



## 2022 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**  
**PMAP** = 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. Please allow 14 calendar days for a decision.
- 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. For Substance Use Disorder service reviews, we use American Society of Addiction Medicine criteria for 1115-enrolled providers and the DHS Minnesota Matrix for all other SUD providers. You may request a copy of the criteria used to make a medical necessity determination.
- 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.
- Contact UCare Provider Assistance Center (612-676-3300 or 1-888-531-1493) for additional information on thresholds.
- **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 prior authorization (PA) forms under each specialty type on the [UCare Provider website](#), select a UCare product under *View Mental Health and SUD Authorization Requirements & Forms by Plan*.

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)	<a href="mailto:MHSUDservices@ucare.org">MHSUDservices@ucare.org</a> <a href="#">UCare Provider Website / Authorization</a>

REQUIREMENTS DEFINITION	DEFINITION
<b>Approval Authority</b>	UCare or an organization delegated by UCare to approve or deny prior authorization requests.
<b>Notification</b>	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.
<b>Pre-Service Determination (PSD)</b>	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.
<b>Prior Authorization</b>	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	<p>Authorization required prior to admission.</p> <p>Concurrent review for additional days. Upon discharge, send discharge summary.</p>	H0019	N/A
Crisis Residential	<p>Consultation required with Mental Health &amp; SUD Services staff if treatment required beyond threshold.</p>	H0018	10 days per month
CTSS Children's Day Treatment	<p>Authorization required beyond threshold.</p> <p>Concurrent review for additional days.</p>	<p>H2012</p> <p>Add CTSS UA, UA HK, UA HK U6 modifiers as appropriate. <i>(Max of 15 hours per week)</i></p>	200 hours threshold per calendar year
CTSS Admin & Reporting Standardized Measures	<p>Authorization required beyond threshold.</p> <p>Concurrent review for additional days.</p>	H0031 UA	200 hours per calendar year for any combination of H2014, H2015, H2019, H0031, H0032
CTSS Treatment Plan Development	<p>Authorization required beyond threshold.</p> <p>Concurrent review for additional days.</p>	H0032 UA	200 hours per calendar year for any combination of H2014, H2015, H2019, H0031, H0032
CTSS Community Support Services	<p>Authorization required beyond threshold.</p> <p>Concurrent review for additional days.</p>	<p>H2015</p> <p>Add CTSS UA modifier as appropriate.</p>	200 hours per calendar year for any combination of H2014, H2015, H2019, H0031, H0032

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, H0031, H0032
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, H0031, H0032
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
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	N/A
EIDBI – Higher Intensity	Authorization required prior to service.	0373T	N/A
Inpatient Mental Health Admission	Notification required within 24 hours of admission.  Concurrent review for additional days. Upon discharge, send discharge summary.	Follow <a href="#">MHCP Guidelines</a> .	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 <a href="#">MHCP Guidelines</a> .	N/A
Intensive Outpatient Dialectical Behavior Therapy (DBT)	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

SERVICES	REQUIREMENTS	CODE REQUIRING AUTHORIZATION CPT / HCPC CODES	THRESHOLD UNITS
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
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 CTSS or EIDBI section for requirements.	Included in CTSS 200 hours per calendar year threshold
Partial Hospitalization	Authorization required beyond threshold.	H0035  Add HA modifier as appropriate. <i>(Under age of 18)</i>	21 days per admission
Psychiatric Residential Treatment Facilities (PRTF)	Authorization required prior to admission.  Concurrent review for additional days. Upon discharge, send discharge summary.	Follow <a href="#">MHCP Guidelines</a> .	N/A
Psychological & Neuropsychological Testing	Authorization required beyond threshold.	96136, 96137, 96138, 96139	15 cumulative hours per calendar year

SERVICES	REQUIREMENTS	CODE REQUIRING AUTHORIZATION CPT / HCPC CODES	THRESHOLD UNITS
Substance Use Disorder Residential Treatment	Notification required within 24 hours of admission.  Concurrent review for additional days. Upon discharge, send discharge summary.	Follow <a href="#">MHCP Guidelines</a> .	N/A
Transcranial Magnetic Stimulation	Authorization required prior to service.	LCD L33398 90867, 90868, 90869  National Government services Transcranial Magnetic Stimulation	N/A