

# Prior Authorization Guide

## Mental Health & Substance Use Disorders

**For Prior Authorization, contact Magellan at: 1-844-483-9013**

P = Prior authorization required

X = No prior authorization or referral form needed

| Requirement                               | Service / 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   | Outpatient ECT requires PA. (If admitted to inpatient only for ECT, PA required. If admitted for any other Behavioral Health issue, no PA required for ECT during an inpatient stay.) |
| P   | Transcranial Magnetic Stimulation   | 90867 – 90869   |   |
| P   | Injectable Medications  |   |   |
| P   | Ketamine Infusion   |   |   |
| <b>Inpatient</b>                          |   |   |   |
| X   | Emergent Acute (Behavioral Health, may also include Chemical Dependency for detox only) | All   |   |
| P   | Non-emergent Acute (Chemical Dependency Rehab)  | All   |   |
| P   | Residential Treatment Center (RTC)  | All   |   |
| <b>Outpatient Facility-Based Programs</b> |   |   |   |
| P   | Intensive Outpatient Program (IOP)  |   |   |
| P   | Partial Hospital Program (PHP)  |   |   |
| <b>Office Visit</b>                       |   |   |   |
| X   | Medication Management, Psychiatric  | 99201-99215   | No PA or referral if provider is in network. PA required if not.  |
| X   | Individual / Family Psychotherapy   | 90832-90837, 90846-90849, 90853                             | No PA or referral if provider is in network. PA required if not.  |
| X   | Second Opinion  | 90832-90837, 90846-90849, 90853                             | No PA or referral if provider is in network. PA required if not.  |
| <b>Testing</b>                            |   |   |   |
| P   | Neuropsychological Testing  | 96105, 96116, 96121, 96125, 96132, 96133, 9613-96139, 96146 | Prior authorization required if done as outpatient.   |
| P   | Psychological Testing   | 96110, 96121, 96130, 96131, 96136 – 96139                   | Prior authorization required if done as outpatient.   |