

PREAUTHORIZATION REQUIREMENTS LIST EFFECTIVE 01/01/2021

Updated 03/01/2021

- Preauthorization is required by BCBSMT for certain services to determine in advance the Medical Necessity or Experiment Investigational and/or Unproven nature of certain care and services based on American Society of Addiction Medicine (ASAM) Criteria, MCG Criteria, Medical Policy and Member benefits. The list below describes the services that require preauthorization.
- Not all requirements apply to each product in these networks (Blue Preferred PPOSM, Blue OptionsSM, Blue Focus POSSM, Managed CareSM or TraditionalSM). It is imperative that providers check eligibility and benefits and verify preauthorization requirements through Availity®.

Mental Health Services Requiring Preauthorization

Service	Service Description
Elective or Emergency Inpatient	A short-term acute care facility which: 1. Is duly licensed as a Hospital by the state in which it is located and meets the standards established for such licensing, and is either accredited by the Joint Commission on Accreditation of Healthcare Organizations or is certified as a Hospital provider under Medicare; 2. Is primarily engaged in providing inpatient diagnostic and therapeutic services for the diagnosis, treatment, and care of injured and sick persons by or under the supervision of Physicians or Behavioral Health Practitioner for compensation from its patients; 3. Has organized departments of medicine and major surgery, either on its premises or in facilities available to the Hospital on a contractual prearranged basis, and maintains clinical records on all patients; 4. Provides 24-hour nursing services by or under the supervision of a Registered Nurse; and 5. Has in effect a Hospital Utilization Review Plan.
Partial Hospitalization Treatment Program	A Claim Administrator approved planned program of a Hospital or Substance Use Disorder Treatment Facility for the treatment of Mental Illness or Substance Use Disorder Treatment in which patients spend days. This behavioral healthcare is typically 5 to 8 hours per day, 5 days per week (not less than 20 hours of treatment services per week). The program is staffed similarly to the day shift of an inpatient unit, i.e. medically supervised by a Physician and nurse. The program shall ensure a psychiatrist sees the patient face to face at least once a week and it otherwise available, in person or by telephone, to provide assistance and direction to the program as needed. Participants at this level of care do not require 24 hour supervision and are not considered a resident at the program. Requirements: the Claim Administrator requires that any Mental Illness and/or Substance Use Disorder Partial Hospitalization Treatment Program must be licensed in the state where it is located, or accredited by a national organization that is recognized by the Claim Administrator as set forth in its current credentialing policy, and otherwise meets all other credentialing requirements set forth in such policy.
Residential Treatment Center (RTC) Admissions	A facility setting (including a Residential Treatment Center for Children and Adolescents) offering a defined course of therapeutic intervention and special programming in a controlled environment which also offers a degree of security, supervision, structure and is licensed by the appropriate state and local authority to provide such service. It does not include half-way houses, wilderness programs, supervised living, group homes, boarding houses or other facilities that provide primarily a supportive environment and address long-term social needs, even if counseling is provided in such facilities. Patients are medically monitored with 24 hour medical availability and 24 hour onsite nursing service for Mental Health Care and/or for treatment of Chemical Dependency. BCBSMT requires that any facility providing Mental Health Care and/or a Chemical Dependency Treatment Center must be licensed in the state where it is located, or accredited by a national organization that is recognized by BCBSMT as set forth in its current credentialing policy, and otherwise meets all other credentialing requirements set forth in such policy.
Applied Behavior Analysis (ABA)	Applied behavior analysis is a method of therapy utilized to improve or change specific behaviors of members who have a diagnosis within the Pervasive and specific developmental disorders category of ICD-10.
Intensive Outpatient Programs (IOP)	A freestanding or Hospital-based program that provides services for at least three hours per day, two or more days per week, to treat mental illness, drug addiction, substance abuse or alcoholism, or specializes in the treatment of co-occurring mental illness with drug addiction, substance abuse or alcoholism. Programs that specialize in the treatment of severe or complex co-occurring conditions offer integrated and aligned assessment, treatment and discharge planning services for mental illness and for drug addiction, substance abuse or alcoholism. It is more likely that Participants with co-occurring conditions will benefit from programs addressing both mental illness and drug addiction, substance abuse or alcoholism than programs that focus solely on mental illness conditions.
Outpatient Electroconvulsive Therapy (ECT)	A treatment that involves brief electrical stimulation of the brain while a member is under anesthesia to treat severe psychiatric disorders and billed by a facility/clinic. It is typically administered anywhere from 2-3 times per week if a member is simultaneously admitted to an inpatient Care Level. However, once the member steps down to an outpatient Care Level, frequency may change to once every 3-4 weeks.
Psychological/Neuropsychological Testing	Psychological testing consists of the administration of psychological tests which measure a sample of a member's behavior.
Repetitive Transcranial Magnetic Stimulation (rTMS)	A form of brain stimulation therapy used to treat psychiatric conditions in a facility/clinic setting. A treatment course is usually 1 daily session, 5 times per week for up to 6 weeks, followed by a 3-week taper of 3 rTMS session in week one, 2 rTMS sessions the next week, and one rTMS session in the last week (total of 36 sessions). The treatment course may be repeated after a 6-month cessation period if needed. The therapy cannot be administered on the same day as a PHP, IOP, ECT, or ABA Care Level service.

