



**2024 Commercial Outpatient Behavioral Health
Prior Authorization Codes
Effective 1/1/2025
(Updated January 2025)**

This list includes Current Procedural Terminology (CPT®) and/or Healthcare Common Procedure Coding System (HCPCS) codes related to services/categories for which prior authorization may be required as of January 1, 2025 except as noted in the Updates column below. This applies to some of our commercial non-HMO members, such as:

- PPO
- Blue Choice Preferred PPOSM
- Blue Choice PPOSM
- Blue OptionsSM/Blue Choice OptionsSM
- Blue High Performance NetworkSM

Utilization Management Process

**This file is a searchable PDF.
Press "CTRL" and "F" keys at the same time to bring up the search box. Enter a procedure code or description of the service.**

Service	Service Description
Partial Hospitalization Treatment Program	A Claim Administrator approved planned program of a Hospital or Substance Use Disorder Treatment Facility for the treatment of Mental Illness or Substance Use Disorder Treatment in which patients spend days s. This behavioral healthcare is typically 5 to 8 hours per day, 5 days per week (not less than 20 hours of treatment services per week). The program is staffed similarly to the day shift of an inpatient unit, i.e. medically supervised by a Physician and nurse. The program shall ensure a psychiatrist sees the patient face to face at least once a week and it otherwise available, in person or by telephone, to provide assistance and direction to the program as needed. Participants at this level of care do not require 24 hour supervision and are not considered a resident at the program. Requirements: the Claim Administrator requires that any Mental Illness and/or Substance Use Disorder Partial Hospitalization Treatment Program must be licensed in the state where it is located, or accredited by a national organization that is recognized by the Claim Administrator as set forth in its current credentialing policy, and otherwise meets all other credentialing requirements set forth in such policy.
Applied Behavior Analysis (ABA)	Applied behavior analysis is a method of therapy utilized to improve or change specific behaviors of members who have a diagnosis within the Pervasive and specific developmental disorders category of ICD-10.
Intensive Outpatient Programs (IOP)	A freestanding or Hospital-based program that provides services for at least three hours per day, two or more days per week, to treat mental illness, drug addiction, substance abuse or alcoholism, or specializes in the treatment of co-occurring mental illness with drug addiction, substance abuse or alcoholism. Programs that specialize in the treatment of severe or complex co-occurring conditions offer integrated and aligned assessment, treatment and discharge planning services for mental illness and for drug addiction, substance abuse or alcoholism. It is more likely that Participants with co-occurring conditions will benefit from programs addressing both mental illness and drug addiction, substance abuse or alcoholism than programs that focus solely on mental illness conditions.
Outpatient Electroconvulsive Therapy (ECT)	A treatment that involves brief electrical stimulation of the brain while a member is under anesthesia to treat severe psychiatric disorders and billed by a facility/clinic. It is typically administered anywhere from 2-3 times per week if a member is simultaneously admitted to an inpatient Care Level. However, once the member steps down to an outpatient Care Level, frequency may change to once every 3-4 weeks.
Psychological/Neuropsychological Testing	Psychological testing consists of the administration of psychological tests which measure a sample of a member's behavior. Note: Psychological/Neuropsychological Testing only requires Prior Authorization in some cases. BCBSIL will notify the provider if prior authorization is required for these testing services.

Repetitive Transcranial Magnetic Stimulation (rTMS)		A form of brain stimulation therapy used to treat psychiatric conditions in a facility/clinic setting. A treatment course is usually 1 daily session, 5 times per week for up to 6 weeks, followed by a 3-week taper of 3 rTMS session in week one, 2 rTMS sessions the next week, and one rTMS session in the last week (total of 36 sessions). The treatment course may be repeated after a 6-month cessation period if needed. The therapy cannot be administered on the same day as a PHP, IOP, ECT, or ABA Care Level service.		
Procedure Code	Service Category	Code Description	Managed By	Updates
97151	Applied Behavior Analysis (ABA)	Bhv Id Assmt By Phys/Qhp	BCBSIL	—
97152	Applied Behavior Analysis (ABA)	Bhv Id Suprt Assmt By 1 Tech	BCBSIL	—
97153	Applied Behavior Analysis (ABA)	Adaptive Behavior Tx By Tech	BCBSIL	—
97154	Applied Behavior Analysis (ABA)	Grp Adapt Bhv Tx By Tech	BCBSIL	—
97155	Applied Behavior Analysis (ABA)	Adapt Behavior Tx Phys/Qhp	BCBSIL	—
97156	Applied Behavior Analysis (ABA)	Fam Adapt Bhv Tx Gdn Phy/Qhp	BCBSIL	—
97157	Applied Behavior Analysis (ABA)	Mult Fam Adapt Bhv Tx Gdn	BCBSIL	—
97158	Applied Behavior Analysis (ABA)	Grp Adapt Bhv Tx By Phy/Qhp	BCBSIL	—
0362T	Applied Behavior Analysis (ABA)	Bhv Id Suprt Assmt Ea 15 Min	BCBSIL	—
0373T	Applied Behavior Analysis (ABA)	Adapt Bhv Tx Ea 15 Min	BCBSIL	—
90870	Electroconvulsive Therapy	Electroconvulsive Therapy	BCBSIL	—
96105	Psychological and Neuropsychological Testing	Assessment Of Aphasia	BCBSIL	—
96110	Psychological and Neuropsychological Testing	Developmental Screen W/Score	BCBSIL	—
96112	Psychological and Neuropsychological Testing	Devel Tst Phys/Qhp 1St Hr	BCBSIL	—
96113	Psychological and Neuropsychological Testing	Devel Tst Phys/Qhp Ea Addl	BCBSIL	—

