NC Medicaid Behavioral Health Authorization List

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Code	Service Description	Authorization Requirement	Notes (0 = No Additional Comments)
100	All inclusive room and board	On	0
101	All inclusive room and board	On	0
104	Anesthesia, ECT	On	0
114	Room and Board – private psychiatric	On	0
116	Room and Board – private room detoxification	On	0
118	Room and Board – private rehabilitation	On	0
120	Residential Treatment	On	0
124	Room and Board – semi private psychiatric	On	0
126	Room and Board – semi-private room detoxification	On	0
128	Room and Board – semi private rehabilitation	On	0
134	Room and Board – 3-4 bed psychiatric	On	0
136	Room and Board – 3-4 bed detoxification	On	0
138	Room and Board – 3-4 bed rehabilitation	On	0
144	Room and Board private psychiatric	On	0
146	Room and Board private – detoxification	On	0
154	Room and Board – ward psychiatric	On	0
156	Room and Board – detoxification ward	On	0
158	Room and Board – ward rehabilitation	On	0
180	Leave of absence from residential	On	0
183	Therapeutic home time	On	0
190	Sub Acute Inpatient	On	0
204	Intensive Care – psychiatric	On	0
240	Intensive Care – psychiatric	On	0

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Code	Service Description	Authorization Requirement	Notes (0 = No Additional Comments)
450	Emergency Room	Off	0
451	Emergency Room	Off	0
510	Clinic encounter all inclusive	Off	0
513	Psych clinic	Off	0
516	Urgent Care Clinic	Off	0
519	Other clinic – med supervised withdrawal	Off	0
520	Freestanding clinic	Off	0
521	Rural Clinic	Off	0
529	Other freestanding clinic	Off	0
900	BH treatment services	Off	0
901	ECT – electroshock treatment	On	0
905	Intensive Outpatient – providers should be instructed to use proper code with 915	On	0
906	Intensive Outpatient – providers should be instructed to use proper code with 915	On	0
910	BH treatment services	On	0
911	Substance abuse rehabilitation	Off	0
914	Psychiatric/Psychological Services – Individual therapy	Off	0
916	Psychiatric/Psychological Services – Family therapy	Off	0
917	Biofeedback	On	0
918	Testing	Off	0
919	Other BH treatment services	Off	0
944	Drug Rehabilitation	Off	0
945	Alcohol Rehabilitation	Off	0
1001	Behavioral Health Residential – psychiatric	On	0
1002	Detox – Docimillary (DASA)	On	0
90785	Interactive complexity add-on code	Off	0
90791	Psychiatric diagnostic evaluation (no medical services)	Off	0

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90792	Psychiatric diagnostic evaluation with medical services	Off	0
90832	Psychotherapy, 30 mins	On	No auth requirement up to 24 units. Prior authorization Request = ON after 24 units Total of all codes listed with this Max Unit identifier.
90833	30-minute psychotherapy add-on code when performed with E/M Service – (list separately)	Off	0
90834	Psychotherapy, 45 mins	On	No auth requirement up to 24 units. Prior authorization Request = ON after 24 units Total of all codes listed with this Max Unit identifier.
90836	45-minute psychotherapy add-on code when performed with E/M Service (list separately)	Off	0
90837	Psychotherapy, 60 mins	On	No auth requirement up to 24 units. Prior authorization Request = ON after 24 units Total of all codes listed with this Max Unit identifier.
90838	60-minute psychotherapy when performed with E/M service (list separately)	Off	0
90839	Psychotherapy for crisis, first 60 min.	Off	Off
90840	Crisis code add-on for each additional 30 min.	Off	0
90845	Psychoanalysis	Off	0
90846	Family psychotherapy, without patient present	On	No auth requirement up to 24 units. Prior authorization Request = ON after 24 units Total of all codes listed with this Max Unit identifier.
90847	Family psychotherapy, 45 min	On	No auth requirement up to 24 units. Prior authorization Request = ON after 24 units Total of all codes listed with this Max Unit identifier.
90849	Multiple-family group psychotherapy	On	No auth requirement up to 24 units. Prior authorization Request = ON after 24 units Total of all codes listed with this Max Unit identifier.

