



# Prior Authorization Guide

## Behavioral Health & Chemical Dependency

**P** = Prior authorization required  
**D** = Direct  
**X** = No prior authorization or referral form needed  
**NCB** = Not a covered benefit

**Prior Authorization Fax: 619-740-8111**

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	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		
<b>Inpatient</b>			
D	Emergent (Behavioral Health, may also include Chemical Dependency for detox only)	All	
P	Non-emergent (Chemical Dependency Rehab)	All	
<b>Other Facility-Based Program</b>			
P	Residential Treatment Center (RTC)		
<b>Office Visit</b>			
D	Medication Management, Psychiatric	90862	No PA or referral if provider is in network. PA required if not.



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Requirement	Service / Procedure	Code	Info and Notes
<b>D</b>	Individual / Family Psychotherapy	90832, 90834, 90846 – 90849, 90853	No PA or referral if provider is in network. PA required if not.
<b>Outpatient Facility-Based Programs</b>			
<b>P</b>	Intensive Outpatient Program (IOP)		
<b>P</b>	Partial Hospital Program (PHP)		
<b>D</b>	Second Opinion	90832, 90834, 90846 – 90849, 90853, 90862	No PA or referral if provider is in network. PA required if not.
<b>Testing</b>			
<b>P</b>	Neuropsychological Testing	96105, 96116, 96121, 96125, 96132, 96133, 96136 – 96139, 96146	Prior authorization required if done as outpatient.
<b>P</b>	Psychological Testing	96110, 96121, 96130, 96131, 96136 – 96139	Prior authorization required if done as outpatient.
<b>Other</b>			
<b>P</b>	Transcranial Magnetic Stimulation	90867 – 90869	