

CODE	DESCRIPTION	MANAGEMENT
Non-par provider requires a Prior Auth for all services		
Room & Board Inpatient	Room & Board Inpatient Psych Per Diem	PRIOR AUTHORIZATION
90785	Interactive complexity code	No Prior Auth, covered benefit with a funded diagnosis on OHP Prioritized List
90791	Psychiatric diagnostic evaluation	No Prior Auth
90792	Psychiatric diagnostic evaluation with medical services	No Prior Auth
90832	Psychotherapy, 30 minutes with patient and/or family member (16-37 minutes)	No Prior Auth, covered benefit with a funded diagnosis on OHP Prioritized List
90833	Psychotherapy, 30 minutes with patient and/or family member when performed with an E/M service	No Prior Auth, covered benefit with a funded diagnosis on OHP Prioritized List
90834	Psychotherapy, 45 minutes with patient and/or family member (38-52 minutes)	No Prior Auth, covered benefit with a funded diagnosis on OHP Prioritized List
90836	Psychotherapy, 45 minutes with patient and/or family member when performed with an E/M service	No Prior Auth, covered benefit with a funded diagnosis on OHP Prioritized List
90837	Psychotherapy, 60 minutes with patient and/or family member. (53+ minutes)	No Prior Auth, covered benefit with a funded diagnosis on OHP Prioritized List
90838	Psychotherapy, 60 minutes with patient and/or family member when performed with an E/M service	No Prior Auth, covered benefit with a funded diagnosis on OHP Prioritized List
90839	Psychotherapy for crisis, first 60 minutes	No Prior Auth, covered benefit with a funded diagnosis on OHP Prioritized List
90840	Psychotherapy for crisis(each additional 30 minutes) List separately in addition to primary service CPT code.	No Prior Auth, covered benefit with a funded diagnosis on OHP Prioritized List
90846	Family Psychotherapy (without the patient present) (53+ Min)	No Prior Auth, covered benefit with a funded diagnosis on OHP Prioritized List
90847	Family Psychotherapy (with the patient present) (53+ Min)	No Prior Auth, covered benefit with a funded diagnosis on OHP Prioritized List
90849	Multiple-family group psychotherapy	No Prior Auth, covered benefit with a funded diagnosis on OHP Prioritized List
90849	Multiple-family group psychotherapy	No Prior Auth, covered benefit with a funded diagnosis on OHP Prioritized List
90853	Group psychotherapy (85+ Min)	No Prior Auth, covered benefit with a funded diagnosis on OHP Prioritized List
90870	Electroconvulsive therapy (includes necessary monitoring)	PRIOR AUTHORIZATION
90882	Environmental intervention for medical management purposes on a psychiatric patient's behalf with external agencies, employers, or institutions.	No Prior Auth, covered benefit with a funded diagnosis on OHP Prioritized List
90887	Explanation of psychiatric, medical examinations, procedures, and data to external sources other than patient.	No Prior Auth, covered benefit with a funded diagnosis on OHP Prioritized List
90887	Explanation of psychiatric, medical examinations, procedures, and data to other than patient.	No Prior Auth, covered benefit with a funded diagnosis on OHP Prioritized List
96101	Psychological testing with interpretation and report by psychologist or physician per hour.	PRIOR AUTHORIZATION
96118	Neuro-psychological testing with interpretation and report by psychologist or physician per hour.	PRIOR AUTHORIZATION
96150	Health and behavior assessment each 15 minutes.	No Prior Auth, covered benefit with a funded diagnosis on OHP Prioritized List
96151	Health and behavior re-assessment each 15 minutes.	No Prior Auth, covered benefit with a funded diagnosis on OHP Prioritized List
96152	Health and behavior intervention, individual each 15 minutes.	No Prior Auth, covered benefit with a funded diagnosis on OHP Prioritized List
96153	Health and behavior intervention, group each 15 minutes.	No Prior Auth, covered benefit with a funded diagnosis on OHP Prioritized List
96154	Health and behavior intervention, family and patient each 15 minutes.	No Prior Auth, covered benefit with a funded diagnosis on OHP Prioritized List
97810	Acupuncture, 1 or more needles; without electrical stimulation, initial 15 minutes of personal one-on-one contact with the patient.	Contingent auth: allow 8 per rolling year, then Prior Auth required for add'l
97811	Acupuncture, 1 or more needles; without electrical stimulation, additional 15 minutes of personal one-on-one contact with the patient, with re-insertion of the needle(s).	Contingent auth: allow 8 per rolling year, then Prior Auth required for add'l

