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CODE	SERVICE DESCRIPTION	CMHC AUTHORIZATION REQUIREMENT	CMHC Notes (0 = No additional information)	Non-CMHC AUTHORIZATION REQUIREMENT	Non-CMHC Notes (0 = No additional information)
100	All inclusive room and board	On	0	On	0
101	All inclusive room and board	On	0	On	0
104	Anesthesia, ECT	On	0	On	0
114	Room and Board - private psychiatric	On	0	On	0
116	Room and Board - private room detoxification	On	0	On	0
118	Room and Board - private rehabilitation	On	0	On	0
124	Room and Board - semi private psychiatric	On	0	On	0
126	Room and Board - semi- private room detoxification	On	0	On	0
128	Room and Board - semi private rehabilitation	On	0	On	0
134	Room and Board - 3-4 bed psychiatric	On	0	On	0
136	Room and Board - 3-4 bed detoxification	On	0	On	0
138	Room and Board - 3-4 bed rehabilitation	On	0	On	0
144	Room and Board private psychiatric	On	0	On	0
146	Room and Board private - detoxification	On	0	On	0
154	Room and Board - ward psychiatric	On	0	On	0
156	Room and Board - detoxification ward	On	0	On	0
158	Room and Board - ward rehabilitation	On	0	On	0
180	Leave of absence from residential	On	0	On	0
204	Intensive Care - psychiatric	On	0	On	0
240	Intensive Care - psychiatric	On	0	On	0
450	Emergency Room	Off	0	Off	0
451	Emergency Room	Off	0	Off	0
510	Clinic encounter all inclusive	Off	0	Off	0
513	Psych clinic	Off	0	Off	0
516	Urgent Care Clinic	Off	0	Off	0
519	Other clinic - med supervised withdrawal	Off	0	Off	0

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520	Freestanding clinic	Off	0	Off	0
521	Rural Clinic	Off	0	Off	0
529	Other freestanding clinic	Off	0	Off	0
900	BH treatment services	Off	0	Off	0
901	ECT - electroshock treatment	On	0	On	0
905	Intensive Outpatient - providers should be instructed to use proper code with 915	On	0	On	0
906	Intensive Outpatient - providers should be instructed to use proper code with 915	On	0	On	0
910	BH treatment services	On	0	On	0
911	Substance abuse rehabilitation	Off	0	Off	0
914	Psychiatric/Psychological Services - Individual therapy	Off	0	Off	0
916	Psychiatric/Psychological Services - Family therapy	Off	0	Off	0
917	Biofeedback	On	0	On	0
918	Testing	Off	0	Off	0
919	Other BH treatment services	Off	0	Off	0
944	Drug Rehabilitation	Off	0	Off	0
945	Alcohol Rehabilitation	Off	0	Off	0
1001	Behavioral Health Residential - psychiatric	On	0	On	0
90785	Interactive complexity add-on code	Off	0	Off	0
90791	Psychiatric diagnostic evaluation (no medical services)	Off	0	Off	0
90792	Psychiatric diagnostic evaluation with medical services	Off	0	Off	0

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90832	Psychotherapy, 30 mins	Off	0	Off	0
90833	30-minute psychotherapy add-on code when performed with E/M Service - (list separately)	Off	0	Off	0
90834	Psychotherapy, 45 mins	Off	0	Off	0
90836	45-minute psychotherapy add-on code when performed with E/M Service (list separately)	Off	0	Off	0
90837	Psychotherapy, 60 mins	Off	0	Off	0
90838	60-minute psychotherapy when performed with E/M service (list separately)	Off	0	Off	0
90839	Psychotherapy for crisis, first 60 min.	Off	0	Off	0
90840	Crisis code add-on for each additional 30 min.	Off	0	Off	0
90845	Psychoanalysis	Off	0	Off	0
90846	Family psychotherapy, without patient present	Off	0	Off	0
90847	Family psychotherapy, 45 min	Off	0	Off	0
90849	Multiple-family group psychotherapy	Off	0	Off	0
90853	Group psychotherapy	Off	0	Off	0
90863	Pharmacologic management, add on code	Off	0	Off	0
90865	Narcosynthesis	Off	0	Off	0

