

Category/Name	Procedure Code	Modifier	Product	Age	Notification Required Y/N	Notification Form	Auth Required/ Benefit Limit	Auth/Benefit Limit Form	Benefit Limit Y/N	Benefit Limit Description	Criteria
ARMHS	H2017		All	18 & over	N	N/A	Auth Required AFTER Benefit Limit	4381	Y	Over 300 hours per calendar year combined total (any modifier)	MHCP Provider Manual: Mental Health Services: ARMHS
ARMHS	H2017	HM/HQ/U3/U3 HM	All	18 & over	N	N/A	Auth Required AFTER Benefit Limit	4381	Y	Over 300 hours per calendar year combined total (any modifier)	MHCP Provider Manual: Mental Health Services: ARMHS
ARMHS	90882		All	18 & over	N	N/A	Auth Required AFTER Benefit Limit	4381	Y	10 sessions/month or 72 sessions/year	MHCP Provider Manual: Mental Health Services: ARMHS
ARMHS	90882	HM/U3/U3 HM	All	18 & over	N	N/A	Auth Required AFTER Benefit Limit	4381	Y	10 sessions/month or 72 sessions/year	MHCP Provider Manual: Mental Health Services: ARMHS
ARMHS	H0031		All	18 & over	N	N/A	Auth Required AFTER Benefit Limit	4381	Y	6 sessions/calendar year	MHCP Provider Manual: Mental Health Services: ARMHS
ARMHS	H0031	TS	All	18 & over	N	N/A	Auth Required AFTER Benefit Limit	4381	Y	6 sessions/calendar year	MHCP Provider Manual: Mental Health Services: ARMHS
ARMHS	H0032		All	18 & over	N	N/A	Auth Required AFTER Benefit Limit	4381	Y	4 sessions/calendar year	MHCP Provider Manual: Mental Health Services: ARMHS
ARMHS	H0032	TS	All	18 & over	N	N/A	Auth Required AFTER Benefit Limit	4381	Y	4 sessions/calendar year	MHCP Provider Manual: Mental Health Services: ARMHS
ARMHS	H0034		All	18 & over	N	N/A	Auth Required AFTER Benefit Limit	4381	Y	26 hrs/calendar year	MHCP Provider Manual: Mental Health Services: ARMHS
ARMHS	H0034	HQ	All	18 & over	N	N/A	Auth Required AFTER Benefit Limit	4381	Y	26 hrs/calendar year	MHCP Provider Manual: Mental Health Services: ARMHS
BHH	S0280	U5	All	Any	Y	DHS-4797	No Auth Required	N/A	Y*	Lifetime limit of six enhanced payments in member's lifetime. One payment/month	https://www.mnscha.org/wp-content/uploads/6715.pdf
BHH	S0281	U5	All	Any	Y	DHS-4797	No Auth Required	N/A	Y*	One payment/month	https://www.mnscha.org/wp-content/uploads/6715.pdf
Children's Clinical CC	90899	U8	PMAP, MNCare, SNBC	20 & under	N	N/A	Auth Required AFTER Benefit Limit	4381	Y	15 hrs/calendar year	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	N/A	Auth Required AFTER Benefit Limit	4381	Y	15 hrs/calendar year	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	N/A	Auth Required AFTER Benefit Limit	4381	Y	15 hrs/calendar year	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	N/A	Auth Required AFTER Benefit Limit	4381	Y	15 hrs/calendar year	MHCP Provider Manual: Mental Health Services: Children's Mental Health Clinical Care Consultation

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CTSS	H0031	UA	PMP, MNCare, SNBC	20 & under	N	N/A	Auth Required AFTER Benefit Limit	4390	Y	200 hours/calendar year combined CTSS threshold	MHCP Provider Manual: Mental Health Services: CTSS
CTSS	H0032	UA	PMP, MNCare, SNBC	20 & under	N	N/A	Auth Required AFTER Benefit Limit	4390	Y	200 hours/calendar year combined CTSS threshold AND up to 24 sessions per calendar yaer	MHCP Provider Manual: Mental Health Services: CTSS
CTSS	H2015	UA	PMP, MNCare, SNBC	20 & under	N	N/A	Auth Required AFTER Benefit Limit	4390	Y	200 hours/calendar year combined CTSS threshold	MHCP Provider Manual: Mental Health Services: CTSS
CTSS	H2014	UA/UA HQ/HQ/UA HR	PMP, MNCare, SNBC	20 & under	N	N/A	Auth Required AFTER Benefit Limit	4390	Y	200 hours/calendar year combined CTSS threshold	MHCP Provider Manual: Mental Health Services: CTSS
CTSS	H2019	UA/UA HQ/HQ/UA HR	PMP, MNCare, SNBC	20 & under	N	N/A	Auth Required AFTER Benefit Limit	4390	Y	200 hours/calendar year combined CTSS threshold	MHCP Provider Manual: Mental Health Services: CTSS
