

## Indiana Medicaid Hoosier Care Connect

Effective Oct. 1, 2023

### Overview

The table below outlines the behavioral health services that require prior authorization for the Indiana Medicaid Hoosier Care Connect managed care contract.

Please check this list before you provide services to UnitedHealthcare Community Plan members. Additional information about prior authorization for behavioral health services can be found in the Optum Behavioral Health [National Network Manual](#) (pages 38-40). If you have additional questions, please call the Customer Service number on the back of the member's ID card.

**Note:** Out-of-network (non-participating) providers do not require authorization, per Indiana Health Coverage Programs (IHCP) Bulletin BT202123. All inpatient stays require an authorization. All substance use disorder and mental health partial hospitalization program and intensive outpatient program services require authorization. Prior authorization is not required when rendering emergency services.

### Prior authorization requirement ending on Nov. 1, 2023

Service Description	Procedure Code	Additional Information
ECT (Single Seizures)	90870	

### Prior authorization continues to be required for these codes

Service Description	Revenue Code	Additional Information
Intensive OP Services – Psychiatric (IOP)	905	
Intensive OP Services – Chem Dep SUD (IOP)	906	
Therapeutic Repetitive Transcranial magnetic stimulation treatment; planning 1 visit	90867	
Therapeutic Repetitive Transcranial magnetic stimulation treatment; delivery and management, per session 1 visit	90868	
Therapeutic Repetitive Transcranial Magnetic Stimulation (TMS) treatment; subsequent motor threshold Re-determination with delivery and management 1 visit	90869	

Neurobehavioral status exam (clinical assessment of thinking, reasoning, and judgment, [e.g., acquired knowledge, attention, language, memory, planning and problem solving, and visual spatial abilities]), by physician or other qualified health care professional, both face-to-face time with the patient and time interpreting test results and preparing the report	96116	
Neurobehavioral status exam (clinical assessment of thinking, reasoning, and judgment, [e.g., acquired knowledge, attention, language, memory, planning and problem solving, and visual spatial abilities]), by physician or other qualified health care professional, both face-to-face time with the patient and time interpreting test results and preparing the report; each additional hour	96121	
Psychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report and interactive feedback to the patient, family member(s) or caregiver(s), when performed, first hour	96130	
Psychological testing evaluation services, by physician or other qualified health care professional, each additional hour	96131	
Psychological or neuropsychological test admin and scoring by physician or other qualified health care professional, two or more tests, any method, first 30 minutes	96136	Per IHCP regulations, Neuropsychological testing requires auth. <ul style="list-style-type: none"> <li>• Auth Required – Only if the Admin &amp; Scoring codes are submitted with Psychological Testing Eval Codes 96130 &amp; 96131</li> <li>• No Auth Required - If the Admin &amp; Scoring codes are submitted with Neuropsychological Testing Eval Codes 96132 &amp; 96133</li> </ul>
Psychological or neuropsychological test admin and scoring by physician or other qualified health care professional, two or more tests, any method, each additional 30 minutes	96137	Per IHCP regulations, Neuropsychological testing requires auth. <ul style="list-style-type: none"> <li>• Auth Required – Only if the Admin &amp; Scoring codes are submitted with Psychological Testing Eval Codes 96130 &amp; 96131</li> <li>• No Auth Required - If the Admin &amp; Scoring codes are submitted with</li> </ul>

		Neuropsychological Testing Eval Codes 96132 & 96133
Psychological or neuropsychological test admin and scoring by technician, two or more tests, any method, first 30 minutes	96138	Per IHCP regulations, Neuropsychological testing requires auth. • Auth Required – Only if the Admin & Scoring codes are submitted with Psychological Testing Eval Codes 96130 & 96131 • No Auth Required - If the Admin & Scoring codes are submitted with Neuropsychological Testing Eval Codes 96132 & 96133
Psychological or neuropsychological test admin and scoring by technician, two or more tests, any method, each additional 30 minutes	96139	Per IHCP regulations, Neuropsychological testing requires auth. • Auth Required – Only if the Admin & Scoring codes are submitted with Psychological Testing Eval Codes 96130 & 96131 • No Auth Required - If the Admin & Scoring codes are submitted with Neuropsychological Testing Eval Codes 96132 & 96133
Psychological or neuropsychological test admin, with single automated, standardized instrument via electronic platform, with automated result only	96146	Per IHCP regulations, Neuropsychological testing requires auth.
Behavior ID assessment by PHYS/QHP each 15 min (Not currently in use for all States/LOBs)	97151	
Behavior ID support assessment by 1 tech each 15 min (Not currently in use for all States/LOBs)	97152	
Adaptive behavior treatment by protocol tech each 15 min (Not currently in use for all States/LOBs)	97153	
Group adaptive behavior treatment by protocol tech each 15 min (Not currently in use for all States/LOBs)	97154	
Adaptive behavior treatment protocol modification PHYS/QHP each 15 min (Not currently in use for all States/LOBs)	97155	
Family adaptive behavior treatment guidance PHYS/QHP each 15 min	97156	
Multiple family group behavior treatment guidance PHYS/QHP each 15 min	97157	
Group adaptive behavior protocol modification PHYS/QHP each 15 min	97158	

Unlisted evaluation and management service	99499	
Interactive complexity (List separately in addition to the code for primary procedure)	+90785	See primary code
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 behavior intervention, group (2 or more patients), face-to-face; each additional 15 minutes (List separately in addition to code for primary service)	+96165	See primary code
Health behavior intervention, family (with the patient present), face-to-face; each additional 15 minutes (List separately in addition to code for primary service)	+96168	See primary code
Health behavior intervention, family (without the patient present), face-to-face; each additional 15 minutes (List separately in addition to code for primary service)	+96171	See primary code
Prolonged office or other outpatient service by clinical staff, each 15 minutes of total time	+99417	See primary code
Prolonged inpatient or observation evaluation and management service(s) time with or without direct patient contact beyond the required time of the primary service when the primary service level has been selected using total time, each 15 minutes of total time (List separately in addition to the code of the inpatient and observation Evaluation and Management service)	+99418	See primary code
Prolonged office or other outpatient evaluation and management service(s) beyond the maximum required time of the primary procedure which has been selected using total time on the date of the primary service; each additional 15 minutes by the physician or qualified healthcare professional, with or without direct patient contact (list separately in addition to CPT codes 99205, 99215 for office or other outpatient evaluation and management services).	+G2212	See primary code

Behavior ID support assessment each 15 min tech time	0362T	
Adaptive behavior treatment protocol modification each 15 min tech time	0373T	
Drug test def 1-7 classes	G0480	Prior Authorization required after 16 cumulative units per member per calendar year
Drug test def 8-14 classes	G0481	Prior Authorization required after 16 cumulative units per member per calendar year
Drug test def 15-21 classes	G0482	
Drug test def 22+ classes	G0483	
Drug test def simple all classes	G0659	Prior Authorization required after 16 cumulative units per member per calendar year
Alcohol and/or drug services; sub-acute detoxification (residential addiction program inpatient)	H0010	
Alcohol and/or drug services; intensive outpatient (treatment program that operates at least 3 hours/day and at least 3 days/week and is based on an individualized treatment plan), including assessment, counseling; crisis intervention, and activity therapies or education	H0015	
Mental health partial hospitalization, treatment, less than 24 hours	H0035	
Alcohol and/or drug abuse halfway house services, per diem	H2034	
Intensive outpatient psychiatric services, per diem	S9480	
Lead (Pb) Targeted Case Management	T1016	