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90870	Electroconvulsive Therapy	On	0	On	0
90875	Ind psycho therapy incorporating bio feedback, 30 min	Off	0	Off	0
90876	Ind psycho therapy incorporating bio feedback, 45 min	Off	0	Off	0
90887	Interpretation or explanation of results of psych exam and procedures - Outpatient Collateral, 15 min.	Off	0	Off	0
90899	Unlisted Psychiatric procedure	On	0	On	0
96020	Functional brain mapping	Off	0	Off	0
96105	Assessment of Aphasia of speech/lang	On	0	On	0
96110	Developmental screening with interp	Off	0	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	This code constitutes 1-hour. No auth requirement up to 5 hours. Prior authorization Request = ON after 5 hours total of 1-hour psychological testing codes.	On	This code constitutes 1-hour. No auth requirement up to 5 hours. Prior authorization Request = ON after 5 hours total of 1-hour psychological testing codes.

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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	This code constitutes 1-hour. No auth requirement up to 5 hours. Prior authorization Request = ON after 5 hours total of 1-hour psychological testing codes.	On	This code constitutes 1-hour. No auth requirement up to 5 hours. Prior authorization Request = ON after 5 hours total of 1-hour psychological testing codes.
96116	Neurobehavioral status exam w clinical assessments	On	This code constitutes 1-hour. No auth requirement up to 5 hours. Prior authorization Request = ON after 5 hours total of 1-hour psychological testing codes.	On	This code constitutes 1-hour. No auth requirement up to 5 hours. Prior authorization Request = ON after 5 hours total of 1-hour 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	This code constitutes 1-hour. No auth requirement up to 5 hours. Prior authorization Request = ON after 5 hours total of 1-hour psychological testing codes.	On	This code constitutes 1-hour. No auth requirement up to 5 hours. Prior authorization Request = ON after 5 hours total of 1-hour psychological testing codes.

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96125	Standardized cognitive perf testing	On	This code constitutes 1-hour. No auth requirement up to 5 hours. Prior authorization Request = ON after 5 hours total of 1-hour psychological testing codes.	On	This code constitutes 1-hour. No auth requirement up to 5 hours. Prior authorization Request = ON after 5 hours total of 1-hour psychological testing codes.
96127	Brief emotional needs assessment	Off	0	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	This code constitutes 1-hour. No auth requirement up to 5 hours. Prior authorization Request = ON after 5 hours total of 1-hour psychological testing codes.	On	This code constitutes 1-hour. No auth requirement up to 5 hours. Prior authorization Request = ON after 5 hours total of 1-hour psychological testing codes.
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	This code constitutes 1-hour. No auth requirement up to 5 hours. Prior authorization Request = ON after 5 hours total of 1-hour psychological testing codes.	On	This code constitutes 1-hour. No auth requirement up to 5 hours. Prior authorization Request = ON after 5 hours total of 1-hour psychological testing codes.

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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	This code constitutes 1-hour. No auth requirement up to 5 hours. Prior authorization Request = ON after 5 hours total of 1-hour psychological testing codes.	On	This code constitutes 1-hour. No auth requirement up to 5 hours. Prior authorization Request = ON after 5 hours total of 1-hour 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	This code constitutes 1-hour. No auth requirement up to 5 hours. Prior authorization Request = ON after 5 hours total of 1-hour psychological testing codes.	On	This code constitutes 1-hour. No auth requirement up to 5 hours. Prior authorization Request = ON after 5 hours total of 1-hour 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	This 30-minute code constitutes 1-unit. No auth requirement up to 5 units. Prior authorization Request = ON after 5 units total of 30-minute psychological testing codes.	On	This 30-minute code constitutes 1-unit. No auth requirement up to 5 units. Prior authorization Request = ON after 5 units total of 30-minute psychological testing codes.

