

Behavioral Health Covered Benefits

The matrix below lists the available behavioral health benefits for members enrolled in Medicaid programs.

Iowa Health and Wellness enrollees who are medically exempt have full Medicaid benefits.

Outpatient services

Procedure code	Modifiers	Service description	Unit/event	Authorization rule
81000		Urinalysis	Event	No
90785		Interactive complexity add-on code	Event	No
90791		Psychiatric diagnostic interview	Event	No
90792		Psychiatric diagnostic interview with medical services	Event	No
90832		Individual psychotherapy (20-30 minutes)	Event	No
90833		Psychotherapy, 30 minutes with patient and/or family member with evaluation and management (E&M)	30 minutes	No
90834		Individual psychotherapy (45-50 minutes)	Event	No
90836		Psychotherapy, 30 minutes with patient and/or family member with E&M	45-50 minutes	No
90837		Psychotherapy, 60 minutes	60 minutes	No
90838		Psychotherapy, 60 minutes with patient and/or family member with E&M	60 minutes	No
90839		Crisis psychotherapy (first 60 minutes)	60 minutes	No
90840		Crisis psychotherapy (each additional 30 minutes)	30 minutes	No
90846		Family therapy without patient	Event	No
90847		Family therapy with patient	Event	No
90849		Multifamily group counseling	Event	No
90853		Group therapy	Event	No
96372		Theralactic, prophylactic or diagnostic injection	Event	No
H0007		Alcohol and/or drug services; crisis intervention (outpatient and/or mobile)	Event	No
H0014	HG	Alcohol and/or drug services; ambulatory detoxification	Event	No
H0037		Community psychiatric supportive treatment program (low intensity)	Per diem	Yes
H0037	TF	Community psychiatric supportive treatment program (high intensity)	Per diem	Yes
H0038		Self-help/peer support: mental health (MH) per month	Monthly per diem, per documents	No
H0038	HF	Self-help/peer support: substance abuse (SA) per month	Monthly per diem, per documents	No

Outpatient services (cont.)

Procedure code	Modifiers	Service description	Unit/event	Authorization rule
H0040		Assertive community treatment	Per diem	Yes
H0049		Alcohol and/or drug screening	Per event	No
H2017	U1	Psychosocial rehabilitation services/intensive psychiatric rehabilitation, readiness assessment	15 minutes	Yes
H2017	U2	Psychosocial rehabilitation services/intensive psychiatric rehabilitation, readiness development	15 minutes	Yes
H2017	U3	Psychosocial rehabilitation services/intensive psychiatric rehabilitation, goal setting	15 minutes	Yes
H2017	U4	Psychosocial rehabilitation services/intensive psychiatric rehabilitation, goal achievement	15 minutes	Yes
H2017	U5	Psychosocial rehabilitation services/intensive psychiatric rehabilitation, goal keeping	15 minutes	Yes
H2022		Integrated supports/wraparound services	Per diem	Yes
H2031		Clubhouse	Per diem	No
S9123		Home health nursing	1 hour	Yes
S9123	TF	Psychiatric nursing visit	1 hour	Yes
T1013		Interpreter services	15 minutes	No
Q3014	GT	Telemedicine	Per event	No
99408		Alcohol and/or SA structured screening and brief intervention services; 15-30 minutes	Per item	No
99409		Alcohol and/or SA structured screening and brief intervention services; greater than 30 minutes	Per item	No
99341		Home health nursing, post-inpatient follow-up	Event	No
99510	U1	Mobile counseling; one hour	One hour	No authorization if SA, MH diagnosis
99510		Mobile counseling, single, family counseling	Event	No authorization if SA, MH diagnosis
S9485	TD	Emergency nursing assessment	Per diem	No

Intensive outpatient/partial hospitalization services

Procedure code	Modifiers	Service description	Unit/event	Authorization rule
0905		Intensive outpatient program (IOP), psychiatric	Per diem	Yes
0906		IOP, SA/chemical dependency	Per diem	Yes

Intensive outpatient/partial hospitalization services (cont.)

