|  |  |  |  |
| --- | --- | --- | --- |
| **GHS Intake Initial Authorization** | | | |
| **Type** | **Service** | **Code** | **Qty:** |
| PCP Development (initial 30 day referral) | Non-Physician Assessment | H0031 | 1 |
| Supports Coordination | T1016 | 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) | Treatment Planning | H0032 | 2 | 2 |
| Supports Coordination | T1016 | 30 | 0 |
| Targeted Case Management | T1017 | 0 | 30 |
| Assessment non-physician | H0031 | 2 | 2 |
| Peer Services | H0038 | 15 | 15 |
| Individual Therapy | 9083X | 3 | 0 |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Adult DD - Initial Service Authorization Package** | | | | |
| **Type** | **Service** | **Code** | **Qty: LOC 1 & 2** | **Qty: LOC 3 & 4** |
| PCP Development (initial 30 day referral) | Occupational Therapy Eval. | 97OTX (97165-97168) | 1 | 1 |
| Physical Therapy Eval. | 97PTX (97161-97164) | 1 | 1 |
| Psychological Testing | 96130 | 4 | 4 |
| Speech & Language Eval | 92506 | 1 | 1 |
| Supports Coordination | T1016 | 30 | 0 |
| Targeted Case Management | T1017 | 0 | 30 |
| Assessment non-physician | H0031 | 2 | 2 |
| Treatment Planning | H0032 | 2 | 2 |
| Peer Services | H0038 | 15 | 15 |
| Nursing Assessment | T1001 | 1 | 1 |

|  |  |  |  |
| --- | --- | --- | --- |
| **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 |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Children SED-COD – Initial Service Authorization Package** | | | | |
| **Type** | **Service** | **Code** | **Qty: LOC 1 & 2** | **Qty: LOC 3 & 4** |
| PCP Development (initial 30 day referral) | Treatment Planning | H0032 | 2 | 2 |
| Supports Coordination | T1016 | 30 | 0 |
| Targeted Case Management | T1017 | 0 | 30 |
| Assessment non-physician | H0031 | 2 | 2 |
| Individual Therapy | 9083X | 3 | 3 |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Children DD - Initial Service Authorization Package** | | | | |
| **Type** | **Service** | **Code** | **Qty: LOC 1 & 2** | **Qty: LOC 3 & 4** |
| PCP Development (initial 30 day referral) | Treatment Planning | H0032 | 2 | 2 |
| Supports Coordination | T1016 | 30 | 0 |
| Targeted Case Management | T1017 | 0 | 30 |
| Assessment non-physician | H0031 | 2 | 2 |
| Psychological Testing | 96101 | 4 | 4 |

|  |  |  |  |
| --- | --- | --- | --- |
| **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 | 16 |

|  |  |  |  |
| --- | --- | --- | --- |
| **Autism Service Authorization Package 2019** | | | |
| **Type** | **Service** | **Code** | **Qty:** |
| 6 Month Service Package; amounts and code are required to be updated by requestor to match ABA Treatment Plan | Behavioral Assessment | 97151-U5 | 16 |
| ABA Adaptive Behavior Treatment | 97153-U5 | 4,160 |
| ABA Group Adaptive Behavior Treatment | 97154-U5 | 1,560 |
| ABA Clinical Observation | 97155-U5 | 432 |
| Family Training | 97156-U5 | 24 |
| Multiple Family Training | 0371T-U5 | 6 |

|  |  |  |  |
| --- | --- | --- | --- |
| **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)-Telepsychiatrty | 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 |
| Non-Physician Assessment | H0031 | 2 |

|  |  |  |  |
| --- | --- | --- | --- |
| **Genoa Medication Assistance Program - Initial Service Authorization Package** | | | |
| **Type** | **Service** | **Code** | **Qty:** |
| PCP Development (initial 30 day referral) | Mental Health Assessment | H0031 | 1 |
| Treatment Plan Development | H0032 | 1 |
| Community Living Supports | H2015 | 62 |

|  |  |  |  |
| --- | --- | --- | --- |
| **CMH-Consultant-LLP, OT, PT, RD, SLP- Initial Service Authorization Package** | | | |
| **Type** | **Service** | **Code** | **Qty:** |
| PCP Development (initial 30 day referral) | Non-Physician Assessment | H0031 | 3 |
| 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 |

|  |  |  |  |
| --- | --- | --- | --- |
| **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 |
| Non-Physician Assessment | H0031 | 1 |
| Treatment Planning | H0032 | 2 |

|  |  |  |  |
| --- | --- | --- | --- |
| **Day Program - Initial Service Authorization Package** | | | |
| **Type** | **Service** | **Code** | **Qty:** |
| PCP Development (initial 30 day referral) | Treatment Planning | H0032 | 2 |
| Skill Building | H201X-XT | 440 |
| RN Services | T1002 | 4 |

|  |  |  |  |
| --- | --- | --- | --- |
| **DBT- Initial (Adult/Adolescent)** | | | |
| **Type** | **Service** | **Code** | **Qty:** |
| PCP Development (initial 30 day referral) | Mental Health Assessment (Psychosocial Assessment) | H0031 | 1 |
| Peer Directed Services | H0038 | 16 |
| DBT-Individual Therapy | H2019 | 24 |
| DBT-Skills Training | H2019TT | 40 |
| 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 Therapy | H2019 | 240 |
| DBT-Skills Training | H2019TT | 480 |
| 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 Therapy | H2019 | 144 |
| DBT-Skills Training | H2019TT | 240 |
| Multi-Family Therapy | 90849 | 53 |
| Treatment Planning | H0032 | 1 |

|  |  |  |  |
| --- | --- | --- | --- |
| **DBT-Aftercare 1 Year Service Package** | | | |
| **Type** | **Service** | **Code** | **Qty:** |
| 1 Year Service Package (for DBT graduates) | DBT-Individual Therapy | H2019 | 24 |
| DBT-Skills Training | H2019TT | 120 |

|  |  |  |  |
| --- | --- | --- | --- |
| **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-TG | 72 |
| ACT-WRAP | H0039-TG | 72 |

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