

Initial Units Authorized - Mental Health

As of 7/1/17

SERVICE TYPE	CPT CODE/UNIT INFORMATION	CENPATICO Fax 1-866-694-3649 Phone 1-866-896-7293	AMERIGROUP Fax 1-800-505-1193 Phone 1-800-454-3730 ANNUAL LIMITS. RESET EACH CALENDAR YEAR. NEED OTR IF EXCEED UNITS LISTED.	UNITED Fax 1-855-268-9392 Phone 1-855-802-7095
Psychiatric Diagnostic Interview – No Medical Services	CPT Code – 90791 Unit = Visit Maximum 1 unit per day	1 session within 6 rolling months	5 sessions	5 sessions
Psychiatric Diagnostic Interview – With Medical Services	CPT Code – 90792 Unit = Visit Maximum 1 unit per day	1 session within 6 rolling months	Included in Psychiatric Diagnostic Interview – No Medical Services	5 sessions
Admission Evaluation	Not applicable	Refer to Psychiatric Diagnostic Interview	Refer to Psychiatric Diagnostic Interview	Refer to Psychiatric Diagnostic Interview
Outpatient Individual Psychotherapy	CPT Codes – 90832, 90834, & 90837 Unit = Visit Maximum 1 unit of 90832, 90833, 90834, 90836, 90837, or 90838 per day	Unlimited benefit	Unlimited benefit	Unlimited benefit
Outpatient Individual Psychotherapy with Medical Management (Add on Services)	CPT Codes – 90833, 90836, & 90838 Unit = Visit Maximum 1 unit of 90832, 90833, 90834, 90836, 90837, or 90838 per day	Unlimited benefit	Unlimited benefit	Unlimited benefit
Family Psychotherapy	CPT Code – 90847 Unit = Visit Maximum 1 unit per day	Unlimited benefit	Unlimited benefit	Unlimited benefit
Family Psychotherapy in the Home	CPT Code – 90847 HK Unit = equal to or less than 90 minutes Maximum 1 unit per day	Unlimited benefit	Unlimited benefit	Unlimited benefit
Group Psychotherapy	CPT Code – 90853 Unit = Visit Maximum 1 unit per day	Unlimited benefit	Unlimited benefit	Unlimited benefit

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Psychological Testing & Neuropsychological Testing Requires completion of a separate OTR (i.e., KanCare Psychological & Neuropsychological Testing Request Form)	CPT Codes - 96101, 96102, 96103, 96118, 96119, & 96120 Unit = Hour (With exception of 96120 Unit = Visit) Maximum 6 units per day	Prior authorization required	6 hours	6 hours OTR is needed if provider is billing more than 6 hours on the same day
Office Visits/Medication Management – New Patient	CPT Codes – 99201, 99202, 99203, 99204, & 99205 Unit = Visit Maximum 1 unit 99XXX code per day	Unlimited benefit	Unlimited benefit	Unlimited benefit
Office Visits/Medication Management – Existing Patient	CPT Codes – 99211, 99212, 99213, 99214, & 99215 Unit = Visit Maximum 1 unit 99XXX code per day	Unlimited benefit	Unlimited benefit	Unlimited benefit
Inpatient or Nursing Facility Care Consultation	CPT Codes – 99221, 99223, 99231, 99233, 99238, 99239, 99304, 99305, 99306, 99307, 99308, 99309, & 99310 Unit = Visit Maximum 1 unit 99XXX code per day	Unlimited benefit	Unlimited benefit	Unlimited benefit
CPST	CPT Code – H0036 Unit = 15 minutes	192 units (48 hours) per calendar year	144 units (36 hours)	Unlimited benefit managed through outlier management
Peer Support	CPT Code – H0038 Unit = 15 minutes	No prior authorization required	Unlimited benefit	Unlimited benefit

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Crisis Intervention	CPT Code – H2011 Unit = 15 minutes Maximum 96 units per day	No prior authorization required (State policy change)	Unlimited benefit Re-evaluation by QMHP every 72 hours must be documented though Amerigroup does NOT need to be notified.	Re-evaluation by QMHP every 72 hours United will review all Crisis Services to ensure a H2011 HO (i.e., re-evaluation by a QMHP) was completed after 72 hours
Psychosocial Rehabilitation Individual/Group – Child/Adult	CPT Code – H2017 Unit = 15 minutes	192 units (48 hours) per calendar year	Effective with dates of service 2/15/16 and after, authorization is no longer required for PRS services (H2017 and H2017 HQ)	Unlimited benefit managed through outlier management
TCM	CPT Code – T1017 Unit = 15 minutes	240 units (60 hours) per calendar year	240 units (60 hours)	Unlimited benefit managed through outlier management
Case Conference	CPT Codes – 99366, 99367, & 99368 Unit = Visit Maximum 1 unit per day	No prior authorization required	Unlimited benefit	Unlimited benefit managed through outlier management
Attendant Care 1915 (b) 3	CPT Code – T1019 Unit = 15 minutes	200 units (50 hours) per calendar year	Unlimited benefit	Unlimited benefit managed through outlier management

Initial Units Authorized - Substance Use Disorders

SERVICE TYPE	CENPATICO	AMERIGROUP	UNITED●
Assessment/Referral Maximum 1 unit per day	No prior authorization required	Not listed	Listed under Auxiliary Services (State Plan) though limit not identified
Individual Counseling Maximum 9 hours per rolling 7 days	240 units over 6 months COMBINED WITH GROUP COUNSELING	60 hours over 6 months INCLUDES ALL LEVEL 1	60 hours over 6 months INCLUDES ALL LEVEL 1
Group Counseling Maximum 9 hours per rolling 7 days	240 units over 6 months COMBINED WITH INDIVIDUAL COUNSELING	60 hours over 6 months INCLUDES ALL LEVEL 1	60 hours over 6 months INCLUDES ALL LEVEL 1
Case Management	Authorization required Number of units initially authorized not specified "Unlimited benefit" noted	Unlimited benefit	Unlimited benefit
Crisis Intervention	288 units (72 hours) per episode Awaiting definition of an episode.	Unlimited benefit	60 hours over 6 months
Intensive Outpatient Program (IOP) Maximum 1 unit per day	45 days over 15 weeks	45 days over 15 weeks	45 days over 15 weeks
Intermediate (Short Term Residential) Maximum 1 unit per day	14 days	14 days	14 days
Reintegration (Long Term Residential) Maximum 1 unit per day	30 days	30 days	30 days
Peer Support	1000 units (250 hours)	Unlimited benefit	1000 units (250 hours)
Social Detox	Not covered	Not covered	Not covered
Residential Acute Detox	Acute detoxification 5 days	Level 3.7D – To Be Determined	Level 3.7D – Pending State Guidelines

●Prior authorization must be obtained for services other than Level 1, Level 2, Level 3.1, Level 3.3/5 & Level 3.7D.