

## 2022 Commercial Outpatient Benefit Preauthorization Behavioral Health Procedure Code List

This is not an exhaustive listing 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. It is imperative that providers check eligibility and benefits through Availity® or their preferred vendor to determine if a preauthorization is required.

| Service  | Service Description  |
|--|--|
| Elective or Emergency Inpatient                      | A short-term acute care facility which:<br>1. Is duly licensed as a Hospital by the state in which it is located and meets the standards established for such licensing, and is either accredited by the Joint Commission on Accreditation of Healthcare Organizations or is certified as a Hospital provider under Medicare;<br>2. Is primarily engaged in providing inpatient diagnostic and therapeutic services for the diagnosis, treatment, and care of injured and sick persons by or under the supervision of Physicians or Behavioral Health Practitioner for compensation from its patients;<br>3. Has organized departments of medicine and major surgery, either on its premises or in facilities available to the Hospital on a contractual prearranged basis, and maintains clinical records on all patients;<br>4. Provides 24-hour nursing services by or under the supervision of a Registered Nurse; and<br>5. Has in effect a Hospital Utilization Review Plan.   |
| 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. 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. |
| Residential Treatment Center (RTC) Admissions        | A facility setting (including a Residential Treatment Center for Children and Adolescents) offering a defined course of therapeutic intervention and special programming in a controlled environment which also offers a degree of security, supervision, structure and is licensed by the appropriate state and local authority to provide such service. It does not include half-way houses, wilderness programs, supervised living, group homes, boarding houses or other facilities that provide primarily a supportive environment and address long-term social needs, even if counseling is provided in such facilities. Patients are medically monitored with 24 hour medical availability and 24 hour onsite nursing service for Mental Health Care and/or for treatment of Chemical Dependency. BCBSMT requires that any facility providing Mental Health Care and/or a Chemical Dependency Treatment Center must be licensed in the state where it is located, or accredited by a national organization that is recognized by BCBSMT 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.   |
| Electroconvulsive Therapy (ECT), Outpatient*         | 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.   |
| 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.  |

\*Categories were certain codes that may require Prior Authorization have been included in the code table below.

PRESS "CTRL" AND "F" KEYS AT THE SAME TIME TO BRING UP THE SEARCH BOX. ENTER A PROCEDURE CODE OR DESCRIPTION OF THE SERVICE.