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97813	Acupuncture, 1 or more needles; with electrical stimulation, initial 15 minutes of personal one-on-one contact with the patient.	Contingent auth: allow 8 per rolling year, then Prior Auth required for add'l
97814	Acupuncture, 1 or more needles; with electrical stimulation, additional 15 minutes of personal one-on-one contact with the patient, with reinsertion of the needle(s).	Contingent auth: allow 8 per rolling year, then Prior Auth required for add'l
98966	Telephone assessment and management service, 5-10 minutes of medical discussion with patient	No Prior Auth, covered benefit with a funded diagnosis on OHP Prioritized List
98969	Internet or similar electronic online patient assessment and management service by qualified non-physician health care professional, greater than 15 minutes	No Prior Auth, covered benefit with a funded diagnosis on OHP Prioritized List
99201	New patient office or other outpatient visit, typically 5 minutes	No Prior Auth
99202	Newpatient office or other outpatient visit, typically 10 minutes	No Prior Auth
99203	New patient office or other outpatient visit, typically 15 minutes	No Prior Auth
99204	New patient office or other outpatient visit, typically 25 minutes	No Prior Auth
99205	New patient office or other outpatient visit, typically 40 minutes	No Prior Auth
99211	Established patient office or other outpatient visit, typically 5 minutes	No Prior Auth
99212	Established patient office or other outpatient visit, typically 10 minutes	No Prior Auth
99213	Established patient office or other outpatient visit, typically 15 minutes	No Prior Auth
99214	Established patient office or other outpatient visit, typically 25 minutes	No Prior Auth
99215	Established patient office or other outpatient visit, typically 40 minutes	No Prior Auth
99406	Smoking and tobacco use cessation counseling visit, intensive, up to 10 minutes	No Prior Auth, diagnosis and service code must pair on OHP Prioritized List
99407	Smoking and tobacco use cessation counseling visit, intensive, greater than 10 minutes	No Prior Auth, diagnosis and service code must pair on OHP Prioritized List
99407	Smoking and tobacco use cessation counseling visit, intensive, greater than 10 minutes	No Prior Auth, diagnosis and service code must pair on OHP Prioritized List
99441	Telephone E&M service, 5-10 minutes of medical discussion	No Prior Auth, diagnosis and service code must pair on OHP Prioritized List
99442	Telephone E&M service, 11-20 minutes of medical discussion	No Prior Auth, diagnosis and service code must pair on OHP Prioritized List
99443	Telephone E&M service, 21-30 minutes of medical discussion	No Prior Auth, diagnosis and service code must pair on OHP Prioritized List
G0176	Activity therapy, such as music, dance, art or play therapies not for recreation, related to the care and treatment of patient's disabling mental health problems, per session (45 minutes or more)	No Prior Auth, covered benefit with a funded diagnosis on OHP Prioritized List
G0177	Training and educational services related to the care and treatment of patient's disabling mental health problems per session (45 minutes or more)	No Prior Auth, covered benefit with a funded diagnosis on OHP Prioritized List
H0001	Alcohol and/or Drug Assessment	No Prior Auth
H0002	Behavioral Health screening to determine eligibility for admission to treatment program(s)	No Prior Auth
H0004	Behavioral health counseling and therapy, per 15 minutes	No Prior Auth, covered benefit with a funded diagnosis on OHP Prioritized List
H0004	Behavioral health counseling and therapy, per 15 minutes	No Prior Auth, covered benefit with a funded diagnosis on OHP Prioritized List
H0005	Alcohol and/or drug services; group counseling by a clinician	No Prior Auth, covered benefit with a funded diagnosis on OHP Prioritized List

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H0006	Alcohol and/or drug services; Case Management	No Prior Auth, covered benefit with a funded diagnosis on OHP Prioritized List
H0010	Alcohol/Drug services; sub-acute, medically monitored detoxification. (as an alternative to inpatient ASAM Level III.7-D)	No Prior Auth, covered benefit with a funded diagnosis on OHP Prioritized List
H0011	Alcohol/Drug services; Acute, medically monitored detoxification. (as an alternative to inpatient ASAM Level III.7-D)	No Prior Auth, covered benefit with a funded diagnosis on OHP Prioritized List
H0012	Alcohol/Drug services; Sub-acute, clinically managed detoxification. (outpatient ASAM Level III.2-D)	No Prior Auth, covered benefit with a funded diagnosis on OHP Prioritized List
