



2021 Authorization and Notification Requirements Mental Health & Substance Use Disorder Services

For the following UCare Plans:

MSHO = Minnesota Senior Health Options | **MSC Plus** = Minnesota Senior Care Plus
UCare Connect = Special Needs BasicCare | **UCare Connect + Medicare**
PMPAP = Prepaid Medical Assistance Plan | **MnCare** = MinnesotaCare

Important Information regarding Authorization & Notification:

- Submit authorization requests 14 calendar days prior to the start of the service for non-urgent conditions.
- All services are subject to member eligibility and benefit coverage.
- For services that require an authorization, failing to obtain the authorization in advance may result in a denied claim.
- UCare reserves the right to review and verify medical necessity for all services.
- UCare does not instruct providers on how to bill. The codes listed on the authorization grid are for informational purposes only to assist our providers in the authorization process.
- InterQual Decision Support tool and MHCP coverage policies are used for medical necessity determinations. You may request a copy of the criteria used to make a medical necessity determination.
- Contact UCare Provider Assistance Center (612-676-3300 or 1-888-531-1493) for additional information on thresholds.
- Court-ordered mental health and substance use disorder services provided do not require a separate medical necessity review; however, it is required to have a copy of the court order and behavioral health evaluation on file with UCare to ensure claim payment. Services must be a covered benefit.
- Provider of Service qualifications, eligibility and licensure requirements must be met including any necessary certifications through MHCP/Department of Human Services to provide services and submit claims to UCare.
- Threshold limits are cumulative and can be exceeded when a member has seen multiple providers for the same service within a calendar year. Once threshold limits are exceeded, an authorization is required. Please contact UCare Mental Health & Substance Use Disorder Services for additional information on threshold units.
- **Out of network providers are not allowed to use thresholds. Out of network providers require an authorization prior to services except: Mental Health Targeted Case Management (TCM), Assertive Community Treatment (ACT), Crisis Management (H2011, 90839, 90840), Medication-Assisted Treatment (MAT) Services, Substance Use Disorder (SUD) Assessments and Mental Health travel time.**

Forms Needed – please leverage our PA Forms under each specialty type on the [UCare Provider website](#), select a UCare product under *Authorization Requirements*, click Mental Health & SUD Services Authorization tab at top and scroll to *Forms & Information*.

AUTHORIZING ENTITY	PHONE	FAX	EMAIL / WEBSITE
UCare Mental Health & Substance Use Disorder Services	612-676-6533 or 1-833-276-1185 (toll free)	612-884-2033 or 1-855-260-9710 (toll free)	MHSUDservices@ucare.org UCare Provider Website / Eligibility

REQUIREMENTS DEFINITION	DEFINITION
Approval Authority	Is UCare or an organization delegated by UCare to approve or deny prior authorization requests
Notification	Is the process of informing UCare or delegates of UCare of a specific medical treatment or services prior to, or within a specified time period after, the start of the treatment or service.
Pre-Service Determination (PSD)	An enrollee, or a provider acting on behalf of the enrollee, always has the right to request at pre-service determination if there is a question as to whether an item or service will be covered by plan.
Prior Authorization	Is an approval by an Approval Authority prior to the delivery of a specific service or treatment. Prior authorization requests require a clinical review by qualified, appropriate professionals to determine if the service or treatment is medical necessary, an eligible expense and appropriate and that other alternatives have been considered.

SERVICES	REQUIREMENTS	CODE REQUIRING AUTHORIZATION CPT / HCPC CODES	THRESHOLD UNITS
Adult Day Treatment	Authorization required beyond threshold.	H2012	More than 15 hours per week or 12 weeks per calendar year
ARMHS Community Intervention	Notification required within 24 hours of Intake. Concurrent review required for additional units/days.	90882 Add HM, U3 or U3 HM modifiers as appropriate.	N/A
ARMHS Medication Education	Notification required within 24 hours of Intake. Concurrent review required for additional units/days.	H0034	N/A
ARMHS Mental Health Assessment	Notification required within 24 hours of Intake. Concurrent review required for additional units/days.	H0031 Add TS modifier as appropriate.	N/A
ARMHS mental health service plan development by non-physician --- OR Treatment plan development and review	Notification required within 24 hours of Intake Concurrent review required for additional units/days.	H0032 Add TS modifier as appropriate.	N/A
ARMHS Psychosocial Rehab	Notification required within 24 hours of Intake Concurrent review required for additional units/days.	H2017 Add HM, HQ, U3 or U3 HM.	N/A

SERVICES	REQUIREMENTS	CODE REQUIRING AUTHORIZATION CPT / HCPC CODES	THRESHOLD UNITS
Children's Residential Treatment	Authorization required prior to admission. Concurrent review for additional days. Upon discharge send discharge summary.	H0019	N/A
Crisis Residential	Consultation required with Mental Health & SUD Services staff if treatment required beyond threshold.	H0018	10 days threshold per month
CTSS Children's Day Treatment	Authorization required beyond threshold. Concurrent review for additional days.	H2012 Add CTSS UA, UA HK, UA HK U6 modifiers as appropriate. <i>(Max of 15 hours per week)</i>	150 hours threshold per calendar year
CTSS Admin & Reporting Standardized Measures	Authorization required beyond threshold. Concurrent review for additional days.	H0031 UA	200 hours per calendar year for any combination of H2014, H2015, H2019, H0032, H0031
CTSS Treatment Plan Development	Authorization required beyond threshold. Concurrent review for additional days.	H0032 UA	200 hours per calendar year for any combination of H2014, H2015, H2019, H0032, H0031
CTSS Community Support Services	Authorization required beyond threshold. Concurrent review for additional days.	H2015 Add CTSS UA modifier as appropriate.	200 hours per calendar year for any combination of H2014, H2015, H2019, H0032, H0031

