

Behavioral Health benefits, codes, authorization rules and limitations

Services	Service code	Authorization required	Population	Limitations
Psychiatric diagnostic interview	90791	No	Medicaid	None
Psychiatric diagnostic evaluation with medical services	90792	No	Medicaid	None
Individual psychotherapy, 20-30 min	90832	No	Medicaid	None
Individual psychotherapy, 45-50 min	90834	No	Medicaid	None
Individual psychotherapy, 60 minutes	90837	No	Medicaid	None
Crisis psychotherapy (first 60 minutes)	90839	No	Medicaid	None
Crisis psychotherapy (each additional 30 minutes)	90840	No	Medicaid	None
Psychoanalysis	90845	No	Medicaid	None
Family psychotherapy (without the patient present)	90846	No	Medicaid	None
Family psychotherapy (conjoint psychotherapy) (with patient present)	90847	No	Medicaid	None
Multiple-family group psychotherapy (with patient present)	90849	No	Medicaid	None
Group psychotherapy (other than of a multiple-family group)(NC)	90853	No	Medicaid	None
Electroconvulsive therapy (includes necessary monitoring); single seizure	90870	Yes	Medicaid	None
Biofeedback , 20-30 minutes	90875	No	Medicaid	None

www.Anthem.com/KYMedicaidoc

Anthem Blue Cross and Blue Shield Medicaid is the trade name of Anthem Kentucky Managed Care Plan, Inc., independent licensee of the Blue Cross and Blue Shield Association. ANTHEM is a registered trademark of Anthem Insurance Companies, Inc. The Blue Cross and Blue Shield names and symbols are registered marks of the Blue Cross and Blue Shield Association.

Services	Service code	Authorization required	Population	Limitations
Biofeedback, 45-50 minutes	90876	No	Medicaid	None
Collateral service	90887	No	Medicaid	None
Psychological testing	96101	Yes	Medicaid	None
Psychological testing, administered by technician	96102	Yes	Medicaid	None
Psychological testing, administered by a computer	96103	Yes	Medicaid	None
Neurobehavioral status exam (clinical)	96116	Yes	Medicaid	None
Neuropsychological testing	96118	Yes	Medicaid	None
Neuropsych testing admin by technician	96119	Yes	Medicaid	None
Neuropsych testing admin by computer	96120	Yes	Medicaid	None
Assessment health/behavior initial	96150	No	Medicaid	None
Assessment health/behavior subsequent	96151	No	Medicaid	None
Inpatient professional: initial hospital care (30 min.)	99221	Yes	Medicaid	None
Inpatient professional: initial hospital care (50 min.)	99222	Yes	Medicaid	None
Inpatient professional: initial hospital care (70 min.)	99223	Yes	Medicaid	None
Inpatient professional: subsequent hospital care (15 min.)	99231	Yes	Medicaid	None
Inpatient professional: subsequent hospital care (25 min.)	99232	Yes	Medicaid	None
Inpatient professional: subsequent hospital care (35 min.)	99233	Yes	Medicaid	None
Inpatient professional: observation or inpatient hospital care, low complexity	99234	Yes	Medicaid	None
Inpatient professional: observation or inpatient hospital care, moderate complexity	99235	Yes	Medicaid	None
Inpatient professional: observation or inpatient hospital care, high complexity	99236	Yes	Medicaid	None
Inpatient professional: hospital discharge day management: more than 30 minutes	99238	Yes	Medicaid	None

Services	Service code	Authorization required	Population	Limitations
Inpatient professional: hospital discharge day management: 30 minutes or less	99239	Yes	Medicaid	None
Inpatient professional: initial hospital evaluation, 20 minutes	99251	Yes	Medicaid	None
Inpatient professional: initial hospital evaluation, 40 minutes	99252	Yes	Medicaid	None
Inpatient professional: initial hospital evaluation, 55 minutes	99253	Yes	Medicaid	None
Inpatient professional: initial hospital evaluation, 80 minutes	99254	Yes	Medicaid	None
Inpatient professional: initial hospital evaluation, 110 minutes	99255	Yes	Medicaid	None
Alcohol and substance (other than tobacco) abuse structure screening (e.g., AUDIT, DAST) and brief intervention (SBI) services; 15-30 minutes	99408	No	Medicaid	None
Alcohol and substance (other than tobacco) abuse structure screening (e.g., AUDIT, DAST) and brief intervention (SBI) services; over 30 minutes	99409	No	Medicaid	None
Medication management	99201 - 99215 (with appropriate add on codes)	No	Medicaid	Four services, per physician (non-psychiatrist), per member, per 12 months. - 2 units per follow-up for medication management/therapy (1 unit = 15 minutes);
Annual alcohol misuse screening, 15 minutes	G0442	No	Medicaid	None
Brief face-to-face behavioral counseling for alcohol misuse, 15 minutes	G0443	No	Medicaid	None
Alcohol and/or drug assessment	H0001	No	Medicaid	None
Behavioral health screening to determine eligibility for admission to treatment program	H0002	No	Medicaid	None