H0013	Alcohol/Drug services; Acute clinically managed detoxification. (outpatient ASAM Level III.2-D)	No Prior Auth, covered benefit with a funded diagnosis on OHP Prioritized List
H0014	Ambulatory detoxification service for mild to moderate withdrawal from substance abuse (Ambulatory ASAM Level II-D)	No Prior Auth, covered benefit with a funded diagnosis on OHP Prioritized List
H0015	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).	No Prior Auth, covered benefit with a funded diagnosis on OHP Prioritized List
H0016	Alcohol and/or drug services; Medical/somatic intervention in ambulatory setting	No Prior Auth, covered benefit with a funded diagnosis on OHP Prioritized List
H0017	Behavioral health, residential (hospital residential treatment program), without room and board, per diem	PRIOR AUTHORIZATION
H0018	Adolescent A&D residential treatment without room and board. Short term 30 days or less	No Prior Auth, covered benefit with a funded diagnosis on OHP Prioritized List
H0018	Adult A&D residential treatment without room and board. Short term 30 days or less.	No Prior Auth, covered benefit with a funded diagnosis on OHP Prioritized List
H0019	Adolescent A&D residential treatment without room and board. Long term longer than 30 days	No Prior Auth, covered benefit with a funded diagnosis on OHP Prioritized List
H0019	Adult A&D residential treatment without room and board. Long term longer than 30 days	No Prior Auth, covered benefit with a funded diagnosis on OHP Prioritized List
H0019	Behavioral health, long term residential (non-medical, non-acute care in a residential treatment program where stay is typically longer than 30 days), without room and board, per diem	PRIOR AUTHORIZATION
H0020	Alcohol and/or drug services; Methadone administration and/or services (provision of the drug by licensed program) (Ambulatory)	No Prior Auth, diagnosis and service code must pair on OHP Prioritized List
H0023	Behavioral Health Outreach (planned approach to reach a targeted population)	No Prior Auth
H0031	Mental health assessment, by non-physician.	No Prior Auth
H0032	Mental health service plan development by non-physician.	No Prior Auth, diagnosis and service code must pair on OHP Prioritized List
H0034	Medication training and support, per 15 minutes.	No Prior Auth, diagnosis and service code must pair on OHP Prioritized List
H0035	Mental Health Partial Hospitalization, less than 24 hours	PRIOR AUTHORIZATION
H0035	Mental Health Partial Hospitalization, less than 24 hours	No Prior Auth, covered benefit with a funded diagnosis on OHP Prioritized List
H0036	Community psychiatric supportive treatment, face-to-face, per 15 minutes.	No Prior Auth, covered benefit with a funded diagnosis on OHP Prioritized List
H0037	Community psychiatric supportive treatment program, per diem	PRIOR AUTHORIZATION
H0038	Self-help/peer services, per 15 min	No Prior Auth, covered benefit with a funded diagnosis on OHP Prioritized List
H0038	Self-help/peer services, per 15 min	No Prior Auth, covered benefit with a funded diagnosis on OHP Prioritized List
H0039	Assertive community treatment, face-to-face, per 15 minutes.	No Prior Auth, covered benefit with a funded diagnosis on OHP Prioritized List
H0045	Respite care services, not in the home, per diem	No Prior Auth
H0048	Alcohol and/or drug testing; Collection and handling only,	No Prior Auth, diagnosis and service code must pair on OHP Prioritized List

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H2000	Child and Adolescent Needs Survey (CANS)	No Prior Auth, covered benefit with a funded diagnosis on OHP Prioritized List
H2000	Mental health assessment, by non-physician with CANS. (Not allowed if there is a MH assessment or psychiatric diagnostic assessment within previous 90 days)	No Prior Auth, covered benefit with a funded diagnosis on OHP Prioritized List
H2010	Comprehensive medication services, per 15 min May also be provided by a specially trained and licensed Pharmacist	No Prior Auth, covered benefit with a funded diagnosis on OHP Prioritized List
H2011	Crisis intervention services, per 15 min	No Prior Auth
H2012	Behavioral Health Day Treatment, per hour	PRIOR AUTHORIZATION
H2013	Psychiatric health facility service, per diem	PRIOR AUTHORIZATION
H2014	Skills training and development, 15 min	No Prior Auth, covered benefit with a funded diagnosis on OHP Prioritized List
H2016	Comprehensive community support services, per diem	PRIOR AUTHORIZATION
H2016	Comprehensive community support services, per diem	PRIOR AUTHORIZATION