SERVICES	REQUIREMENTS	CODE REQUIRING AUTHORIZATION CPT / HCPC CODES	THRESHOLD UNITS
CTSS Skills Training	Authorization required beyond threshold. Concurrent review for additional days.	H2014 Add CTSS UA. UA HQ, UA HR modifier as appropriate	200 hours per calendar year for any combination of H2014, H2015, H2019, H0032, H0031
CTSS Therapeutic Behavioral Services	Authorization required beyond threshold.	H2019 Add CTSS UA, UA HM, UA UE modifiers as appropriate.	200 hours per calendar year for any combination of H2014, H2015, H2019, H0032, H0031
Diagnostic Assessment	Authorization required beyond threshold.	90791, 90792 Add 52 modifier as appropriate for brief assessment	4 sessions per calendar year for any combination of 90791, 90792 Max of 2 brief assessments per calendar year
EIDBI – Intervention Individual	Authorization required prior to service.	97153 UB	N/A
EIDBI – Family Caregiving Training and Counseling Individual		97156 UB	
EIDBI – Intervention Group	Authorization required prior to service.	97154 UB	N/A
EIDBI – Family Caregiving Training and Counseling Group		97157 UB	
EIDBI – Comprehensive Multi-Disciplinary Evaluation (CMDE)	Authorization required beyond threshold.	97151 UB	80 units per calendar year

SERVICES	REQUIREMENTS	CODE REQUIRING AUTHORIZATION CPT / HCPC CODES	THRESHOLD UNITS
EIDBI – Individual Treatment Plan (ITP)	Authorization required beyond threshold.	H0032 UB	60 units threshold per calendar year
EIDBI – Observation & Direction	Authorization required prior to service.	97155 UB	
Inpatient Mental Health Admission	Notification required within 24 hours of admission. Concurrent review for additional days. Upon discharge send discharge summary.	Follow MHCP Guidelines	N/A
Inpatient Substance Use Disorder Admission	Notification required within 24 hours of admission. Concurrent review for additional days. Upon discharge send discharge summary.	Follow MHCP Guidelines	N/A
Intensive Outpatient Dialectical Behavior Therapy (DBT) Effective May 1: Modifier HA	Authorization required beyond threshold.	Individual H2019 Add U1, HA, HN modifier as appropriate. Group: H2019 Add U1, HA, HQ, HN modifiers as appropriate.	416 units / 104 hours per calendar year
Intensive Residential Treatment Services (IRTS)	Notification required within 24 hours of intake. Concurrent review for additional days. Upon discharge send discharge summary.	H0019	N/A

SERVICES	REQUIREMENTS	CODE REQUIRING AUTHORIZATION CPT / HCPC CODES	THRESHOLD UNITS
Intensive Treatment in Foster Care (ITFC)	Authorization required beyond threshold.	S5145 Add HE, HE HN modifiers as appropriate.	72 units of service
Mental health service plan development by non-physician OR Treatment plan development and review	Authorization required beyond threshold.	H0032 Add CTSS or CCBHC modifiers as appropriate. See EIDBI section for requirements.	Included in CTSS 200 hours per calendar year threshold
Outpatient Substance Use Disorder Treatment	Notification required within 10 days of intake. Concurrent review for additional days. Treatment based on Rule 25 or Comprehensive Assessment.	Individual Hourly: H2035 <i>(Max of three hours per day)</i> Group Hourly: H2035 HQ <i>(Max of ten hours per day)</i>	N/A
Partial Hospitalization	Notification required within 24 hours of intake. Concurrent review for additional days. Upon discharge send discharge summary.	H0035 Add HA modifier as appropriate. <i>(Under age of 18)</i>	N/A
Psychiatric Residential Treatment Facilities (PRTF)	Authorization required prior to admission. Concurrent review for additional days. Upon discharge send discharge summary.	Follow MHCP Guidelines .	N/A

SERVICES	REQUIREMENTS	CODE REQUIRING AUTHORIZATION CPT / HCPC CODES	THRESHOLD UNITS
Psychological & Neuropsychological Testing	Authorization required beyond threshold.	96136, 96137, 96138, 96139	15 cumulative hours per calendar year
Substance Use Disorder Residential Treatment	Notification required within 24 hours of admission. Concurrent review for additional days. Upon discharge send discharge summary.	Follow MHCP Guidelines .	N/A
Transcranial Magnetic Stimulation	Authorization required prior to service.	LCD L33398 90867, 90868, 90869 National Government services Transcranial Magnetic Stimulation	N/A
Withdrawal Management	Notification required within 24 hours of intake. Concurrent review for additional days. (<i>Treatment based on Comprehensive Assessment.</i>)	Follow MHCP Guidelines	N/A