

## 2023 MDwise Hoosier Healthwise and Healthy Indiana Plan Behavioral Health Services that Require Prior Authorization

Unless otherwise indicated in comments, all outpatient behavioral health services provided by non-contracted behavioral health providers require prior authorization. This includes observation stays. 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.Effective 1/1/2023.

Type of Service	Requires PA	Coding All behavioral balls convices that are provided to UID and UUW members by an out of patwork, pan contracted provider requires
Out of Network Services	Yes	All behavioral health services that are provided to HIP and HHW members by an out of network, non-contracted provider require prior authorization with exception to ER visits and emergency admissions or otherwise noted below
ABA Behavior identification	Yes	97151 administered by a physician or other qualified healthcare professional, each 15 minutes of the physician's or other
assessment by qualified health care professional, each 15 minutes		qualified healthcare professional's time face-to-face with patient and/or guardian(s)/caregiver(s) administering assessments and discussing findings and recommendations, and non-face-to-face analyzing past data, scoring/interpreting the assessment, and preparing the report/treatment plan. Limited to ages 0-20
ABA Behavior identification	Yes	97152 Behavior identification supporting assessment, administered by one technician under the direction of a physician or other
assessment by technician under direction of qualified health care professional, each 15 minutes		qualified healthcare professional, face-to-face with the patient, each 15 minutes. Limited to ages 0-20
ABA Adaptive behavior treatment by	Yes	97153 Adaptive behavior treatment by protocol, administered by a technician under the direction of a physician or other qualified
protocol, administered by technician		healthcare professional, face-to-face with one patient, every 15 minutes. Limited to ages 0-20
under direction of qualified health care		
professional to one patient, each 15 minutes		
ABA Adaptive behavior treatment by	Yes	97154 Group adaptive behavior treatment by protocol, administered by a technician under the direction of a physician or other
protocol, administered by technician		qualified healthcare professional, with two or more patients, every 15 minutes. Limited to ages 0-20
under direction of qualified health care		
professional to multiple patients, each 15 minutes		
	Yes	97155 Adaptive behavior treatment with protocol modification, administered by a physician or other qualified healthcare
protocol modification administered by		professional, which may include simultaneous direction of a technician, face-to-face with one patient, every 15 minutes. Limited
qualified health care professional to one patient, each 15 minutes		to ages 0-20
ABA Family adaptive behavior	Yes	97156 Family adaptive behavior treatment guidance, administered by a physician or other qualified healthcare professional (with
treatment guidance by qualified health care professional (with or without		or without the patient present), face-to-face with guardian(s)/caregiver(s), every 15 minutes. Limited to ages 0-20
patient present), each 15 minutes		
ABA Multiple-family group adaptive	Yes	97157 Multiple-family group adaptive behavior treatment guidance, administered by a physician or other qualified healthcare
behavior treatment guidance		professional (without the patient present), face-to-face with multiple sets of guardians/caregivers, every 15 minutes. Limited to ages 0-20
ABA Group adaptive behavior	Yes	97158 Group adaptive behavior treatment with protocol modification, administered by a physician or other qualified healthcare
treatment with protocol modification		professional, face-to-face with multiple patients, every 15 minutes. Limited to ages 0-20
ABA Behavior identification	Yes	0362T Behavior identification supporting assessment, each 15 minutes of technicians' time face-to-face with a patient, requiring
supporting assessment		the following components: administered by the physician or other qualified healthcare professional who is on site; with assistance
		of two or more technicians; for a patient who exhibits destructive behavior; completed in an environment that is customized to the patient's behavior. Limited to ages 0-20
ABA Adaptive behavior treatment	Yes	0373T Adaptive behavior treatment with protocol modification, each 15 minutes of technicians' time face-to-face with a patient,
with protocol modification		requiring the following components: administered by the physician or other qualified healthcare professional who is on site; with
		the assistance of two or more technicians; for a patient who exhibits destructive behavior; completed in an environment that is customized to the patient's behavior. Limited to ages 0-20
Alcohol and/or substance abuse	Yes	99409 - SBI may be provided once every year when billed by the same billing provider. Prior authorization is required for non-
screening & brief intervention		contracted providers, except if provided as emergency service. SBI services are not typically billed by behavioral health clinics
services, > than 30 minutes		as screening and interventions are already included in behavioral health assessment/treatment CPT codes
Alcohol and/or substance abuse	Yes	99408 - SBI may be provided once every year when billed by the same billing provider. Prior authorization is required for non-
screening & brief intervention		contracted providers, except if provided as emergency service. SBI services are not typically billed by behavioral health clinics
services, 15-30 minutes		as screening and interventions are already included in behavioral health assessment/treatment CPT codes
Therapeutic Interventions that focus	Yes	97129 - Direct (one-on-one) patient contact; initial 15 Minutes. 97130 - Direct (one-on-one) patient contact; each additional 15
on Cognitive Function	Vee	minutes. 90870 - Anesthesia (CPT code 00104) and outpatient facility (i.e., observation room) may also be provided.
Electroconvulsive Therapy (ECT)	Yes	If ECT authorized, anesthesia/anesthesia provider and facility service to be authorized
Residential Substance Use Disorder, High-Intensity	Yes	H0010, U1/U2 - Must be approved residential provider
Intensive Outpatient (IOP) Psychiatirc	Yes	S9480 - Nonfacility providers
Services Intensive Outpatient (IOP) Substance	Yes	H0015 - Nonfacility providers
Use Disorder		
Intensive Outpatient Program (IOP) Psychiatric	Yes	REV 905/906 - Facilities bill on a UB 04 with Rev code 905 for Psych IOP and Rev code 906 for Substance Abuse IOP
Medication Management	Yes	For HHW, Prior authorization required after 30 visits for non contracted IHCP psychiatrists. HIP members require PA for out of
Developmental Testing, Initial	Yes	network providers. This includes: 99201; 99202; 99203; 99204; 99205; 99211; 99212; 99213; 99214; 99215 96112 Developmental test administration by qualified health care professional with interpretation and report, first 60 minutes
Developmental Testing, Additional 60	Yes	96113 Developmental test administration by qualified health care professional with interpretation and report, additional 30
Minutes		minutes
Neurobehavioral status examination	Yes	96116 Neurobehavioral status examination by qualified health care professional with interpretation and report, initial 60 minutes
Neurobehavioral status examination	Yes	96121 Neurobehavioral status examination by qualified health care professional with interpretation and report, additional 60
Psychological testing evaluation,	Yes	minutes 96130 Psychological testing evaluation by qualified health care professional, first 60 minutes
Initial Psychological testing evaluation,	Yes	96131 Psychological testing evaluation by qualified health care professional, additional 60 minutes
additional 60 minutes		
Neuropsychological Testing, Initial	Yes	96132 Neuropsychological testing evaluation by qualified health care professional, first 60 minutes
Neuropsychological Testing, Additional 60 Minutes	Yes	96133 Neuropsychological testing evaluation by qualified health care professional, additional 60 minutes
Auditional ou Minutes	1	1