| Category  | Procedure Code | Code Description   | Medical Policy Number | Medical Policy Title   | Updates |
|---|----------------|--|-----------------------|--|---------|
| Applied Behavior Analysis (ABA)                     | 97151          | BHV ID ASSMT BY PHYS/QHP   | PSY301.021            | Applied Behavior Analysis (ABA) for Autism Spectrum Disorder (ASD) Diagnosis | N/A     |
| Applied Behavior Analysis (ABA)                     | 97152          | BHV ID SUPRT ASSMT BY 1 TECH   | PSY301.021            | Applied Behavior Analysis (ABA) for Autism Spectrum Disorder (ASD) Diagnosis | N/A     |
| Applied Behavior Analysis (ABA)                     | 97153          | ADAPTIVE BEHAVIOR TX BY TECH   | PSY301.021            | Applied Behavior Analysis (ABA) for Autism Spectrum Disorder (ASD) Diagnosis | N/A     |
| Applied Behavior Analysis (ABA)                     | 97154          | GRP ADAPT BHV TX BY TECH   | PSY301.021            | Applied Behavior Analysis (ABA) for Autism Spectrum Disorder (ASD) Diagnosis | N/A     |
| Applied Behavior Analysis (ABA)                     | 97155          | ADAPT BEHAVIOR TX PHYS/QHP   | PSY301.021            | Applied Behavior Analysis (ABA) for Autism Spectrum Disorder (ASD) Diagnosis | N/A     |
| Applied Behavior Analysis (ABA)                     | 97156          | FAM ADAPT BHV TX GDN PHY/QHP   | PSY301.021            | Applied Behavior Analysis (ABA) for Autism Spectrum Disorder (ASD) Diagnosis | N/A     |
| Applied Behavior Analysis (ABA)                     | 97157          | MULT FAM ADAPT BHV TX GDN  | PSY301.021            | Applied Behavior Analysis (ABA) for Autism Spectrum Disorder (ASD) Diagnosis | N/A     |
| Applied Behavior Analysis (ABA)                     | 97158          | GRP ADAPT BHV TX BY PHY/QHP  | PSY301.021            | Applied Behavior Analysis (ABA) for Autism Spectrum Disorder (ASD) Diagnosis | N/A     |
| Applied Behavior Analysis (ABA)                     | 0362T          | BHV ID SUPRT ASSMT EA 15 MIN   | PSY301.021            | Applied Behavior Analysis (ABA) for Autism Spectrum Disorder (ASD) Diagnosis | N/A     |
| Applied Behavior Analysis (ABA)                     | 0373T          | ADAPT BHV TX EA 15 MIN   | PSY301.021            | Applied Behavior Analysis (ABA) for Autism Spectrum Disorder (ASD) Diagnosis | N/A     |
| Electroconvulsive Therapy                           | 90870          | Electroconvulsive therapy (includes necessary monitoring)  | PSY301.013            | Electroconvulsive Therapy  | N/A     |
| Electroconvulsive Therapy                           | 00104          | Anesthesia for electroconvulsive therapy   | PSY301.013            | Electroconvulsive Therapy  | N/A     |
| Psychological and Neuropsychological Testing        | 96101          | Psychological Testing , per hour with psychologist or physician  | PSY301.020            | Psychological and Neuropsychological Testing                                 | N/A     |
| Psychological and Neuropsychological Testing        | 96102          | Psychological Testing, per hour with technician  | PSY301.020            | Psychological and Neuropsychological Testing                                 | N/A     |
| Psychological and Neuropsychological Testing        | 96103          | Psychological Testing administered by computer   | PSY301.020            | Psychological and Neuropsychological Testing                                 | N/A     |
| Psychological and Neuropsychological Testing        | 96105          | Assessment of Aphasia, per hour  | PSY301.020            | Psychological and Neuropsychological Testing                                 | N/A     |
| Psychological and Neuropsychological Testing        | 96110          | Developmental screening, per instrument  | PSY301.020            | Psychological and Neuropsychological Testing                                 | N/A     |
| Psychological and Neuropsychological Testing        | 96111          | Developmental testing with interpretation and report   | PSY301.020            | Psychological and Neuropsychological Testing                                 | N/A     |
| Psychological and Neuropsychological Testing        | 96116          | Neurobehavioral Status Exam, per hour  | PSY301.020            | Psychological and Neuropsychological Testing                                 | N/A     |
| Psychological and Neuropsychological Testing        | 96118          | Neuropsychological testing, per hour with psychologist or physician  | PSY301.020            | Psychological and Neuropsychological Testing                                 | N/A     |
| Psychological and Neuropsychological Testing        | 96119          | Neuropsychological testing, per hour with technician   | PSY301.020            | Psychological and Neuropsychological Testing                                 | N/A     |
| Psychological and Neuropsychological Testing        | 96120          | Neuropsychological testing, by computer  | PSY301.020            | Psychological and Neuropsychological Testing                                 | N/A     |
| Psychological and Neuropsychological Testing        | 96121          | Each additional hour for Neurobehavioral status exam- must be used with 96116 (not a stand alone code)               | PSY301.020            | Psychological and Neuropsychological Testing                                 | N/A     |
| Psychological and Neuropsychological Testing        | 96125          | Standardized Cognitive testing, per hour   | PSY301.020            | Psychological and Neuropsychological Testing                                 | N/A     |
| Psychological and Neuropsychological Testing        | 96127          | Brief emotional/behavior assessment  | PSY301.020            | Psychological and Neuropsychological Testing                                 | N/A     |
| Psychological and Neuropsychological Testing        | 96130          | Psychological interpretation and reporting following testing, by Qualified health care professional, first hour      | PSY301.020            | Psychological and Neuropsychological Testing                                 | N/A     |
| Psychological and Neuropsychological Testing        | 96131          | Each additional hour of 96130 (not a stand alone code)   | PSY301.020            | Psychological and Neuropsychological Testing                                 | N/A     |
| Psychological and Neuropsychological Testing        | 96132          | Neuropsychological interpretation and reporting following testing, by Qualified health care professional, first hour | PSY301.020            | Psychological and Neuropsychological Testing                                 | N/A     |
| Psychological and Neuropsychological Testing        | 96133          | Each additional hour of 96132 (not a stand alone code)   | PSY301.020            | Psychological and Neuropsychological Testing                                 | N/A     |
| Psychological and Neuropsychological Testing        | 96136          | Administration of Psychological or Neuropsychological testing by physician or psychologist, first 30 minutes         | PSY301.020            | Psychological and Neuropsychological Testing                                 | N/A     |
| Psychological and Neuropsychological Testing        | 96137          | Each additional 30 minutes of 96136 (not a stand alone code)   | PSY301.020            | Psychological and Neuropsychological Testing                                 | N/A     |
| Psychological and Neuropsychological Testing        | 96138          | Administration of Psychological or Neuropsychological testing by a technician, first 30 minutes                      | PSY301.020            | Psychological and Neuropsychological Testing                                 | N/A     |
| Psychological and Neuropsychological Testing        | 96139          | Each additional 30 minutes of 96138 (not a stand alone code)   | PSY301.020            | Psychological and Neuropsychological Testing                                 | N/A     |
| Psychological and Neuropsychological Testing        | 96146          | A single psychological or neuropsychological test administration by computer   | PSY301.020            | Psychological and Neuropsychological Testing                                 | N/A     |
| Repetitive Transcranial Magnetic Stimulation (rTMS) | 90867          | TCRANIAL MAGN STIM TX PLAN   | PSY301.015            | Repetitive Transcranial Magnetic Stimulation (rTMS)                          | N/A     |
| Repetitive Transcranial Magnetic Stimulation (rTMS) | 90868          | Subsequent delivery and management, per session  | PSY301.015            | Repetitive Transcranial Magnetic Stimulation (rTMS)                          | N/A     |
| Repetitive Transcranial Magnetic Stimulation (rTMS) | 90869          | Sunsequent motor threshold re-determination  | PSY301.015            | Repetitive Transcranial Magnetic Stimulation (rTMS)                          | N/A     |