Category/Name	Procedure Code	Modifier	Product	Age	Notification Required Y/N	Benefit Limit Y/N	Benefit Limit Description	Auth Required	Auth/Ben Limit Form	Notification Form	Criteria
ARMHS	H2017		All	18 & over	N	Y	Over 300 hours per calendar year combined total (any modifier)	Y: Benefit Limit	4381	None	MHCP Provider Manual: Mental Health Services: ARMHS
ARMHS	H2017	HM/HQ/U3/U3 HM	All	18 & over	N	Y	Over 300 hours per calendar year combined total (any modifier)	Y: Benefit Limit	4381	None	MHCP Provider Manual: Mental Health Services: ARMHS
ARMHS	90882		All	18 & over	N	Y	10 sessions/month or 72 sessions/year	Y: Benefit Limit	4381	None	MHCP Provider Manual: Mental Health Services: ARMHS
ARMHS	90882	HM/U3/U3 HM	All	18 & over	N	Y	10 sessions/month or 72 sessions/year	Y: Benefit Limit	4381	None	MHCP Provider Manual: Mental Health Services: ARMHS
ARMHS	H0031		All	18 & over	N	Y	6 sessions/calendar year	Y: Benefit Limit	4381	None	MHCP Provider Manual: Mental Health Services: ARMHS
ARMHS	H0031	TS	All	18 & over	N	Y	6 sessions/calendar year	Y: Benefit Limit	4381	None	MHCP Provider Manual: Mental Health Services: ARMHS
ARMHS	H0032		All	18 & over	N	Y	4 sessions/calendar year	Y: Benefit Limit	4381	None	MHCP Provider Manual: Mental Health Services: ARMHS
ARMHS	H0032	TS	All	18 & over	N	Y	4 sessions/calendar year	Y: Benefit Limit	4381	None	MHCP Provider Manual: Mental Health Services: ARMHS
ARMHS	H0034		All	18 & over	N	Y	26 hrs/calendar year	Y: Benefit Limit	4381	None	MHCP Provider Manual: Mental Health Services: ARMHS
ARMHS	H0034	HQ	All	18 & over	N	Y	26 hrs/calendar year	Y: Benefit Limit	4381	None	MHCP Provider Manual: Mental Health Services: ARMHS
BHH	S0280	U5	All	Any	**Y**	Y*	Lifetime limit of six enhanced payments in member's lifetime. One payment/month	N	None	DHS-4797	https://www.mnscha.org/wp-content/uploads/6715.pdf
BHH	S0281	U5	All	Any	**Y**	Y*	One payment/month	N	None	DHS-4797	https://www.mnscha.org/wp-content/uploads/6715.pdf
Children's Clinical CC	90899	U8	PMAP, MNCare, SNBC	20 & under	N	Y	15 hrs/calendar year	Y: Benefit Limit	4381	None	MHCP Provider Manual: Mental Health Services: Children's Mental Health Clinical Care Consultation
Children's Clinical CC	90899	U9	PMAP, MNCare, SNBC	20 & under	N	Y	15 hrs/calendar year	Y: Benefit Limit	4381	None	MHCP Provider Manual: Mental Health Services: Children's Mental Health Clinical Care Consultation
Children's Clinical CC	90899	UB	PMAP, MNCare, SNBC	20 & under	N	Y	15 hrs/calendar year	Y: Benefit Limit	4381	None	MHCP Provider Manual: Mental Health Services: Children's Mental Health Clinical Care Consultation
Children's Clinical CC	90899	UC	PMAP, MNCare, SNBC	20 & under	N	Y	15 hrs/calendar year	Y: Benefit Limit	4381	None	MHCP Provider Manual: Mental Health Services: Children's Mental Health Clinical Care Consultation
CTSS	H0031	UA	PMAP, MNCare, SNBC	20 & under	N	Y	200 hours/calendar year combined CTSS threshold	Y: Benefit Limit	4390	None	MHCP Provider Manual: Mental Health Services: CTSS

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CTSS	H0032	UA	PMAP, MNCare, SNBC	20 & under	N	Y	200 hours/calendar year combined CTSS threshold AND up to 24 sessions per calendar yaer	Y: Benefit Limit	4390	None	MHCP Provider Manual: Mental Health Services: CTSS
CTSS	H2015	UA	PMAP, MNCare, SNBC	20 & under	N	Y	200 hours/calendar year combined CTSS threshold	Y: Benefit Limit	4390	None	MHCP Provider Manual: Mental Health Services: CTSS
