

Medicaid UM Guidelines

MH/SA Child and Adolescent

The maximum limit is for the benefit year. Authorization is individualized and based on severity and chronicity of need at the time of request

Any exception to authorize beyond the maximum benefit will be based on medical necessity at the time of review

All child requests are reviewed against EPSDT criteria

This is not an exhaustive list but does cover the most commonly used service codes. Please contact UM staff if there are questions about additional codes.

Medicaid enrollees are eligible for child/adolescent services until age 21.

(A) Does not count toward the 16 unmanaged outpatient visits.

(B) Authorization not required up to maximum benefit limit.

(C) Any combination of these services apply toward the unmanaged visits.

Service	Service Code	Auth Submission Requirements	Authorization Parameters	Clinical Guidelines	CALOCUS Level					
					1	2	3	4	5	6
Clinical Assessment	90791, 90792	(A) (B) Prior authorization if maximum reached.	1 per day, 1 per week, 2 per month, 4 per calendar (1 per provider)	8C E & M Codes	X	X	X	X	X	
	H0031		1 per day, 1 per week, 1 per month, 2 per calendar year		X	X	X	X	X	
Interactive Complexity Add-On	90785+	(B)	as per limits of primary code.		X	X	X	X	X	
Psychological Testing	96101, 96111, 96116, 96118	(B) SAR and service order when requesting beyond maximum visits.	4 units per day, 6 per week, 6 per month, 6 per calendar year	8C			X	X	X	
	96110, 96120		1 per day, 1 per week 1 per month, 1 per calendar year				X	X	X	

Evaluation and Management (outpatient)	99201-99205 (new patient)	(A) (B) SAR and service order when requesting beyond unmanaged or maximum visits.	1 per day, 1 per week, 2 per month, 4 per calendar year (1 per year per provider)	E & M Codes	X	X	X	X	X	
	99211-99215 (established patient)		1 per day, 2 per week, 4 per month		X	X	X	X	X	
Add on therapy codes for physicians	90833+, 90836+, 90838+	(B) (C) SAR and service plan when requesting beyond unmanaged or maximum visits	see descriptor for therapy codes below		X	X	X	X	X	
Injection	96372		1 per day, 1 per week, 3 per month, 26 per calendar year		X	X	X	X	X	
Individual Therapy	90832, 90834, 90837, H0004	(B) (C) SAR, service plan, service order when requesting beyond unmanaged or maximum visits.	1 per day, 2 per week, 6 per month, 16 per calendar year	8C	X	X	X	X	X	
	*Crisis 90839	(B)	1 per day, 1 per week, 2 per month, 2 per year		X	X	X	X		
	*Crisis 90840+	(B)	2 per day, 2 per week, 4 per month, 4 per year		X	X	X	X		
Group Therapy	90853, 90857	(A) (B) SAR and service order when requesting beyond unmanaged or maximum visits.	1 per day, 1 per week, 4 per month, 24 per calendar year	8C	X	X	X	X	X	

	H0004HQ, H0005		1 per day, 1 per week, 4 per month, 12 per year		X	X	X	X	X	
Family Therapy	90846, 90847, H0004HR, H0004HS	(B) (C) SAR, service plan, service order when requesting beyond unmanaged or maximum visits.	1 per day, 1 per week, 4 per month, 12 per year	8C	X	X	X	X	X	
	90849		1 per day, 1 per week, 4 per month, 16 per calendar year		X	X	X	X	X	
Mobile Crisis	H2011	(B) Prior authorization if maximum reached.	32 units per day, 96 units per week, 96 units per month, 128 per FY	8A	X	X	X	X	X	
Evaluation and Management (inpatient)	99221, 99222 (initial)	Authorization not required up to maximum limit if inpatient prior authorization has occurred. Authorization beyond maximum require telephone review with assigned UM staff	1 per day, 3 per week, 5 per month, 12 per calendar year	E & M Codes						X
	99223 (initial)		1 per day, 1 per week, 2 per month, 12 per calendar year							X
	99231, 99232, 99233 (subsequent)		1 per day, 7 per week, 31 per month, 45 per year							X

	99239 (discharge)		1 per day 2 per week, 2 per month, 4 per calendar year							X
Targeted Case Management <u>EPSDT only</u>	H0032	Prior Authorization Required: EPSDT request form, Clinical Assessment, SAR, PCP including Service order, Evidence of case management assessment	Must be medically necessary care to correct or ameliorate a defect, physical or mental illness, or a condition [health problem] identified through a screening	8L			X	X	X	
Day Treatment	H2012HA	Prior Authorization Required: Clinical Assessment, SAR, PCP including Service order, Supporting clinical	6 per day, 30 per week, 138 per month, 1242 per year	8A			X	X	X	
Intensive In-Home	H2022	Prior Authorization Required: Clinical Assessment, SAR, PCP including Service order, Supporting clinical	1 per day, 7 per week, 25 per month,120 per FY. Eligible for one episode per FY.	8A			X	X	X	