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90853	Group psychotherapy	On	No auth requirement up to 24 units. Prior authorization Request = ON after 24 units Total of all codes listed with this Max Unit identifier.
90863	Pharmacologic management, add on code	Off	0
90865	Narcosynthesis	Off	0
90867	Therapeutic Repetitive Transcranial (TMS)	Off	Off
90868	Therapeutic Repetitive Transcranial (TMS)	Off	Off
90869	Therapeutic Repetitive Transcranial (TMS)	Off	Off
90870	Electroconvulsive Therapy	On	0
90875	Ind psycho therapy incorporating bio feedback, 30 min	Off	0
90876	Ind psycho therapy incorporating bio feedback, 45 min	Off	0
90880	Hypnotherapy	Off	Off
90882	Complex care management	Off	0
90885	Psych eval of hospital records	Off	0
90887	Interpretation or explanation of results of psych exam and procedures – Outpatient Collateral, 15 min.	Off	Off
90889	Prep of report of pt psych status	Off	0
90899	Unlisted Psychiatric procedure	On	0
96001	comp.comput.motion analysis	Off	0
96020	Functional brain mapping	Off	0
96105	Assessment of Aphasia of speech/lang	Off	0
96110	Developmental screening with interp	Off	0
96112	Developmental test administration (including assessment of fine and/or gross motor, language, cognitive level, social, memory and/or executive functions by standardized developmental instruments when performed), by physician or other qualified healthcare professional, with interpretation and report; first hour	On	No auth requirement up to 16 units. Prior authorization Request = ON after 16 units Total of identified psychological testing codes.

(continued)

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Code	Service Description	Authorization Requirement	Notes (0 = No Additional Comments)
96113	Developmental test administration (including assessment of fine and/or gross motor, language, cognitive level, social, memory and/or executive functions by standardized developmental instruments when performed), by physician or other qualified healthcare professional, with interpretation and report; each additional 30 minutes (List separately in addition to code for primary procedure)	On	No auth requirement up to 16 units. Prior authorization Request = ON after 16 units Total of identified psychological testing codes.
96116	Neurobehavioral status exam w clin assess	On	No auth requirement up to 16 units. Prior authorization Request = ON after 16 units Total of identified psychological testing codes.
96121	Neurobehavioral status exam (clinical assessment of thinking, reasoning and judgment, [eg, acquired knowledge, attention, language, memory, planning and problem solving, and visual spatial abilities]), by physician or other qualified healthcare professional, both face-to-face time with the patient and time interpreting test results and preparing the report; each additional hour (List separately in addition to code for primary procedure)	On	No auth requirement up to 16 units. Prior authorization Request = ON after 16 units Total of identified psychological testing codes.
96125	Standardized cognitive perf testing	On	On
96127	Brief emotional needs assessment	Off	0
96130	Psychological testing evaluation services by physician or other qualified healthcare professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report, and interactive feedback to the patient, family member(s) or caregiver(s), when performed; first hour	On	No auth requirement up to 16 units. Prior authorization Request = ON after 16 units Total of identified psychological testing codes.

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96131	Psychological testing evaluation services by physician or other qualified healthcare professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report, and interactive feedback to the patient, family member(s) or caregiver(s), when performed; each additional hour (List separately in addition to code for primary procedure)	On	No auth requirement up to 16 units. Prior authorization Request = ON after 16 units Total of identified psychological testing codes.
96132	Neuropsychological testing evaluation services by physician or other qualified healthcare professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report, and interactive feedback to the patient, family member(s) or caregiver(s), when performed; first hour	On	No auth requirement up to 16 units. Prior authorization Request = ON after 16 units Total of identified psychological testing codes.
96133	Neuropsychological testing evaluation services by physician or other qualified healthcare professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report, and interactive feedback to the patient, family member(s) or caregiver(s), when performed; each additional hour (List separately in addition to code for primary procedure)	On	No auth requirement up to 16 units. Prior authorization Request = ON after 16 units Total of identified psychological testing codes.
96136	Psychological or neuropsychological test administration and scoring by physician or other qualified healthcare professional, two or more tests, any method; first 30 minutes	On	No auth requirement up to 16 units. Prior authorization Request = ON after 16 units Total of identified psychological testing codes.
96137	Psychological or neuropsychological test administration and scoring by physician or other qualified healthcare professional, two or more tests, any method; each additional 30 minutes (List separately in addition to code for primary procedure)	On	No auth requirement up to 16 units. Prior authorization Request = ON after 16 units Total of identified psychological testing codes.