CTSS	H2014	UA/UA HQ/HQ/UA HR	PMAP, MNCare, SNBC	20 & under	N	Y	200 hours/calendar year combined CTSS threshold	Y: Benefit Limit	4390	None	MHCP Provider Manual: Mental Health Services: CTSS
CTSS	H2019	UA/UA HQ/HQ/UA HR	PMAP, MNCare, SNBC	20 & under	N	Y	200 hours/calendar year combined CTSS threshold	Y: Benefit Limit	4390	None	MHCP Provider Manual: Mental Health Services: CTSS
Day Treatment	H2012		All	18 & over	N	Y	115 hrs/calendar year, 15 hrs/week	Y: Benefit Limit	4381	None	MHCP Provider Manual: Mental Health Services: Adult Day Treatment
Day Treatment Childrens	H2012	UA HK	PMAP, MNCare, SNBC	21 & under	N	Y	150 hrs/calendar year,15 hrs/week, max 3/hrs/day	Y: Benefit Limit	4390	None	MHCP Provider Manual: Mental Health Services: Children's Day Treatment
Day Treatment Childrens	H2012	UA HK U6	PMAP, MNCare, SNBC	21 & under	N	Y	150 hrs/calendar year, 15 hrs/week, max 3/hrs/day	Y: Benefit Limit	4390	None	MHCP Provider Manual: Mental Health Services: Children's Day Treatment
Diagnostic Assessment	90791		All	Any	N	Y	4 sessions/calendar year, cumulative all types	Y: Benefit Limit	4381	None	MHCP Provider Manual: Mental Health Services: Diagnostic Assessment
Diagnostic Assessment	90791	52	All	Any	N	Y	4 sessions/calendar year, cumulative all types	Y: Benefit Limit	4381	None	MHCP Provider Manual: Mental Health Services: Diagnostic Assessment
Diagnostic Assessment	90792		All	Any	N	Y	4 sessions/calendar year, cumulative all types	Y: Benefit Limit	4381	None	MHCP Provider Manual: Mental Health Services: Diagnostic Assessment
Diagnostic Assessment	90792	52	All	Any	N	Y	4 sessions/calendar year, cumulative all types	Y: Benefit Limit	4381	None	MHCP Provider Manual: Mental Health Services: Diagnostic Assessment
DBT	H2019	U1	All	18 & Older	**Y**	Y	104 units/six months	Y: Benefit Limit	4498	4498	MHCP Provider Manual: Mental Health Services: DBT
DBT	H2019	U1 HA	PMAP, MNCare, SNBC	12 to 17	**Y**	Y	104 units/six months	Y: Benefit Limit	4498	4498	MHCP Provider Manual: Mental Health Services: DBT
DBT	H2019	U1 HN	All	18 & Older	**Y**	Y	104 units/six months	Y: Benefit Limit	4498	4498	MHCP Provider Manual: Mental Health Services: DBT
DBT	H2019	U1 HN HA	PMAP, MNCare, SNBC	12 to 17	**Y**	Y	104 units/six months	Y: Benefit Limit	4498	4498	MHCP Provider Manual: Mental Health Services: DBT
DBT	H2019	U1 HQ	All	18 & Older	**Y**	Y	312 units/six months	Y: Benefit Limit	4498	4498	MHCP Provider Manual: Mental Health Services: DBT
DBT	H2019	U1 HQ HA	PMAP, MNCare, SNBC	12 to 17	**Y**	Y	312 units/six months	Y: Benefit Limit	4498	4498	MHCP Provider Manual: Mental Health Services: DBT
DBT	H2019	U1 HQ HN	All	18 & Older	**Y**	Y	312 units/six months	Y: Benefit Limit	4498	4498	MHCP Provider Manual: Mental Health Services: DBT

Category/Name	Procedure Code	Modifier	Product	Age	Notification Required Y/N	Benefit Limit Y/N	Benefit Limit Description	Auth Required	Auth/Ben Limit Form	Notification Form	Criteria
DBT	H2019	U1 HQ HN HA	PMAP, MNCare, SNBC	12 to 17	**Y**	Y	312 units/six months	Y: Benefit Limit	4498	4498	MHCP Provider Manual: Mental Health Services: DBT
EIDBI	97151	UB	PMAP, MNCare, SNBC	21 & under	N	Y	80 units/calendar year, 8 hours per day, multiple providers may bill at the same time	Y: Auth	4894	None	MHCP Provider Manual: Mental Health Services: EIDBI
EIDBI	97153	UB	PMAP, MNCare, SNBC	21 & under	N	Y	8 hours per day	Y: Auth	4894	None	MHCP Provider Manual: Mental Health Services: EIDBI
EIDBI	97154	UB	PMAP, MNCare, SNBC	21 & under	N	Y	4.5 hours per day, up to 8 people in a group	Y: Auth	4894	None	MHCP Provider Manual: Mental Health Services: EIDBI
