

MDwise Hoosier Healthwise and Healthy Indiana Plan Behavioral Health Services that Require Authorization

Please note requests are considered urgent ONLY when a delay in care could jeopardize the life/health of the member, jeopardize the member's ability to regain maximum function, or may subject the member to severe pain that cannot be adequately managed without the requested service.

| Type of Service | Requires PA | Coding |
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| Out of Network Services | Yes | All behavioral health services that are provided by an out of network provider require prior authorization with exception to ER visits, emergency admissions or otherwise noted below. |
| Inpatient Services (including acute detox, acute psych, and nursing facility) | Yes except emergency admissions. | All behavioral health inpatient stays require prior authorization. |
| ABA (Limited to ages 0-20) | Yes | 97151, 97152, 97153, 97154, 97155, 97156, 97157, 97158, 0362T, 0373T |
| Alcohol and/or Substance Abuse Screening & Brief Intervention Services | Yes May be provided once a year by the same provider. | 99408, 99409 |
| Cognitive Function Therapeutic Interventions | Yes | 97129, 97130 |
| Definitive Drug Testing (less than 15 drug classes) | Yes If more than 16 cumulative units in a calendar year. | G0480, G0481, G0659 |
| Definitive Drug Testing (15 or more drug classes) | Yes | G0482, G0483 |
| Presumptive Drug Testing | Yes If more than 52 cumulative units in a calendar year. | 80305, 80306, 80307 |
| Developmental Testing | Yes | 96112, 93113 |
| Electroconvulsive Therapy (ECT) | Yes | 90870, 00104 |
| Intensive Outpatient (IOP) Psychiatric Services | Yes | REV 905 HCPC Code: S9480 |
| Intensive Outpatient (IOP) Substance Use Disorder | Yes | REV 906 HCPC Code: H0015 |
| Neurobehavioral Status Examination | Yes | 96116, 96121 |
| Partial Hospitalization Program (PHP) | Yes | REV: 912, 913 HCPC Code: H0035 |
| Peer Recovery Services | Yes If more than 365 hours | H0038 |

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| | (1,460 units) per rolling 12-month period. | |
| Psychiatric Diagnostic Evaluation and Psychiatric Diagnostic Evaluation with Medical Services | Yes If more than 1 per supplier per rolling 12 months for each code. | 90791, 90792 |
| Psychoanalysis and Psychotherapy Services | Yes If more than 20 units per provider per rolling 12-month period for any combination of codes. | 90832, 90833, 90834, 90836, 90837, 90838, 90839, 90846, 90847, 90849, 90853, 90899, C7903, G0017, G0018 |
| Psychological Testing | Yes | 96130, 96131 |
| Psychological and Neuropsychological Testing | Yes | 96132, 96133, 96136, 96137, 96138, 96139, 96146 |
| Residential Substance Use Disorder, High Intensity | Yes | H0010 U1: 19 years and older U2: 0 through 18 years old. |
| Residential Substance Use Disorder, Low Intensity | Yes | H2034 U1: 19 years and older U2: 0 through 18 years old |
| Telehealth Facility Fee-Originating Site | Yes If psych service rendered requires a PA. | Q3014 |
| Transcranial Magnetic Stimulation | Yes | REV: 920, 940, 095x CPT Code: 90867, 90868, 90869 |