Services	Service code	Authorization required	Population	Limitations
Alcohol and/or drug screening; laboratory analysis of specimens for presence of alcohol and / or drugs	H0003	No	Medicaid	None
Mental health intensive outpatient program	H0004	Yes	Medicaid	None
Alcohol and/or drug services; sub-acute detoxification (residential addiction program inpatient)	H0010	Yes	Medicaid	None
Alcohol and/or drug services; intensive outpatient treatment, per diem	H0015	Yes	Medicaid	None
Behavioral health short term residential, per diem	H0018	Yes	Medicaid	None
Behavioral health long term residential, per diem	H0019	Yes	Medicaid	None
Mental health assessment by non-physician	H0031	No	Medicaid EFFECTIVE retrospective to1/1/14	None
Mental health service plan development by non-physician	H0032	No	Medicaid EFFECTIVE retroactive to 1/1/14	None
Mental health partial hospitalization, treatment, less than 24 hours	H0035	Yes	Medicaid	None
Self-help/peer support; per 15 minutes	H0038	No	Medicaid	None
Assertive community treatment; monthly	H0040	Yes	Medicaid	1 unit per month
Mental Health Services NOS	H0046	No	Medicaid	None
Alcohol and / or drug brief treatment	H0047	No	Medicaid	None
Alcohol and/or drug service, brief intervention; per 15 minutes	H0050	No	Medicaid	None

Services	Service code	Authorization required	Population	Limitations
Comprehensive medication services; per 15 minutes	H2010	No	Medicaid	Four (4) services, per physician (non-psychiatrist), per member, per twelve (12) months. - 2 units per follow-up for medication management/therapy (1 unit = 15 minutes);
Crisis intervention services; per 15 minutes	H2011	No	Medicaid	None
Behavioral health day treatment; per hour	H2012	Yes	Medicaid	None
Therapeutic behavioral services	H2019	Yes	Medicaid EFFECTIVE retroactive to 5/1/14	None
Comprehensive community supports (per 15 minutes)	H2021	Yes	Medicaid	None
Community support services: paraprofessional	H2021 HM	Yes	Medicaid	None
Community support services: professional	H2021 HN	Yes	Medicaid	None
Community support services: parent to parent	H2021 HS	Yes	Medicaid	None
Inpatient mental health	Rev Codes (0114, 0118, 0120, 0124, 0128, 0134)	Yes	Medicaid	None

Services	Service code	Authorization required	Population	Limitations
Inpatient medical detoxification	Rev Codes (0116, 0126, 0136)	Yes	Medicaid	None
Psychiatric residential treatment facility (Level I)	Revenue Code 1001	Yes	Medicaid	None
Therapeutic foster care	S5145	Yes	Medicaid	None
Intensive outpatient psychiatric service per diem	S9480	Yes	Medicaid	None
Crisis intervention mental health services; per hour/mobile crisis	S9484	No	Medicaid	None
Crisis stabilization (per day)	S9485	No	Medicaid	None
Alcohol and/or substance abuse services, treatment plan development and/or modification	T1007	No	Medicaid	None
Alcohol and/or substance abuse services, skills development	T1012	Yes	Medicaid	None
Case management, each 15 minutes	T1016	No	Medicaid	None
Targeted case management, each 15 minutes	T1017	Yes	Medicaid	None
Family training and counseling, 15 minutes	T1027	No	Medicaid	None
Children's day treatment	T2012	Yes	Medicaid	None
Targeted case management, SMI	T2023	Yes	Medicaid	1 unit per month
Targeted case management, substance use	T2023 HF	Yes	Medicaid	1 unit per month
Targeted Case Management, Complex	T2023 TG	Yes	Medicaid	1 unit per month
Targeted Case Management, SED	T2023 UA	Yes	Medicaid	1 unit per month