Multi-systemic therapy	H2033	Prior Authorization Required: Clinical Assessment, SAR, PCP including Service order, Supporting clinical	8 units per day, 20 units per week, 40 units per month 160 units per FY. Not to exceed 5 months duration. Eligible for one episode per FY.	8A			X	X	X	
Level 1, family	Y2347	Prior authorization is required: SAR, updated PCP, service order, clinical assessment, any supporting documentation. Reauthorization: SAR, updated PCP, any supporting documentation	1 per day, 7 per week, 31 per month, 366 per calendar year	8D-2		X	X			
Level 2 Residential, Therapeutic Foster Care	S5145	Prior authorization is required: SAR, updated PCP, service order, clinical assessment, any supporting documentation. Reauthorization: SAR, updated PCP, any supporting documentation	1 per day, 7 per week, 31 per month, 366 per calendar year	8D-2			X	X	X	

Level 3-More than 5 beds	H0019US	Prior authorization is required: SAR, updated PCP, service order, clinical assessment, any supporting documentation. Reauthorization: SAR, updated PCP, any supporting documentation	1 per day, 7 per week, 31 per month, 366 per calendar year	8D-2				X	X	
Level 3- Less than 5 beds	H0019	Prior authorization is required: SAR, updated PCP, service order, clinical assessment, any supporting documentation. Reauthorization: SAR, updated PCP, any supporting documentation	1 per day, 7 per week, 31 per month, 366 per calendar year	8D-2				X	X	
Level 4-Secure: More than 5 beds	H0019UP	Prior authorization is required: SAR, updated PCP, service order, clinical assessment, any supporting documentation. Reauthorization: SAR, updated PCP, any supporting documentation	1 per day, 7 per week, 31 per month, 366 per calendar year	8D-2					X	X

Level 2, group home	H2020	Prior authorization is required: SAR, updated PCP, service order, clinical assessment, any supporting documentation. Reauthorization: SAR, updated PCP, any supporting documentation	1 per day, 7 per week, 31 per month, 366 per calendar year	8D-2			X	X	X	
Diagnostic Assessment	T1023	(B) (C) Prior authorization if maximum reached	1 per day, 1 per week, 1 per month, 1 per calendar year	8A		X	X	X	X	
Room and board - all inclusive plus ancillary	RC100	Prior authorization via telephone call 24/7. Continued stay requests: CON and SAR	1 per day, 7 per week, 31 per month, 366 per calendar year	8B						X
Psychiatric Residential Treatment Facility	RC911	Prior Authorization Required. CON, SAR, Initial assessment, PCP or Service Plan, any supporting clinical documentation	1 per day, 7 per week, 31 per month, 366 per calendar year	8D-1						X
Therapeutic Leave: Residential Level II, III or IV and PRTF	RC183	No authorization required	Max 15 days within calendar quarter. Unused days do not carry over to the next quarter. Max 45 days per year.			X	X	X	X	X

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MH/SA Adult

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Any exception to authorize beyond the maximum benefit will be based on medical necessity at the time of review

This is not an exhaustive list but does cover the most commonly used service codes. Please contact UM staff if there are questions about additional codes.

(A) Does not count toward the 8 unmanaged outpatient visits.

(B) Authorization not required up to maximum benefit limit.

(C) Any combination of these services apply toward the unmanaged visits.

Service	Service Code	Auth Submission Requirements	Authorization Parameters	Clinical Guidelines	LOCUS Level					
					1	2	3	4	5	6
Clinical Assessment	90791, 90792, H0001	(A) (B) Prior authorization if maximum reached.	1 per day, 1 per week, 2 per month, 4 per calendar (1 per provider)	8C E & M Codes	X	X	X	X	X	
	H0031		1 per day, 1 per week, 1 per month, 2 per calendar year		X	X	X	X	X	
Interactive Complexity Add-On	90785+	(B)	as per limits of primary code.		X	X	X	X	X	
Psychological Testing	96101, 96111, 96116, 96118	(B) SAR and service order when requesting beyond maximum visits.	4 units per day, 6 per week, 6 per month, 6 per calendar year	8C			X	X	X	
	96110, 96120		1 per day, 1 per week 1 per month, 1 per calendar year				X	X	X	
Evaluation and Management (outpatient)	99201-99205 (new patient)	(A) (B) SAR and service order when requesting beyond unmanaged or maximum visits.	1 per day, 1 per week, 2 per month, 4 per calendar year (1 per year per provider)	E & M Codes	X	X	X	X	X	
	99211-99215 (established patient)		1 per day, 2 per week, 4 per month, 22 per calendar year (unless SPML exception)		X	X	X	X	X	

