

UNITED HEALTHCARE COMMUNITY PLAN OF INDIANA HOOSIER CARE CONNECT BEHAVIORAL HEALTH PRIOR AUTHORIZATION LIST

Service	Benefit Description	Procedure Code(s)	Auth Required?
All inpatient stays require an authorization			
All non-participating providers require an authorization			
Drug Testing	DRUG TEST PRSMV DIR OPT OBS	80305	Prior Authorization required after 52 cumulative units per member per calendar year
Drug Testing	DRUG TEST PRSMV INSTRMNT	80306	Prior Authorization required after 52 cumulative units per member per calendar year
Drug Testing	DRUG TEST PRSMV CHEM ANALYZR	80307	Prior Authorization required after 52 cumulative units per member per calendar year
Add-On	Interactive complexity (List separately in addition to the code for primary procedure)	+90785	See primary code
Add-On	Psychotherapy, 30 minutes with patient when performed with an evaluation and management service (List separately in addition to the	+90833	See primary code
Add-On	Psychotherapy, 45 minutes with patient when performed with an evaluation and management service (List separately in addition to the	+90836	See primary code
Add-On	Psychotherapy, 60 minutes with patient when performed with an evaluation and management service (List separately in addition to the	+90838	See primary code
Add-On	Psychotherapy for crisis; each additional 30 minutes (List separately in addition to code for primary service)	+90840	See primary code
TMS	Therapeutic Repetitive Transcranial magnetic stimulation treatment; planning 1 VISIT	90867	Yes
TMS	Therapeutic Repetitive Transcranial magnetic stimulation treatment; delivery and management, per session 1 VISIT	90868	Yes
TMS	Therapeutic Repetitive Transcranial Magnetic Stimulation (TMS) treatment; subsequent motor threshold Re-determination with delivery	90869	Yes
ECT	ECT (Single Seizures)	90870	Yes
Psy/Neuropsych Testing	Neurobehavioral status exam (clinical assessment of thinking, reasoning and judgment, [eg, acquired knowledge, attention, language, memory,	96116	Yes
Psy/Neuropsych Testing	Neurobehavioral status exam (clinical assessment of thinking, reasoning and judgment, [eg, acquired knowledge, attention, language, memory,	96121	Yes
Psy/Neuropsych Testing	Psychological testing evaluation services by physician or other qualified health care professional, including integration of patient data,	96130	Yes
Psy/Neuropsych Testing	Psychological testing evaluation services, by physician or other qualified health care professional, each additional hour	96131	Yes
Psy/Neuropsych Testing	Neuropsychological testing evaluation services by physician or other qualified health care professional, including integration of patient data,	96132	Yes
Psy/Neuropsych Testing	Neuropsychological testing evaluation services by physician or other qualified health care professional, each additional hour	96133	Yes
Psy/Neuropsych Testing	Psychological or neuropsychological test admin and scoring by physician or other qualified health care professional, two or more tests,	96136	Yes
Psy/Neuropsych Testing	Psychological or neuropsychological test admin and scoring by physician or other qualified health care professional, two or more tests,	96137	Yes
Psy/Neuropsych Testing	Psychological or neuropsychological test admin and scoring by technician, two or more tests, any method, first 30 minutes	96138	Yes
Psy/Neuropsych Testing	Psychological or neuropsychological test admin and scoring by technician, two or more tests, any method, each additional 30 minutes	96139	Yes
Psy/Neuropsych Testing	Psychological or neuropsychological test admin, with single automated, standardized instrument via electronic platform, with automated result	96146	Yes
Health and Behavior	Health behavior intervention, individual, face-to-face; each additional 15 minutes (List separately in addition to code for primary service)	+96159	See primary code
Health and Behavior	Health behavior intervention, group (2 or more patients), face-to-face; each additional 15 minutes (List separately in addition to code for	+96165	See primary code
Health and Behavior	Health behavior intervention, family (with the patient present), face-to-face; each additional 15 minutes (List separately in addition to code for	+96168	See primary code
Health and Behavior	Health behavior intervention, family (without the patient present), face-to-face; each additional 15 minutes (List	+96171	See primary code
ABA	Behavior ID Assessment by PHYS/QHP EA 15 min (Not currently in use for all States/LOBs)	97151	Yes
ABA	BEHAVIOR ID SUPPORT ASSMT BY 1 TECH EA 15 MIN (Not currently in use for all States/LOBs)	97152	Yes
ABA	ADAPTIVE BEHAVIOR TX BY PROTOCOL TECH EA 15 MIN (Not currently in use for all States/LOBs)	97153	Yes
ABA	GROUP ADAPTIVE BHV TX BY PROTOCOL TECH EA 15 MIN (Not currently in use for all States/LOBs)	97154	Yes
ABA	ADAPT BHV TX PRCL MODIFICAJ PHYS/QHP EA 15 MIN (Not currently in use for all States/LOBs)	97155	Yes
ABA	FAMILY ADAPT BHV TX GDN PHYS/QHP EA 15 MIN	97156	Yes
ABA	MULTIPLE FAM GROUP BHV TX GDN PHYS/QHP EA 15 MIN	97157	Yes