Psychological or neuropsychological test administration and scoring, Initial	Yes	96136 Psychological or neuropsychological test administration and scoring by qualified health care professional, first 30 minutes		
Psychological or neuropsychological test administration and scoring, Additional 60 Minutes	Yes	96137 Psychological or neuropsychological test administration and scoring by qualified health care professional, additional 30 minutes		
Psychological or neuropsychological test administration and scoring, Initial	Yes	96138 Psychological or neuropsychological test administration and scoring by technician, first 30 minutes		
Psychological or neuropsychological test administration and scoring, Additional 30 Minutes	Yes	96139 Psychological or neuropsychological test administration and scoring by technician, additional 30 minutes		
Psychological or neuropsychological test administration and scoring, electronic	Yes	96146 Psychological or neuropsychological test administration and scoring by single standardized instrument via electronic platform with automated result		
Nursing Facility Care	Yes	99304		
Nursing Facility Care	Yes	99305		
Nursing Facility Care	Yes	99306		
Nursing Facility Subsequent Care	Yes	99307		
		99308		
Nursing Facility Subsequent Care	older			
Nursing Facility Subsequent Care	Yes	99309		
Nursing Facility Subsequent Care	Yes	99310		
Partial Hospitalization Program (PHP) Less than 24 Hours, per Diem	Yes	H0035 - Facility CPT codes H0035 with REV code 912 or 913. Non-Facility CPT code H0035. PA needs to be requested via the inpatient Prior Authorization request fax number		
Psychiatric Diagnositic Evaluation	Yes	Two 90791 per supplier per rolling 12 months per member allowed without prior authorization if provided separately by MD, HSPP, NP, or other midlevel provider within same supplier group. Prior authorization required for additional units		
Psychiatric Diagnositic Evaluation with medical services	Yes	One 90792 per supplier per rolling 12 months and One 90791 per same supplier per rolling 12 months (90791 provided by HSPP or NP or other midlevel provider) allowed without prior authorization per member. Prior Authorization required for additional units		
Psychoanalysis	Yes	For HHW, 90845 - Prior authorization required after 20 visits for non contracted IHCP psychiatrists per rolling 12 months. HIP members require PA for in and out of network providers		
Residential Substance Use Disorder, Low-Intensity	Yes	H2034 U1/U2		
Telehealth Facility Fee-Originating Site	Yes	Q3014 - Prior authorization is only required if psychiatric service requires Prior authorization		
Therapy Services	Yes	For HHW, Prior authorization required after 20 visits for non contracted IHCP psychiatrists (billing provider) per rolling 12 months. HIP members require PA for out of network providers. Per billing provider, this includes (in combination): 90791, 90792, 90832, 90833, 90834, 90835, 90836, 90837, 90838, 90839, 90846, 90847, 90849, 90853, 96151, 96152, 96153		
Transcranial Magnetic Stimulation	Yes	90867, 90868, 90869; Rev 920, 940, 095x		
Unlisted Psychiatric Service	Yes	90899 - May be denied with request for medical records		
Urine Drug Test Definitive	Yes- after the first 20 definitive UDTs in a calendar year	G0480-G0483 and 80320-80377		
Self-help/peer service, per 15 minutes	Yes	H0038, Prior authorization required after 365 hours (1,460 units) per rolling calendar year.		
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.				

RR2022\_411 (11/22)