

Service Category	Benefit/Description	Codes Requiring Authorization	Programs/ Products	Benefit Limit/Threshold	Medical Neccessity Criteria
Behavioral Health	<b>ARMHS</b> (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	<b>H2017:</b> Authorization is required for more than 300 hours per calendar year combined total (with any modifiers) <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  H2017 & 90882 with the U3 or U3 HM modifiers do not have a threshold but cannot be done concurrently with other ARMHS services.*	<b>Authorization Required after Threshold</b>  <b>Form:</b> Behavioral Health Authorization (Form #4381)  <b>MHCP Provider Manual:</b> Mental Health Services: ARMHS
Behavioral Health	<b>Behavioral Health Home</b>	S0280 U5 S0281 U5	All Products	<b>S0280 U5:</b> Lifetime limit of six enhanced payments in member's lifetime. One payment per month. <b>S0281 U5:</b> One payment per month.	<b>Notification Required</b>  <b>Form:</b> Use Notification of Eligibility for Behavioral Health Home (BHH) Services From DHS-4797
Behavioral Health	<b>Children's Clinical Care Consultation</b> [ages 0-21]	90899	PMAP MNCare	<b>90899:</b> 15 per calendar year	<b>Authorization Required after Threshold</b>  <b>Form:</b> Behavioral Health Authorization (Form #4381)  <b>MHCP Provider Manual:</b> Mental Health Services: Children's MH Clinical Care Consultation
Behavioral Health	<b>CPSS</b> (Certified Peer Specialist Services)  <b>CFPS</b> [Children/Youth] (Certified Family Peer Specialist)	H0038 U5/HQ H0038 HA/HA HQ	All Products	<b>H0038:</b> 300 hours per calendar year combined total (regardless of modifiers)	<b>Authorization Required after Threshold</b>  <b>Form:</b> Behavioral Health Authorization (Form #4381)  <b>MHCP Provider Manual:</b> 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	<b>Combined:</b> 200 hours per calendar year threshold  See DHS MHCP Manual for thresholds on specific codes.	<b>Authorization Required</b> <u>after Threshold</u>  <b>Form:</b> Children's Therapeutic Services and Supports (CTSS) Authorization (Form #4390)  <b>MHCP Provider Manual:</b> Mental Health Services: CTSS
Behavioral Health	Day Treatment	H2012  <u>Children:</u> H2012 UA HK H2012 UA HK U6	All Products	<b>H2012:</b> 115 hours per calendar year or 15 hours per week  <u>Children: [21 &amp; under]</u> <b>H2012:</b> 150 hours per calendar year or 15 hours per week minimum 2 hours per day - max 3 hours per day	<b>Authorization Required</b> <u>after Threshold</u>  <b>Form:</b> Children: Children's Therapeutic Services and Supports (CTSS) Authorization (Form #4390) Adult: Behavioral Health Authorization (Form #4381)  <b>MHCP Provider Manual:</b> 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	<b>90791 &amp; 90792:</b> 4 session per calendar year (combined)  <b>90791:</b> 2 session per calendar year	<b>Authorization Required</b> <u>after Threshold</u>  <b>Form:</b> Behavioral Health Authorization (Form #4381)  <b>MHCP Provider Manual:</b> 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	<b>H2019 U1:</b> 104 units per 6 months <b>H2019 U1 HQ:</b> 312 units per 6 months  <u>Adolescents:</u> [12-17 years old] Same thresholds as adults	<b>Notification Required:</b> <u>At the start of services and every 6 months after</u>  <b>Form:</b> Dialectical Behavior Therapy (DBT) Authorization (Form #4498)  <b>MHCP Provider Manual:</b> Mental Health Services: DBT

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Behavioral Health	<b>Healthy Pathways Program</b> [ages 17 & older]	G9006	All Products	<b>G9006:</b> 1 session per month	<b>Notification Required</b>  First 6 months of service: <b>Form:</b> Healthy Pathways Initial Request #6021  Concurrent / after first months: <b>Form:</b> Healthy Pathways Renewal Request or End of Service #6023
Behavioral Health	<b>IRTS [18 &amp; over]</b> (Intensive residential treatment services)  <b>CMHRIS/Rule 5 [17 &amp; under]</b> (Children's Mental Health Residential Treatment Services)	H0019	All Products	<b>Adults:</b> 90 days  <b>Children:</b> 45 days	<b>Notification Required:</b> <u>At the start of services</u>  <b>Authorization/Concurrent - after threshold:</b> 30 day increments.  <b>Form:</b> At Admission: Initial Behavioral Health Notificaiton (Form #4398) For concurrent authorization: Behavioral Health Authorization (Form #4381)  <b>MHCP Provider Manual:</b> Mental Health Services: IRTS <b>MHCP Provider Manual:</b> Mental Health Services: CMHRIS
Behavioral Health	<b>MH-TCM</b> (Mental Health Targeted Case Management)	T2023	All Products	<b>T2023:</b> 1 session per month	<b>Notification Required</b>  <b>Form:</b> MH-TCM (Form #4532)  <b>MHCP Provider Manual:</b> Mental Health Services: AMHTCM and CMHTCM

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Behavioral Health	Neuropsychological Services	96116 96121 96132 96133 96136 96137 96138 96139 96146	All Products	<b>96116, 96121, 96132, 96133, 96136, 96137, 96138 and 96139:</b> more than 15 cumulative hours in a calendar year.  <b>96146:</b> more than 5 sessions of in a calendar year	<b>Authorization Required</b> <u>after Threshold</u>  <b>Form:</b> Psychological Testing Form #4395  <b>MHCP Provider Manual:</b> Mental Health Services: Neuropsychological Services
Behavioral Health	<b>PHP</b> (Partial Hospitalization)	H0035  <u>Children:</u> H0035 HA	All Products	<b>H2035:</b> Greater than 21 day stay requires authorization or  <b>Readmission</b> within <u>45</u> days of a previous discharge from PHP requires authorization	<b>Notification Required:</b> <u>At the start of services</u>  <b>Authorization/Concurrent</b> - After 21 day threshold, submit form listed below along with documentation that supports medical necessity of additional days needed.  <b>Form:</b> At Admission: Initial Behavioral Health Notification (Form #4398) Concurrent authorization: Behavioral Health Authorization (Form #4381)  <b>MHCP Provider Manual:</b> 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><b>Notification Required:</b> <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><b>Authorization/Concurrent:</b> 90 day increments. Submit an updated plan of care 10 days before the end of the current authorization.</p> <p><b>Form:</b> At Admission: Initial Behavioral Health Notification (Form #4398) Concurrent authorization: Behavioral Health Authorization (Form #4381)</p> <p><b>MHCP Provider Manual:</b> Mental Health Services: PRTF</p>
Behavioral Health	Psychological Testing	96130 96131 96136 96137 96138 96139 96146	All Products	<p><b>Combined:</b> 8 cumulative hours per calendar year</p> <p><b>96146:</b> 1 session per day</p>	<p><b>Authorization Required</b> <u>after Threshold</u></p> <p><b>Form:</b> Psychological Testing (Form #4395)</p> <p><b>MHCP Provider Manual:</b> Mental Health Services: Psychological Testing</p>
SUD	SUD (Substance Use Disorder) <u>Residential Treatment</u>	H2036	All products	No authorization required/Notification Only	<p><b>Notification Required</b></p> <p><b>Form:</b> SUD Admission &amp; 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	<b>Notification Required</b>  <b>Form:</b> Out of Network SUD Authorization (Form #5991)