Add on therapy codes for physicians	90833+, 90836+, 90838+	(B) (C) SAR and service plan when requesting beyond unmanaged or maximum visits	see descriptor for therapy codes below		X	X	X	X	X	
Injection	96372		1 per day, 1 per week, 3 per month, 26 per calendar year							
Individual Therapy	90832, 90834, 90837, H0004	(B) (C) SAR, service plan, service order when requesting beyond unmanaged or maximum visits	1 per day, 2 per week, 6 per month, 16 per calendar year (only 8 visits are unmanaged)	8C	X	X	X	X	X	
	*Crisis 90839	(B)	1 per day, 1 per week, 2 per month, 2 per year		X	X	X	X		
	*Crisis 90840	(B)	2 per day, 2 per week, 4 per month, 4 per year		X	X	X	X		
Group Therapy	90853, 90857	(A) (B) SAR and service order when requesting beyond unmanaged or maximum visits.	1 per day, 1 per week, 4 per month, 24 per calendar year	8C	X	X	X	X	X	
	H0004HQ, H0005		1 per day, 1 per week, 4 per month, 12 per year		X	X	X	X	X	
Family Therapy	90846, 90847, H0004HR, H0004HS	(B) (C) SAR, service plan, service order when requesting beyond unmanaged or maximum visits	1 per day, 1 per week, 4 per month, 12 per year	8C	X	X	X	X	X	
	90849		1 per day, 1 per week, 4 per month, 16 per calendar year		X	X	X	X	X	
Mobile Crisis	H2011	(B) Prior authorization if maximum reached.	32 units per day, 96 units per week, 96 units per month, 128 per FY	8A	X	X	X	X	X	
Evaluation and Management (inpatient)	99221, 99222 (initial)	required up to maximum limit if inpatient prior authorization has occurred. Authorization beyond maximum require telephone review with assigned UM staff	1 per day, 3 per week, 5 per month, 12 per calendar year	E & M Codes						X

	99223 (initial)		1 per day, 1 per week, 2 per month, 12 per calendar year							X
	99231, 99232, 99233 (subsequent)		1 per day, 7 per week, 31 per month, 45 per year							X
	99239 (discharge)		1 per day 2 per week, 2 per month, 4 per calendar year							X
SA Intensive Outpatient (SAIOP)	H0015	30 day pass through. Reauthorization request: Clinical Assessment, SAR, PCP including Service Order, any suppooritng clinical information	1 per day, 5 per week, 23 per month, 100 per calendar year	8A ASAM		II.1				
Opioid Maintenance	H0020	Prior authorization required: Clinical Assessment, SAR, PCP including Service Order, any suppooritng clinical information	1 per day, 7 per week, 31 per month, 366 per calendar year	8A ASAM		OMT				
Partial Hospitalization	H0035	Prior Authorization Required via telephone call 24/7. Continued stay requests via telephone to assigned UM staff.	1 per day, 5 per week, 15 per month, 45 per calendar year	8A				X	X	
Assertive Community Treatment Team (ACTT)	H0040	Prior Authorization Required. SAR, Initial assessment, PCP or Service Plan, any supporting clinical documentation	1 per day, 4 per week, 4 per month, 48 per calendar year	8A			X	X	X	
Community Support Team	H2015HT	Prior Authorization Required. SAR, Initial assessment, PCP or Service Plan, any supporting clinical documentation	16 per day, 48 per week, 128 per 60 days, 384 per FY	8A			X	X		

Psychosocial Rehabilitation	H2017	Prior Authorization Required. SAR, Initial assessment, PCP or Service Plan, any supporting clinical documentation	20 per day, 100 per week, 560 per month, 5520 per calendar year	8A			X	X	X	
SA Comprehensive Outpatient Treatment	H2035	60 day pass through: Reauthorization required: Clinical Assessment, SAR, PCP including Service Order, any supporting clinical information	4 per day, 20 per week, 92 per month, 368 per calendar year including the initial pass through days.	8A ASAM		II.5				
Facility Based Crisis	S9484	Prior Authorization Required via telephone call 24/7. Continued stay requests: SAR	16 units per day, 112 units per week, 240 units per month, 480 units per calendar year	MH/DD/SA Service Definitions 2003			X	X	X	
Diagnostic Assessment	T1023	(B) (C) Prior authorization if maximum reached	1 per day, 1 per week, 1 per month, 1 per calendar year	8A		X	X	X	X	
Room and board - all inclusive plus ancillary	RC100	Prior authorization via telephone call 24/7. Continued stay requests: SAR	1 per day, 7 per week, 31 per month, 366 per calendar year	8B						X