



BEHAVIORAL HEALTH SERVICES	Requires Prior Authorization?	Plan Specific Services		
		BCCHP	MMAI	MLTSS
Inpatient Psychiatric Services	Yes	X	X	N/A
Inpatient Substance Abuse Services	Yes	X	X	N/A
Partial Hospitalization Program	Yes	x	x	N/A
Intensive Outpatient Program (IOP)	Yes	x	x	x
Assertive Community Treatment (ACT)	Yes	x	x	x
Community Support (Individual, Group)	No	x	x	x
Community Support (Residential)	Yes	x	x	x
Community Support Team	Yes	x	x	x
Psychosocial Rehabilitation (PSR) (SASS and 18+ only)	Yes	x	x	x
Case Management - Client Centered Consultation	No	x	x	x
Case Management - LOCUS Assessment	No	x	x	x
Case Management - Mental Health	No	x	x	x
Case Management - Transition Linkage & Aftercare	No	x	x	x
Mental Health Assessment	No	x	x	x
Crisis Intervention	No	x	x	x
Psychotropic Medication Administration, Monitoring, & Training	No	x	x	x
Therapy / Counseling (Individual, Family, Group)	No	x	x	x
Psychological Evaluation	No	X	X	x
Treatment Plan Development/ Review & Modification	No	x	x	x
Developmental Testing (ages 0-21 CPT Code 96111 Only)	Yes	x	x	x
Neuropsychological Testing	Yes, upon notification by BCBS	x	x	N/A
Psychological Testing	Yes, upon notification by BCBS	x	x	N/A
ECT (Electroconvulsive Therapy)	Yes	x	x	N/A
Substance Use Prevention and Recovery (SUPR) Services	Requires Prior Authorization?	BCCHP	MMAI	MLTSS
Admission and Discharge Assessment	Authorization required for services beyond 8 units a day	x	x	x
Psychiatric Evaluation	No	x	x	x
Psychotropic Medication Monitoring	No	x	x	x
Medication Assisted Treatment	No	x	x	x
Individual/Group Therapy (ASAM Level I)	Authorization required for services beyond 12 units a day	x	x	x
Intensive Outpatient (ASAM Level II)	Yes	x	x	x
Residential – Adult and Adolescent (ASAM Level III.5)	Yes	x	x	x
Detoxification (ASAM Level III.5D)	Yes	x	x	x