

Behavioral Health Quick Reference Guide South Carolina

**Effective 7/1/2016
Outpatient Services**

Service	Coverage Details	Prior Authorization	Form to Complete
Psych Evaluations	<p>Office Visits Codes used: 90791, psychiatric diagnostic evaluation (with no medical services) 90792, psychiatric diagnostic evaluation with medical services (this includes prescribing of medications)* Evaluation/Management (E/M) new patient codes may be used in lieu of 90792) 90792 +90785 (interactive complexity add-on code) H0031 H0032 H0034</p>	<p>No PA Required for PAR Providers</p>	<p>PAR Providers: None Non-PAR Providers: Molina Behavioral Health Outpatient Treatment Form or Universal SCDMH CMHC Treatment Review & Authorization Request form</p>
Outpatient Psychotherapy (Individual and/or Group)	<p>Psychotherapies: Individual, group, family Codes used: H0004 90832, psychotherapy, 30 min (actual time can be 16-37 min) 90834, psychotherapy, 45 min (actual time can be 38-52 min) 90837, psychotherapy, 60 min (actual time can be 53-67 min) NOTE: the following add on codes can be utilized with the above psychotherapy codes +90785, Interactive Complexity +90840, 30-minute psychotherapy for crisis add-on code (can apply as many of these as needed to cover the amount of time spent with the consumer in crisis) The following codes can be combined with any E/M code; a separate diagnosis is <i>not</i> required for the reporting of E/M and psychotherapy on the same date of service +90833, 30-minute psychotherapy add-on code +90836, 45-minute psychotherapy add-on code +90838, 60-minute psychotherapy add-on code 90846, 90847 – family therapy 90853 – group therapy 90849 – multiple family group therapy</p>	<p>For PAR providers - PA required after 24 visits annually</p>	<p>All DMH Providers: Universal SCDMH CMHC Treatment Review & Authorization Request form All Other Providers (PAR & Non-PAR): Molina Behavioral Health Outpatient Treatment Form or Universal SCDMH CMHC Treatment Review & Authorization Request form</p>

Questions: Call MHSC at (855) 237-6178

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Medication Management (Provided by a Medical Doctor or Nurse Practitioner)	Codes to use: (E&M) E/M New Patient- Outpatient 99201: 10 min 99202 20 min 99203: 30 min 99204: 45 min 99205: 60 min E/M Est. Patient- Outpatient 99211: 5 min 99212: 10 min 99213 15 min 99214: 25 min 99215: 40 min 90863 , pharmacologic management performed with psychotherapy 96372 :Med Admin H0034: Med Trng and Support	No PA Required if PAR provider	None
	J0515, J1200, J1630, J1631, J2060, J2330, J2680, J2794, J3230, J3360, J3410, J3486 J0401 - Injection, Aripiprazole, ER J2315 - Injection, Naltrexone, depot form J2426 - Injection, Paliperidone Palmitate ER J3490 - Unclassified drugs		
Specialty Pharmacy Drugs (Injectable)	H0038 - Peer Support Services	No PA Required if PAR provider	All DMH Providers: Universal SCDMH CMHC Treatment Review & Authorization Request form
	H2014 – Skills Training & Development (Behavior Mod) H2017 – Psychosocial Rehabilitative Services H2030 – Mental Health Club House Services H2037 – Developmental Delay Prevention Activities S9482 – Family Support	PA Required and must meet medical necessity	All Other Providers (PAR & Non-PAR): Molina Behavioral Health Outpatient Treatment Form or Universal SCDMH CMHC Treatment Review & Authorization Request form
Community Support/RBHS Services			

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Specific DAODAS (SUD) services	H0001 – Alcohol/Drug Assessment Follow-up H0002 – SBIRT Screening H0004 – SBIRT Substance Abuse Counseling (ind) H0005 – Substance Abuse Counseling (group) H0034 – Medication Training and Support H0038 Peer Support Services H2000 – Comprehensive Multidisciplinary Eval 99406 – Smoking/Tobacco Cessation Counseling 99408 – Alcohol/Drug Screening	No PA Required if PAR provider NOTE: When included in a bundled service, the entire bundled service request will need to be sent in for prior auth – codes that do not require auth will be noted, additional codes will be subject to medical necessity review	PAR Providers: None Non-PAR Providers: Molina Behavioral Health Outpatient Treatment Form
	H0015 – Alcohol/Drug Intensive Outpatient H2017 – Psychosocial Rehabilitative Services S9482 – Family Support	PA Required and must meet medical necessity	All Providers: Molina Behavioral Health Outpatient Treatment Form* *A copy of the IPOC with a fax cover sheet clearly indicating the requested services is also acceptable
Consultations/Conferences	99241, 99242, 99243, 99244, 99245, 99354 99366, 99367	No PA Required if PAR provider	Non-PAR Providers: Molina Behavioral Health Outpatient Treatment Form
Psychological Testing	96101, 96102, 96110, 96111	PA Required and must meet medical necessity	All Providers: Behavioral Health Prior Authorization Form

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Neuropsychological Testing	96116, 96118, 96119	PA Required and must meet medical necessity	All Providers: Behavioral Health Prior Authorization Form
Crisis Intervention Service	Activities to stabilize an individual in psychiatric crisis Codes utilized: H2011	No PA Required	May be subject to retrospective review
Miscellaneous	T1002 – RN Services, up to 15 mins	No PA Required if PAR provider	Non-PAR Providers: Molina Behavioral Health Outpatient Treatment Form

Refer to the “*MSC Prior Authorization List*” located under the Policies section on Molina’s Provider Website for a updated comprehensive list of all codes requiring prior authorization at – <http://www.molinahealthcare.com/providers/sc/medicaid/Pages/home.aspx>

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