Day Treatment	H2012		All	18 & over	N	N/A	Auth Required AFTER Benefit Limit	4381	Y	115 hrs/calendar year, 15 hrs/week	MHCP Provider Manual: Mental Health Services: Adult Day Treatment
Day Treatment Childrens	H2012	UA HK	PMP, MNCare, SNBC	21 & under	N	N/A	Auth Required AFTER Benefit Limit	4390	Y	150 hrs/calendar year, 15 hrs/week, max 3/hrs/day	MHCP Provider Manual: Mental Health Services: Children's Day Treatment
Day Treatment Childrens	H2012	UA HK U6	PMP, MNCare, SNBC	21 & under	N	N/A	Auth Required AFTER Benefit Limit	4390	Y	150 hrs/calendar year, 15 hrs/week, max 3/hrs/day	MHCP Provider Manual: Mental Health Services: Children's Day Treatment
Diagnostic Assessment	90791		All	Any	N	N/A	Auth Required AFTER Benefit Limit	4381	Y	4 sessions/calendar year, cumulative all types	MHCP Provider Manual: Mental Health Services: Diagnostic Assessment
Diagnostic Assessment	90791	52	All	Any	N	N/A	Auth Required AFTER Benefit Limit	4381	Y	4 sessions/calendar year, cumulative all types	MHCP Provider Manual: Mental Health Services: Diagnostic Assessment
Diagnostic Assessment	90792		All	Any	N	N/A	Auth Required AFTER Benefit Limit	4381	Y	4 sessions/calendar year, cumulative all types	MHCP Provider Manual: Mental Health Services: Diagnostic Assessment
Diagnostic Assessment	90792	52	All	Any	N	N/A	Auth Required AFTER Benefit Limit	4381	Y	4 sessions/calendar year, cumulative all types	MHCP Provider Manual: Mental Health Services: Diagnostic Assessment
DBT	H2019	U1	All	18 & Older	Y	4498	Auth Required AFTER Benefit Limit	4498	Y	104 units/six months	MHCP Provider Manual: Mental Health Services: DBT
DBT	H2019	U1 HA	PMP, MNCare, SNBC	12 to 17	Y	4498	Auth Required AFTER Benefit Limit	4498	Y	104 units/six months	MHCP Provider Manual: Mental Health Services: DBT
DBT	H2019	U1 HN	All	18 & Older	Y	4498	Auth Required AFTER Benefit Limit	4498	Y	104 units/six months	MHCP Provider Manual: Mental Health Services: DBT
DBT	H2019	U1 HN HA	PMP, MNCare, SNBC	12 to 17	Y	4498	Auth Required AFTER Benefit Limit	4498	Y	104 units/six months	MHCP Provider Manual: Mental Health Services: DBT

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DBT	H2019	U1 HQ	All	18 & Older	Y	4498	Auth Required AFTER Benefit Limit	4498	Y	312 units/six months	MHCP Provider Manual: Mental Health Services: DBT
DBT	H2019	U1 HQ HA	PMAP, MNCare, SNBC	12 to 17	Y	4498	Auth Required AFTER Benefit Limit	4498	Y	312 units/six months	MHCP Provider Manual: Mental Health Services: DBT
DBT	H2019	U1 HQ HN	All	18 & Older	Y	4498	Auth Required AFTER Benefit Limit	4498	Y	312 units/six months	MHCP Provider Manual: Mental Health Services: DBT
DBT	H2019	U1 HQ HN HA	PMAP, MNCare, SNBC	12 to 17	Y	4498	Auth Required AFTER Benefit Limit	4498	Y	312 units/six months	MHCP Provider Manual: Mental Health Services: DBT
EIDBI	97151	UB	PMAP, MNCare, SNBC	21 & under	N	N/A	Auth Required & Benefit Limit	4894	Y	80 units/calendar year, 8 hours per day, multiple providers may bill at the same time	MHCP Provider Manual: Mental Health Services: EIDBI
EIDBI	97153	UB	PMAP, MNCare, SNBC	21 & under	N	N/A	Auth Required & Benefit Limit	4894	Y	8 hours per day	MHCP Provider Manual: Mental Health Services: EIDBI
EIDBI	97154	UB	PMAP, MNCare, SNBC	21 & under	N	N/A	Auth Required & Benefit Limit	4894	Y	4.5 hours per day, up to 8 people in a group	MHCP Provider Manual: Mental Health Services: EIDBI
EIDBI	97155	UB	PMAP, MNCare, SNBC	21 & under	N	N/A	Auth Required & Benefit Limit	4894	Y	6 hours per day	MHCP Provider Manual: Mental Health Services: EIDBI
EIDBI	97156	UB	PMAP, MNCare, SNBC	21 & under	N	N/A	Auth Required & Benefit Limit	4894	Y	4 hours per day, multiple providers may bill at the same time	MHCP Provider Manual: Mental Health Services: EIDBI
