

2018 MDwise HIP Behavioral Health Services that Require Prior Authorization

Behavioral Health Contracted Providers -- Outpatient Prior Authorization Requirements

Non-contracted BH Providers: Except for emergency services, all BH services provided by non-contracted behavioral health providers require PA.

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)
ABA Therapy	Yes	CPT codes 96152 - 96155 with modifier U1, U2 or U3
Psychoanalysis	Yes	CPT code 90845
Psychological/Neuropsychological Testing		<p>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.</p> <p>CPT Code 96110 – Developmental Test, w/Interpretation & Report does not require a PA.</p> <p>96101 Psychological Testing, per hour of the Psychologist or Physicians time, Face to Face time, interpretation and writing the report. 96101 Psychological Testing, Technician 96103 Psychological Testing, Administration by Computer 96105 Assessment of Aphasia 96111 Developmental Test, Extensive 96116 Neurobehavioral Status 96118 Neurobehavioral Test by Psych 96119 Neuropsychological Test by Technician 96120 Neuropsychological Test Administration by Computer</p>

Service Type	Requires PA	Coding
Cognitive Skills Development	Yes	97532
Narcosynthesis	Yes	90865
Urine Drug Testing (UDT)	Yes	PA required for definitive UDT codes G0480-G0483
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
Individual Psychophysiology	Yes	Must be conducted by psychophysiolgist (Ph.D with specific training). 90875 Individual Psychophysiology, 20–30 min 90876 Individual Psychophysiology, 45–50 min
Medical Hypnotherapy	Yes	Must be trained specifically in hypnotherapy. 90880
Unlisted Psychiatric Service	Yes	90899
Screening & Brief Intervention Services (SBI) - Drug/ Alcohol Abuse	Yes	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. 99408 Alcohol &/or SA structured SBI 15-30 min 99409 Alcohol &/or SA SBI greater than 30 min
Acute Outpatient Services: Partial Hospitalization Program (PHP)	Yes	Facility uses CPT code H0035 with Rev code 912 or 913. Non-facility uses CPT code H0035. Service is provided for individuals who require less than full-time 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.

Intensive Outpatient Program (IOP)	Yes	<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</p> <p>Professional bill on a CMS 1500 with CPT code S9480 for Psych IOP and H0015 for Substance Abuse IOP.</p>
Residential for Substance Use Disorder (SUD)	Yes	<p>Facilities must be registered with IHCP as provider type 35 and speciality type 836 in order to be reimbursed for this service.</p> <p>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: Level 3.1 (low intensity) - HCPCS Code H2034 ADULT - U1 Modifier (age 19 years and older) CHILD - U2 modifier (age 18 years and younger) Level 3.5 (high intensity) - HCPCS Code H0010 ADULT - U1 Modifier (age 19 years and older) CHILD - U2 Modifier (age 18 years and younger)</p>

Behavioral Health Professional Services During Medical/Surgical Stay

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

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

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.

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