



**2017 Medicare Authorization and Notification Requirements –  
Mental Health & Chemical Dependency Services**

Applies to Medicare programs: *UCare for Seniors* and *EssentiaCare*

**Important Information regarding Authorization & Notification:**

- For services that require an authorization, failing to obtain the authorization in advance may result in a denied claim.
- Submit authorization requests 14 calendar days prior to the start of the service for non-urgent conditions.
- All services are subject to member eligibility and benefit coverage.
- Medicare requirements must be met for licensure in order to provide services.
- Court-ordered mental health and chemical dependency services provided must be a covered benefit and meet Medicare coverage criteria and documentation requirements, .. Threshold limits are cumulative and can be exceeded when a member has seen multiple providers for the same service within a calendar year. Once threshold limits are exceeded, an authorization is required.
- UCare does not instruct providers on how to bill. The codes listed on the authorization grid are for informational purposes only to assist our providers in the authorization process.
- Please contact UCare Behavioral Health for additional information on threshold units.

**Forms Needed – please leverage our [Forms](#) under each specialty type on the [provider website](#).**

AUTHORIZING ENTITY	PHONE	FAX	WEBSITE
UCare Behavioral Health Services	612-676-3300 or 1-888-531-1493 (toll free)	612-884-2033 1-855-260-9710 (toll free)	<a href="http://www.ucare.org/providers/Eligibility-Authorizations">www.ucare.org/providers/Eligibility-Authorizations</a>
UCare Clinical Services	612-676-6705 1-877-447-4384 (toll free)	612-884-2499 1-866-610-7215 (toll free)	<a href="http://www.ucare.org/providers/Eligibility-Authorizations">www.ucare.org/providers/Eligibility-Authorizations</a>



CATEGORY	SERVICE	AUTHORIZATION OR NOTIFICATION REQUIREMENTS	CODES	THRESHOLD UNITS
<b>DIAGNOSTIC ASSESSMENTS:</b>	Standard Diagnostic Assessment	Authorization required beyond threshold of 4 sessions.	Standard: 90791 Standard with E/M Services: 90792	4 sessions per calendar year.
<b>PSYCHOTHERAPY:</b>	Group Psychotherapy	Authorization required prior to service.	90853	N/A
	Family Psychotherapy	Authorization required prior to service.	90846, 90847, 90849	N/A
	Individual Psychotherapy	Authorization required prior to service.	90832, 90834, 90837	N/A
	Individual Psychotherapy With E/M Services	Authorization required prior to service.	90833, 90836, 90838	N/A
<b>TESTING &amp; SERVICES:</b>	Psychological Testing	Authorization required beyond threshold.	96101, 96102, 96103	6 units of any combination of 96101 & 96102 or 1 unit of 96103 per calendar year.
	Partial Hospitalization	Notification required prior to service. Concurrent review for additional days.	Follow <a href="#">Medicare Guidelines</a> . G0129, G0176, G0177, G0410, G0411	N/A
	Inpatient Chemical Dependency Admission	Authorization required prior to service. Concurrent review for additional days.	Follow <a href="#">Medicare Guidelines</a> .	N/A
	Inpatient Mental Health Admission	Notification required within 24 hours of admission. Concurrent review for additional days.	Follow <a href="#">Medicare Guidelines</a> .	N/A
	Transcranial Magnetic Stimulation	Authorization required prior to service	90867, 90868, 90869 Follow <a href="#">Medicare Guidelines</a>	N/A