

**Behavioral Health Covered Services & Authorization Guidelines  
Ohio Covered Families and Children (CFC), Age Blind and Disabled (ABD) and Ohio MyCare Medicare/Medicaid Program (MMP)**

Please refer to your Provider Agreement with Cenpatico to identify additional services you are contracted and eligible to provide. Non-participating providers (those that are not contracted and credentialed with Cenpatico) require prior authorization, unless otherwise noted.

<b>Acute Care &amp; Outpatient Facility Services</b>				
<b>Service Description</b>	<b>Billable Provider Type(s)</b>	<b>Billing Codes</b>	<b>Allowed Locations</b>	<b>Auth Required</b>
<b>Inpatient - Crisis</b> Limited to 1 per day	Facility	100	21, 51, 55, 56	Yes
<b>Inpatient - Behavioral Health</b> Limited to 1 per day	Facility	101, 110, 114, 124, 134, 144, 154	21, 51, 55, 56	Yes
<b>Inpatient – Substance Use Disorder</b> Limited to 1 per day	Facility	116, 126, 136, 146, 156	21, 51, 55, 56	Yes
<b>Inpatient – Eating Disorder</b> Limited to 1 per day Must be billed with an eating disorder diagnosis as define by current ICD.	Facility	120, 130, 140, 150	21, 55, 56	Yes
<b>Inpatient or Outpatient ECT</b> Limited to 1 per day	Facility	901	21, 22, 51, 52, 56, 57	Yes
<b>Intensive Out Patient Services Reimbursed under Medicare payment rules only; Not covered by Medicaid</b>	Facility	905, 906	22, 52, L	Yes
<b>Day Treatment Reimbursed under Medicare payment rules only; Not covered by Medicaid</b>	Facility	907	22, 52,	Yes
<b>Partial Hospitalization Program (PHP)- Behavioral Health/Substance Use Disorder</b> Limited to 1 per day. <b>Reimbursed under Medicare payment rules only; Not covered by Medicaid</b>	Facility	912, 913	22, 50, 52, 53, 57	Yes
<b>Outpatient Observation</b> No Limit	Facility	760, 761, 762, 769	22, 52,	No
<b>Discharge Follow-Up</b> Limited to 1 per day	Facility	513	21, 22, 51, 52	No
<b>Anesthesia for ECT</b> Limited to 4 per day	Facility	370, 379, 00104	21, 22, 51, 52, 55, 56, 57	No

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<b>Professional Behavioral Health Services</b>					
Medication management provided at FQHC does not require prior auth.					
Service Description	Billable Provider Type(s)	Billing Codes	Add-On Code	Allowed Locations	Auth Required
<b>Psychiatric diagnostic evaluation</b> Limited to 1 per day	MD, PA, PhD, CNP, CNS, LMFT, LISW, LPC	90791	with or without: 90785	03, 04, 11, 12, 20, 21, 22, 23, 31, 32, 49, 50, 51, 52, 55, 56, 57, 71, 72, 99	No
<b>Diagnostic evaluation, interactive</b> Limited to 1 per day	MD, PA, PhD, CNP, CNS, LMFT, LISW, LPC	90792	with or without: 90785	03, 04, 11, 12, 20, 21, 22, 23, 31, 32, 49, 50, 51, 52, 55, 56, 57, 71, 72, 99	No

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Service Description	Billable Provider Type(s)	Billing Codes	Add-On Code	Allowed Locations	Auth Required
<b>Individual psychotherapy</b> Limited to 1 per day	MD, PA, PhD, CNP, CNS, LMFT, LISW, LPC	90832, 90834, 90837	with or without: 90785	03, 04, 11, 12, 20, 21, 22, 23, 31, 32, 49, 50, 51, 52, 55, 56, 57, 71, 72, 99	No
<b>Family Therapy</b> Limited to 1 per day	MD, PA, PhD, CNP, CNS, LMFT, LISW, LPC	90845, 90846, 90847, 90849		03, 04, 11, 12, 20, 21, 22, 23, 31, 32, 49, 50, 51, 52, 55, 56, 57, 71, 72, 99	No
<b>Individual psychotherapy with medication management</b> Limited to 1 per day	MD, PA, CNP	99201-99205 99211-99215	with or without: 90833/90785 90836/90785 90838/90785	03, 04, 11, 12, 20, 21, 22, 23, 31, 32, 49, 50, 51, 52, 55, 56, 57, 71, 72, 99	No
<b>Group Psychotherapy</b> Limited to 1 per day	MD, PA, PhD, CNP, CNS, LMFT, LISW, LPC	90853	with or without: 90785	03, 04, 11, 12, 20, 21, 22, 23, 31, 32, 49, 50, 51, 52, 55, 56, 57, 71, 72, 99	No
<b>Pharmacological Management</b> List separately in addition to the primary procedure for psychotherapy Limited to 1 per day	MD, PA, PhD, CNP, CNS, LMFT, LISW, LPC	90863		03, 04, 11, 12, 20, 21, 22, 23, 31, 32, 49, 50, 51, 52, 55, 56, 57, 71, 72, 99	No