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96138	Psychological or neuropsychological test administration and scoring by technician, two or more tests, any method; first 30 minutes	On	No auth requirement up to 16 units. Prior authorization Request = ON after 16 units Total of identified psychological testing codes.
96139	Psychological or neuropsychological test administration and scoring by technician, two or more tests, any method; each additional 30 minutes (List separately in addition to code for primary procedure)	On	No auth requirement up to 16 units. Prior authorization Request = ON after 16 units Total of identified psychological testing codes.
96146	Psychological or neuropsychological test administration, with single automated, standardized instrument via electronic platform, with automated result only	On	No auth requirement up to 16 units. Prior authorization Request = ON after 16 units Total of identified psychological testing codes.
96150	Health & Behavior – Initial Assessment	Off	0
96151	Health & Behavior – Reassessment	Off	0
96152	Health & Behavior individual intervention	Off	0
96153	Health & Behavior group intervention	Off	0
96154	Health & Behavior Intervention with patient present	Off	0
96155	Health & Behavior Intervention without patient present	Off	0
96160	Administration of patient-focused health risk assessment instrument (eg, health hazard appraisal) with scoring and documentation, per standardized instrument	Off	0
96161	Administration of caregiver-focused health risk assessment instrument (eg, depression inventory) for the benefit of the patient, with scoring and documentation, per standardized instrument	Off	0
96372	Medication administration	Off	0

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Code	Service Description	Authorization Requirement	Notes (0 = No Additional Comments)
97151	Behavior identification assessment, administered by a physician or other qualified healthcare professional, each 15 minutes of the physician's or other qualified healthcare professional's time face-to- face with patient and/or guardian(s)/caregiver(s) administering assessments and discussing findings and recommendations, and non-face-to-face analyzing past data, scoring/interpreting the assessment, and preparing the report/treatmentplan	On	No auth requirement up to 32 units. Prior authorization Request = ON after 32 units Total of 97151.
97152	Behavior identification-supporting assessment, administered by one technician under the direction of a physician or other qualified healthcare professional, face-to-face with the patient, each 15 minutes	On	0
97153	Adaptive behavior treatment by protocol, administered by technician under the direction of a physician or other qualified healthcare professional, face-to-face with one patient, each 15 minutes	On	0
97154	Group adaptive behavior treatment by protocol, administered by technician under the direction of a physician or other qualified healthcare professional, face-to-face with two or more patients, each 15 minutes	On	0
97155	Adaptive behavior treatment with protocol modification, administered by physician or other qualified healthcare professional, which may include simultaneous direction of technician, face-to-face with one patient, each 15 minutes	On	0
97156	Family adaptive behavior treatment guidance, administered by physician or other qualified healthcare professional (with or without the patient present), face-to-face with guardian(s)/caregiver(s), each 15minutes	On	0
97157	Multiple-family group adaptive behavior treatment guidance, administered by physician or other qualified healthcare professional (without the patient present), face-to-face with multiple sets of guardians/caregivers, each 15 minutes	On	0

