

New York Medicaid BEHAVIORAL HEALTH PRIOR AUTHORIZATION GRID			
AUTHORIZATION IS NOT A GUARANTEE OF PAYMENT			
REV CODE	LEVEL OF CARE	AUTHORIZATION REQUIRED	Provider Responsibility
104	ANESTH, ELECTROSHOCK	YES	PRIOR AUTH REQUIRED
114	ROOM AND BOARD - PRIVATE -PSYCHIATRIC	YES	FAX ,PHONE, INTERNET NOTIFICATION AND CLINICAL BY NEXT BUSINESS DAY
116	ROOM AND BOARD - PRIVATE -DETOXIFICATION	YES	FAX ,PHONE, INTERNET NOTIFICATION AND CLINICAL BY NEXT BUSINESS DAY
124	ROOM AND BOARD - SEMI PRIVATE TWO BED -PSYCHIATRIC	YES	FAX ,PHONE, INTERNET NOTIFICATION AND CLINICAL BY NEXT BUSINESS DAY
126	ROOM AND BOARD - SEMI PRIVATE TWO BED -DETOXIFICATION	YES	FAX ,PHONE, INTERNET NOTIFICATION AND CLINICAL BY NEXT BUSINESS DAY
128	ROOM AND BOARD - SEMI PRIVATE TWO BED -REHABILITATION	YES	FAX ,PHONE, INTERNET NOTIFICATION AND CLINICAL BY NEXT BUSINESS DAY
136	DETOX/3&4 BED	YES	FAX ,PHONE, INTERNET NOTIFICATION AND CLINICAL BY NEXT BUSINESS DAY
156	DETOX/WARD	YES	FAX ,PHONE, INTERNET NOTIFICATION AND CLINICAL BY NEXT BUSINESS DAY
240	ALL INCL ANCIL	YES	FAX ,PHONE, INTERNET NOTIFICATION AND CLINICAL BY NEXT BUSINESS DAY
510	CLINIC	NO	
513	PSYCH CLINIC	NO	
521	RURAL/CLINIC	NO	
529	OTHER FR/STD CLINIC	NO	
900	PSTAY TREATMENT	YES	PRIOR AUTH REQUIRED
901	ELECTROSHOCK TREATMENT	YES	PRIOR AUTH REQUIRED
905	BH INTENSIVE OUTPATIENT PSYCH	YES	PRIOR AUTH REQUIRED
906	BH INTENSIVE OUTPATIENT CHEM DEP	YES	PRIOR AUTH REQUIRED
910	PSTAY SERVICES	YES	PRIOR AUTH REQUIRED

MEDICAID BEHAVIORAL HEALTH PRIOR AUTHORIZATION GRID				Authorization is not a guarantee of payment	
NEW YORK MEDICAID		10/1/2015			
Code1	Code1 Description	Provider type	Auth Required	Authorization Parameters:	Provider Responsibility
90785	Interactive complexity add-on code	MD,NP,PHD, Other	NO		
90791	Psychiatric diagnostic evaluation (no medical Services)	MD,NP,PHD, Other	NO		
90792	Psychiatric diagnostic evaluation with medical services	MD,NP	NO		
90832	Psychotherapy, 30 mins	MD,NP,PHD, Other	NO		
90833	30 min psychotherapy add-on code	MD,NP	NO		
90834	Psychotherapy, 45 mins	MD,NP,PHD, Other	NO		
90836	45 min psychotherapy add-on code	MD,NP	NO		
90837	Psychotherapy, 60 mins	MD,NP,PHD, Other	NO		
90838	60 min psychotherapy add-on code	MD,NP	NO		
90839	Psychotherapy for crisis, first 60 min.	MD,NP,PHD, Other	NO		
90840	crisis code add on for each additional 30 min.	MD,NP,PHD, Other	NO		
90846	Family Psychotherapy, without patient present	PHD, Other	NO		
90847	Family Psychotherapy, 45 min	PHD, Other	NO		
90849	Multiple-family group psychotherapy	PHD, Other	NO		
90853	Group psychotherapy	PHD, Other	NO		
90863	Pharmacologic management, add on code	MD,NP	NO		
90882	Environmental Manipulation – Complex Care Coordination		NO		
90887	Outpatient Collateral, 15 min.	MD,NP,PHD, Other	NO		
96101	Psychological testing	PHD	YES	Prior Authorization Required	FAX, INTERNET PSYCH TESTING REQUEST FORM PRIOR TO SERVICE
96102	Psychological testing	PHD	YES	Prior Authorization Required	FAX, INTERNET PSYCH TESTING REQUEST FORM PRIOR TO SERVICE
96103	Psychological testing	PHD	YES	Prior Authorization Required	FAX, INTERNET PSYCH TESTING REQUEST FORM PRIOR TO SERVICE
96110	Developmental Testing - limited		NO		
96111	Developmental Testing - Extended		YES	Prior Authorization Required	FAX, INTERNET PSYCH TESTING REQUEST FORM PRIOR TO SERVICE