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<b>Therapeutic Repetitive Transcranial Magnetic Stimulation Treatment</b> Limited to 1 per day for 90867, No limit for 90868	MD, PA, PhD, CNP, CNS, LMFT, LISW, LPC	90867, 90868		11, 20, 21, 22, 23, 31, 32, 49, 50, 51, 52, 56, 71, 72, 99	Yes
<b>Unlisted Psychiatric Service</b>	MD, PA, PhD, CNP, CNS, LMFT, LISW, LPC	90899		03, 04, 11, 12, 20, 21, 22, 23, 31, 32, 49, 50, 51, 52, 55, 56, 57, 71, 72, 99	Yes
<b>Electroconvulsive (ECT) Therapy</b> <b>No Limits</b>	MD	90870		21, 22	Yes
<b>Psych Testing, Aphasia Assessment</b> Per Hour = 1 unit <b>Unlimited, medical necessity</b>	MD, PhD	96101, 96105		03, 04, 11, 12, 20, 31, 32, 49, 50, 51, 52, 55, 56, 57, 71, 72, 99	Yes
<b>Developmental Screening/Testing</b> Per visit = 1 unit <b>Unlimited, medical necessity</b>	MD, PhD	96110, 96111		03, 04, 11, 12, 20, 31, 32, 49, 50, 51, 52, 55, 56, 57, 71, 72, 99	Yes
<b>Neurobehavioral Status Exam / Neuropsychological Testing</b> Per Hour = 1 unit <b>Unlimited, medical necessity</b>	MD, PhD	96116, 96118		03, 04, 11, 12, 20, 31, 32, 49, 50, 51, 52, 55, 56, 57, 71, 72, 99	Yes
<b>Emergency Office Visit</b> <b>No Limit - Bundled procedure with no separate payment</b>	MD, PA, CNP	99058		03, 04, 11, 12, 20, 22, 49, 50, 52, 71, 72, 99	No
<b>Emergency Department Services</b> <b>Limited to 1 per day</b>	MD	99281-99285		23	No
<b>Initial Observation Care</b> <b>Limited to 1 per day</b>	MD, PA, CNP	99217-99220		21, 22, 23, 51, 52, 53, 57	No
<b>Initial Facility Care</b> <b>Limited to 1 per day</b>	MD, PA, CNP	99221-99223		21, 51, 55, 56, 57	No

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<b>Service Description</b>	<b>Billable Provider Type(s)</b>	<b>Billing Codes</b>	<b>Add-On Code</b>	<b>Allowed Locations</b>	<b>Auth Required</b>
<b>Subsequent Facility Care</b> Limited to 1 per day	MD, PA, CNP	99231-99236		21, 51, 55, 56, 57	No
<b>Facility Discharge Management</b> Limited to 1 per day	MD, PA, CNP	99238, 99239		21, 51, 55, 56, 57	No
<b>Office Consults</b> Limited to 1 per day	MD, PA, CNP	99241-99245		03, 04, 11, 12, 20, 22, 23, 49, 50, 52, 53, 57, 71, 72, 99	No
<b>Inpatient Consults</b> Limited to 1 per day	MD, PA, CNP	99251-99255		21, 51, 55, 56, 57	No
<b>Initial Nursing Facility – Coordination of Care Counseling</b> Limited to 1 per day	MD	99304-99306		31, 32	No
<b>Subsequent Nursing Facility - Coordination of Care Counseling</b> Limited to 1 per day	MD	99307-99310		31, 32	No
<b>Home Visit</b> Limited to 1 per day	MD, PA, CNP	99341-99350		12, 31, 32	No
<b>Therapeutic, Prophylactic or Diagnostic Injection</b> No Limit	MD, PA, CNP	96372		All Locations	No
<b>Telepsychiatry Originating Site Fee</b> See note 1	MD/DO Office, Local Health Department, Community Mental Health Center, Federally Qualified Health Center, Outpatient Hospital	Q3014		11, 22, 23, 50, 53, 72	No

