

## Indiana Hoosier Care Connect

Effective January 1, 2025

### Overview

The table below outlines the behavioral health services that require prior authorization for the Indiana Hoosier Care Connect 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 38-43) and the UnitedHealthcare Community Plan [Provider Care Manual](#) (Chapter 7). If you have additional questions, please call the Customer Service number on the back of the member's ID card.

**Note:** Indiana Hoosier Care Connect 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.

### Prior authorization is required for these codes

Service Description	Billing Code	Additional Information
Therapeutic repetitive transcranial magnetic stimulation (TMS) treatment planning; <a href="#">1 visit</a>	90867	
Therapeutic repetitive TMS treatment; delivery and management, per session; <a href="#">1 visit</a>	90868	
Therapeutic repetitive TMS treatment; subsequent motor threshold redetermination with delivery and management; <a href="#">1 visit</a>	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; <a href="#">each additional hour</a>	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; <a href="#">first hour</a>	96130	
Psychological testing evaluation services, by physician or other qualified health care professional; <a href="#">each additional hour</a>	96131	
Neuropsychological 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; <a href="#">first hour</a>	96132	

Service Description	Billing Code	Additional Information
Neuropsychological testing evaluation services by physician or other qualified health care professional; <b>each additional hour</b>	96133	
Psychological or neuropsychological test admin and scoring by physician or other qualified health care professional, two or more tests, any method; <b>first 30 minutes</b>	96136	
Psychological or neuropsychological test admin and scoring by physician or other qualified health care professional, two or more tests, any method; <b>each additional 30 minutes</b>	96137	
Psychological or neuropsychological test admin and scoring by technician, two or more tests, any method; <b>first 30 minutes</b>	96138	
Psychological or neuropsychological test admin and scoring by technician, two or more tests, any method; <b>each additional 30 minutes</b>	96139	
Psychological or neuropsychological test admin, with single automated, standardized instrument via electronic platform, with automated result only	96146	
Behavior ID assessment by PHYS/QHP; <b>each 15 minutes</b> (not currently in use for all states/lines of businesses (LOBs))	97151	
Behavior ID support assessment by 1 technician; <b>each 15 minutes</b> (not currently in use for all states/LOBs)	97152	
Adaptive behavior treatment by protocol technician; <b>each 15 minutes</b> (not currently in use for all states/LOBs)	97153	
Group adaptive behavior treatment by protocol technician; <b>each 15 minutes</b> (Not currently in use for all states/LOBs)	97154	
Adaptive behavior treatment protocol modification by physician or other qualified health care professional (PHYS/QHP); <b>each 15 minutes</b> (not currently in use for all states/LOBs)	97155	
Family adaptive behavior treatment guidance PHYS/QHP; <b>each 15 minutes</b>	97156	
Multiple family group behavior treatment guidance PHYS/QHP; <b>each 15 minutes</b>	97157	
Group adaptive behavior protocol modification PHYS/QHP; <b>each 15 minutes</b>	97158	
Unlisted evaluation and management service	99499	
Behavior ID support assessment; <b>each 15 minutes technician time</b>	0362T	
Adaptive behavior treatment protocol modification; <b>each 15 minutes technician time</b>	0373T	
Drug test definitive, 1-7 classes	G0480	Prior authorization required after 16 cumulative units per member per calendar year
Drug test definitive, 8-14 classes	G0481	Prior authorization required after 16 cumulative units per member per calendar year
Drug test definitive, 15-21 classes	G0482	
Drug test definitive, 22+ classes	G0483	
Drug test definitive, simple all classes	G0659	Prior authorization required after 16 cumulative units per member per calendar year
Alcohol and/or drug services; sub-acute detoxification (residential addiction program inpatient)	H0010	

Service Description	Billing Code	Additional Information
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; <a href="#">less than 24 hours</a>	H0035	
Alcohol and/or drug abuse halfway house services; <a href="#">per diem</a>	H2034	
Intensive outpatient psychiatric services; <a href="#">per diem</a>	S9480	