

Prior authorization is required by Blue Cross Blue Shield of Montana for certain services to determine in advance the Medical Necessity or Experiment Investigational and/or Unproven nature of certain care and services based on MCG Criteria, Medical Policy and Member benefits. The list below describes the services that require prior authorization. Inpatient procedure codes are not listed on this file. All inpatient procedures require prior authorization. Not all requirements apply to each product in these networks:

- Blue Preferred PPOSM
- Blue OptionSM
- Blue Focus POSSM
- Blue Managed CareSM
- Blue TraditionalSM

Utilization Management Process

This file is a searchable PDF.
Press "CTRL" and "F" keys at the same time to bring up the search box. Enter a procedure code or description of the service.

Service	Service Description
Partial Hospitalization Treatment Program	A Claim Administrator approved planned program of a Hospital or Substance Use Disorder Treatment Facility for the treatment of Mental Illness or Substance Use Disorder Treatment in which patients spend days s. This behavioral healthcare is typically 5 to 8 hours per day, 5 days per week (not less than 20 hours of treatment services per week). The program is staffed similarly to the day shift of an inpatient unit, i.e. medically supervised by a Physician and nurse. The program shall ensure a psychiatrist sees the patient face to face at least once a week and it otherwise available, in person or by telephone, to provide assistance and direction to the program as needed. Participants at this level of care do not require 24 hour supervision and are not considered a resident at the program. Requirements: the Claim Administrator requires that any Mental Illness and/or Substance Use Disorder Partial Hospitalization Treatment Program must be licensed in the state where it is located, or accredited by a national organization that is recognized by the Claim Administrator as set forth in its current credentialing policy, and otherwise meets all other credentialing requirements set forth in such policy.
Applied Behavior Analysis (ABA)	Applied behavior analysis is a method of therapy utilized to improve or change specific behaviors of members who have a diagnosis within the Pervasive and specific developmental disorders category of ICD-10.
Intensive Outpatient Programs (IOP)	A freestanding or Hospital-based program that provides services for at least three hours per day, two or more days per week, to treat mental illness, drug addiction, substance abuse or alcoholism, or specializes in the treatment of co-occurring mental illness with drug addiction, substance abuse or alcoholism. Programs that specialize in the treatment of severe or complex co-occurring conditions offer integrated and aligned assessment, treatment and discharge planning services for mental illness and for drug addiction, substance abuse or alcoholism. It is more likely that Participants with co-occurring conditions will benefit from programs addressing both mental illness and drug addiction, substance abuse or alcoholism than programs that focus solely on mental illness conditions.
Outpatient Electroconvulsive Therapy (ECT)	A treatment that involves brief electrical stimulation of the brain while a member is under anesthesia to treat severe psychiatric disorders and billed by a facility/clinic. It is typically administered anywhere from 2-3 times per week if a member is simultaneously admitted to an inpatient Care Level. However, once the member steps down to an outpatient Care Level, frequency may change to once every 3-4 weeks.
Psychological/Neuropsychological Testing	Psychological testing consists of the administration of psychological tests which measure a sample of a member's behavior. Note: Psychological/Neuropsychological Testing only requires Prior Authorization in some cases. BCBSIL will notify the provider if prior authorization is required for these testing services.

Repetitive Transcranial Magnetic Stimulation (rTMS)		A form of brain stimulation therapy used to treat psychiatric conditions in a facility/clinic setting. A treatment course is usually 1 daily session, 5 times per week for up to 6 weeks, followed by a 3-week taper of 3 rTMS session in week one, 2 rTMS sessions the next week, and one rTMS session in the last week (total of 36 sessions). The treatment course may be repeated after a 6-month cessation period if needed. The therapy cannot be administered on the same day as a PHP, IOP, ECT, or ABA Care Level service.		
Procedure Code	Service Category	Code Description	Managed By	Updates
97151	Applied Behavior Analysis (ABA)	Bhv Id Assmt By Phys/Qhp	BCBSMT	–
97152	Applied Behavior Analysis (ABA)	Bhv Id Suprt Assmt By 1 Tech	BCBSMT	–
97153	Applied Behavior Analysis (ABA)	Adaptive Behavior Tx By Tech	BCBSMT	–
97154	Applied Behavior Analysis (ABA)	Grp Adapt Bhv Tx By Tech	BCBSMT	–
97155	Applied Behavior Analysis (ABA)	Adapt Behavior Tx Phys/Qhp	BCBSMT	–
97156	Applied Behavior Analysis (ABA)	Fam Adapt Bhv Tx Gdn Phy/Qhp	BCBSMT	–
97157	Applied Behavior Analysis (ABA)	Mult Fam Adapt Bhv Tx Gdn	BCBSMT	–
97158	Applied Behavior Analysis (ABA)	Grp Adapt Bhv Tx By Phy/Qhp	BCBSMT	–
0362T	Applied Behavior Analysis (ABA)	Bhv Id Suprt Assmt Ea 15 Min	BCBSMT	–
0373T	Applied Behavior Analysis (ABA)	Adapt Bhv Tx Ea 15 Min	BCBSMT	–
90870	Electroconvulsive Therapy	Electroconvulsive Therapy	BCBSMT	–
96105	Psychological and Neuropsychological Testing	Assessment Of Aphasia	BCBSMT	–
96110	Psychological and Neuropsychological Testing	Developmental Screen W/Score	BCBSMT	–
96112	Psychological and Neuropsychological Testing	Devel Tst Phys/Qhp 1St Hr	BCBSMT	–
96113	Psychological and Neuropsychological Testing	Devel Tst Phys/Qhp Ea Addl	BCBSMT	–
96116	Psychological and Neuropsychological Testing	Nubhvl Xm Phys/Qhp 1St Hr	BCBSMT	–
96121	Psychological and Neuropsychological Testing	Nubhvl Xm Phy/Qhp Ea Addl Hr	BCBSMT	–
96125	Psychological and Neuropsychological Testing	Cognitive Test By Hc Pro	BCBSMT	–
96127	Psychological and Neuropsychological Testing	Brief Emotional/Behav Assmt	BCBSMT	–

