



July 07/01/2019

**BEHAVIORAL HEALTH UTILIZATION MANAGEMENT STANDARD
CLINICAL REVIEW PREAUTHORIZATION LIST**

The following services require **clinical review preauthorization** for Commercial Managed Care, Medicare, and certain PPO products.

IMPORTANT

This list represents services that require preauthorization with a clinical medical necessity review. It is NOT inclusive of all insurance products and procedures requiring preauthorization. There may be services which require preauthorization / Notification that do Not require clinical review. Please verify specific coverage requirements before rendering service. These services require preauthorization regardless of place of service.

**For Commercial & Medicare preauthorization, call in your requests to:
Phone: 1-800-363-46581**

Clinical Review Preauthorization Requirements	Commercial Managed Care and Medicare Products, Active Univera PPO Exchange Products
Behavioral Health Day Treatment (Continuing Day Treatment)	
H2012	Required
Revenue Code 0907	Required
Biofeedback	
90875	Required
90876	Required
Revenue Code 0917	Required

Clinical Review Preauthorization Requirements	Commercial Managed Care and Medicare Products, Active Univera PPO Exchange Products
Inpatient Admissions (Mental Health)	Required
Inpatient Substance Use Admissions (Detoxification and Rehabilitation)	Notification Required
Intensive Outpatient Program (Mental Health)	
S9480	Required
Revenue Code 0905	Required
Partial Hospitalization Program (Mental Health)	
H0035	Required
Revenue Code 0912	Required
Revenue Code 0913	Required
Partial Hospitalization Program (Substance Use)	
S0201	Required
Psychological Testing	
96130	Required
96131	Required
Revenue Code 0918	Required
Psychological <u>OR</u> Neuropsychological Testing	
96136	Not Required
96137	Not Required
96138	Not Required
96139	Not Required
96146	Not Required
Residential Treatment (Mental Health)	
Revenue Code 1001	Required
Residential Treatment (Substance Use)	
H2036	Notification Required
Revenue Code 1002	Notification Required
Transcranial Magnetic Stimulation	
90867	Required
90868	Required
90869	Required
Unlisted Psychiatric Service/Procedure	
90899	Required