5			NA	0
99211	Est Patient Office Visit Level 1			NA	0
99212	Est Patient Office Visit Level 2			NA	0
99213	Est Patient Office Visit Level 3			NA	0
99214	Est Patient Office Visit Level 4			NA	0
99215	Est Patient Office Visit Level 5			NA	0
99221	Initial Hospital Care-comprehensive; low complexity			NA	0
99222	Initial Hospital Care-comprehensive; moderate complexity			NA	0
99223	Initial Hospital Care-comprehensive; high complexity			NA	0
99224	Subsequent observation Care			NA	0
99225	Subsequent observation Care			NA	0
99226	Subsequent observation Care			NA	0
99231	Subsequent Hospital Care-focused; low complexity			NA	0

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99232	Subsequent Hospital Care-focused; moderate complexity			NA	0
99233	Subsequent Hospital Care-focused; high complexity			NA	0
99234	Observation-comprehensive; low complexity			NA	0
99235	Observation-comprehensive; moderate complexity			NA	0
99236	Observation-comprehensive; high complexity			NA	0
99238	Discharge Day Management- 30 min or less			NA	0
99239	Discharge Day Management-more than 30 min			NA	0
99240	Mental health Risk Assessment			NA	0
99241	Problem focused; straightforward-15 min			NA	0
99242	Expanded; straightforward-30 min			NA	0
99243	Detailed; low complexity-40 min			NA	0
99244	Comprehensive; moderate complexity-60 min			NA	0
99245	Comprehensive; high complexity-80 min			NA	0
99251	Initial Consultation-focused, straightforward			NA	0
99252	Initial Consultation-expanded, straightforward			NA	0
99253	Initial Consultation-detailed, low complexity			NA	0
99254	Initial Consultation-comprehensive, moderate complexity			NA	0

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99255	Initial Consultation-comprehensive, high complexity			NA	0
99281	ER Consultation-focused, straightforward			NA	0
99282	ER Consultation-expanded; low complexity			NA	0
99283	ER Consultation-expanded; moderate complexity			NA	0
99284	ER Consultation-detailed; moderate complexity			NA	0
99285	ER Consultation-comprehensive; high complexity			NA	0
99304	Nursing facility consultation 25 min			NA	0
99305	Nursing facility consultation 35 min			NA	0
99306	Nursing facility consultation 45 min			NA	0
99307	Evaluation Management nursing facility 10 min			NA	0
99308	Evaluation Management nursing facility 15 min			NA	0
99309	Evaluation Management nursing facility 25 min			NA	0
99310	Evaluation Management nursing facility 35 min			NA	0
99341	Home visit, new patient			MN	0
99342	Home visit, new patient			MN	0
99343	Home visit, new patient			MN	0
99344	Home visit, new patient			MN	0
99345	Home visit, new patient			MN	0
99347	Home visit, est patient			MN	0

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99348	Home visit, est patient			MN	0
99349	Home visit, est patient			MN	0
99350	Home visit, est patient			MN	0
99354	Prolonged evaluation and mgmt psycho therapy svs			NA	0
99355	Prolonged evaluation and mgmt psycho therapy svs			NA	0
99366	Medical team conference			NA	0
99367	Medical team conference with family			NA	0
99368	Medical team conference without family			NA	0
99401	Preventive counseling, individual			NA	0
99402	Preventive counseling, individual 30 min			NA	0
99403	Preventive counseling, individual 45 min			NA	0
99404	Preventive counseling, individual			NA	0
99406	Smoking cessation			NA	0
99407	Smoking cessation			NA	0
99408	Alcohol substance abuse BH change intervention			NA	0
99409	Alcohol and substance abuse screening and brief intervention			NA	0
99411	Preventive counseling, individual 60 min			NA	0
99412	Preventive medicine group counseling- 60 min			NA	0

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99420	Health risk assessment interpretation			NA	0
99510	Home visit, single, family counseling			NA	0
907, H2012	Community behavioral program (day treatment)			MN	0
915 and G0410 or G0411/ or H0035	Partial Hospitalization			MN	0
915, H0015	BH intensive outpatient substance abuse			MN	0
915, S9480	BH intensive outpatient psychiatric			MN	0
G0176	Recreation, related to the care and treatment of patients disabling mental health problems; per session (45 minutes or more)			NA	0
G0177	Training and educational services related to the care and treatment of patients disabling mental health problems per session (45 minutes or more)			NA	Use MN Criteria for Group ABA Therapy
G0396	Alcohol/subs interv 15-30mn			NA	0
G0397	Alcohol/subs interv >30 min			NA	0
G0409	Social work and psychological services, directly relating to and/or furthering the patient's rehabilitation goals			NA	0

