

Commercial Behavioral Health Services

Services	Prior Auth
Office consultation for a new or established patient 15, 30, 40, 60, or 80 minutes	No
Inpatient Consultation for a new or established patient, 20, 40, 55, 80, or 110 minutes)	No
Prolonged Physician Service in the Office or Outpatient Setting	No
Prolonged Services, Office or Other Outpatient	No
Prolonged Evaluation & Management Service	No
Office or other outpatient visit for the evaluation and management of a new patient, 10, 20, 30, 45, or 60 minutes face-to-face with the patient and/or family.	No
Office or other outpatient visit for the evaluation and management of an established patient, 5, 10, 15, 25, or 40 minutes	No
Psychiatric diagnostic evaluation with medical services	No
Psychotherapy, 30, 45, or 60 minutes with patient and/or family member	No
Psychotherapy for crisis; first 60 minutes	No
Psychoanalysis	No
Family Psychotherapy without Patient	No
Family Medical Psychotherapy (with patient)	No
Multiple-Family Group Medical Psychotherapy	No
Group Medical Psychotherapy	No
Narcosynthesis for psychiatric diagnostic and therapeutic purposes	No
Individual Psychophysiological Therapy Incorporating Biofeedback Training 20-30 or 45-50 minutes	No
Hypnotherapy ** Benefit termed 12/31/16**	No
Psychiatric evaluation of hospital records	No
Interpretation or Explanation of Results of Psychiatric Data to family or other responsible persons.	No
Initial hospital care, per day, for the evaluation and management of a patient (30, 50, and 70 minutes)	No
Initial nursing facility care, per day, for the evaluation and management of a patient, 25, 35, or 45 minutes at the bedside and on the patient's facility floor or unit	No
Subsequent nursing facility care, per day, for the evaluation and management of a patient, 10, 15, 25, or 35 minutes at the bedside and on the patient's facility floor or unit	No
Nursing facility discharge day, 1-30 min or more than 30 min	No
Annual nursing facility assessment, stable	No
Domiciliary or rest home visit for the evaluation and management of a new patient, 20, 30, 45, 60, or 75 minutes with the patient and/or family or caregiver	No

Domiciliary or rest home visit for the evaluation and management of an established patient, 15, 25, 40, or 60 minutes with the patient and/or family or caregiver	No
Home visit for the evaluation and management of a new patient, typically spend 20, 30, or 75 minutes face-to-face with the patient and/or family	No
Home visit for the evaluation and management of an established patient, 15, 25, 40, or 60 minutes face-to-face with the patient and/or family	No
Home visit for assistance with activities of daily living and personal care	No
Home visit for individual, family, or marriage counseling	No
Unlisted home visit service or procedure	No
Crisis Intervention	No
Crisis Intervention - Per Diem	No
Medication assisted treatment, methadone; weekly bundle including dispensing and/or administration, substance use counseling, individual and group therapy, and toxicology testing, if performed (provision of the services by a Medicare-enrolled Opioid Treatment Program)	No
Medication assisted treatment, buprenorphine (oral); weekly bundle including dispensing and/or administration, substance use counseling, individual and group therapy, and toxicology testing if performed (provision of the services by a Medicare-enrolled Opioid Treatment Program)	No
Medication assisted treatment, buprenorphine (injectable); weekly bundle including dispensing and/or administration, substance use counseling, individual and group therapy, and toxicology testing if performed (provision of the services by a Medicare-enrolled Opioid Treatment Program)	No
Medication assisted treatment, buprenorphine (implant insertion); weekly bundle including dispensing and/or administration, substance use counseling, individual and group therapy, and toxicology testing if performed (provision of the services by a Medicare-enrolled Opioid Treatment Program)	No
Medication assisted treatment, buprenorphine (implant removal); weekly bundle including dispensing and/or administration, substance use counseling, individual and group therapy, and toxicology testing if performed (provision of the services by a Medicare-enrolled Opioid Treatment Program)	No
Medication assisted treatment, buprenorphine (implant insertion and removal); weekly bundle including dispensing and/or administration, substance use counseling, individual and group therapy, and toxicology testing if performed (provision of the services by a Medicare-enrolled Opioid Treatment Program)	No
Medication assisted treatment, naltrexone; weekly bundle including dispensing and/or administration, substance use counseling, individual and group therapy, and toxicology testing if performed (provision of the services by a Medicare-enrolled Opioid Treatment Program)	No
Medication assisted treatment, weekly bundle not including the drug, including substance use counseling, individual and group therapy, and toxicology testing if performed (provision of the services by a Medicare-enrolled Opioid Treatment Program)	No
Medication assisted treatment, medication not otherwise specified; weekly bundle including dispensing and/or administration, substance use counseling, individual and group therapy, and toxicology testing, if performed (provision of the services by a Medicare-enrolled Opioid Treatment Program)	No