EIDBI	97155	UB	PMAP, MNCare, SNBC	21 & under	N	Y	6 hours per day	Y: Auth	4894	None	MHCP Provider Manual: Mental Health Services: EIDBI
EIDBI	97156	UB	PMAP, MNCare, SNBC	21 & under	N	Y	4 hours per day, multiple providers may bill at the same time	Y: Auth	4894	None	MHCP Provider Manual: Mental Health Services: EIDBI
EIDBI	97157	UB	PMAP, MNCare, SNBC	21 & under	N	Y	4 hours per day, multiple providers may bill at the same time, up to 8 people or couples of caregivers in a group	Y: Auth	4894	None	MHCP Provider Manual: Mental Health Services: EIDBI
EIDBI	H0046	UB	PMAP, MNCare, SNBC	21 & under	N	Y	None	Y: Auth	4894	None	MHCP Provider Manual: Mental Health Services: EIDBI
EIDBI	H0032	UB	PMAP, MNCare, SNBC	21 & under	N	Y	May be billed as clinically necessary, multiple providers may bill at the same time	Y: Auth	4894	None	MHCP Provider Manual: Mental Health Services: EIDBI
EIDBI	T1024	UB	PMAP, MNCare, SNBC	21 & under	N	Y	May be billed as clinically necessary, multiple providers may bill at the same time	Y: Auth	4894	None	MHCP Provider Manual: Mental Health Services: EIDBI
EIDBI	0373T	UB	PMAP, MNCare, SNBC	21 & under	N	Y	8 hours per day	Y: Auth	4894	None	MHCP Provider Manual: Mental Health Services: EIDBI
Healthy Pathways	G9006	U1	All	17 & older	**Y**	Y	3 months	Y: Auth	None	https://southcountry.jotform.com/243165574516965	7187.pdf
Healthy Pathways	G9006	U2	All	17 & older	**Y**	Y	3 months	Y: Auth	None	https://southcountry.jotform.com/243165574516965	7187.pdf
Healthy Pathways	G9006	U3	All	17 & older	**Y**	Y	3 months	Y: Auth	None	https://southcountry.jotform.com/243165574516965	7187.pdf
Healthy Pathways	G9006	U4	All	17 & older	**Y**	Y	6 months	Y: Auth	None	https://southcountry.jotform.com/243165574516965	7187.pdf
Healthy Pathways	G9006		All	17 & older	**Y**	Y	None	Y: Auth	None	https://southcountry.jotform.com/243165574516965	7187.pdf
IRTS	H0019		All	18 & over	**Y**	Y	90 days, readmission within 15 days of a previous discharge countes toward 90-day limit, Request authorization for more than 90 days	Y: Benefit Limit	4381	4398	MHCP Provider Manual: Mental Health Services: IRTS
CMHRTS	H0019		PMAP, MNCare, SNBC	18 & under	**Y**	Y	45 days, request authorization for more than 45 days, authorizations provided in 30 day increments after the initial 45 day auth	Y: Benefit Limit	4381	4398	MHCP Provider Manual: Mental Health Services: CMHRTS

Category/Name	Procedure Code	Modifier	Product	Age	Notification Required Y/N	Benefit Limit Y/N	Benefit Limit Description	Auth Required	Auth/Ben Limit Form	Notification Form	Criteria
Neuropsych Services	96116		All	All	N	Y	15 cumulative hrs/calendar year	Y: Benefit Limit	4395	None	MHCP Provider Manual: Mental Health Services: Neuropsychological services
Neuropsych Services	96121		All	All	N	Y	15 cumulative hrs/calendar year	Y: Benefit Limit	4395	None	MHCP Provider Manual: Mental Health Services: Neuropsychological services
Neuropsych Services	96132		All	All	N	Y	15 cumulative hrs/calendar year	Y: Benefit Limit	4395	None	MHCP Provider Manual: Mental Health Services: Neuropsychological services
Neuropsych Services	96133		All	All	N	Y	15 cumulative hrs/calendar year	Y: Benefit Limit	4395	None	MHCP Provider Manual: Mental Health Services: Neuropsychological services
Neuropsych Services	96136		All	All	N	Y	15 cumulative hrs/calendar year	Y: Benefit Limit	4395	None	MHCP Provider Manual: Mental Health Services: Neuropsychological services