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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	This 30-minute code constitutes 1-unit. No auth requirement up to 5 units. Prior authorization Request = ON after 5 units total of 30-minute psychological testing codes.	On	This 30-minute code constitutes 1-unit. No auth requirement up to 5 units. Prior authorization Request = ON after 5 units total of 30-minute psychological testing codes.
96138	Psychological or neuropsychological test administration and scoring by technician, two or more tests, any method; first 30 minutes	On	This 30-minute code constitutes 1-unit. No auth requirement up to 5 units. Prior authorization Request = ON after 5 units total of 30-minute psychological testing codes.	On	This 30-minute code constitutes 1-unit. No auth requirement up to 5 units. Prior authorization Request = ON after 5 units total of 30-minute 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	This 30-minute code constitutes 1-unit. No auth requirement up to 5 units. Prior authorization Request = ON after 5 units total of 30-minute psychological testing codes.	On	This 30-minute code constitutes 1-unit. No auth requirement up to 5 units. Prior authorization Request = ON after 5 units total of 30-minute psychological testing codes.
96146	Psychological or neuropsychological test administration, with single automated, standardized instrument via electronic platform, with automated result only	On	This 30-minute code constitutes 1-unit. No auth requirement up to 5 units. Prior authorization Request = ON after 5 units total of 30-minute psychological testing codes.	On	This 30-minute code constitutes 1-unit. No auth requirement up to 5 units. Prior authorization Request = ON after 5 units total of 30-minute psychological testing codes.
96150	Health & Behavior - Initial Assessment	Off	0	Off	0
96151	Health & Behavior - Reassessment	Off	0	Off	0
96152	Health & Behavior individual intervention	Off	0	Off	0
96153	Health & Behavior group intervention	Off	0	Off	0

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96154	Health & Behavior Intervention with patient present	Off	0	Off	0
96155	Health & Behavior Intervention without patient present	Off	0	Off	0
96372	Medication administration	Off	0	Off	0
99058	Office Emergency Services	Off	0	Off	0
99201	New Patient Office Visit, Level 1	Off	0	Off	0
99202	New Patient Office Visit, Level 2	Off	0	Off	0
99203	New Patient Office Visit, Level 3	Off	0	Off	0
99204	New Patient Office Visit, Level 4	Off	0	Off	0
99205	New Patient Office Visit, Level 5	Off	0	Off	0
99211	Est Patient Office Visit, Level 1	Off	0	Off	0
99212	Est Patient Office Visit, Level 2	Off	0	Off	0
99213	Est Patient Office Visit, Level 3	Off	0	Off	0
99214	Est Patient Office Visit, Level 4	Off	0	Off	0
99215	Est Patient Office Visit, Level 5	Off	0	Off	0
99221	Initial Hospital Care - comprehensive; low complexity	Off	0	Off	0
99222	Initial Hospital Care - comprehensive; moderate complexity	Off	0	Off	0
99223	Initial Hospital Care - comprehensive; high complexity	Off	0	Off	0
99224	Subsequent observation Care	Off	0	Off	0
99225	Subsequent observation Care	Off	0	Off	0
99226	Subsequent observation Care	Off	0	Off	0
99231	Subsequent Hospital Care - focused; low complexity	Off	0	Off	0

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99232	Subsequent Hospital Care - focused; moderate complexity	Off	0	Off	0
99233	Subsequent Hospital Care - focused; high complexity	Off	0	Off	0
99234	Observation - comprehensive; low complexity	Off	0	Off	0
99235	Observation - comprehensive; moderate complexity	Off	0	Off	0
99236	Observation - comprehensive; high complexity	Off	0	Off	0
99238	Discharge Day Management - 30 min or less	Off	0	Off	0
99239	Discharge Day Management - more than 30 min	Off	0	Off	0
99241	Problem focused; straightforward - 15 min	Off	0	Off	0
99242	Expanded; straightforward - 30 min	Off	0	Off	0
99243	Detailed; low complexity - 40 min	Off	0	Off	0
99244	Comprehensive; moderate complexity - 60 min	Off	0	Off	0
99245	Comprehensive; high complexity - 80 min	Off	0	Off	0
99251	Initial Consultation - focused, straightforward	Off	0	Off	0
99252	Initial Consultation - expanded, straightforward	Off	0	Off	0
99253	Initial Consultation - detailed, low complexity	Off	0	Off	0
99254	Initial Consultation - comprehensive, moderate complexity	Off	0	Off	0
99255	Initial Consultation - comprehensive, high complexity	Off	0	Off	0
99281	ER Consultation - focused, straightforward	Off	0	Off	0
99282	ER Consultation - expanded; low complexity	Off	0	Off	0
99283	ER Consultation - expanded; moderate complexity	Off	0	Off	0
99284	ER Consultation - detailed; moderate complexity	Off	0	Off	0
99285	ER Consultation - comprehensive; high complexity	Off	0	Off	0