Code1	Code1 Description	Provider type	Auth Required	Authorization Parameters:	Provider Responsibility
96116	Psychological Testing - Neurobehavioral		NO		
96118	NEUROPSYCH TST BY PSYCH/PHYS	PHD, Other	YES	Prior Authorization Required	FAX, INTERNET PSYCH TESTING REQUEST FORM PRIOR TO SERVICE
96118	Psychological Testing - Various		YES	Prior Authorization Required	FAX, INTERNET PSYCH TESTING REQUEST FORM PRIOR TO SERVICE
96372	Injection Only		NO		
99201	New Patient Office Visit Level 1	MD,NP	NO		
99202	New Patient Office Visit Level 2	MD,NP	NO		
99203	New Patient Office Visit Level 3	MD,NP	NO		
99204	New Patient Office Visit Level 4	MD,NP	NO		
99205	New Patient Office Visit Level 5	MD,NP	NO		
99211	Est Patient Office Visit Level 1	MD,NP	NO		
99212	Est Patient Office Visit Level 2	MD,NP	NO		
99213	Est Patient Office Visit Level 3	MD,NP	NO		
99214	Est Patient Office Visit Level 4	MD,NP	NO		
99215	Est Patient Office Visit Level 5	MD,NP	NO		
99221	Initial Hospital Care-comprehensive; low complexity	MD, NP	NO		
99222	Initial Hospital Care-comprehensive; moderate complexity	MD, NP	NO		
99223	Initial Hospital Care-comprehensive; high complexity	MD, NP	NO		
99231	Subsequent Hospital Care-focused; low complexity	MD, NP	NO		
99232	Subsequent Hospital Care-focused; moderate complexity	MD, NP	NO		
99233	Subsequent Hospital Care-focused; high complexity	MD, NP	NO		
99234	Observation-comprehensive; low complexity	MD, NP	NO		
99235	Observation-comprehensive; moderate complexity	MD, NP	NO		
99236	Observation-comprehensive; high complexity	MD, NP	NO		
99238	Discharge Day Management- 30 min or less	MD, NP	NO		
99239	Discharge Day Management-more than 30 min	MD, NP	NO		
99251	Initial Consultation-focused, straightforward	MD, NP	NO		
99252	Initial Consultation-expanded, straightforward	MD, NP	NO		
99253	Initial Consultation-detailed, low complexity	MD, NP	NO		
99254	Initial Consultation-comprehensive, moderate complexity	MD,NP	NO		
99255	Initial Consultation-comprehensive, high complexity	MD,NP	NO		
99281	ER Consultation-focused, straightforward	MD,NP	NO		
99282	ER Consultation-expanded; low complexity	MD,NP	NO		