Procedure code	Modifiers	Service description	Unit/event	Authorization rule
H0015	TG	Intensive outpatient, SA with housing	Event	Yes
H0015		Intensive outpatient, SA	Event	Yes
H2012		Intensive outpatient day treatment, per hour	One hour	Yes
S9480		Intensive outpatient psychiatric services (MH/eating disorder [ED])	Per diem	Yes
0912		Partial hospitalization	Per diem	Yes
H0035		Partial hospitalization (MH, SA, ED)	Per diem	Yes

Applied behavioral analysis (ABA)/behavioral health intervention services (BHIS)

Procedure code	Modifiers	Service description	Unit/event	Authorization rule
G9012	HO/HP	Case oversight and management of treatment team by licensed MH professional or Board Certified Behavioral Analyst (BCBA), per 15 minutes	15 minutes	Yes
H0031	HO/HP	Functional behavioral assessment , per hour	1 hour	No
H2014	HO/HP/ HN	Skill development	15 minutes	Yes
H2019	HO/HP/ HN	Direct applied behavioral analysis, services by a paraprofessional or BCBA provider, per 15 minutes	15 minutes	Yes
S5108	HO/HP/ HN	Home care training to home care client, per 15 minutes	15 minutes	Yes
S5110	HO/HP/ HN	Home care training, family; per 15 minutes	15 minutes	Yes
H0032	HO/HP	Functional behavioral assessment, per 15 minutes	15 minutes	No
H0019		Group home/supervised living (behavioral health; long-term residential)	Per diem	Yes
H2011		BHIS crisis intervention	15 minutes	No
H2014	HB	Skill development, adult (individual > 21)	15 minutes	Yes
H2014	HQ	Skill development, adult (group > 21)	15 minutes	Yes
H2019	HA	Skill development, adult (individual < 21)	15 minutes	Yes
H2019	HQ	Skill development, adult (group < 21)	15 minutes	Yes
H2019	HR	Skills training, child and adolescent (family < 21)	15 minutes	Yes

Chronic conditions Health Home services

Procedure code	Modifiers	Service description	Unit/event	Authorization rule
S0280	U1	Community-Centered Health Home (CCHH) 1 (1-3 chronic health conditions)	Per member	No
S0280	TF	CCHH 2 (4-6 chronic health conditions)	Per member	No
S0280	TG	CCHH 4 (10 or more chronic health conditions)	Per member	No
S0280	U2	CCHH 3 (7-9 chronic health conditions)	Per member	No

Psychological testing services

Procedure code	Modifiers	Service description	Unit/event	Authorization rule
96101		Psychological testing with interpretation and report	Event	Yes, after three units
96110		Developmental testing, limited	Event	No
96111		Developmental testing, extended	Event	No
96116		Neurobehavioral status examination	Event	No
96118		Neuropsychological testing battery	Event	Yes
96120		Neuropsychological testing administered by computer	Event	Yes

Integrated Health Home (IHH) services

Procedure code	Modifiers	Service description	Unit/event	Authorization rule
99490	TF	Adult IHH	Per member	No
99490	TG	Child IHH	Per member	No
99490	U1	Adult IHH intensive care management (ICM)	Per member	Yes
99490	U2	Child IHH ICM	Per member	Yes
99490	U1.U3	Adult ICM IHH	Per member	Yes
99490	U2.U3	Child ICM IHH	Per member	Yes

Habilitation services

Procedure code	Modifiers	Service description	Unit/event	Authorization rule
H2016	UC	Home-based habilitation, per day	Per diem	Yes
H2016	U4	Home-based habilitation, .25-2 hours	Per diem	Yes
H2016	U5	Home-based habilitation, 2.25-4 hours	Per diem	Yes
H2016	U6	Home-based habilitation, 4.25-8.75 hours	Per diem	Yes
H2016	U7	Home-based habilitation, 9-12.75 hours	Per diem	Yes
H2016	U8	Home-based habilitation, 13-16.75 hours	Per diem	Yes
H2016	U9	Home-based habilitation, 17-24 hours	Per diem	Yes
H2023		Supported employment, enclave, per 15 minutes	15 minutes	Notification/registration
H2024		Supported employment, employer development, per unit	Per diem	Notification/registration
H2025		Supported employment, job coaching, per 15 minutes	15 minutes	Notification/registration
T2014		Habilitation, prevocational, waiver; per day	Per day	Yes
T2015		Habilitation, prevocational, waiver; per hour	1 hour	Yes
T2018		Habilitation, supported employment, job development, per unit	Per diem	Notification/registration
T2020		Day habilitation, waiver; per day	Per diem	Yes
T2021		Day habilitation, waiver; per 15 minutes	15 minutes	Yes

