



2017 Medicaid (Medical Assistance) Authorization and Notification Requirements – Mental Health & Chemical Dependency Services

Applies to Medicaid (Medical Assistance) programs: SNBC (UCare Connect & Connect + Medicare), MinnesotaCare Minnesota Senior Care Plus (MSC+), Prepaid Medical Assistance Plan (PMAP) & Minnesota Senior Health Options (MSHO)

Important Information regarding Authorization & Notification:

- For services that require an authorization, failing to obtain the authorization in advance may result in a denied claim.
- Court-ordered mental health and chemical dependency services provided do not require a separate medical necessity review; however, it is required to have a copy of the court order on file with UCare to ensure claim payment. Services must be a covered benefit
- 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.
- 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.
- **Out of network providers require an authorization prior to services except: Mental Health Targeted Case Management (TCM), Assertive Community Treatment (ACT), Crisis Management (S9484, 90839, 90840), Medication-Assisted Treatment (MAT) Services, Chemical Dependency (CD) Assessments and Mental Health travel time.**
- 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.
- Providers are required to provide documentation to support medical necessity or that the services requested are appropriate based on the member's condition. UCare follows the MN Department of Human Services (DHS) documentation requirements for Medical Assistance benefits
- For members with dual coverage (Connect + Medicare & MSHO) Medicare coverage criteria and documentation requirements will be reviewed first for use of Medicare benefits
- 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)	www.ucare.org/providers/Eligibility-Authorizations
UCare Clinical Services	612-676-6705 1-877-447-4384 (toll free)	612-884-2499 1-866-610-7215 (toll free)	www.ucare.org/providers/Eligibility-Authorizations



CATEGORY	SERVICE	AUTHORIZATION OR NOTIFICATION REQUIREMENTS	CODES	THRESHOLD UNITS
DIAGNOSTIC ASSESSMENTS:	Adult Update Assessment	Authorization required beyond threshold of 4 sessions.	Update: 90791-TS Update with E/M Services: 90792-TS	4 sessions per calendar year of any combination of assessments.
	Brief Assessment	Authorization required beyond threshold of 4 sessions.	Brief: 90791-52 Brief with E/M Services: 90792-52	4 sessions per calendar year of any combination of assessments.
	Extended Assessment	Authorization required beyond threshold of 4 sessions.	Extended: 90791-TG Extended with E/M Services: 90792-TG	4 sessions per calendar year of any combination of assessments.
	Standard Assessment	Authorization required beyond threshold of 4 sessions.	Standard: 90791 Standard with E/M Services: 90792	4 sessions per calendar year of any combination of assessments.
PSYCHOTHERAPY	Group Psychotherapy	Authorization required beyond threshold of 52 sessions.	90853 For CTSS services, add the UA Modifier to the appropriate Psychotherapy Procedure Code.	52 sessions per calendar year.
	Family Psychotherapy	Authorization required beyond threshold of 26 sessions.	90846, 90847, 90849 For CTSS services, add the UA Modifier to the appropriate Psychotherapy Procedure Code.	26 sessions per calendar year.



CATEGORY	SERVICE	AUTHORIZATION OR NOTIFICATION REQUIREMENTS	CODES	THRESHOLD UNITS
	Individual Psychotherapy	Authorization required beyond threshold of 26 sessions.	90832, 90834, 90837 For CTSS services, add the UA Modifier to the appropriate Psychotherapy Procedure Code.	26 sessions per calendar year.
	Individual Psychotherapy With E/M Services	Authorization required beyond threshold of 20 sessions.	90833, 90836, 90838 For CTSS services, add the UA Modifier to the appropriate Psychotherapy Procedure Code.	20 sessions per calendar year.
TESTING & MENTAL HEALTH SERVICES	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.
	Biofeedback	Authorization required prior to service.	90875, 90876 For CTSS services, add the UA Modifier to the appropriate Psychotherapy Code.	N/A
	Partial Hospitalization	Notification required prior to service. Concurrent review for additional days.	H0035 For services under the age of 18, add the HA Modifier as appropriate.	N/A
	Children's Day Treatment	Authorization required prior to service. Concurrent review for additional days.	H2012 For CTSS services, add the UA HK or UA U6 modifier combination to the appropriate HCPCS code. <i>(Max of 15 hours/week)</i>	N/A



CATEGORY	SERVICE	AUTHORIZATION OR NOTIFICATION REQUIREMENTS	CODES	THRESHOLD UNITS
	Skills Training	Authorization required beyond threshold.	H2014 For CTSS services, add the UA modifier to the appropriate HCPCS code Also add HR and/or HQ modifiers as appropriate.	200 hours (800 units) of any combination of H2014, H2015, H2019, or H0031 & H0032 per calendar year.
	Therapeutic Behavioral Services	Authorization required beyond threshold.	H2019 For CTSS services, add the UA modifier to the appropriate HCPCS code Also add HM and/or HE modifiers as appropriate.	200 hours (800 units) of any combination of H2014, H2015, H2019 or H0031 & H0032 per calendar year.
	Community Support Services	Authorization required beyond threshold.	H2015 For CTSS services, add the UA modifier to the HCPCS code as appropriate.	200 hours (800 units) of any combination of H2014, H2015, H2019 or H0031 & H0032 per calendar year.
	Treatment Plan Development & Review	Authorization required beyond threshold.	H0031 Applies to CTSS only. For CTSS services, add the UA & UD.	200 hours (800 units) of any combination of H2014, H2015, H2019 or H0031 & H0032 per calendar year.
	Administering & Reporting Standardized Measures	Authorization required beyond threshold.	H0032 Applies to CTSS only. For CTSS services, add the UA & UD modifier.	200 hours (800 units) of any combination of H2014, H2015, H2019 or H0031 & H0032 per