Telepsychiatry Distant Site providers must be a medical doctor, doctor of osteopathic medicine, a licensed psychologist, or a federally qualified health center. The Originating Site is the location where the member receiving the telepsychiatry service is located. The Distant Site is the site where the provider rendering the telehealth service is located and must be billed with the GT Modifier.

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<b>COMMUNITY MENTAL HEALTH SERVICES</b> <b>Medicare Certified Provider types - Only Covered for MyCare Members</b> <i>(Services billable to Medicare)</i>					
Service Description	Billable Provider Type(s)	Billing Codes	Add-on Code	Allowed Locations	Auth Required
<b>Mental Health Assessment</b> Per visit = 1 unit No limits	MD	90792	with or without: 90785	All except 51 and 09	No
<b>New patient Evaluation/Management</b> Per visit = 1 unit No limits	MD	99204, 99205	with or without: 90833/90785 90836/90785 90838/90785	All except 51 and 09	No
<b>Established patient Evaluation/Management</b> 1 Per visit = 1 unit No limits	MD	99213, 99214, 99215	with or without: 90833/90785 90836/90785 90838/90785	All except 51 and 09	No
<b>Mental Health Assessment</b> 1 Per visit = 1 unit No limits	PhD, CNP, CNS, LMFT, LISW	90791	with or without: 90785	All except 51 and 09	No
<b>Behavioral Health Counseling- Individual Psychotherapy</b> Per Visit = 1 Unit No Limit	PhD, CNP, CNS, LMFT, LISW	90832, 90834, 90837	with or without: 90785	All except 51 and 09	No
<b>Behavioral Health Counseling – Group</b> Per Visit = 1 Unit No Limit	PhD, CNP, CNS, LMFT, LISW	90853	with or without: 90785	All except 51 and 09	No
<b>Crisis Intervention psychotherapy</b> 60 min = 1 unit No limits	PhD, CNP, CNS, LMFT, LISW	90839		All except 51 and 09	3 hours without prior auth
<b>Crisis Intervention psychotherapy</b> Each additional 30 min = 1 unit No limits	PhD, CNP, CNS, LMFT, LISW	90840		All except 51 and 09	3 hours without prior auth

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<b>COMMUNITY MENTAL HEALTH SERVICES</b>					
<b>Provider Type 84 - Only Covered for MyCare Members</b>					
<i>(When not billed to Medicare)</i>					
<b>Service Description</b>	<b>Billable Provider Type(s)</b>	<b>Billing Codes</b>	<b>Modifier(s) Required</b> Additional modifiers allowed as optional	<b>Allowed Locations</b>	<b>Auth Required</b>
<b>Psychiatric diagnostic interview</b> 1 unit = 1 hour, allowed to bill in six minute fractions (every 6 minutes = 0.1 unit) No limit	CMHC	90791	HE or GT	All except 51 and 09	No
<b>Mental Health Assessment</b> 1 unit = 1 hour, allowed to bill in six minute fractions (every 6 minutes = 0.1 unit) Limit of 2 hours per SFY-adults	CMHC	90792	HE or GT	All except 51 and 09	No
<b>Pharmacological Management</b> 1 unit = 1 hour, allowed to bill in six minute fractions (every 6 minutes = 0.1 unit) 24 hours per SFY - adults	CMHC	90863	HE, HQ, or GT	All except 51 and 09	No
<b>Behavioral Health Counseling- Individual</b> 1 unit = 15 minutes 52 hours per SFY – combined with group - adults	CMHC	H0004	HE or GT	All except 51 and 09	No
<b>Behavioral Health Counseling – Group</b> 1 unit = 15 minutes 52 hours per SFY – combined with Individual – adults	CMHC	H0004	HQ	All except 51 and 09	No
<b>Mental Health Assessment</b> 1 unit = 1 hour, allowed to bill in six minute fractions (every 6 minutes = 0.1 unit) 4 hours per SFY - adults	CMHC	H0031	HE or GT	All except 51 and 09	No
<b>Community Psychiatric Support Treatment (CPST) - Individual</b> 1 unit = 15 minutes	CMHC	H0036*	HE or GT	All except 51 and 09	104 hours w/out prior auth
<b>Community Psychiatric Support Treatment (CPST) - Group</b> 1 unit = 15 minutes	CMHC	H0036	HQ	All except 51 and 09	104 hours w/out prior auth

