



**2018 Prior Authorization Code List for Behavioral Health Provider Services
Integrated Managed Care/Behavioral Health Services Only
Clark and Skamania Counties**

Please refer to the 2018 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)	Pre-service authorization required for non-emergency admissions
		H0018	
		H0019	
		H2036	
		H0010	
		H0011	
		S6000	
		S9484	
		H0040	
		H2012	
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 	H2022	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.
		H2033	
		S9480	
		H0035	
		H0018	
		H0036	
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 	H2015	PA required: 16 hours or more per month for 2 consecutive months, combination of all codes.
		H2017	
		H0038	
		H0023	
		H0047	
Applied Behavioral Analysis for Autism Spectrum Disorder	Applied Behavioral Analysis for Autism Spectrum Disorder	0364T	Treatment provided to beneficiaries diagnosed with Autism Spectrum Disorder other Developmental Disorder between the ages of 0-21.
		0365T	
		0366T	
		0367T	
		0373T	
		0374T	
		H2020	
Electroconvulsive Therapy	Electroconvulsive Therapy (ECT)	90870	
Psychological Testing	Psychological Testing	96101	No for the first 2 units (hours) in a lifetime, yes for additional units of service once the limit has been met
		96102	
		96103	
Neuropsychological Testing	Neuropsychological Testing	96116	
		96118	
		96119	
		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	