



THP BEHAVIORAL HEALTH PRIOR AUTHORIZATION GUIDELINES

CODE	CODE DESCRIPTION	AVAILABLE BY TELEHEALTH	CRITERIA	PREAUTHORIZATION REQUIREMENTS	SPECIAL REMARKS
H2036U1HF	Residential Recovery Services ASAM Level 3.1	NO	BMS	YES, after three days	Program must be certified by BMS, authorization schedule will be 14 days then weekly to discharge.
H2036U3HF	Residential Recovery Services ASAM Level 3.3	NO	BMS	YES, after three days	Program must be certified by BMS, authorization schedule will be weekly.
H2036U5HF	Residential Recovery Services ASAM Level 3.5	NO	BMS	YES, after three days	Program must be certified by BMS, authorization schedule will be weekly.
H2036U7HF	Residential Recovery Services ASAM Level 3.7	NO	BMS	YES, after three days	Program must be certified by BMS, may be hospital based, authorization schedule will be weekly.
H0038	Peer recovery support	YES	BMS	YES, after 400 units	Providers are capped at 16 units per day. Each PRSS must be certified by BMS, working within a LBHC. Maximum case load of 20.
96112	Developmental test administration by qualified professional with interpretation and report, first hour	NO	Interqual	NO	One event per provider per year.
96113	Developmental test administration by qualified professional with interpretation and report, each additional half hour	NO	Interqual	YES, after 6 units	Billed in conjunction with 96112, may <b>ONLY</b> be billed in conjunction with psychological CPT testing codes 96130 and 96131. One event per provider per year.
96130	Psychological testing evaluation services by qualified health care professional, including interpretation, report preparation and feedback to patient and caregivers, first hour	NO	Interqual	NO	May be billed in conjunction with other psychological testing codes. One event per provider per year.
96131	Psychological testing evaluation services by qualified health care professional, including interpretation, report preparation and feedback to patient and caregivers, each additional hour	NO	Interqual	YES, after 1 unit	May be billed in conjunction with other psychological testing codes. One event per provider per year.
96132	Neuropsychological testing evaluation services by qualified health care professional, including interpretation, report prep, feedback to patient and caregivers; first hour	NO	Interqual	YES, must be performed by professionally qualified individual	May be billed in conjunction with 96136 and 96137. One event per provider per year.
96133	Neuropsychological testing evaluation services by qualified health care professional, including interpretation, report prep, feedback to patient and caregivers, each additional hour	NO	Interqual	YES, must be performed by professionally qualified individual	May be billed in conjunction with 96132, 96136, 96137. One event per provider per year.



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96136	Psychological or neuropsychological test administration and scoring by qualified health care professional, two or more tests, any method, first 30 minutes	NO	Interqual	NO	One event per provider per year. May not be used for administration of screening tools. May be billed in conjunction with any other testing code <b>EXCEPT</b> 96112 and 96113 once per year per provider.
96137	Psychological or neuropsychological test administration and scoring by qualified health care professional, two or more tests, any method, each additional 30 minutes	NO	Interqual	YES, after 6 units	Billed in conjunction with 96136. May be billed in conjunction with any other psychological testing code <b>EXCEPT</b> 96112 and 96113. May not be used for administration of screening tools. Billed once per year per provider.
96146	Psychological or neuropsychological test administration, with single automated instrument via electronic platform, with automated result only	NO	Interqual	NO	May be billed in conjunction with other psychological testing codes. One event per provider per year.
96116	Neurobehavioral status exam by qualified health professional, both face to face time and time preparing test results and the report	NO	Interqual	NO	One event per provider, per six (6) months. Must be performed by qualified professional.
H0015	Intensive Outpatient Services	NO	BMS	YES, after 30 sessions	Rate is bundled to a per diem; program must be approved by BMS; individual rates negotiated by THP for each provider. Non Par providers must obtain prior authorization
	Partial Hospitalization Program	NO	Interqual	YES	Rate is a per diem negotiated for each provider. Non PAR providers must obtain prior authorization
H2015	Comprehensive Community Supports	NO	BMS	NO	