MENTAL HEALTH SERVICES
2021 Commercial Outpatient Benefit Preauthorization Procedure Code List

This list includes Current Procedural Terminology (CPT®) and/or Healthcare Common Procedure Coding System (HCPCS) codes related to services/categories for which benefit preauthorization may be required as of 01/01/2021 for commercial, fully insured, standard plans/networks.

This is not an exhaustive listing of all codes. Codes may change, and this list may be updated throughout the year. The presence of codes on this list does not necessarily indicate coverage under the member benefits contract. Member contracts differ in their benefits. Consult the member benefit booklet or contact a customer service representative to determine coverage for a specific medical service or supply. Benefit preauthorization for some services/categories must be obtained through Blue Cross and Blue Shield of Montana (BCBSMT). Benefit preauthorization for other services/categories must be obtained through a utilization management vendor.

It is imperative that providers check eligibility and benefits for each patient prior to rendering services to confirm benefits, benefit preauthorization/pre-notification requirements and utilization management vendors that must be used, if applicable. Providers may submit online eligibility and benefits inquiries (electronic 270 transactions) via the Availity® Provider Portal or other preferred web vendor portal. Services performed without benefit preauthorization, if required, will be denied for payment and providers may not seek reimbursement from BCBSMT members. Obtaining benefit preauthorization/pre-notification is not a substitute for confirming eligibility and benefits.

PRESS "CTRL" AND "F" KEYS AT THE SAME TIME TO BRING UP THE SEARCH BOX. ENTER A PROCEDURE CODE OR DESCRIPTION OF THE SERVICE

Category	Procedure Code	Code Description	Medical Policy Number	Medical Policy Title	Updates
Applied Behavior Analysis (ABA)	97151	BHV ID ASSMT BY PHYS/QHP	PSY301.021	Applied Behavior Analysis (ABA) for Autism Spectrum Disorder (ASD) Diagnosis	N/A
Applied Behavior Analysis (ABA)	97152	BHV ID SUPRT ASSMT BY 1 TECH	PSY301.021	Applied Behavior Analysis (ABA) for Autism Spectrum Disorder (ASD) Diagnosis	N/A
Applied Behavior Analysis (ABA)	97153	ADAPTIVE BEHAVIOR TX BY TECH	PSY301.021	Applied Behavior Analysis (ABA) for Autism Spectrum Disorder (ASD) Diagnosis	N/A
Applied Behavior Analysis (ABA)	97154	GRP ADAPT BHV TX BY TECH	PSY301.021	Applied Behavior Analysis (ABA) for Autism Spectrum Disorder (ASD) Diagnosis	N/A
Applied Behavior Analysis (ABA)	97155	ADAPT BEHAVIOR TX PHYS/QHP	PSY301.021	Applied Behavior Analysis (ABA) for Autism Spectrum Disorder (ASD) Diagnosis	N/A
Applied Behavior Analysis (ABA)	97156	FAM ADAPT BHV TX GDN PHY/QHP	PSY301.021	Applied Behavior Analysis (ABA) for Autism Spectrum Disorder (ASD) Diagnosis	N/A
Applied Behavior Analysis (ABA)	97157	MULT FAM ADAPT BHV TX GDN	PSY301.021	Applied Behavior Analysis (ABA) for Autism Spectrum Disorder (ASD) Diagnosis	N/A
Applied Behavior Analysis (ABA)	97158	GRP ADAPT BHV TX BY PHY/QHP	PSY301.021	Applied Behavior Analysis (ABA) for Autism Spectrum Disorder (ASD) Diagnosis	N/A

