

Service Authorization Packages | 2010

Adult MI-COD - Initial Service Authorization Package				
Type	Service	Code	Qty: LOC 1 & 2	Qty: LOC 3,4,6
PCP Development (initial 30 day referral)	Treatment Planning	H0032	2	2
	Supports Coordination	T1016	30	0
	Targeted Case Management	T1017	0	30
	Assessment non-physician	H0031	2	2
	Peer Services	H0038	15	15
	Individual Therapy	9080X (include 90804 & 90806)	3	0

Adult DD - Initial Service Authorization Package				
Type	Service	Code	Qty: LOC 1 & 2	Qty: LOC 3 & 4
PCP Development (initial 30 day referral)	Occupational Therapy Eval.	97003	1	1
	Physical Therapy Eval.	97001	1	1
	Psychological Testing	96101	4	4
	Speech & Language Eval	92506	1	1
	Supports Coordination	T1016	30	0
	Targeted Case Management	T1017	0	30
	Assessment non-physician	H0031	2	2
	Treatment Planning	H0032	2	2
	Peer Services	H0038	15	15
	Nursing Assessment	T1001	1	1

Adult MI-COD LOC 5-ACT Only - Initial Service Authorization Package			
Type	Service	Code	Qty:
PCP Development (initial 30 day referral)	ACT	H0039	60
	Psychiatric Evaluation	90801	1
	Medication Review	90862	3
	Injection IM (office)	96372	3
	Injection IM (home)	99506	3

Service Authorization Packages | 2010

Adult MI-COD LOC 5-ACT Only – On-going Service Authorization Package			
Type	Service	Code	Qty:
One Year Authorization Package (additional service codes are available when clinically needed, see benefit plan)	ACT	H0039	720
	Psychiatric Evaluation	90801	2
	Medication Review	90862	16
	Brief Office Visit	M0064	6
	Eval of New Patient	99205	6
	Brief Problem Focus Eval	99211	6
	Eval & Management	99212	6
	Eval & Management	99213	6
	Eval & Management	99214	6
	Eval & Management	99215	6
	Injection IM (office)	96372	26
	Injection IM (home)	99506	26
	RN Assessment	T1001	2
	Group Therapy	90853	104

Children DD - Initial Service Authorization Package				
Type	Service	Code	Qty: LOC 1 & 2	Qty: LOC 3 & 4
PCP Development (initial 30 day referral)	Treatment Planning	H0032	2	2
	Supports Coordination	T1016	16	0
	Targeted Case Management	T1017	0	20
	Assessment non-physician	H0031	2	2
	Psychological Testing	96101	4	4

Children SED-COD – Initial Service Authorization Package				
Type	Service	Code	Qty: LOC 1 & 2	Qty: LOC 3 & 4
PCP Development (initial 30 day referral)	Treatment Planning	H0032	2	2
	Supports Coordination	T1016	30	0
	Targeted Case Management	T1017	0	30
	Assessment non-physician	H0031	2	2
	Individual Therapy	9080X (includes 9084 & 90806)	3	4

Children SED-COD Home Base- Initial Service Authorization Package			
Type	Service	Code	Qty:
PCP Development (initial 30 day referral)	Community Psych Support Tx (Home Base)	H0036	60
	Psychiatric Evaluation	90801	1
	Medication Review	90862	2
	Nursing Assessment	T1001	1

Service Authorization Packages | 2010

CMH-Consultant-LLP, OT, PT, RD, SLP- Initial Service Authorization Package			
Type	Service	Code	Qty:
PCP Development (initial 30 day referral)	Non-Physician Assessment	H0031	3
	OT Evaluation	97003	1
	PT Evaluation	97001	1
	Speech and Language Eval.	92506	1
	Medical Nutrition Therapy, Initial Assessment	97802	6
	Nutritional Counseling, Dietician Visit	S9470	1
	Treatment Planning	H0032	6

CMH-Nurse Consultant- Initial Service Authorization Package			
Type	Service	Code	Qty:
PCP Development (initial 30 day referral)	Nursing Assessment	T1001	1
	RN Services	T1002	6
	Non-Physician Assessment	H0031	1
	Treatment Planning	H0032	2

CMH-Intake			
Type	Service	Code	Qty:
PCP Development (initial 30 day referral)	Non-Physician Assessment	H0031	1
	Peer Services	H0038	4
	Supports Coordination	T1016	1

DBT- Initial Service Authorization Package			
Type	Service	Code	Qty:
PCP Development (initial 30 day referral)	Mental Health Assessment (Psychosocial Assessment)	H0031	1
	Treatment Planning	H0032	2
	Peer Directed Services	H0038	52
	Individual Therapy	9080X (includes 90804 & 90806)	8
	Group Therapy	90853	8

Service Authorization Packages | 2010

DBT-Ongoing			
Type	Service	Code	Qty:
1 Year Service Package (after treatment plan development)	Individual Therapy	9080X (includes 90804 & 90806)	60
	Group Therapy	90853	60
	Peer Directed Services	H0038	416

Day Program - Initial Service Authorization Package			
Type	Service	Code	Qty:
PCP Development (initial 30 day referral)	Treatment Planning	H0032	2
	Skill Building	H2014	440
	Transportation	T2003	44

Easter Seals-Intake			
Type	Service	Code	Qty:
PCP Development (initial 30 day referral)	Non-Physician Assessment	H0031	1
	Supports Coordination	T1016	1

Medication Clinic- Initial Service Authorization Package			
Type	Service	Code	Qty:
PCP Development (initial 30 day referral)	Psychiatric Evaluation	90801	1
	Medication Reviews	90862	3
	Nursing	T1001	1
	Injection IM (office)	96372	3

Medication Clinic- On-going Service Authorization Package			
Type	Service	Code	Qty:
One Year authorization package; other service codes are available (see benefit plan)	Psychiatric Evaluation	90801	3
	Medication Reviews	90862	9
	Brief Office Visit	M0064	9
	Brief Problem Focus Eval	99211	1
	Eval and Management	99212	1
	Eval and Management	99213	1
	Eval and Management	99214	1
	Eval and Management	99215	1
	RN Assessment	T1001	3
	Injection IM (office)	96372	36

Service Authorization Packages | 2010

PSR Initial Service Authorization Package			
Type	Service	Code	Qty:
PCP Development (initial 30 day referral)	Treatment Planning	H0032	2
	PSR attendance	H2030	440
	Transportatin	T2002	44

ABW Service Authorization Package			
Type	Service	Code	Qty:
One Year Service Authorization Package	Targeted Case Management	T1017	4
	Assessment non-physician	H0031	2
	Individual Therapy	9080X (includes 90804 & 90806)	12
	Psychiatric Evaluation	90801	1
	Medication Reviews	90862	3

Crisis Service Authorization Package (only available through New Passages-Mobile Crisis)			
Type	Service	Code	Qty:
Crisis	Inpatient Psychiatric Hospitalization	00124	3 days
Crisis	Crisis Residential Services	H0018	3 days
Crisis	Outpatient Partial Hospitalization	0912, 0913	1 day per 3 day period
Crisis	Intensive Crisis Stabilization	S9484	20 units @ 4 units per day