ABA	GRP ADAPT BHV PRCL MODIFCAJ PHYS/QHP EA 15 MIN	97158	Yes
ABA	BEHAVIOR ID SUPPORT ASSMT EA 15 MIN TECH TIME	0362T	Yes
ABA	ADAPT BHV TX PRCL MODIFCAJ EA 15 MIN TECH TIME	0373T	Yes
Add-On	Prolonged evaluation and management or psychotherapy service(s) (beyond the typical service time of the primary procedure) in the office	+99354	See primary code
Add-On	Prolonged evaluation and management or psychotherapy service(s) (beyond the typical service time of the primary procedure) in the office	+99355	See primary code
Add-On	Prolonged office or other outpatient service by clinical staff, each 15 minutes of total time	+99417	See primary code
Unlisted Service	Unlisted evaluation and management service	99499	Yes
Drug Testing	DRUG TEST DEF 1-7 CLASSES	G0480	Prior Authorization required after 16 cumulative units per member per calendar year
Drug Testing	DRUG TEST DEF 8-14 CLASSES	G0481	Prior Authorization required after 16 cumulative units per member per calendar year
Drug Testing	DRUG TEST DEF 15-21 CLASSES	G0482	Yes
Drug Testing	DRUG TEST DEF 22+ CLASSES	G0483	Yes
Drug Testing	DRUG TEST DEF SIMPLE ALL CL	G0659	Prior Authorization required after 16 cumulative units per member per calendar year
Add-On	Prolonged office or other outpatient evaluation and management service(s) beyond the maximum required time of the primary	+G2212	See primary code
SUD Resi	Alcohol and/or drug services; sub-acute detoxification (residential addiction program inpatient)	H0010	Yes
Intensive outpatient treatment	Alcohol and/or drug services; intensive outpatient (treatment program that operates at least 3 hours/day and at least 3 days/week and is	H0015	Yes
PHP	Mental health partial hospitalization, treatment, less than 24 hours	H0035	Yes
SUD Resi	Alcohol and/or drug abuse halfway house services, per diem	H2034	Yes
Intensive outpatient treatment	Intensive outpatient psychiatric services, per diem	S9480	Yes
Case Management	Lead (Pb) Targeted Case Management	T1016	Yes

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Service	Benefit Description	Procedure Code(s)	Auth Required?
IOT Revenue Codes that require prior authorization (905 & 906)			
Intensive outpatient treatment	Intensive OP Services - Psychiatric (IOP)	905	Yes
Intensive outpatient treatment	Intensive OP Services - Chem Dep SUD (IOP)	906	Yes