Applied Behavior Analysis (ABA)	0362T	BHV ID SUPRT ASSMT EA 15 MIN	PSY301.021	Applied Behavior Analysis (ABA) for Autism Spectrum Disorder (ASD) Diagnosis	N/A
Applied Behavior Analysis (ABA)	0373T	ADAPT BHV TX EA 15 MIN	PSY301.021	Applied Behavior Analysis (ABA) for Autism Spectrum Disorder (ASD) Diagnosis	N/A
Electroconvulsive Therapy	90870	Electroconvulsive therapy (includes necessary monitoring)	PSY301.013	Electroconvulsive Therapy	N/A
Electroconvulsive Therapy	00104	Anesthesia for electroconvulsive therapy	PSY301.013	Electroconvulsive Therapy	N/A
Psychological and Neuropsychological Testing	96101	Psychological Testing , per hour with psychologist or physician	PSY301.020	Psychological and Neuropsychological Testing	N/A
Psychological and Neuropsychological Testing	96102	Psychological Testing, per hour with technician	PSY301.020	Psychological and Neuropsychological Testing	N/A
Psychological and Neuropsychological Testing	96103	Psychological Testing administered by computer	PSY301.020	Psychological and Neuropsychological Testing	N/A
Psychological and Neuropsychological Testing	96105	Assessment of Aphasia, per hour	PSY301.020	Psychological and Neuropsychological Testing	N/A
Psychological and Neuropsychological Testing	96110	Developmental screening, per instrument	PSY301.020	Psychological and Neuropsychological Testing	N/A
Psychological and Neuropsychological Testing	96111	Developmental testing with interpretation and report	PSY301.020	Psychological and Neuropsychological Testing	N/A
Psychological and Neuropsychological Testing	96116	Neurobehavioral Status Exam, per hour	PSY301.020	Psychological and Neuropsychological Testing	N/A
Psychological and Neuropsychological Testing	96118	Neuropsychological testing, per hour with psychologist or physician	PSY301.020	Psychological and Neuropsychological Testing	N/A
Psychological and Neuropsychological Testing	96119	Neuropsychological testing, per hour with technician	PSY301.020	Psychological and Neuropsychological Testing	N/A
Psychological and Neuropsychological Testing	96120	Neuropsychological testing, by computer	PSY301.020	Psychological and Neuropsychological Testing	N/A
Psychological and Neuropsychological Testing	96121	Each additional hour for Neurobehavioral status exam- must be used with 96116 (not a stand alone code)	PSY301.020	Psychological and Neuropsychological Testing	N/A
Psychological and Neuropsychological Testing	96125	Standardized Cognitive testing, per hour	PSY301.020	Psychological and Neuropsychological Testing	N/A
Psychological and Neuropsychological Testing	96127	Brief emotional/behavior assessment	PSY301.020	Psychological and Neuropsychological Testing	N/A
Psychological and Neuropsychological Testing	96130	Psychological interpretation and reporting following testing, by Qualified health care professional, first hour	PSY301.020	Psychological and Neuropsychological Testing	N/A
Psychological and Neuropsychological Testing	96131	Each additional hour of 96130 (not a stand alone code)	PSY301.020	Psychological and Neuropsychological Testing	N/A
Psychological and Neuropsychological Testing	96132	Neuropsychological interpretation and reporting following testing, by Qualified health care professional, first hour	PSY301.020	Psychological and Neuropsychological Testing	N/A
Psychological and Neuropsychological Testing	96133	Each additional hour of 96132 (not a stand alone code)	PSY301.020	Psychological and Neuropsychological Testing	N/A
Psychological and Neuropsychological Testing	96136	Administration of Psychological or Neuropsychological testing by physician or psychologist, first 30 minutes	PSY301.020	Psychological and Neuropsychological Testing	N/A
Psychological and Neuropsychological Testing	96137	Each additional 30 minutes of 96136 (not a stand alone code)	PSY301.020	Psychological and Neuropsychological Testing	N/A
Psychological and Neuropsychological Testing	96138	Administration of Psychological or Neuropsychological testing by a technician, first 30 minutes	PSY301.020	Psychological and Neuropsychological Testing	N/A
Psychological and Neuropsychological Testing	96139	Each additional 30 minutes of 96138 (not a stand alone code)	PSY301.020	Psychological and Neuropsychological Testing	N/A
Psychological and Neuropsychological Testing	96146	A single psychological or neuropsychological test administration by computer	PSY301.020	Psychological and Neuropsychological Testing	N/A
Repetitive Transcranial Magnetic Stimulation (rTMS)	90867	TCRANIAL MAGN STIM TX PLAN	PSY301.015	Repetitive Transcranial Magnetic Stimulation (rTMS)	N/A
Repetitive Transcranial Magnetic Stimulation (rTMS)	90868	Subsequent delivery and management, per session	PSY301.015	Repetitive Transcranial Magnetic Stimulation (rTMS)	N/A
Repetitive Transcranial Magnetic Stimulation (rTMS)	90869	Sunsequent motor threshold re-determination	PSY301.015	Repetitive Transcranial Magnetic Stimulation (rTMS)	N/A