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Code	Service Description	Authorization Requirement	Notes (0 = No Additional Comments)
97158	Group adaptive behavior treatment with protocol modification, administered by physician or other qualified healthcare professional, face-to-face with multiple patients, each 15 minutes	Off	Off
97537	Community integration counseling	Off	Off
99051	Services rendered after hours	Off	0
99058	Office Emergency Services	Off	0
99201	New Patient Office Visit, Level 1	Off	0
99202	New Patient Office Visit, Level 2	Off	0
99203	New Patient Office Visit, Level 3	Off	0
99204	New Patient Office Visit, Level 4	Off	0
99205	New Patient Office Visit, Level 5	Off	0
99211	Est Patient Office Visit, Level 1	Off	0
99212	Est Patient Office Visit, Level 2	Off	0
99213	Est Patient Office Visit, Level 3	Off	0
99214	Est Patient Office Visit, Level 4	Off	0
99215	Est Patient Office Visit, Level 5	Off	0
99221	Initial Hospital Care – comprehensive; low complexity	Off	0
99222	Initial Hospital Care – comprehensive; moderate complexity	Off	0
99223	Initial Hospital Care – comprehensive; high complexity	Off	0
99224	Subsequent observation Care	Off	0
99225	Subsequent observation Care	Off	0
99226	Subsequent observation Care	Off	0
99231	Subsequent Hospital Care – focused; low complexity	Off	0
99232	Subsequent Hospital Care – focused; moderate complexity	Off	0
99233	Subsequent Hospital Care – focused; high complexity	Off	0
99234	Observation – comprehensive; low complexity	Off	0
99235	Observation – comprehensive; moderate complexity	Off	0

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Code	Service Description	Authorization Requirement	Notes (0 = No Additional Comments)
99236	Observation – comprehensive; high complexity	Off	0
99238	Discharge Day Management – 30 min or less	Off	0
99239	Discharge Day Management – more than 30 min	Off	0
99241	Problem focused; straightforward – 15 min	Off	0
99242	Expanded; straightforward – 30 min	Off	0
99243	Detailed; low complexity – 40 min	Off	0
99244	Comprehensive; moderate complexity – 60 min	Off	0
99245	Comprehensive; high complexity – 80 min	Off	0
99251	Initial Consultation – focused, straightforward	Off	0
99252	Initial Consultation – expanded, straightforward	Off	0
99253	Initial Consultation – detailed, low complexity	Off	0
99254	Initial Consultation – comprehensive, moderate complexity	Off	0
99255	Initial Consultation – comprehensive, high complexity	Off	0
99281	ER Consultation – focused, straightforward	Off	0
99282	ER Consultation – expanded; low complexity	Off	0
99283	ER Consultation – expanded; moderate complexity	Off	0
99284	ER Consultation – detailed; moderate complexity	Off	0
99285	ER Consultation – comprehensive; high complexity	Off	0
99304	Nursing facility consultation, 25 min	Off	0
99305	Nursing facility consultation, 35 min	Off	0
99306	Nursing facility consultation, 45 min	Off	0
99307	Evaluation Management nursing facility, 10 min	Off	0
99308	Evaluation Management nursing facility, 15 min	Off	0
99309	Evaluation Management nursing facility, 25 min	Off	0
99310	Evaluation Management nursing facility, 35 min	Off	0
99341	Home visit, new patient	Off	0
99342	Home visit, new patient	Off	0
99343	Home visit, new patient	Off	0

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99344	Home visit, new patient	Off	0
99345	Home visit, new patient	Off	0
99347	Home visit, est patient	Off	0
99348	Home visit, est patient	Off	0
99349	Home visit, est patient	Off	0
99350	Home visit, est patient	Off	0
99354	Prolonged evaluation and mgmt psycho therapy svs	Off	0
99355	Prolonged evaluation and mgmt psycho therapy svs	Off	0
99366	Medical team conference	Off	0
99367	Medical team conference with family	Off	0
99368	Medical team conference without family	Off	0
99401	Preventive counseling, individual	Off	0
99402	Preventive counseling, individual, 30 min	Off	0
99403	Preventive counseling, individual, 45 min	Off	0
99404	Preventive counseling, individual	Off	0
99406	Smoking cessation	Off	0
99407	Smoking cessation	Off	0
99408	Alcohol substance abuse BH change intervention	Off	0
99409	Alcohol and substance abuse screening and brief intervention	Off	0
99411	Preventive counseling, individual – 60 min	Off	0
99412	Preventive medicine group counseling – 60 min	Off	0
99510	Home visit, single, family counseling	Off	0
0362T	Exposure Behavioral Follow-up Assessment	Off	Off
0373T	Exposure adaptive behavior treatment with protocol modification, In-Clinic	Off	Off
G0176	Recreation, related to the care and treatment of patients disabling mental health problems; per session (45 minutes or more)	Off	Off