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G0431	Qualitative drug screen			NA	0
G0436	Tobacco-use counsel 3-10 min			NA	0
G0437	Tobacco-use counsel>10min			NA	0
G0442	Annual alcohol misuse screening 15 min			NA	0
G0443	Alcohol mis use and screening -various markets; Iowa=face to face BH counseling-15 min			NA	0
G0444	Depression Screening			NA	0
G0445	High intensity BH counseling 30 min			NA	0
G0446	Intensive BH therapy			NA	0
G0447	Face to face behavioral counseling-15 min			NA	0
G0449	Annual face to face obesity screening			NA	0
G0450	Screening for sexually transmitted disease			NA	0
G0451	Developmental testing with I & R			NA	0
G0463	Hospital outpatient clinic visit			NA	0
G0473	Face to face behavioral counseling 15 min			NA	0
H0001	Alcohol and/or drug assessment	52		NA	0
H0005	Alcohol and/or drug services; group counseling by a clinician			MN	0
H0012	Alcohol and/or drug services; sub-acute detoxification (residential addiction program outpatient)			MN	0

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H0015	Alcohol and/or drug services; intensive outpatient treatment (treatment program that operates at least 3 hours/day and at least 3 days/week and is based on an individualized treatment plan) including assessment, counseling, crisis intervention, and activity therapies or education			MN	0
H0018	Behavioral health; short-term residential (non hospital residential treatment program), without room and board; per diem			MN	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			MN	0
H0031	Mental health assessment, by non-physician	31		NA	0
H0036	Community psychiatric supportive treatment, face to face	HN		MN	Intervention Services BCaBA 35
H0036	Community psychiatric supportive treatment, face to face	HO		MN	Direct Intervention Services BCBA 35
H0036	Community psychiatric supportive treatment, face to face	HM		MN	Direct Intervention Services RBT 35

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H0038	Self-help/peer services; per 15 minutes			NA	0
H0040	Assertive Community Treatment; per diem	52		MN	0
H0046	Mental Health Services NOS			NA	5 units
H1011	Family assessment by licensed behavioral health professional for state defined purposes			NA	0
H2000	Comprehensive multidisciplinary evaluation	SK, HA		NA	0
H2012	Behavioral health day treatment; per hour	52		MN	0
H2013	Psychiatric health facility service per diem	UA, U8, UC		MN	Residential Psychiatric service hospital based
H2014	Skills training and development; per 15 minutes			MN	Level of Care = IOP
H2015	Comprehensive community support services; per 15 minutes	HE, HF		MN	0
H2017	Psychosocial rehabilitation services; per 15 minutes			MN	0
H2018	Psychosocial rehabilitation services; per diem	HK, TG	HF, HH	MN	0
H2019	Therapeutic behavioral services; per 15 minutes	TT, 52, 22		MN	0
H2020	Therapeutic behavioral services; per diem In NE Therapeutic group home	UA, UB, UC		MN	0

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H2027	See Notes - per 15 minutes			MN	Use MN Criteria for Day Treatment Service
H2033	Multi-systemic Therapy for Juveniles; per 15 minutes			MN	0
H2034	Alcohol and/or drug abuse halfway house services; per diem			MN	0
H2037	Developmental delay prevention activities, dependent child of client, per 15 minutes	52, 22		MN	Level of Care = 30 minutes of ABA Therapy
J0400	Injection Aripiprazole 0.25			MN	
J0592	Injection, buprenorphine hydrochloride, 0.1 mg			NA	
J1230	Injection, methadone hcl, up to 10 mg			MN	
J1630	Injection- Haloperidol Deconate up to 5 mg			NA	
J1631	Injection- Haloperidol Deconate Per 50 mg			NA	
J2426	Paliperidone Palmitate 1 mg (Invega) by invoice			MN	
J2315	Injection- vivitrol			MN	
J2680	Injection Fluphenazine Deconate up to 25 mg			NA	
J2794	Risperidone- 0.5 mg (Risperdol consta) invoice			MN	
J8499	Prescription drug, oral, non chemotherapeutic, NOS			MN	
S0166	Injection- Olanzapine 2.5 mg (Zyprexa)			MN	
Q3014	Telehealth original site facility			NA	0
S9110	In home telemonitoring			NA	0

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S9123	In home psychiatric nursing			MN	0
S9480	Intensive outpatient psychiatric services; per diem; in IL use 913 in combination with this code			MN	0
S9484	Crisis intervention mental health services; per hour			NA	0
S9485	Crisis intervention mental health services; per diem			NA	0
T1001	Nursing Assessment/ Evaluation			NA	0
T1002	RN services up to 15 minutes			NA	0
T1003	LPN/ LVN services up to 15 minutes			NA	0
T1014	Telehealth telemedicine			NA	0
T1024	Team evaluation & management			MN	Prior authorization required after 2nd visit
T1027	Family training & counseling	UA, U8, UC		MN	0
T2033	Psychiatric residential treatment facility- per diem	UC		MN	0
T2048	Behavioral health; long-term care residential (non-acute care in a residential treatment program community based per diem	UA, UB, UC		MN	0

Please note: **Nebraska Tribal Providers ONLY** - No authorization is required for Covered Services billed with the Places of

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