

Indiana PathWays for Aging

Effective July 1, 2024

Overview

The table below outlines the behavioral health services that require prior authorization for the Indiana PathWays for Aging managed care contract.

Please check this list before you provide services to UnitedHealthcare Community Plan members. Additional information about prior authorization for behavioral health services can be found in the Optum Behavioral Health [National Network Manual](#) (pages 38-40). If you have additional questions, please call the Customer Service number on the back of the member’s ID card.

Note: Indiana PathWays for Aging currently has an open network. Out of Network providers will follow the same rules as in-network providers. All inpatient stays require an authorization. All substance use disorder and mental health partial hospitalization program and intensive outpatient program services require authorization. Prior authorization is not required when rendering emergency services.

Service Description	Revenue/ Procedure Code	Additional Information
Intensive OP Services – Psychiatric (IOP)	905	
Intensive OP Services – Chem Dep SUD (IOP)	906	
Partial Hospitalization - less intensive	912	
Partial Hospitalization - intensive	913	
Therapeutic Repetitive Transcranial magnetic stimulation treatment; planning 1 visit	90867	
Therapeutic Repetitive Transcranial magnetic stimulation treatment; delivery and management, per session 1 visit	90868	
Therapeutic Repetitive Transcranial Magnetic Stimulation (TMS) treatment; subsequent motor threshold Re-determination with delivery and management 1 visit	90869	

Neurobehavioral status exam (clinical assessment of thinking, reasoning, and judgment, [e.g., acquired knowledge, attention, language, memory, planning and problem solving, and visual spatial abilities]), by physician or other qualified health care professional, both face-to-face time with the patient and time interpreting test results and preparing the report	96116	
Neurobehavioral status exam (clinical assessment of thinking, reasoning, and judgment, [e.g., acquired knowledge, attention, language, memory, planning and problem solving, and visual spatial abilities]), by physician or other qualified health care professional, both face-to-face time with the patient and time interpreting test results and preparing the report; each additional hour	96121	
Psychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report and interactive feedback to the patient, family member(s) or caregiver(s), when performed, first hour	96130	
Psychological testing evaluation services, by physician or other qualified health care professional, each additional hour	96131	
Neuropsychological Test Eval Phys/QHP 1 st hr	96132	
Neuropsychological Test Eval Phys/QHP each additional hr	96133	

Psychological or neuropsychological test admin and scoring by physician or other qualified health care professional, two or more tests, any method, first 30 minutes	96136	
Psychological or neuropsychological test admin and scoring by physician or other qualified health care professional, two or more tests, any method, each additional 30 minutes	96137	

Psychological or neuropsychological test admin and scoring by technician, two or more tests, any method, first 30 minutes	96138	
Psychological or neuropsychological test admin and scoring by technician, two or more tests, any method, each additional 30 minutes	96139	
Psychological or neuropsychological test admin, with single automated, standardized instrument via electronic platform, with automated result only	96146	

Unlisted evaluation and management service	99499	
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Drug test def 1-7 classes	G0480	Prior Authorization required after 16 cumulative units per member per calendar year
Drug test def 8-14 classes	G0481	Prior Authorization required after 16 cumulative units per member per calendar year
Drug test def 15-21 classes	G0482	

Drug test def 22+ classes	G0483	
Drug test def simple all classes	G0659	Prior Authorization required after 16 cumulative units per member per calendar year
Behavioral Health Cnsl & Therapy per 15 mins	H0004	
Alcohol and/or drug services; sub-acute detoxification (residential addiction program inpatient)	H0010	
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), including assessment, counseling; crisis intervention, and activity therapies or education	H0015	
Mental health partial hospitalization, treatment, less than 24 hours	H0035	
Alcohol and/or drug abuse halfway house services, per diem	H2034	
Intensive outpatient psychiatric services, per diem	S9480	