Neuropsych Services	96137		All	All	N	Y	15 cumulative hrs/calendar year	Y: Benefit Limit	4395	None	MHCP Provider Manual: Mental Health Services: Neuropsychological services
Neuropsych Services	96138		All	All	N	Y	15 cumulative hrs/calendar year	Y: Benefit Limit	4395	None	MHCP Provider Manual: Mental Health Services: Neuropsychological services
Neuropsych Services	96139		All	All	N	Y	15 cumulative hrs/calendar year	Y: Benefit Limit	4395	None	MHCP Provider Manual: Mental Health Services: Neuropsychological services
Neuropsych Services	96146		All	All	N	Y	5 sessions/calendar year	Y: Benefit Limit	4395	None	MHCP Provider Manual: Mental Health Services: Neuropsychological services
PHP	H0035		All	18 & over	**Y**	Y	21 days/stay or readmission within 45 days	Y: Benefit Limit	4381	4398	MHCP Provider Manual: Mental Health Services: Partial Hospitalization
PHP	H0035	UA	PMAP, MNCare, SNBC	18 & under	**Y**	Y	21 days/stay or readmission within 45 days	Y: Benefit Limit	4381	4398	MHCP Provider Manual: Mental Health Services: Partial Hospitalization
PRTF	R0101		PMAP, MNCare, SNBC	20 & under	N	Y	90 days/stay	Y: Benefit Limit	4398	none	MHCP Provider Manual: Mental Health Services: PRTF (Psychiatric Residential Treatment Facility)
Psychological Testing	96130		All	All	N	Y	8 cumulative hrs/calendar year	Y: Benefit Limit	4395	None	MHCP Provider Manual: Mental Health Services: Psychological Testing
Psychological Testing	96131		All	All	N	Y	8 cumulative hrs/calendar year	Y: Benefit Limit	4395	None	MHCP Provider Manual: Mental Health Services: Psychological Testing
Psychological Testing	96136		All	All	N	Y	8 cumulative hrs/calendar year	Y: Benefit Limit	4395	None	MHCP Provider Manual: Mental Health Services: Psychological Testing
Psychological Testing	96137		All	All	N	Y	8 cumulative hrs/calendar year	Y: Benefit Limit	4395	None	MHCP Provider Manual: Mental Health Services: Psychological Testing
Psychological Testing	96138		All	All	N	Y	8 cumulative hrs/calendar year	Y: Benefit Limit	4395	None	MHCP Provider Manual: Mental Health Services: Psychological Testing
Psychological Testing	96139		All	All	N	Y	8 cumulative hrs/calendar year	Y: Benefit Limit	4395	None	MHCP Provider Manual: Mental Health Services: Psychological Testing
Psychological Testing	96146		All	All	N	Y	1 session/day	Y: Benefit Limit	4395	None	MHCP Provider Manual: Mental Health Services: Psychological Testing
SUD: Res Treatment	H2036		All	All	**Y**	N	Notification required within the 5 state area, authorization required for programs outside the 5 state area	N	None	4505	Substance Use Disorder (SUD) Services

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SUD: Res Treatment	R0944		All	All	**Y**	N	Notification required within the 5 state area, authorization required for programs outside the 5 state area	N	None	4505	Substance Use Disorder (SUD) Services
SUD: Res Treatment	R0945		All	All	**Y**	N	Notification required within the 5 state area, authorization required for programs outside the 5 state area	N	None	4505	Substance Use Disorder (SUD) Services
SUD: Res Treatment	R0943		All	All	**Y**	N	Notification required within the 5 state area, authorization required for programs outside the 5 state area	N	None	4505	Substance Use Disorder (SUD) Services
SUD: OON Outpatient	H2035		All	All	**Y**	Y	Services provided outside of MN require an auth	Y: Benefit Limit	5991	None	Substance Use Disorder (SUD) Services
SUD: OON Outpatient	H2035	HQ	All	All	**Y**	Y	Services provided outside of MN require an auth	Y: Benefit Limit	5991	None	Substance Use Disorder (SUD) Services