



BEHAVIORAL HEALTH SERVICES **NO LONGER** REQUIRING MEDICAL NECESSITY REVIEW AND/OR PRIOR AUTHORIZATION

The following is a detailed listing of CPT codes/services that will not need a Prior Authorization to be processed for payment:

- Routine outpatient services provided by a licensed eligible provider. Routine services are defined by the following CPT codes. Existing limitations on service payment still apply at all times (i.e., no more than one paid service per day per provider).

Psychiatric Therapy Procedures – Initial Assessments

(limited to one unit of service per client/provider interaction)

- 90801
- 90802

Psychiatric Therapy Procedures of One Hour or Less

- 90804
- 90805
- 90806
- 90807
- 90810
- 90811
- 90812
- 90813
- 90845
- 90846
- 90847
- 90849
- 90853
- 90857
- 90862

Psychological Testing

CNS Assessment/Psychological Testing Codes (limited to 15 units of service per year, 45 per lifetime)

- 96101
- 96102
- 96103
- 96105
- 96110
- 96111
- 96116
- 96118
- 96119
- 96120
- 96125

Health and Behavioral Assessment Codes

(limited to maximum of 4 units per date of service and 45 units per year).

- These codes can be provided by medical, ancillary or behavioral licensed staff. Health and behavioral assessment/intervention codes are used to identify the psychological, behavioral, emotional, cognitive, and social factors important to the prevention, treatment or management of physical health problems. The focus is not on mental health, but on the biopsychosocial factors important to physical health problems and treatments. See the current *CPT Standard Edition* published by the AMA for more detail.
- 96150
- 96151
- 96152
- 96153
- 96154
- 96155