

## 2018 MDwise Hoosier Healthwise Behavioral Health Services that Require Prior Authorization

**MDwise BH contracted providers** - outpatient prior authorization requirements for Hoosier Healthwise only.

**Non-contracted BH providers** - outpatient prior authorization requirements.

\*Except for the following self-referral services for any non-contracted IHCP enrolled Psychiatrist, all outpatient BH services provided by non-contracted behavioral health providers require PA. This includes observation stays.

Service Type	Requires PA	Coding
Psychiatric Diagnostic Interview	Yes	1 unit per member, per billing provider, per rolling 12-months allowed with no PA. 2 units are allowed without PA when member is separately evaluated both by a physician, an advanced practice nurse or HSPP and another mid-level practitioner.  CPT code 90791 or 90792 (Interactive Interview)
Medication Management	Yes	Members may see any IHCP enrolled psychiatrist for 20 visits, per rolling 12 months without PA. Per billing provider; this includes (in combination): 90791, 90792, 90832-90839, 90845 –90853, 96151 – 96153, and 30: 99201-99205, & 99211-99215.
Psychoanalysis	Yes	90845
Psychological Testing:	Yes	Please note: If PA is given for 96101 the PA would also apply to 96102. If PA is given for 96118 the PA would also apply to 96119.  CPT Code 96110 – Developmental Test, w/Interpretation & Report does not require a PA.  96101 Psychological Testing, per hour of the Psychologist or Physicians time, face to face time 96102 Psychological Testing administered by technician, per hour of time face to face 96111 Developmental Test, Extensive 96116 Neurobehavioral Status, 96118 Neurobehavioral Test by Psych 96119 Neuropsychological testing per hour of technician time, face to face
Electroconvulsive Therapy ECT	Yes	Anesthesia (CPT code 00104) and outpatient facility (i.e., observation room) may also be provided. If ECT authorized, anesthesia/ anesthesia provider and facility service to be authorized.  90870
Cognitive Skills Development	Yes	97532

Service Type	Requires PA	Coding
<p>Health and Behavior Assessment: PA is required for persons with Autism Spectrum Disorder Diagnosis. Authorizations are to be given in accordance with treatment plan which can only be required every 6 months.</p>	<p>Yes</p>	<p>Does not require PA except when used with ASD diagnosis for ABA services, then modifier U1, U2, or U3 need to be present.</p> <p>PA is required for persons with Autism Spectrum Disorder Diagnosis (ICD-9 codes 299.0, 299.8, ICD-10 codes F84.0 or F84.9). Authorizations are to be given in accordance with treatment plan which can only be required every 6 months.</p> <p>96151 Assess health/behavior; subsequent            96152 Intervene health/behavior; initial            96153 Intervene health/behavior; group            96154 Intervene health/behavior; family W/E&amp;M            96155 Health/behavior family, no intervention            Services for ABA therapy must include modifier U1, U2 or U3</p>
<p>Screening &amp; Brief Intervention Services (SBI)</p>	<p>Yes</p>	<p>PA not required for one 99408 or 99409 per member, per contracted billing provider. PA is required for non-contracted providers, except if provided as emergency service. SBI services are not typically billed by behavioral health clinics as screening and interventions are already include in behavioral health assessment/ treatment CPT codes.</p> <p>99408 Alcohol &amp;/or SA structured SBI 15-30 min            99409 Alcohol &amp;/or SA SBI greater than 30 min</p>
<p>Acute Outpatient Services:            Partial Hospitalization Program (PHP)</p>	<p>Yes</p>	<p>Facility CPT codes H0035 with Rev code 912 or 913. Non-facility CPT code H0035.</p> <p>Service is provided for individuals who require less than fulltime hospitalization, but need more extensive or structured treatment than intermittent outpatient mental health services. The number of days per week required is determined by what is medically necessary and indicated in the member's treatment plan. PA needs to be requested via the inpatient PA request fax number.</p>
<p>Intensive Outpatient Program (IOP)</p>	<p>Yes</p>	<p>Services provided for individuals who require less than full-time hospitalization and partial hospitalization, but need more extensive or structured treatment than intermittent outpatient mental health or substance abuse services. The number of days per week required is determined by what is medically necessary and indicated in the member's treatment plan.</p> <p>Must be facilitated by a Masters or above therapist.            Facilities bill on a UB 04 with CPT code 90899 with Rev code 905 for Psych IOP and Rev code 906 for Substance Abuse IOP            Professional bill on a CMS 1500 with CPT code S9480 for Psych IOP and H0015 for Substance Abuse IOP.</p>
<p>Urine Drug Testing (UDT)</p>	<p>Yes</p>	<p>Definitive Urine Drug Testing G0480-G0483</p>
<p>Residential services for SUD</p>		<p>Service can only be provided by those facilities registered with IHCP as provider type 35 and specialty type 836. Residential treatment is billed on a CMS 1500 and reimbursed on a per diem basis, based on the service intensity level and age of the member:</p> <ul style="list-style-type: none"> <li>• Level 3.1 (low-intensity) – HCPCS Code H2034</li> <li>• ADULT – U1 Modifier (age 19 years and older)</li> <li>• CHILD – U2 Modifier (age 18 and younger)</li> <li>• Level 3.5 (high-intensity) – HCPCS Code H0010</li> <li>• ADULT – U1 Modifier (age 19 years and older)</li> <li>• CHILD – U2 Modifier (age 18 and younger)</li> </ul>

**Non-contracted BH providers - outpatient prior authorization requirements.**

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Service Type	PA Requirements
Self-Referral Services for non-contracted IHCP Psychiatrist:	<p>Members may see any non-contracted IHCP enrolled psychiatrist for 20 visits, per rolling 12 months without PA. Per billing provider, this includes (in combination): 90791, 90792, 90832-90838, 90845 –90853, &amp; 96151 – 96153.</p> <p>PA is required for additional visits. See NOTE below for authorization application guideline.</p> <p>90791 Psychiatric Diagnostic Interview            90792 Interactive Psychiatric Diagnostic Interview            90832-90838 Individual Psychotherapy            90845 Psychoanalysis            90846-90853 Family/Group Psychotherapy            96151-96153 Health/Behavior Assessment Codes</p>

**Behavioral Health Professional Services During Medical/Surgical Stay**

Service Type	PA Requirements
Diagnostic Interview	<p>PA is not required per inpatient episode of care.</p> <p>CPT codes 90791 or 90792</p>

**Inpatient Services:** With the exception of emergency admissions, prior authorization is required for any psychiatric admission stay, including admissions for substance abuse and nursing facility stays.

**Please note:** For services requiring authorization, authorizations provided for a higher level code may be applied to the claim submitted by that provider with a lower level code, rather than denying the lower level code for no authorization. For example, in the event an authorization is given for a more involved visit, i.e., 90837, but in turn, a claim is submitted with CPT code 90832 or 90834, the claim would be paid on the 90837 authorization rather than denied for no authorization.