96116	Psychological and Neuropsychological Testing	Nubhvl Xm Phys/Qhp 1St Hr	BCBSIL	—
96121	Psychological and Neuropsychological Testing	Nubhvl Xm Phy/Qhp Ea Addl Hr	BCBSIL	—
96125	Psychological and Neuropsychological Testing	Cognitive Test By Hc Pro	BCBSIL	—
96127	Psychological and Neuropsychological Testing	Brief Emotional/Behav Assmt	BCBSIL	—
96130	Psychological and Neuropsychological Testing	Psycl Tst Eval Phys/Qhp 1St	BCBSIL	—
96131	Psychological and Neuropsychological Testing	Psycl Tst Eval Phys/Qhp Ea	BCBSIL	—
96132	Psychological and Neuropsychological Testing	Nrpsyc Tst Eval Phys/Qhp 1St	BCBSIL	—
96133	Psychological and Neuropsychological Testing	Nrpsyc Tst Eval Phys/Qhp Ea	BCBSIL	—
96136	Psychological and Neuropsychological Testing	Psycl/Nrpsyc Tst Phy/Qhp 1St	BCBSIL	—
96137	Psychological and Neuropsychological Testing	Psycl/Nrpsyc Tst Phy/Qhp Ea	BCBSIL	—
96138	Psychological and Neuropsychological Testing	Psycl/Nrpsyc Tech 1St	BCBSIL	—
96139	Psychological and Neuropsychological Testing	Psycl/Nrpsyc Tst Tech Ea	BCBSIL	—
96146	Psychological and Neuropsychological Testing	Psycl/Nrpsyc Tst Auto Result	BCBSIL	—

90867	Repetitive Transcranial Magnetic Stimulation (rTMS)	Tcranial Magn Stim Tx Plan	BCBSIL	—
90868	Repetitive Transcranial Magnetic Stimulation (rTMS)	Tcranial Magn Stim Tx Deli	BCBSIL	—
90869	Repetitive Transcranial Magnetic Stimulation (rTMS)	Tcran Magn Stim Redetemine	BCBSIL	—

Important Notes:

Prior authorization is required for some members/services/drugs before services are rendered to confirm medical necessity as defined by the member's health benefit plan.

Usually, the provider is responsible for requesting prior authorization before performing a service if the member is seeing an in-network provider. Sometimes, a plan may require the member to request prior authorization for services.

Once a prior authorization request is received and processed, the decision is communicated to the provider.

If you have questions, call the prior authorization number on the member's ID card.

This is not an exhaustive list of all codes. Codes may change, and this list may be updated throughout the year. The presence of codes on this list does not necessarily indicate coverage under the member benefits contract. Member contracts differ in their benefits. Always check eligibility and benefits first through the Availity® Essentials (availity.com) or your preferred web vendor portal to confirm coverage and other important details, including prior authorization or pre-notification requirements and vendors, if applicable.

For some services/members, prior authorization may be required through Blue Cross and Blue Shield of Illinois. For other services/members, BCBSIL has contracted with Carelon Medical Benefits Management for utilization management and related services. ▪

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Please note that checking eligibility and benefits and/or the fact that a service has received prior authorization is not a guarantee of payment. Benefits will be determined once a claim is received and will be based upon, among other things, the member's eligibility and the terms of the member's certificate of coverage applicable on the date services were rendered. The information provided does not constitute coding or legal advice. Physicians and other health care providers should use their own medical judgment based upon all available information and the condition of the patient in determining the appropriate course of treatment, and to submit claims using the most appropriate code(s) based upon the medical record documentation, coding guidelines and reference materials.

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Carelon Medical Benefits Management is an independent company that has contracted with BCBSIL to provide utilization management services for members with coverage through BCBSIL.

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