EIDBI	97157	UB	PMAP, MNCare, SNBC	21 & under	N	N/A	Auth Required & Benefit Limit	4894	Y	4 hours per day, multiple providers may bill at the same time, up to 8 people or couples of caregivers in a group	MHCP Provider Manual: Mental Health Services: EIDBI
EIDBI	H0046	UB	PMAP, MNCare, SNBC	21 & under	N	N/A	Auth Required & Benefit Limit	4894	Y	None	MHCP Provider Manual: Mental Health Services: EIDBI
EIDBI	H0032	UB	PMAP, MNCare, SNBC	21 & under	N	N/A	Auth Required & Benefit Limit	4894	Y	May be billed as clinically necessary, multiple providers may bill at the same time	MHCP Provider Manual: Mental Health Services: EIDBI
EIDBI	T1024	UB	PMAP, MNCare, SNBC	21 & under	N	N/A	Auth Required & Benefit Limit	4894	Y	May be billed as clinically necessary, multiple providers may bill at the same time	MHCP Provider Manual: Mental Health Services: EIDBI
EIDBI	0373T	UB	PMAP, MNCare, SNBC	21 & under	N	N/A	Auth Required & Benefit Limit	4894	Y	8 hours per day	MHCP Provider Manual: Mental Health Services: EIDBI
Healthy Pathways	G9006	U1	All	17 & older	Y	Healthy Pathway	Auth Required & Benefit Limit	N/A	Y	3 months	7187.pdf
Healthy Pathways	G9006	U2	All	17 & older	Y	Healthy Pathway	Auth Required & Benefit Limit	N/A	Y	3 months	7187.pdf
Healthy Pathways	G9006	U3	All	17 & older	Y	Healthy Pathway	Auth Required & Benefit Limit	N/A	Y	3 months	7187.pdf
Healthy Pathways	G9006	U4	All	17 & older	Y	Healthy Pathway	Auth Required & Benefit Limit	N/A	Y	6 months	7187.pdf

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Healthy Pathways	G9006		All	17 & older	Y	Healthy Pathway	Auth Required	N/A	Y	None	7187.pdf
IRTS	H0019		All	18 & over	Y	4398	Auth Required AFTER Benefit Limit	4381	Y	90 days, readmission within 15 days of a previous discharge counts toward 90-day limit, Request authorization for more than 90 days	MHCP Provider Manual: Mental Health Services: IRTS
CMHRIS	H0019		PMP, MNCare, SNBC	18 & under	Y	4398	Auth Required AFTER Benefit Limit	4381	Y	45 days, request authorization for more than 45 days, authorizations provided in 30 day increments after the initial 45 day auth	MHCP Provider Manual: Mental Health Services: CMHRIS
PHP	H0035		All	18 & over	Y	4398	Auth Required AFTER Benefit Limit	4381	Y	21 days/stay or readmission within 45 days	MHCP Provider Manual: Mental Health Services: Partial Hospitalization
PHP	H0035	UA	PMP, MNCare, SNBC	18 & under	Y	4398	Auth Required AFTER Benefit Limit	4381	Y	21 days/stay or readmission within 45 days	MHCP Provider Manual: Mental Health Services: Partial Hospitalization
PRTF	R0101		PMP, MNCare, SNBC	20 & under	N	N/A	Auth Required AFTER Benefit Limit	4398	Y	90 days/stay	MHCP Provider Manual: Mental Health Services: PRTF (Psychiatric Residential Treatment Facility)
SUD: Res Treatment	H2036		All	All	Y	4505	No Auth Required	N/A	N	Notification required within the 5 state area, authorization required for programs outside the 5 state area	Substance Use Disorder (SUD) Services
SUD: Res Treatment	R0944		All	All	Y	4505	No Auth Required	N/A	N	Notification required within the 5 state area, authorization required for programs outside the 5 state area	Substance Use Disorder (SUD) Services
SUD: Res Treatment	R0945		All	All	Y	4505	No Auth Required	N/A	N	Notification required within the 5 state area, authorization required for programs outside the 5 state area	Substance Use Disorder (SUD) Services
SUD: Res Treatment	R0943		All	All	Y	4505	No Auth Required	N/A	N	Notification required within the 5 state area, authorization required for programs outside the 5 state area	Substance Use Disorder (SUD) Services
SUD: OON Outpatient	H2035		All	All	Y	5991	Auth Required AFTER Benefit Limit	5991	Y	Services provided outside of MN require an auth	Substance Use Disorder (SUD) Services
SUD: OON Outpatient	H2035	HQ	All	All	Y	5991	Auth Required AFTER Benefit Limit	5991	Y	Services provided outside of MN require an auth	Substance Use Disorder (SUD) Services