Code1	Code1 Description	Provider type	Auth Required	Authorization Parameters:	Provider Responsibility
99283	ER Consultation-expanded; moderate complexity	MD,NP	NO		
99284	ER Consultation-detailed; moderate complexity	MD,NP	NO		
99285	ER Consultation-comprehensive; high complexity	MD,NP	NO		
99341	Home visit, new patient		YES	PRIOR AUTHORIZATION REQUIRED	
99342	Home visit, new patient		YES	PRIOR AUTHORIZATION REQUIRED	
99343	Home visit, new patient		YES	PRIOR AUTHORIZATION REQUIRED	
99344	Home visit, new patient		YES	PRIOR AUTHORIZATION REQUIRED	
99345	Home visit, new patient		YES	PRIOR AUTHORIZATION REQUIRED	
99347	Home visit, est patient		YES	PRIOR AUTHORIZATION REQUIRED	
99348	Home visit, est patient		YES	PRIOR AUTHORIZATION REQUIRED	
99349	Home visit, est patient		YES	PRIOR AUTHORIZATION REQUIRED	
99350	Home visit, est patient		YES	PRIOR AUTHORIZATION REQUIRED	
99510	Home visit, single, family counseling		YES	PRIOR AUTHORIZATION REQUIRED	
99382	Physical Exam – New Patient	MD,NP	NO		
99383	Physical Exam – New Patient	MD,NP	NO		
99384	Physical Exam – New Patient	MD,NP	NO		
99385	Physical Exam – New Patient	MD,NP	NO		
99386	Physical Exam – New Patient	MD,NP	NO		
99387	Physical Exam – New Patient	MD,NP	NO		
99392	Physical Exam – Existing Patient	MD,NP	NO		
99393	Physical Exam – Existing Patient	MD,NP	NO		
99394	Physical Exam – Existing Patient	MD,NP	NO		
99395	Physical Exam – Existing Patient	MD,NP	NO		
99396	Physical Exam – Existing Patient	MD,NP	NO		
99397	Physical Exam – Existing Patient	MD,NP	NO		
99401	Health Monitoring		NO		
99402	Health Monitoring		NO		
99403	Health Monitoring		NO		
99404	Health Monitoring		NO		
99406	Behavior change Smoking prevention intervention counseling		NO		
99406	Smoking Cessation Treatment		NO		
99407	Behavior change Smoking prevention non-counseling		NO		
99407	Smoking Cessation Treatment		NO		
99411	Health Monitoring		NO		
99412	Health Monitoring		NO		
G0396	Alcohol/Substance assessment and brief intervention		YES	Prior Authorization Required	
G0397	Alcohol/Substance assessment and brief intervention		YES	Prior Authorization Required	
H0001	Alcohol / drug assessment		NO		
H0002	Behavioral health screening to determine admission eligibility		NO		
H0002	PROS-Pre Admission		NO		
H0004	Alcohol &/or Drug Svcs, Brief Treatment – 15 min service		NO		
H0005	Alcohol/Substance ; group counseling by a clinician		NO		
H0010	Part 820 Residential--Stabilization		YES	Prior Authorization Required	
H0014	Alcohol &/or Drug Svcs, Ambulatory Detox		NO		

Code1	Code1 Description	Provider type	Auth Required	Authorization Parameters:	Provider Responsibility
H0018	Part 820 Residential--Rehabilitation		YES	Prior Authorization Required	
H0019	Part 820 Residential--Re-Integration		YES	Prior Authorization Required	
H0020	Alcohol / drug services methadone admin		NO		
H0033	Oral Medication, direct observation		NO		
H0035	Partial Hospitalization		YES	Prior Authorization Required	
H0037	Interim Crisis Visit		NO		
H0038	Self-Help/Peer Services-per 15 minutes		NO		
H0040	Assertive Community Treatment		YES	Prior Authorization Required	
H0049	Alcohol &/or Drug Screening		NO		
H0050	Alcohol &/or Drug Svcs, Brief Intervention – 15 min service		NO		
H2001	Rehab program per ½ day		NO		
H2010	Injectable Med Admin with Monitor and Education		NO		
H2011	Crisis Intervention - 15 Min		NO		
H2012	Continuing Day Treatment		YES	Prior Authorization Required	
H2012	Intensive Psychiatric Rehabilitation Treatment		YES	Prior Authorization Required	
H2018	PROS-Initial Rehabilitation		YES	Prior Authorization Required	
H2019	PROS-Community Rehabilitation Services		YES	Prior Authorization Required	
H2025	PROS-Ongoing Rehabilitation		YES	Prior Authorization Required	
H2034	Alcohol and/or drug halfway house services, per diem		YES	Prior Authorization Required	
H2036	Alcohol / drug program per diem		NO		
S9480	Intensive Outpatient Program		NO		
S9484	Partial Hospitalization Crisis		NO		
S9485	Comprehensive Psychiatric Emergency Program (CPEP)		NO		
T1006	Alcohol/Substance services family / couple counseling		NO		
T1015	PROS-Clinical Treatment Add-On		YES	Prior Authorization Required	
T1023	Determine appropriateness of individual for participation in a program		NO		