

2026 Commercial Outpatient Behavioral Health Prior Authorization Codes Effective 1/1/2026 (Updated December 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			
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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 Analys	is (ABA)			o improve or change specific behaviors of members velopmental 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.			
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 Categor	Code Description	Managed By	Updates	
97151	Applied Behavior Analysis (ABA)	Bhv Id Assmt By Phys/Qhp	BCBSIL	_	

97152	Applied	Bhv Id Suprt Assmt By 1	BCBSIL	
97 132	Behavior	Tech	DCDSIL	-
		l lecti		
07153	Analysis (ABA)	Adaptiva Bahaviar Tv Bv	BCBSIL	
97153	Applied	Adaptive Behavior Tx By	BCBSIL	-
	Behavior	Tech		
07454	Analysis (ABA)	Comp. A desirat Discovery Desiration	DODOU	
97154	Applied	Grp Adapt Bhv Tx By Tech	BCBSIL	-
	Behavior			
07455	Analysis (ABA)	A	DODOU	
97155	Applied	Adapt Behavior Tx Phys/Qhp	BCBSIL	_
	Behavior			
07450	Analysis (ABA)		D0D0#	
97156	Applied	Fam Adapt Bhv Tx Gdn	BCBSIL	-
	Behavior	Phy/Qhp		
	Analysis (ABA)			
97157	Applied	Mult Fam Adapt Bhv Tx Gdn	BCBSIL	-
	Behavior			
	Analysis (ABA)			
97158	Applied	Grp Adapt Bhv Tx By	BCBSIL	_
	Behavior	Phy/Qhp		
	Analysis (ABA)			
0362T	Applied	Bhv Id Suprt Assmt Ea 15	BCBSIL	_
	Behavior	Min		
	Analysis (ABA)			
0373T	Applied	Adapt Bhv Tx Ea 15 Min	BCBSIL	_
	Behavior			
	Analysis (ABA)			
90870	Electroconvulsiv	Electroconvulsive Therapy	BCBSIL	End Date 1/1/2026
	e Therapy			
96105	Psychological	Assessment Of Aphasia	BCBSIL	
	and			
	Neuropsychologi			
	cal Testing			
96110	Psychological	Developmental Screen	BCBSIL	
	and	W/Score		
	Neuropsychologi			
	cal Testing			
96112	Psychological	Devel Tst Phys/Qhp 1St Hr	BCBSIL	
	and			
	Neuropsychologi			
	cal Testing			
96113	Psychological	Devel Tst Phys/Qhp Ea Addl	BCBSIL	
	and	,		
	Neuropsychologi			
	cal Testing			
96116	Psychological	Nubhvl Xm Phys/Qhp 1St Hr	BCBSIL	
	and	, ,		
1	Neuropsychologi		1	
	cal Testing			
96121	Psychological	Nubhvl Xm Phy/Qhp Ea Addl	BCBSIL	
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	and	lHr		
	and Neuropsychologi	Hr		
	and Neuropsychologi cal Testing			

00405	In	lo ::: + (D D	Inonou	1
96125	Psychological	Cognitive Test By Hc Pro	BCBSIL	_
	and			
	Neuropsychologi			
	cal Testing			
96127	Psychological	Brief Emotional/Behav Assmt	BCBSIL	
	and			_
	Neuropsychologi			
00400	cal Testing	D T	DODOU	
96130	Psychological .	Psycl Tst Eval Phys/Qhp 1St	BCBSIL	_
	and			
	Neuropsychologi			
	cal Testing			
96131	Psychological	Psycl Tst Eval Phys/Qhp Ea	BCBSIL	
	and			
	Neuropsychologi			
	cal Testing			
96132	Psychological	Nrpsyc Tst Eval Phys/Qhp	BCBSIL	
90132	and	1St	DODGIL	_
	Neuropsychologi			
	cal Testing			
96133	Psychological	Nrpsyc Tst Eval Phys/Qhp Ea	BCBSIL	_
	and			
	Neuropsychologi			
	cal Testing			
96136	Psychological	Psycl/Nrpsyc Tst Phy/Qhp	BCBSIL	
	and	1St		-
	Neuropsychologi			
00107	cal Testing	Day al/Namay to Tat Dhy/Ohm Ta	DODOU	
96137	Psychological	Psycl/Nrpsyc Tst Phy/Qhp Ea	BCBSIL	_
	and			
	Neuropsychologi			
	cal Testing			
96138	Psychological	Psycl/Nrpsyc Tech 1St	BCBSIL	_
	and			
	Neuropsychologi			
	cal Testing			
96139	Psychological	Psycl/Nrpsyc Tst Tech Ea	BCBSIL	
	and			_
	Neuropsychologi			
	cal Testing			
96146	Psychological	Psycl/Nrpsyc Tst Auto Result	BCBSII	
90140		Fsyci/Nipsyc 1st Auto Result	DCDSIL	_
	and			
	Neuropsychologi			
	cal Testing			
90867	Repetitive	Tcranial Magn Stim Tx Plan	BCBSIL	_
1	Transcranial		1	
1	Magnetic		1	
	Stimulation			
	(rTMS)			
90868	Repetitive	Tcranial Magn Stim Tx Deli	BCBSIL	
	Transcranial	I Stariidi Wagii Otiiii 17 Deli		-
			1	
	Magnetic		1	
	Stimulation			
	(rTMS)		ļ	
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90869	Repetitive	Tcran Magn Stim	BCBSIL	_
	Transcranial	Redetemine		
	Magnetic			
	Stimulation			
	(rTMS)			

Important Notes:

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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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