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<b>Provider Type 84 - Only Covered for MyCare Members</b>					
<i>(When not billed to Medicare)</i>					
<b>Service Description</b>	<b>Billable Provider Type(s)</b>	<b>Billing Codes</b>	<b>Modifier(s) Required</b> Additional modifiers allowed as optional	<b>Allowed Locations</b>	<b>Auth Required</b>
<b>Partial Hospitalization</b> 1 unit = 1 day Limited to 1 unit per day for ages 21 +. Under age 21 may bill 2 units per day.	CMHC	S0201	HE	All except 51 and 09	Yes
<b>Medical Home Program, Comprehensive Care Coordination and Planning, Maintenance of Plan</b> 1 unit = 1 calendar month Limited to 1 unit per calendar month	CMHC	S0281		All except 51 and 09	No
<b>Crisis Intervention</b> 1 unit = 1 hour, allowed to bill in six minute fractions (every 6 minutes = 0.1 unit) No limits	CMHC	S9484	HE	All except 51 and 09	3 hours without prior auth

\*CPST service may include either contact between the mental health professional and the client, or an individual essential to the mental health treatment of the client. Optional additional modifier UK could be billed in addition to required modifier.

<b>COMMUNITY ALCOHOL AND OTHER DRUG TREATMENT SERVICES</b>					
<b>Provider Type 95 - Only Covered for MyCare Members</b>					
<b>Service Description</b>	<b>Billable Provider Type(s)</b>	<b>Billing Codes</b>	<b>Modifier(s) Required</b> Additional modifiers allowed as optional	<b>Allowed Locations</b>	<b>Auth Required</b>
<b>Ambulatory Detoxification</b> 1 unit = 1 day Limit of 1 per day	Community AoD Treatment Center	H0014	HA or HF	All exclude 21, 22, 23 and 51	No
<b>Assessment</b> 1 unit = 1 hour, allowed to bill in six minute fractions (every 6 minutes = 0.1 unit) No limits	Community AoD Treatment Center	H0001	HA or HF	All	No

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<b>Case management</b> 1 unit = 1 hour, allowed to bill in six minute fractions (every 6 minutes = 0.1 unit) No limits	Community AoD Treatment Center	H0006*	HA or HF	All	Yes
<b>Service Description</b>	<b>Billable Provider Type(s)</b>	<b>Billing Codes</b>	<b>Modifier(s) Required</b> Additional modifiers allowed as optional	<b>Allowed Locations</b>	<b>Auth Required</b>
<b>Crisis Intervention</b> 1 unit = 1 hour, allowed to bill in six minute fractions (every 6 minutes = 0.1 unit) No limits	Community AoD Treatment Center	H0007	HA or HF	All	3 hours without prior auth
<b>Individual Counseling</b> 1 unit = 15 minutes *Limit of 30 combined hours per week (Sun-Sat) - adult	Community AoD Treatment Center	H0004	HA or HF	All	No
<b>Group Counseling</b> 1 unit = 15 minutes *Limit of 30 combined hours per week (Sun-Sat) - adult	Community AoD Treatment Center	H0005	HA or HF	All	No
<b>Medical/Somatic Intervention</b> 1 unit = 1 hour, allowed to bill in six minute fractions (every 6 minutes = 0.1 unit) *Limit of 30 combined hours per week (Sun-Sat) - adult	Community AoD Treatment Center	H0016	HA or HF	All	No
<b>Intensive Outpatient</b> 1 unit = 1 day Limit of 1 per day	Community AoD Treatment Center	H0015	HA or HF	All exclude 21, 22, 23 and 51	Yes
<b>Laboratory Urinalysis</b> 1 unit = 1 screening No limits	Community AoD Treatment Center	H0003	HA or HF	All exclude 21, 22, 23 and 51	No
<b>Methadone Administration</b> 1 unit = 1 dose Limit of 1 unit per day	Community AoD Treatment Center	H0020	HA or HF	All exclude 21, 22, 23 and 51	No

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\*Case management services may include contact with a client or with individuals other than the client. Optional additional modifier UK could be billed in addition to required modifier.