Office-based treatment for opioid use disorder, including development of the treatment plan, care coordination, individual therapy and group therapy and counseling; at least 70 minutes in the first calendar month.	No
Office-based treatment for opioid use disorder, including care coordination, individual therapy and group therapy and counseling; at least 60 minutes in a subsequent calendar month.	No
Observation care discharge day management	No
Initial observation care, per day, for the evaluation and management of a patient (30, 50, and 70 minutes)	No
Subsequent observation care, level I, II, and III	No
Subsequent hospital care, per day, for the evaluation and management of a patient (15, 25, and 35 minutes)	No
Observation or inpatient hospital care, per day, for the evaluation and management of a patient, low severity, 40 minutes/moderate severity, 50 minutes or/high severity, 55 minutes	No
Hospital discharge day management; 30 minutes or less and more than 30 minutes	No
Prolonged Service, Inpatient	No
Prolonged Service, Inpatient each Additional	No
Prolonged Evaluation & Management Service	No
ABA therapy (including initial eval, continued treatment, and AFL)	Yes
Inpatient Facility (including 23 hour and 72 hour bed)	Yes
Autism Evaluations	Yes
Psych Testing	Yes
Residential Treatment	Yes
Biofeedback Therapy	Yes
ECT	Yes
TMS	Yes
Esketamine	Yes
Intensive In-Home	Yes
Intensive Outpatient (IOP) for Adults, AFL, Peds, Peds AFL, substance abuse for both Adults and Peds, chemical dependency, alcohol and/ or drug services, and psychiatric (to include per diem)	Yes
Developmental Screening with interpretation and reporting std form	Yes
Developmental test administration (including assessment of fine and/or gross motor, language, cognitive level, social, memory and/or executive functions by standardized developmental instruments when performed), by physician or other qualified health care professional, with interpretation and report: first hour	Yes
Neurobehavioral status exam (clinical assessment of thinking, reasoning, and judgement, [eg, acquired knowledge, attention, language, memory, planning and problem solving, and visual spatial abilities]), by physician or other qualified professional, both face-to-face time with the patient and time interpreting test results and preparing the report; first hour	Yes

