

Service Authorization Packages

GHS Intake Initial Authorization			
Type	Service	Code	Qty:
PCP Development (initial 30 day referral)	Non-Physician Assessment	90791	1
	Targeted Case Management	T1017	2

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)	Targeted Case Management	T1017	30	30
	Peer Services	H0038	15	15

Adult DD - Initial Service Authorization Package				
Type	Service	Code	Qty: LOC 1 & 2	Qty: LOC 3 & 4
PCP Development (initial 30 day referral)	Targeted Case Management	T1017	30	30
	Peer Services	H0038	15	15

Adult MI-COD LOC 5-ACT Only - Initial Service Authorization Package			
Type	Service	Code	Qty:
PCP Development (initial 30 day referral)	ACT	H0039	60

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

Service Authorization Packages

Children SED-COD – Initial Service Authorization Package				
Type	Service	Code	Qty: LOC 1 & 2	Qty: LOC 3 & 4
PCP Development (initial 30 day referral)	Targeted Case Management	T1017	30	30

Children DD - Initial Service Authorization Package				
Type	Service	Code	Qty: LOC 1 & 2	Qty: LOC 3 & 4
PCP Development (initial 30 day referral)	Targeted Case Management	T1017	30	30

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	9079X	1	
	Evaluation & Management (E&M)	992XX	2	
	Evaluation & Management Home Visit	993XX	1	
	Nursing Assessment	T1001	1	

Autism Initial Authorization Service Authorization Package			
Type	Service	Code	Qty:
1 Month Service Package	Behavioral Assessment	97151-U5	32

Autism Service Authorization Package 10/1/2021				
Type	Service	Code	Units/Frequency	Qty:
6 Month Service Package; amounts and code are required to be updated by requestor to match ABA Treatment Plan	Behavioral Assessment	97151	32 Per Auth	32
	ABA Adaptive Behavior Treatment	97153	160 Per Week	4,160
	ABA Group Adaptive Behavior Treatment	97154	40 Per Week	1,560
	ABA Clinical Observation	97155	16 Per Week	580
	Family Training	97156	32 Per Auth	768
	Multiple Family Training	97157	32 Per Auth	768

Service Authorization Packages

Medication Clinic- Initial Service Authorization Package			
Type	Service	Code	Qty:
PCP Development (initial 30 day referral)	Psychiatric Evaluation	9079X	1
	Psychiatric Evaluation Telepsychiatry	9079X-GT	1
	Evaluation & Management (E&M)	992XX	2
	Evaluation & Management (E&M)-Telepsychiatry	992XX-GT	1
	Evaluation & Management Home Visit	993XX	1
	Nursing	T1001	1
	Injection IM (office)	96372	3

Medication Clinic- One Year Authorization Package			
Type	Service	Code	Qty:
One Year authorization package; other service codes are available (see benefit plan)	Psychiatric Evaluation	9079X	3
	Evaluation & Management (E&M)	992XX	9
	Evaluation & Management Home Visit	993XX	6
	RN Assessment	T1001	3
	Injection IM (office)	96372	36

Genoa Medication Assistance Program - Initial Service Authorization Package				
Type	Service	Code	Units/Frequncy	Qty:
PCP Development (initial 30 day referral)	Treatment Plan Development	H0032	1 Per Auth	1
	Community Living Supports	H2015	2 Per Day	62

CMH-Consultant-LLP, OT, PT, RD, SLP- Initial Service Authorization Package			
Type	Service	Code	Qty:
PCP Development (initial 30 day referral)	Behavior Assessment	97151	32
	OT Therapy Bundle	970TX	1
	Psychological Testing	96130	1
	PT Therapy Bundle	97PTX	1
	Speech and Language Eval.	92506	1
	Medical Nutrition Therapy, Initial Assessment	97802	6
	Nutritional Counseling, Dietician Visit	S9470	1
	Treatment Planning	H0032	6

Service Authorization Packages

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
	Treatment Planning	H0032	2

Day Program (SB/SE) - Initial Service Authorization Package			
Type	Service	Code	Qty:
PCP Development (initial 30 day referral)	Treatment Planning	H0032	1

DBT- Initial (Adult/Adolescent)			
Type	Service	Code	Qty:
PCP Development (initial 30 day referral)	Peer Directed Services	H0038	16
	DBT-Individual/Group Therapy	H2019	64
	Treatment Planning	H0032	1
	Individual Therapy	9083X	4

DBT (Adult)-Ongoing			
Type	Service	Code	Qty:
1 Year Service Package (after treatment plan development)	DBT-Individual/Group Therapy	H2019	720
	Peer Directed Services	H0038	416
	Treatment Planning	H0032	1

DBT (Adolescent)-Ongoing			
Type	Service	Code	Qty:
6 Months Service Package (after treatment plan development)	DBT-Individual/Group Therapy	H2019	384
	Multi-Family Therapy	90846-Y4	53
	Treatment Planning	H0032	1

DBT-Aftercare 1 Year Service Package				
Type	Service	Code	Units/Frequency	Qty:
1 Year Service Package (for DBT graduates)	DBT-Individual/Group Therapy	H2019	26 Per Month	144

Service Authorization Packages

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

Family Psychoeducation (FPE) Service Authorization Package			
Type	Service	Code	Qty:
1 Year Service Package	Family Educational Groups	G0177	24
	Skills Workshop	S5110	32
	Joining	T1015	6

Wellness Recovery Action Plan (WRAP) Service Authorization Package			
Type	Service	Code	Qty:
6 Month Service Package	Peer Services-WRAP	H0038	72
	ACT-WRAP	H0039	72

WHAM (whole health assessment management) Service Authorization Package			
Type	Service	Code	Qty:
6 Month Service Package	Peer Services	H0038	88