

Behavioral Health Prior Authorization Guidelines Effective 9/1/2019



Effective 9/1/2019, most Behavioral Health (BH) codes will require a Prior Authorization. To make this transition easier, ARTC has outlined a standard set of benefits that may be utilized without a Prior Authorization.

This grid outlines the services that will be allowed before Prior Authorization is required for participating providers. For non-participating providers, Prior Authorization will be required for all services.

Code	Procedure	Benefits Allowed without Prior-Auth
90832, 90834, 90837, 90846, 90847, 90849, 90853, H2027	BHOP	No Prior Auth Required Unit = 1 Visit
90792	Psychiatric diagnostic evaluation with medical services(MH/SA)	1 unit/6 months; 2/ rolling year Unit = 1 Visit
90791	Psychiatric diagnostic evaluation	1 unit/6 months; 2/ rolling year Unit = 1 Visit
90887	Interpretation or explanation of results of psychiatric, other medical examinations	1 unit/6 months; 2/ rolling year Unit = 1 Visit
H0001	Alcohol and / or drug assessment	1 unit/6 months; 2/ rolling year Unit = 1 Visit
90885	Treatment Plan	2 units/6 months; 4 units/year Unit = 30 Minutes
H2011	Crisis intervention service, per 15 minutes	72 units/year Unit = 15 Minutes
H0034	Medication training and support	No Prior Auth required Unit = 15 Minutes
99212, 99213, 99214	Office evaluation and management	No Prior Auth required Unit = 1 Visit
96136, 96137, 97151, 97152, 97153, 97155, 97154, 97158, 97156	ABA Therapy	No Prior Auth required Unit = 15 or 30 Minutes

Prior Authorization requirements for all codes can be verified on our Pre-Auth Check Tool - Just visit www.ArkansasTotalCare.com and navigate to the Provider resources Section of our website.