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				calendar year.
	Adult Day Treatment	Authorization required prior to service. Concurrent review for additional days.	H2012 (Max of 15 hours/week)	N/A
	Children's Residential Treatment	Authorization required <u>at the time at admission</u> . Concurrent review for additional days.	Treatment only covered by MCO. Room and Board not covered by Medicaid. Treatment is reported on the 837P, with HCPCS Code H0019.	N/A
	Intensive Outpatient Dialectical Behavior Therapy	Authorization required prior to service.	Individual: H2019 Add modifier U1, HN as appropriate. Group: H2019 Add modifier U1, HN and HQ as appropriate.	N/A
	Certified Peer Specialist	Authorization required beyond threshold of 300 hours.	H0038 Add U5, HQ modifiers as appropriate.	300 hours per calendar year.
	Crisis Residential	Notification required prior to service. Concurrent review for additional days.	H0018	N/A
	IRTS	Notification required prior to service. Concurrent review for additional days.	H0019	N/A
ARMHS	Psychosocial Rehab	Authorization required beyond threshold of 300 hours.	H2017 Add HQ, UD or HM modifiers as appropriate.	300 hours per calendar year for any combination of ARMHS.
	Community Intervention	Authorization required beyond threshold of 300 hours.	90882 Add UD, HM modifiers as appropriate.	300 hours per calendar year for any combination



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				of ARMHS.
	Medication Education	Authorization required beyond threshold of 300 hours.	H0034 Add HQ modifier as appropriate.	300 hours per calendar year for any combination of ARMHS.
EIDBI (AUTISM) SERVICES (Not covered for UCare's MSHO or MSC Plus plans) *Providers must be certified by DHS	Comprehensive Multi-disciplinary Evaluation (CMDE)	Notification required prior to service. Concurrent review required for additional units.	0359T For Autism services, add appropriate combo of UB, AM, TG, HP, HO or GT modifiers to the procedure code as appropriate. <i>(2 days annually per DHS)</i>	N/A
	Individual Treatment Plan Development & Monitoring (ITP)	Notification required prior to service. Concurrent review required for additional units.	H0032 For Autism services, add appropriate combo of UB, HK, UD, HP, HN or HO modifiers to the procedure code as appropriate. Applies to EIDBI only.	N/A
	Coordinated Care Conference	Notification required prior to service. Concurrent review required for additional units.	T1024 For Autism services, add appropriate combo of UB, AM, TG, HP, HO, HK, HN or GT modifiers to the procedure code as appropriate. <i>(1 per provider annually per DHS)</i>	N/A
	Individual EIDBI Intervention	Authorization required prior to service.	0364T, 0365T, 0368T, 0369T For Autism services, add appropriate combo of UB, HK, HP, HO, HN or HM modifiers to the procedure code as appropriate.	N/A



CATEGORY	SERVICE	AUTHORIZATION OR NOTIFICATION REQUIREMENTS	CODES	THRESHOLD UNITS
			<i>(Based on DHS Medical Necessity Treatment Determination Guidelines)</i>	
	Group EIDBI Intervention	Authorization required prior to service.	0366T, 0367T For Autism services, add appropriate combo of UB, HK, HP, HO, HN, HM modifiers to the procedure code as appropriate. <i>(Based on DHS Medical Necessity Treatment Determination Guidelines)</i>	N/A
	Intervention, Observation & Direction	Authorization required prior to service.	0362T, 0363T For Autism services, add appropriate combo of UB, HK, HP, HO, HN or GT modifiers to the procedure code as appropriate. <i>(Max of 120 hours (flexible use) over 6 months)</i>	N/A
	Individual Family & Caregiver Training and Counseling	Authorization required prior to service.	T1027 For Autism services, add appropriate combo of UB, HK, HP, HO, HN or GT modifiers to the procedure code as appropriate. <i>(Max of 60 hours of individual and group training combined per 6 months per DHS)</i>	N/A
	Group Family & Caregiver Training and Counseling	Authorization required prior to service.	T1027 For Autism services, add appropriate combo of UB, HK, HQ, HP, HO or HN modifiers to the procedure code as appropriate. <i>(Max of 60 hours of individual and group training combined per 6 months)</i>	N/A



CATEGORY	SERVICE	AUTHORIZATION OR NOTIFICATION REQUIREMENTS	CODES	THRESHOLD UNITS
			<i>per DHS)</i>	
	Transcranial Magnetic Stimulation	Authorization required prior to service	90867, 90868, 90869 Coverage for this service is only available for Connect + Medicare and MSHO Follow Medicare Guidelines -	N/A
INPATIENT & SUBSTANCE ABUSE SERVICES	Outpatient Chemical Dependency Treatment	Notification required within 24 hours of service. Treatment based on Rule 25 Assessment. Send Rule 25 Summary to UCare.	Individual hourly: H2035 Group: H2035 HQ	N/A
	Chemical Dependency Residential Treatment	Authorization required prior to service. Treatment based on Rule 25 Assessment. Send Rule 25 Summary to UCare. Concurrent review for additional days.	Follow MHCP Guidelines.	N/A
	Inpatient Chemical Dependency Admission	Authorization required prior to service. Concurrent review for additional days.	Follow MHCP Guidelines.	N/A
	Inpatient Mental Health Admission	Notification required within 24 hours of service. Concurrent review for additional days.	Follow MHCP Guidelines.	N/A
MENTAL HEALTH SUPPORT SERVICE	Behavioral Health Home	Notification required within 30 days of intake. Fax UCare the Determination of Eligibility for Behavioral Health Home Services (DH-4797-ENG) .	S0280-U5	