

Behavioral health covered benefits

The matrix below lists the available behavioral health benefits for members enrolled in the *hawk-i* program.

Outpatient services

Procedure/HCPCS code	Modifier	Service description	Unit/event	Authorization required
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

Outpatient services, continued

Procedure/HCPCS code	Modifier	Service description	Unit/event	Authorization required
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
H0049		Alcohol and/or drug screening	Per event	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 substance abuse structured screening and brief intervention services; 15 to 30 minutes	Per item	No
99409		Alcohol and/or substance abuse 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, 1 hour	1 hour	No authorization if substance abuse (SA) and/or mental health (MH) diagnosis
99510		Mobile counseling, single, family counseling	Event	No authorization if SA and/or MH diagnosis
99510	TG	Initial mobile counseling, follow-up	Event	No authorization if SA and/or MH diagnosis
S9485	TD	Emergency nursing assessment	Per diem	No

Intensive outpatient/partial hospitalization services

Procedure/HCPCS code	Modifier	Service description	Unit/event	Authorization required
0905		Intensive outpatient (IOP), psychiatric	Per diem	Yes
0906		IOP, SA/chemical dependency (CD)	Per diem	Yes
H0015		IOP, SA	Event	Yes
H2012		IOP day treatment, per hour	1 hour	Yes
S9480		IOP psychiatric services – MH/emergency department (ED)	Per diem	Yes
0912		Partial hospitalization	Per diem	Yes
H0035		Partial hospitalization (MH, SA, ED)	Per diem	Yes

Psychological testing services

Procedure/HCPCS code	Modifier	Service description	Unit/event	Authorization required
96101		Psychological testing with interpretation and report	Event	Yes – after 3 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

Emergency room and inpatient services

Procedure/HCPCS code	Modifier	Service description	Unit/event	Authorization required
0450		Emergency room – MH and substance use (SU)	Event	No
190		Inpatient psychiatric sub-acute	Per diem	Yes
0762		23-hour observation bed	Per diem	No
100, 114, 120, 124, 134, 144, 154, 204		Inpatient psychiatric – Institutions for mental diseases (IMD) 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

Evaluation and management services

Procedure/HCPCS code	Modifier	Service description	Unit/event	Authorization required
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
99238 - 99239		Hospital discharge services	Event	No
99251 - 99255		Inpatient consultation/ evaluation services	Event	Yes
99281 - 99285		Emergency department services	Event	No