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Code	Service Description	Authorization Requirement	Notes (0 = No Additional Comments)
G0177	Training and educational services related to the care and treatment of patients disabling mental health problems per session (45 minutes or more)	Off	0
G0396	Alcohol/subs interv 30min	Off	Off
G0397	Alcohol/subs interv >30 min	Off	Off
G0409	Social work and psychological services, directly relating to and/or furthering the patient's rehabilitation goals	Off	0
G0410	Partial hospitalization	Off	Off
G0411	BH intensive outpatient substance abuse	Off	Off
G0442	Annual alcohol misuse screening 15 min	Off	0
G0443	Alcohol misuse and screening – various markets; Iowa = face to face BH counseling – 15 min	Off	0
G0444	Depression Screening	Off	0
G0445	High intensity BH counseling, 30 min	Off	0
G0446	Intensive BH therapy	Off	0
G0447	Face-to-face behavioral counseling – 15 min	Off	0
G0451	Developmental testing with I & R	Off	0
G0463	Hospital outpatient clinic visit	Off	0
G0473	Face-to-face behavioral counseling – 15 min	Off	0
G2011	Alcohol and/or substance (other than tobacco) abuse structured assessment (e.g., audit, DAST), and brief intervention, 5-14 minutes	On	0
H0001	Alcohol and/or drug assessment	Off	0
H0002	Behavioral Health Screen to determine eligibility for admission to treatment program	Off	0
H0003	Alcohol and/or drug screening; laboratory analysis of specimens for presence of alcohol or drugs	Off	0
H0004	Behavioral health counseling and therapy; per 15 minutes	Off	0
H0005	Alcohol and/or drug services; group counseling by a clinician	Off	0

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H0006	Alcohol and/or drug services; case management	Off	Off
H0007	Alcohol and/or drug services; crisis intervention (outpatient)	Off	0
H0008	Alcohol and/or drug services; sub acute detoxification (outpatient)	Off	Off
H0009	Alcohol and/or drug services; acute detoxification (hospital inpatient)	Off	Off
H0010	Alcohol and/or drug services; sub-acute detoxification (residential addiction program inpatient)	On	On
H0011	Alcohol and/or drug services; acute detoxification (residential addiction program inpatient)	Off	Off
H0014	Alcohol and/or drug services; ambulatory detoxification	On	0
H0015	Alcohol and/or drug services; intensive outpatient treatment (treatment program that operates at least three hours/day and at least three days/week and is based on an individualized treatment plan) including assessment, counseling, crisis intervention, and activity therapies or education	On	No auth requirement up to 12 units. Prior Authorization Request = ON after 12 Units Total.
H0016	Alcohol and/or drug services; medical/somatic (medical intervention in ambulatory setting)	Off	Off
H0017	Behavioral health; residential (hospital residential treatment program), without room and board; per diem	Off	Off
H0018	Behavioral health; short-term residential (non-hospital residential treatment program), without room and board; per diem	On	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	On	0
H0020	Alcohol and/or drug services; methadone administration and/or service (provisions of the drug by a licensed program)	Off	Off

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H0021	Alcohol and drug training service for staff	Off	0
H0022	Alcohol and/or drug intervention service (planned facilitation)	Off	0
H0023	Behavioral health outreach service (planned approach to reach a targeted population)	Off	0
H0024	Behavioral health prevention information dissemination service (one way direct or non-direct contact with service audiences to affect knowledge and attitude); 15 minutes	Off	0
H0025	Behavioral health prevention education service (delivered services with target population to affect knowledge, attitude and/or behavior), 15 minutes	Off	0
H0026	Alcohol and/or drug intervention service (planned facilitation)	Off	0
H0027	Alcohol and drug prevention service	Off	0
H0028	Alcohol and/or drug prevention problem identification and referral service	Off	0
H0029	Alcohol and/or drug prevention alternatives service (services for populations that exclude alcohol and other drug use, e.g. alcohol- free social events)	Off	0
H0030	Behavioral health hotline service	Off	0
H0031	Mental health assessment, by non-physician	Off	0
H0032	Mental health service plan development by non-physician	Off	0
H0033	Oral medication administration, direct observation	Off	0
H0034	Medication training and support; per 15 minutes	Off	0
H0035	Mental health partial hospitalization, treatment, less than 24 hours	On	0
H0036	Community psychiatric supportive treatment, face-to-face	On	On
H0037	Community psychiatric supportive treatment program; per diem	Off	Off
H0038	Self-help/peer services; per 15 minutes	Off	No auth requirement up to 24 units. Prior authorization Request = ON after 24 units Total of H0038.