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99304	Nursing facility consultation, 25 min	Off	0	Off	0
99305	Nursing facility consultation, 35 min	Off	0	Off	0
99306	Nursing facility consultation, 45 min	Off	0	Off	0
99307	Evaluation Management nursing facility, 10 min	Off	0	Off	0
99308	Evaluation Management nursing facility, 15 min	Off	0	Off	0
99309	Evaluation Management nursing facility, 25 min	Off	0	Off	0
99310	Evaluation Management nursing facility, 35 min	Off	0	Off	0
99341	Home visit, new patient	Off	0	Off	0
99342	Home visit, new patient	Off	0	Off	0
99343	Home visit, new patient	Off	0	Off	0
99344	Home visit, new patient	Off	0	Off	0
99345	Home visit, new patient	Off	0	Off	0
99347	Home visit, est patient	Off	0	Off	0
99348	Home visit, est patient	Off	0	Off	0
99349	Home visit, est patient	Off	0	Off	0
99350	Home visit, est patient	Off	0	Off	0
99354	Prolonged evaluation and mgmt psycho therapy svcs	Off	0	Off	0
99355	Prolonged evaluation and mgmt psycho therapy svcs	Off	0	Off	0
99366	Medical team conference	Off	0	Off	0
99367	Medical team conference with family	Off	0	Off	0
99368	Medical team conference without family	Off	0	Off	0

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99401	Preventive counseling, individual	Off	0	Off	0
99402	Preventive counseling, individual, 30 min	Off	0	Off	0
99403	Preventive counseling, individual, 45 min	Off	0	Off	0
99404	Preventive counseling, individual	Off	0	Off	0
99406	Smoking cessation	Off	0	Off	0
99407	Smoking cessation	Off	0	Off	0
99408	Alcohol substance abuse BH change intervention	Off	0	Off	0
99409	Alcohol and substance abuse screening and brief intervention	Off	0	Off	0
99411	Preventive counseling, individual - 60 min	Off	0	Off	0
99412	Preventive medicine group counseling - 60 min	Off	0	Off	0
907, H2012	Community behavioral program (day treatment)	On	0	On	0
915 and G0410, G0411, or H0035	Partial hospitalization	On	0	On	0
915, H0015	BH intensive outpatient substance abuse	On	0	On	0
915, S9480	BH intensive outpatient psychiatric	On	0	On	0
G0410	Partial hospitalization	On	0	On	0
G0411	BH intensive outpatient substance abuse	On	0	On	0
H0001	Alcohol and/or drug assessment	Off	0	Off	0
H0002	Behavioral Health Screen to determine eligibility for admission to treatment program	Off	0	Off	0
H0004	Behavioral health counseling and therapy; per 15 minutes	Off	0	Off	0
H0006	Alcohol and/or drug services; case management	Off	0	On	0

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H0010	Alcohol and/or drug services; sub-acute detoxification (residential addiction program inpatient)	On	No auth requirement up to 200 units. Prior Authorization Request = ON after 200 Units Total of identified HCPC Series Codes.	On	No auth requirement up to 200 units. Prior Authorization Request = ON after 200 Units Total of identified HCPC Series Codes.
H0012	Alcohol and/or drug services; sub-acute detoxification (residential addiction program outpatient)	On	0	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	0	On	0
H0016	Buprenorphine or Methadone induction. ONLY BILLABLE BY A NTP; Requires HF modifier.	Off	0	Off	0
H0018	Behavioral health; short-term residential (non-hospital residential treatment program), without room and board; per diem	On	0	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	On	0
H0020	Methadone MAT Bundle, weekly. ONLY BILLABLE BY A NTP; Requires HF modifier.	On	0	On	0

