

# BEHAVIORAL HEALTH AUTHORIZATION AND EXCLUSION LISTS

## 2024 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.

Type of Service	Requires PA	Coding
All 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 assessment by qualified health care professional, each 15 minutes	Yes	97151 administered by a physician or other qualified healthcare professional, each 15 minutes of the physician's or other 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
EABA Behavior identification assessment by technician under direction of qualified health care professional, each 15 minutes	Yes	P97152 Behavior identification supporting assessment, administered by one technician under the direction of a physician or other qualified healthcare professional, face-to-face with the patient, each 15 minutes. Limited to ages 0-20
ABA Adaptive behavior treatment by protocol, administered by technician under direction of qualified health care professional to one patient, each 15 minutes	Yes	97153 Adaptive behavior treatment by protocol, administered by a technician under the direction of a physician or other qualified healthcare professional, face-to-face with one patient, every 15 minutes. Limited to ages 0-20
ABA Adaptive behavior treatment by protocol, administered by technician under direction of qualified health care professional to multiple patients, each 15 minutes	Yes	97154 Group adaptive behavior treatment by protocol, administered by a technician under the direction of a physician or other qualified healthcare professional, with two or more patients, every 15 minutes. Limited to ages 0-20
ABA Adaptive behavior treatment with protocol modification administered by qualified health care professional to one patient, each 15 minutes	Yes	97155 Adaptive behavior treatment with protocol modification, administered by a physician or other qualified healthcare professional, which may include simultaneous direction of a technician, face-to-face with one patient, every 15 minutes. Limited to ages 0-20

Type of Service	Requires PA	Coding
ABA Family adaptive behavior treatment guidance by qualified health care professional (with or without patient present), each 15 minutes	Yes	97156 Family adaptive behavior treatment guidance, administered by a physician or other qualified healthcare professional (with or without the patient present), face-to-face with guardian(s)/caregiver(s), every 15 minutes. Limited to ages 0-20
ABA Multiple-family group adaptive behavior treatment guidance	Yes	97157 Multiple-family group adaptive behavior treatment guidance, administered by a physician or other qualified healthcare 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 treatment with protocol modification	Yes	97158 Group adaptive behavior treatment with protocol modification, administered by a physician or other qualified healthcare professional, face-to-face with multiple patients, every 15 minutes. Limited to ages 0-20
ABA Behavior identification supporting assessment	Yes	0362T Behavior identification supporting assessment, each 15 minutes of technicians' time face-to-face with a patient, requiring 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
MABA Adaptive behavior treatment with protocol modification	Yes	0373T Adaptive behavior treatment with protocol modification, each 15 minutes of technicians' time face-to-face with a patient, 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 screening & brief intervention services, > than 30 minutes	Yes	99409 - SBI may be provided once every year when billed by the same billing provider. Prior authorization is required out of network providers, except if provided as emergency service. SBI services are not typically billed by behavioral health clinics as screening and interventions are already included in behavioral health assessment/treatment CPT codes
Alcohol and/or substance abuse screening & brief intervention services, 15-30 minutes	Yes	99408 - SBI may be provided once every year when billed by the same billing provider. Prior authorization is required for out of network providers, except if provided as emergency service. SBI services are not typically billed by behavioral health clinics as screening and interventions are already included in behavioral health assessment/treatment CPT codes

Type of Service	Requires PA	Coding
Therapeutic Interventions that focus on Cognitive Function	Yes	97129 - Direct (one-on-one) patient contact; initial 15 Minutes. 97130 - Direct (one-on-one) patient contact; each additional 15 minutes.
Electroconvulsive Therapy (ECT)	Yes	90870 - 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
Residential Substance Use Disorder; High-Intensity	Yes	H0010, U1/U2 - Must be approved residential provider
Intensive Outpatient (IOP) Psychiatric Services	Yes	S9480 - Nonfacility providers
Intensive Outpatient (IOP) Substance Use Disorder	Yes	H0015 - Nonfacility providers
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
Developmental Testing, Initial	Yes	96112 Developmental test administration by qualified health care professional with interpretation and report, first 60 minutes
Developmental Testing, Additional 60 Minutes	Yes	96113 Developmental test administration by qualified health care professional with interpretation and report, additional 30 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 minutes
Psychological testing evaluation, Initial	Yes	96130 Psychological testing evaluation by qualified health care professional, first 60 minutes
Psychological testing evaluation, additional 60 minutes	Yes	96131 Psychological testing evaluation by qualified health care professional, 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
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

Type of Service	Requires PA	Coding
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
Nursing Facility Subsequent Care	ONLY if the member is 18 years or older	99308
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 Diagnostic 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 Diagnostic 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	90845 For HHW, - Prior authorization only required after 20 visits for out of network IHCP psychiatrists per rolling 12 month For HIP, Prior authorization required for in network and out of network providers.

Type of Service	Requires PA	Coding
Residential Substance Use Disorder, Low-Intensity	Yes	H2034 UI/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 only required after 20 visits for out of network IHCP psychiatrists (billing provider) per rolling 12months. HIP members require PA for out of network providers. Per billing provider, this includes (in combination): 90791, 90792, 90832, 90833, 90834, 90836, 90837, 90838, 90839, 90846, 90847, 90849, 90853
Transcranial Magnetic Stimulation	Yes	90867, 90868, 90869; Rev 920, 940, 095x
Unlisted Psychiatric Service	Yes	90899-
Definitive Drug Test (less than 15 drug classes)	Yes, after the first 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 after the first 52 cumulative units in a calendar year.	80305, 80306, 80307
Self-help/peer service, per 15 minutes	ONLY if the member is 18 years or older	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.