Waiver services

Procedure code	Modifiers	Service description	Unit/event	Authorization rule
H0004		Counseling (15 minutes)	15 minutes	Yes
H0031		Field assessment	Event	Yes
H0036		MH outreach, per 15 minutes	15 minutes	Yes
H0046		In-home family therapy	15 minutes	Yes
H2019		Supported employment, enhanced job search, per 15 minutes	15 minutes	Yes
H2021		Family and community supports	15 minutes	Yes
S5150		Home health basic respite care	15 minutes	Yes
S5150	U3	Home health specialized respite care	15 minutes	Yes
S5150	UC	Home care basic Respite care	15 minutes	Yes
S5165		Environmental modification (EMOD) home modification	Per service	Yes
S5199		EMOD personal care item	Per item	Yes
S9122		Home health aide	1 hour	Yes
T1005		Home health group respite care	15 minutes	Notification/ registration
T1005		Home care group respite care	15 minutes	Notification/ registration
T1005	U3	Hospital, nursing facility, skilled nursing facility respite care	15 minutes	Notification/ registration
T1005	U3	Intermediate Care Facilities for Individuals with Intellectual Disabilities respite care	15 minutes	Notification/ registration
T1005	U3	Adult day care (respite)	15 minutes	Notification/ registration
T1005	U3	Child care center (respite)	15 minutes	Notification/ registration
T1005	U3	Residential care facility respite care	15 minutes	Notification/ registration
T1016		Case management, per 15 minutes	15 minutes	Notification/ registration
T1017		Targeted case management	15 minutes	Notification/ registration
T2028		EMOD specialized supply	Per item	Yes
T2036		Overnight camping respite care	15 minutes	Yes
T2037		Day camping respite care	15 minutes	Yes
T2039		EMOD home modification	Per item	Yes

ER, inpatient, psychiatric medical institutions for children (PMIC), residential services

Procedure code	Modifiers	Service description	Unit/event	Authorization rule
0450		Emergency room (MH and substance use)	Event	No
190		Inpatient psychiatric subacute	Per diem	Yes
0762		23-hour observation bed	Per diem	No

ER, inpatient, PMIC, residential services (cont.)

Procedure code	Modifiers	Service description	Unit/event	Authorization rule
100, 114, 120, 124, 134, 144, 154, 204		Inpatient psychiatric (institutions for mental disease are allowed for members age 21 and under or 65 and older)	Per diem	Yes
116, 126, 136, 138, 146, 156, 204		Inpatient detoxification	Per diem	Yes
118, 128, 138, 148, 158		Inpatient SU treatment	Per diem	Yes
901/90870		Electroconvulsive treatment	Per diem	Yes
124		PMIC/behavioral health residential	Per diem	Yes
180		PMIC leave of absence (LOA) general (use of MH hospitalization)	Per diem	Yes
183		PMIC therapeutic leave day (use for home leave)	Per diem	Yes
189		PMIC LOA other (use for elopements)	Per diem	Yes
T2048		Behavioral health residential	Per diem	Yes
T2048	TG	Behavioral health; short-term residential (nonhospital residential treatment program), without room and board, per diem, enhanced	Per diem	Yes
H0017	TF	SA residential (III.3/III.5)	Per diem	Yes
H0017	TG	SA residential (III.7)	Per diem	Yes
H0018	TF	SA residential (III.3/III.5)	Per diem	Yes
H0018	TG	SA residential (III.7)	Per diem	Yes
H0018		Psychiatric residential (psychiatric and eating disorder)	Per diem	Yes
H0045		Supervised living/out-of-home respite care	Per diem	Yes
H2034		Supervised living/halfway house	Per diem	Yes
S9485		Community residential crisis/supervised living	Per diem	Yes

E&M services

Procedure code	Modifiers	Service description	Unit/event	Authorization rule
99201-99205		New patient services	Event	No
99211-99215		Established patient services	Event	No
99217-99220		Observation services	Event	No
99221-99223		Hospital initial care services	Event	Yes
99231-99233		Hospital subsequent care	Event	Yes
99234 – 99236		Hospital observation care	Event	No