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	Yes
Neuropsychological 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	Yes
Psychological or neuropsychological test administration and scoring by physician or other qualified health care professional, <u>two or more tests, any method: first 30 minutes</u>	Yes
Psychological or neuropsychological test administration and scoring by technician, two or more tests, any method; first 30 minutes	Yes
Psychological or neuropsychological test administration, with single automated, standardized instrument via electronic platform, <u>with automated result only</u>	Yes
OP Detox	Yes
OP Detox	Yes
Alcohol and/or drug services; ambulatory detox	Yes
Community Behavioral Health Program	Yes
Partial Hospitalization - less intensive	Yes
Partial Hospitalization - intensive	Yes
Mental health partial hospitalization, treatment, less than 24 hours	Yes
Behavior identification assessment, administered by a physician or other qualified healthcare professional, each 15 minutes of the physician's or other QHP's time face-to-face with patient, and/or guardian(s) administering assessments and discussing findings and recommendations, and non face-to-face analyzing past data, scoring/interpreting the assessment, and preparing <u>the report/treatment plan</u>	Yes
Mental health service plan development by nonphysician	Yes
Behavior identification supporting assessment, administered by one technician under the direction of a physician or other <u>qualified healthcare professional, face to face with the patient, each 15 minutes</u>	Yes
Behavior identification supporting assessment, each 15 minutes of technician's time face-to-face with a patient requiring the following components: *administered by the physician or other qualified healthcare professional who is on-site, * with the assistance of two or more technicians,*for a patient who exhibits destructive behavior, *completed in an environment that is <u>customized to a patient's behavior</u>	Yes
Adaptive behavior treatment by protocol, administered by technician under the direction of a physician or other QHP, <u>face-to-face with one patient, each 15 minutes</u>	Yes
Group adaptive behavior treatment by protocol, administered by technician under the direction of a physician or other QHP , <u>face-to-face with 2 or more patients, each 15 minutes</u>	Yes
Adaptive behavior treatment, with protocol modification, administered by physician or other QHP, which includes simultaneous <u>direction of technician, face-to-face with one patient, each 15 minutes</u>	Yes
Family adaptive behavior treatment guidance administered by physician or other QHP (with or without the patient present), <u>face-to-face with guardians(s)/caregiver(s), each 15 minutes</u>	Yes
Multiple-family group adaptive behavior treatment administered by physician or other qualified healthcare professional (without the patient present) face-to-face with multiple sets of guardians(s)/ caregiver(s)	Yes

Group adaptive behavior treatment with protocol modifications, administered by a physician or other QHP , face to face with <u>multiple patients' each 15 minutes</u>	Yes
Adaptive behavior treatment with protocol modification, each 15 minutes of technician's time face-to-face with a patient requiring the following components: *administered by the physician or other qualified healthcare professional who is on site, * with the assistance of two or more technicians,*for a patient who exhibits destructive behavior, *completed in an <u>environment that is customized to a patient's behavior</u>	Yes
Office or other outpatient visit for the evaluation and management [E&M] of an established patient that requires the supervision of a physician or other qualified health care professional and provision of <u>up to 56 mg of esketamine nasal self-administration, includes 2 hours post-administration observation</u>	Yes
Office or other outpatient visit for the evaluation and management of an established patient that requires the supervision of a physician or other qualified health care professional and provision of <u>greater than 56 mg esketamine nasal self-administration, includes 2 hours post-administration observation</u>	Yes
Add-on Code -Intake activities, including initial medical examination that is a complete, fully documented physical evaluation and initial assessment by a program physician or a primary care physician, or an authorized healthcare professional under the supervision of a program physician or qualified personnel that includes preparation of a treatment plan that includes the patient's short-term goals and the tasks the patient must perform to complete the short-term goals; the patient's requirements for education, vocational rehabilitation, and employment; and the medical, psycho-social, economic, legal, or other supportive services that a patient needs, conducted by qualified personnel (provision of the services by a Medicare-enrolled Opioid Treatment Program); List separately in addition to code for primary procedure.	Yes
Add-on Code Periodic assessment; assessing periodically by qualified personnel to determine the most appropriate combination of services and treatment (provision of the services by a Medicare-enrolled Opioid Treatment Program); List <u>separately in addition to code for primary procedure</u>	Yes
Add-on Code - Take-home supply of methadone; up to 7 additional day supply (provision of the services by a Medicare-enrolled Opioid Treatment Program); List <u>separately in addition to code for primary procedure</u> .	Yes
Add-on Code -Take-home supply of buprenorphine (oral); up to 7 additional day supply (provision of the services by a Medicare-enrolled Opioid Treatment Program); List separately in addition to code for primary procedure.	Yes
Add-on Code - Each additional 30 minutes of counseling in a week of medication assisted treatment, (provision of the services by a Medicare-enrolled Opioid Treatment Program); List separately in addition to code for primary procedure.	Yes
Add-on Code Office-based treatment for opioid use disorder, including care coordination, individual therapy and group therapy and counseling; each additional 30 minutes beyond the first 120 minutes	Yes