

Mental Health & Substance Use Disorders

P = Prior authorization required

X = No prior authorization or referral form needed

Requirement	Services/Procedure	Code	Info and Notes
X	Ambulance (Emergent Services)	A0021-A0999	
P	Applied Behavior Analysis (ABA) Therapy	97151-97158	Must have a diagnosis of Autism Spectrum Disorder (ASD)
P	Continuity of Care	All	
P/X	Electroconvulsive Therapy (ECT)	90870	If admitted only for ECT – PA required. If admitted for any other Behavioral Health issue – No PA required for ECT during an inpatient stay.
P	Injectable Medications		
P	Ketamine Infusion		
Inpatient			
X	Emergent (Behavioral Health, may also include Chemical Dependency for detox only)	All	
P	Non-emergent (Chemical Dependency Rehab)	All	
Other Facility-Based Program			
P	Residential Treatment Center (RTC)		
Office Visit			
X	Medication Management, Psychiatric	99201-99215	No PA or referral if provider is in network. PA required if not.
X	Individual/Family Psychotherapy	90832, 90834, 90846-90849, 90853	No PA or referral if provider is in network. PA required if not.
Outpatient Facility-Based Programs			
P	Intensive Outpatient Program (IOP)		
P	Partial Hospital Program (PHP)		

Prior Authorization Guide

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X	Second Opinion	90832, 90834, 90846-90849, 90853, 90862	No PA or referral if provider is in network. PA required if not.
Testing			
P	Genetic Testing	All	
P	Neuropsychological Testing	96105, 96116, 96121, 96125, 96132, 96133, 96136-96139, 96146	Prior Authorization required if done as outpatient
P	Psychological Testing	96110, 96121, 96130, 96131, 96136-96139	Prior Authorization required if done as outpatient
Other			
P	Transcranial Magnetic Stimulation	90867-90869	