96130	Psychological and Neuropsychological Testing	Psycl Tst Eval Phys/Qhp 1St	BCBSMT	—
96131	Psychological and Neuropsychological Testing	Psycl Tst Eval Phys/Qhp Ea	BCBSMT	—
96132	Psychological and Neuropsychological Testing	Nrpsyc Tst Eval Phys/Qhp 1St	BCBSMT	—
96133	Psychological and Neuropsychological Testing	Nrpsyc Tst Eval Phys/Qhp Ea	BCBSMT	—
96136	Psychological and Neuropsychological Testing	Psycl/Nrpsyc Tst Phy/Qhp 1St	BCBSMT	—
96137	Psychological and Neuropsychological Testing	Psycl/Nrpsyc Tst Phy/Qhp Ea	BCBSMT	—
96138	Psychological and Neuropsychological Testing	Psycl/Nrpsyc Tech 1St	BCBSMT	—
96139	Psychological and Neuropsychological Testing	Psycl/Nrpsyc Tst Tech Ea	BCBSMT	—
96146	Psychological and Neuropsychological Testing	Psycl/Nrpsyc Tst Auto Result	BCBSMT	—
90867	Repetitive Transcranial Magnetic Stimulation (rTMS)	Tcranial Magn Stim Tx Plan	BCBSMT	—
90868	Repetitive Transcranial Magnetic Stimulation (rTMS)	Tcranial Magn Stim Tx Deli	BCBSMT	—
90869	Repetitive Transcranial Magnetic Stimulation (rTMS)	Tcran Magn Stim Redetermine	BCBSMT	—

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Prior authorization is required for some members/services/drugs before services are rendered to confirm medical necessity as defined by the member's health benefit plan. A prior authorization is not a guarantee of benefits or payment. The terms of the member's plan control the available benefits.

Usually, the provider is responsible for requesting prior authorization before performing a service if the member is seeing an in-network provider. Sometimes, a plan may require the member to request prior authorization for services.

Once a prior authorization request is received and processed, the decision is communicated to the provider.

If you have questions, call the prior authorization number on the member's ID card.

This is not an exhaustive list of all codes. Codes may change, and this list may be updated throughout the year. The presence of codes on this list does not necessarily indicate coverage under the member benefits contract. Member contracts differ in their benefits. Always check eligibility and benefits first through the Availity® Essentials (availity.com) or your preferred web vendor portal to confirm coverage and other important details, including prior authorization or pre-notification requirements and vendors, if applicable. For some services/members, prior authorization may be required through Blue Cross and Blue Shield of Montana (BCBSMT). For other services/members, BCBSMT has contracted with Carelon Medical Benefits Management for utilization management and related services.

Obtaining prior authorization is not a substitute for checking eligibility and benefits.

Availity is a trademark of Availity, LLC, a separate company that operates a health information network providing electronic information exchange services to medical professionals. Availity provides administrative services to BCBSMT.

Carelon Medical Benefits Management is an independent company that has contracted with BCBSMT to provide utilization management services for members with coverage through BCBSMT.

BCBSMT makes no endorsement, representations or warranties regarding any products or services provided by third party vendors such as Availity or Carelon Medical Benefits Management.

If you have any questions about the products or services offered by such vendors, you should contact the vendor(s) directly. Please contact the vendor(s) directly for any questions regarding products or services offered.

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