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H0039	Assertive Community Treatment; per 15 min	Off	Off
H0040	Assertive Community Treatment; per diem	On	0
H0041	Foster Care child, non-therapeutic; per diem	Off	0
H0042	Foster Care child, non-therapeutic; per month	Off	0
H0043	Supported housing; per diem	Off	0
H0044	Supported housing; per month	Off	0
H0045	Respite care services, not in the home; per diem	Off	0
H0046	Mental Health Services NOS	Off	0
H0047	Alcohol and drug services not otherwise specified	Off	Off
H0048	Alcohol and/or other drug testing: collection and handling only, specimens other than blood	Off	0
H0049	Alcohol and/or drug screening	Off	0
H0050	Alcohol and/or drug service, brief intervention; per 15 minutes	Off	0
H1000	Prenatal care, at-risk assessment	Off	0
H1001	Prenatal care, at-risk enhanced service; antepartum management	Off	0
H1002	Prenatal care, at-risk enhanced service; care coordination	Off	0
H1003	Prenatal care, at-risk enhanced service; education	Off	0
H1004	Prenatal care, at-risk enhanced service; follow-up home visit	Off	0
H1005	Prenatal care, at-risk enhanced service package (includes H1001-H)	Off	0
H1010	Non-medical family planning education; per session	Off	0
H1011	Family assessment by licensed behavioral health professional for state defined purposes	Off	0
H2000	Comprehensive multidisciplinary evaluation	Off	Off
H2001	Rehab program half day	Off	Off
H2010	Comprehensive medication services; per 15 minutes	Off	0
H2011	Crisis Intervention Services; per 15 minutes	Off	Off

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H2012	Behavioral health day treatment; per hour	On	0
H2013	Psychiatric health facility service; per diem	Off	Off
H2014	Skills training and development; per 15 minutes	Off	Off
H2016	Comprehensive community support services; per diem	On	On
H2018	Psychosocial rehabilitation services; per diem	Off	Off
H2019	Therapeutic behavioral services; per 15 minutes	Off	Off
H2020	Therapeutic behavioral services; per diem In NE Therapeutic group home	On	On
H2021	Community-based wrap-around services; per 15 min	Off	Off
H2022	Community-based wrap-around services; per diem (intensive in-home services)	On	0
H2023	Supported employment; per 15 minutes	Off	0
H2024	Supported employment; per diem	Off	0
H2025	Ongoing support to maintain employment; per 15 minutes	Off	0
H2026	Ongoing support to maintain employment; per diem	Off	0
H2027	See Notes – per 15 minutes	Off	0
H2028	Sexual offender treatment service, per 15 minutes	Off	Off
H2029	Sex Offend Tx Svc, Per Diem	Off	Off
H2030	Clubhouse services ; per 15 min	Off	Off
H2031	Clubhouse services; per diem	Off	Off
H2032	Activity Therapy	Off	0
H2033	Multi-systemic therapy for juveniles; per 15 minutes	On	0
H2034	Alcohol and/or drug abuse halfway house services; per diem	Off	Off
H2035	Alcohol and/or drug treatment program; per hour	On	No auth requirement up to 170 units. Prior Authorization Request = ON after 170 Units Total.
H2036	Alcohol and/or other drug treatment program; per diem	Off	Off
H2037	Developmental delay prevention activities, dependent child of client, per 15 minutes	Off	Off

(continued)