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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	Off	0
H0025	Behavioral health prevention education service (delivered services with target population to affect knowledge, attitude and/or behavior), 15 minutes	Off	0	Off	0
H0031	Mental health assessment, by non-physician	Off	0	Off	0
H0032	Mental health service plan development by non-physician	Off	0	Off	0
H0035	Mental health partial hospitalization, treatment, less than 24 hours	On	0	On	0
H0038	Self-help/peer services; per 15 minutes	Off	0	Off	0
H0040	Assertive Community Treatment; per diem	On	0	On	0
H0047	Buprenorphine MAT Bundle, weekly; ONLY BILLABLE BY A NTP; Requires HF modifier	On	0	On	0
H1000	Prenatal care, at-risk assessment	Off	0	Off	0
H1001	Prenatal care, at-risk enhanced service; antepartum management	Off	0	Off	0
H1002	Prenatal care, at-risk enhanced service; care coordination	Off	0	Off	0
H1003	Prenatal care, at-risk enhanced service; education	Off	0	Off	0
H1004	Prenatal care, at-risk enhanced service; follow-up home visit	Off	0	Off	0
H1005	Prenatal care, at-risk enhanced service package (includes H1001-H)	Off	0	Off	0
H1011	Family assessment by licensed behavioral health professional for state defined purposes	Off	0	Off	

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H2010	Comprehensive medication services; per 15 minutes	Off	0	Off	0
H2011	Crisis Intervention Services; per 15 minutes	Off	0	Off	0
H2012	Behavioral health day treatment; per hour	On	0	On	0
H2015	Comprehensive community support services; per 15 minutes	Off	0	On	No auth requirement up to 200 units. Prior Authorization Request = ON after 200 Units Total of
H2019	Therapeutic behavioral services; per 15 minutes	On	0	On	Identified HCPC Series Codes.
H2020	Therapeutic behavioral services; per diem	On	0	On	0
H2027	Psychoeducational Service, per 15 minutes	Off	0	Off	0
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	Off	0
Q3014	Telehealth original site facility	Off	0	Off	0
S5108	Home care training to home care client, per 15 minutes	On	0	On	0
S5110	Home care training, family; per 15 minutes	On	0	On	0
S5150	Unskilled respite care, not hospice; per 15 minutes	On	0	On	0

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Auth Required Key: On = Authorization Required for Medical Necessity review; Off= No Authorization Required; Auto-Approve = Provider calls Intake for auto-approval but no medical necessity review

CODE	SERVICE DESCRIPTION	CMHC AUTHORIZATION REQUIREMENT	CMHC Notes (0 = No additional information)	Non-CMHC AUTHORIZATION REQUIREMENT	Non-CMHC Notes (0 = No additional information)
S9480	Intensive outpatient psychiatric services; per diem; in IL use 913 in combination with this code	On	0	On	0
S9484	Crisis intervention mental health services; per hour	Off	0	Off	0
S9485	Crisis intervention mental health services; per diem	Off	0	Off	0
T1001	Nursing Assessment/Evaluation	On	0	On	0
T1002	RN services up to 15 minutes	Off	0	Off	0
T1003	LPN/ LVN services, up to 15 minutes	On	0	On	0
T1007	Alcohol and/or substance abuse services, treatment plan development and/or modification	Off	0	Off	0
T1016	Case management, each 15 minutes	Off	0	Off	0
T2001	Non emergency transportation; patient attendant/escort	On	0	On	0
T2002	Non-emergency transportation; per diem	On	0	On	0
T2003	Non-emergency transportation; encounter/trip	On	0	On	0
T2004	Non-emergency transport; commercial carrier, multi-pass	On	0	On	0
T2005	Non-emergency transportation; stretch van	On	0	On	0
T2023	Targeted Case Management - per month	On	0	On	0