Injectables				
Service Description	Billable Provider Type(s)	Billing Codes	Allowed Locations	Auth Required
<b>Lorazepam</b> 1 unit = 2 milligrams	CMHC, Physician, PA, CNP	J2060	All exclude 21, 22, 23 and 51	No
<b>Diazepam (Valium)</b> 1 unit = 1 milligram	CMHC, Physician, PA, CNP	J3360	All exclude 21, 22, 23 and 51	No
<b>Naltrexone (Vivitrol)</b> 1 unit = 1 milligram	AoD Treatment Center, Physician, PA, CNP	J2315	All exclude 21, 22, 23 and 51	No
<b>Generic Buprenorphine</b> 1 unit = 1 milligram	AoD Treatment Center, Physician, PA, CNP	J8499	All exclude 21, 22, 23 and 51	No
<b>Haloperidol Decanoate</b> 1 unit = 50 milligrams	CMHC, Physician, PA, CNP	J1631	All exclude 21, 22, 23 and 51	No
<b>Olanzapine Pamoate</b> 1 unit = 1 milligram	CMHC, Physician, PA, CNP	J2358	All exclude 21, 22, 23 and 51	No
<b>Risperidone</b> 1 unit = 1 milligram	CMHC, Physician, PA, CNP	J2794	All exclude 21, 22, 23 and 51	No
<b>Haloperidol Lactate</b> 1 unit = 1 milligram	CMHC, Physician, PA, CNP	J1630	All exclude 21, 22, 23 and 51	No
<b>Fluphenazine Decanoate</b> 1 unit = 25 milligrams	CMHC, Physician, PA, CNP	J2680	All exclude 21, 22, 23 and 51	No
<b>Paliperidone Palmitate</b> 1 unit = 1 milligram	CMHC, Physician, PA, CNP	J2426	All exclude 21, 22, 23 and 51	No
<b>Prescription Drug, Injection Non-Chemotherapeutic</b>	CMHC, Physician, PA, CNP	J3490	All exclude 21, 22, 23 and 51	No

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### Modifiers

99 – Multiple modifiers	HH – Integrated Mental Health/Substance Abuse Program	HO – Masters Degree Level
GT – Telecommunications	HI – Integrated Mental Health/Mental Retardation/Developmental Disabilities Program	HP – Doctoral Level
H9 – Court Ordered	HJ – Employee Assistance Program	HQ – Group setting
HA – Child/Adolescent Program	HK – Specialized Mental Health Program for High Risk Population	HR – Family/Couple with client present
HB – Adult Program, non-geriatric	HL – Intern	HT – Multi-Disciplinary Team
HC – Adult Program, Geriatric	HM – Less than Bachelor Degree Level	SC – Medically Necessary
HD – Pregnant/Parent Program	HN – Bachelors Degree Level	TJ – Program Group, child and/or adolescent
HE – Mental Health Program		TS – Follow-up Service
HF – Substance Abuse Program		UK – Services provided on behalf of the client to someone other than the
HG – Opioid Addiction Program		

### Common Place of Service Codes

03	SCHOOL	49	INDEPENDENT CLINIC
04	HOMELESS SHELTER	50	FEDERALLY QUALIFIED HEALTH CENTER
09	PRISON-CORRECTIONAL FACILITY	51	INPATIENT PSYCHIATRIC FACILITY
11	PROVIDER'S OFFICE	52	PSYCHIATRIC FACILITY – PARTIAL HOSPITALIZATION
12	HOME	53	COMMUNITY MENTAL HEALTH CENTER
20	URGENT CARE FACILITY	55	RESIDENTIAL SUBSTANCE ABUSE TREATMENT FAC
21	INPATIENT HOSPITAL	56	PSYCHIATRIC RESIDENTIAL TREATMENT CENTER
22	OUTPATIENT HOSPITAL	57	NON-RESIDENTIAL SUB. ABUSE TREATMENT FAC
23	EMERGENCY ROOM - HOSPITAL	72	RURAL HEALTH CLINIC
31	SKILLED NURSING FACILITY	99	OTHER PLACE OF SERVICE
32	NURSING FACILITY		

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