NC Medicaid Behavioral Health Authorization List

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Effective: 4/1/2024

Code	Service Description	Authorization Requirement	Notes (0 = No Additional Comments)
M0064	Brief Office Visit for the Sole Purpose of Monitoring or Changing Drug Prescriptions Used in the Treatment of Mental Psychoneurotic and Personality Disorders	Off	0
Q3014	Telehealth original site facility	Off	0
S0109	Methadone, oral, 5mg	Off	0
S0201	Alcohol and/or drug treatment program; per hour	Off	Off
S5108	Home care training to home care client, per 15 minutes	Off	Off
S5110	Home care training, family; per 15 minutes	On	0
S5145	Behavioral health specialized foster care	On	0
S5150	Unskilled respite care, not hospice; per 15 minutes	On	0
S9110	In-home telemonitoring	Off	0
S9123	In-home psychiatric nursing	On	0
S9475	Ambulatory setting substance abuse treatment or detoxification services; per diem	Off	Off
S9480	Intensive outpatient psychiatric services; per diem; in IL use 913 in combination with this code	Off	Off
S9482	Family stabilization services; per 15 minutes	Off	Off
S9484	Crisis intervention mental health services; per hour	On	No auth requirement up to 112 units. Prior Authorization Request = ON after 112 Units Total of S9484.
S9485	Crisis intervention mental health services; per diem	On	On
T1001	Nursing Assessment/Evaluation	Off	Off
T1002	RN services up to 15 minutes	Off	0
T1003	LPN/ LVN services, up to 15 minutes	Off	Off
T1005	Respite care services, up to 15 minutes	Off	0
T1006	Alcohol and/or substance abuse services, family/couple counseling	Off	Off
T1007	Alcohol and/or substance abuse services, treatment plan development and/or modification	Off	Off

(continued)

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Code	Service Description	Authorization Requirement	Notes (0 = No Additional Comments)
T1012	Alcohol and/or substance abuse services, skills development	Off	0
T1013	Sign language or oral interpretive services; per 15 minutes	Off	0
T1014	Telehealth telemedicine	Off	0
T1015	Clinic encounter all-inclusive	Off	0
T1016	Case management, each 15 minutes	Off	0
T1017	Targeted case management, each 15 minutes	On	0
T1019	Personal care services; per 15 minutes	Off	Off
T1020	Personal care services; per diem	On	0
T1023	Screening to determine the appropriateness of consideration of an individual for participation in a specified program, project or treatment protocol; per encounter	Off	0
T1024	Team evaluation & management	Off	0
T1027	Family training & counseling	Off	0
T1502	Psychotropic Medication Administration	Off	0
T2001	Non emergency transportation; patient attendant/escort	Off	Off
T2002	Non-emergency transportation; per diem	Off	Off
T2003	Non-emergency transportation; encounter/trip	Off	Off
T2004	Non-emergency transport; commercial carrier, multi-pass	Off	Off
T2005	Non-emergency transportation; stretch van	Off	Off
T2010	Preadmission screening and resident review (pasrr) level 1 identification screening; per screen	Off	0
T2011	Preadmission screening and resident review level 2 evaluation; per evaluation	Off	0
T2012	Children's Day Treatment	Off	0
T2014	Pre-vocational Services – per diem	Off	0
T2015	Pre-vocational Services – per hour	Off	0
T2017	Community integration counseling	Off	0
T2018	Supported Employment Job Development	Off	0

(continued)

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Code	Service Description	Authorization Requirement	Notes (0 = No Additional Comments)
T2019	Supported Employment	Off	0
T2020	Day Habilitation	Off	0
T2021	Pre-admission PASSR assessment	Off	0
T2022	Other specified case management service not elsewhere classified	Off	Off
T2023	Targeted Case Management – per month	Off	Off
T2024	Service Assessment Plan of Care Dev	Off	0
T2025	Waiver Services; Not Otherwise Specified (NOS)	Off	0
T2027	Specialized childcare, waiver; per 15 minutes	On	0
T2033	Psychiatric residential treatment facility – per diem	On	0
T2036	Therapeutic camping, overnight, waiver; each session	Off	Off
T2037	Therapeutic camping, day, waiver; each session	Off	Off