



**2019 Prior Authorization Code List for Behavioral Health Provider Services
Integrated Managed Care/Behavioral Health Services Only
Clark and Skamania Counties**

Note: This list is not intended to replace the use of the Prior Authorization list, nor is the list necessarily complete. Providers should only use this as a supplement to and after first consulting the Prior Authorization list. This list does not guarantee payment.

01/01/2019 PA List

Please refer to the 2019 Prior Authorization Code Lookup for all Non-Behavioral Health related codes, including Injectable Drugs.

PA CATEGORY	DESCRIPTION	Code(s)	Additional Notes
Psychiatric & Substance Use Disorder (SUD) Inpatient Services	<ul style="list-style-type: none"> Acute Psychiatric Inpatient Evaluation & Treatment Inpatient Acute Withdrawal (Detoxification) Crisis Stabilization in residential setting Inpatient rehabilitation, SUD Inpatient residential treatment center, psychiatric Inpatient residential treatment center, SUD Any facility-based service providing 24 hours/day and 7 days per week services 	ALL INPATIENT/RESIDENTIAL INSTITUTIONAL TYPE OF BILL (TOB) H0018 H0019 H2036 H0010 H0011 56000 S9484	Pre-service authorization required for non-emergency admissions
High Intensity Outpatient Programs	<ul style="list-style-type: none"> Intensive Outpatient Program (IOP) Partial Hospitalization Program (PHP) Day Treatment Program WISe Program PACT Program 	H0040 H2012 H2022 H2033 S9480 H0035 H0018	Intensive Outpatient Program and Partial Hospitalization Program effective date 7/1/16. Prior authorization for Partial Hospitalization cannot be identified by procedure/REV codes only. Refer to the CMS billing requirement for PHP. Example of one of the requirements is the condition code 41.
Community Support Services	<ul style="list-style-type: none"> SUD Recovery Services Psychosocial Case Management/other Case Management services Psychosocial Rehabilitation Psychosocial Rehabilitation Peer Support 	H0036 H2015 H2017 H0038 H0023 H0047	PA required: 16 hours or more per month for 2 consecutive months, combination of all codes.
Applied Behavioral Analysis for Autism Spectrum Disorder	Applied Behavioral Analysis for Autism Spectrum Disorder	0373T H2020	Treatment provided to beneficiaries diagnosed with Autism Spectrum Disorder other Developmental Disorder between the ages of 0-21.
Electroconvulsive Therapy	Electroconvulsive Therapy (ECT)	90870	
Psychological Testing	Psychological Testing	96101 96102 96103	No for the first 2 units (hours) in a lifetime, yes for additional units of service once the limit has been met
Neuropsychological Testing	Neuropsychological Testing	96116 96120	
Repetitive Transcranial Magnetic Stimulation (RTMS)	Repetitive Transcranial Magnetic Stimulation (RTMS)	90867 90868 90869	
WISE PROGRAM	ALL SERVICES	CODES BILLED WITH U8 MODIFIER	
WA-PACT PROGRAM	ALL SERVICES	CODES BILLED WITH UD MODIFIER	