H2021	Community based wraparound services, per 15 min	No Prior Auth, diagnosis and service code must pair on OHP Prioritized List
H2022	Community based wraparound services, per diem	No Prior Auth, diagnosis and service code must pair on OHP Prioritized List
H2023	Supported employment, per 15 min	No Prior Auth, covered benefit with a funded diagnosis on OHP Prioritized List
H2027	Psycho-educational service, per 15 min	No Prior Auth, covered benefit with a funded diagnosis on OHP Prioritized List
H2032	Activity therapy, per 15 min	No Prior Auth, covered benefit with a funded diagnosis on OHP Prioritized List
H2033	Multi-systemic therapy for juveniles, (Evidenced Based) per 15 min	No Prior Auth, covered benefit with a funded diagnosis on OHP Prioritized List
S5151	Unskilled respite care, not hospice, per diem	No Prior Auth
S9453	Smoking cessation classes, non-physician provider, per session	No Prior Auth, covered benefit with a funded diagnosis on OHP Prioritized List
S9480	Intensive outpatient psychiatric services, per diem	PRIOR AUTHORIZATION
S9484	Crisis Intervention Mental Health Services, per hour	No Prior Auth, diagnosis and service code must pair on OHP Prioritized List
T1005	Respite care services, up to 15 min	No Prior Auth, covered benefit with a funded diagnosis on OHP Prioritized List
T1006	Alcohol and/or substance abuse services; Family/couple counseling, (60 min)	No Prior Auth, covered benefit with a funded diagnosis on OHP Prioritized List
T1016	Case management, external contact only, per 15 min	No Prior Auth, covered benefit with a funded diagnosis on OHP Prioritized List
T1502	Administration of oral, intramuscular and/or subcutaneous medication by health care agency/professional	No Prior Auth
T1023	Screening to determine the appropriateness of consideration of an individual for participation in a specified program, project or treatment protocol, per encounter	No Prior auth
APPLIED BEHAVIOR ANALYSIS PROCEDURE CODES		
	Description	MANAGEMENT
0359T	Behavior identification assessment + plan of care	No Prior Auth
0362T	Exposure behavioral follow-up assessment first 30 minutes	Prior Authorization
0363T	Exposure behavioral follow-up assessment each additional 30 minutes	Prior Authorization
0364T	Behavior treatment by protocol administered by technician first 30 minutes	Prior Authorization

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0365T	Behavior treatment by protocol administered by technician each additional 30 minutes	Prior Authorization
0366T	Group behavior treatment by protocol administered by technician first 30 minutes	Prior Authorization
0367T	Group behavior treatment by protocol administered by technician additional 30 minutes / Two recipients	Prior Authorization
0367T	Group behavior treatment by protocol administered by technician additional 30 minutes / Three recipients	Prior Authorization
0367T	Group behavior treatment by protocol administered by technician additional 30 minutes / Four recipients	Prior Authorization
0367T	Group behavior treatment by protocol administered by technician additional 30 minutes / Five recipients	Prior Authorization
0368T	Behavior treatment with protocol modification administered by physician or other qualified health care professional first 30 minutes	Prior Authorization
0369T	Behavior treatment with protocol modification administered by physician or other qualified health care professional each additional 30 minutes	Prior Authorization
0370T	Family behavior treatment guidance administered by qualified health care professional 60 - 75 min	Prior Authorization
0371T	Family behavior treatment guidance administered by qualified health care professional 60 - 75 min. / One Family	Prior Authorization
0371T	Family behavior treatment guidance administered by qualified health care professional 60 - 75 min. / Two Families	Prior Authorization
0371T	Family behavior treatment guidance administered by qualified health care professional 60 - 75 min. / Three Families	Prior Authorization
0371T	Family behavior treatment guidance administered by qualified health care professional 60 - 75 min. / Four Families	Prior Authorization
0371T	Family behavior treatment guidance administered by qualified health care professional 60 - 75 min. / Five Families	Prior Authorization
99366	Medical team conference with patient and/or family, and nonphysician health care professionals, 30 minutes or more	No Prior Auth
99368	Medical team conference with nonphysician health care professionals, 30 minutes or more	No Prior Auth