



Beacon Health Options Prior-Authorization List




INPATIENT SERVICES

SERVICE NOTIFICATION PROTOCOL	BENEFIT/SERVICE	SERVICE CODES	REQUIRED DOCUMENTATION AND FORMS FOR PA SUBMISSION
Inpatient Services Prior Authorization Required	Inpatient Mental Health including Eating Disorder	Revenue Codes: 114, 124, 134, 144, 154, 204	Telephonic or web-based portal (eServices)  Texas eServices - Inpatient.pdf
	Inpatient Substance Use – Withdrawal Management Services	Revenue Codes: 116, 126, 136, 146, 156	
	Residential Treatment – Mental Health	Revenue Code 1001	
	Residential Treatment – Substance Use (must be CDTF licensed)	H2035 and H0047 – Residential SUD H0012, H0031, H0047, S9445, T1007 – Residential Withdrawal Management	

OUTPATIENT DIVERSIONARY SERVICES

SERVICE NOTIFICATION PROTOCOL	BENEFIT/SERVICE	SERVICE CODES	REQUIRED DOCUMENTATION AND FORMS FOR PA SUBMISSION
<p>Diversionary Services Prior Authorization Required</p>	<p>Partial Hospitalization (PHP)</p>	<p>Revenue Codes: 912 & 913</p>	<p>Telephonic, Fax or Scan (Texas Standard Prior Authorization Request Form for Health Care Services) or Web-based portal (eServices)</p> <p> Texas eServices Training Manuals - I</p>
	<p>Intensive Outpatient (IOP)</p>	<p>Revenue Codes: 905 & 906</p>	

TRADITIONAL OUTPATIENT

SERVICE NOTIFICATION PROTOCOL	BENEFIT/SERVICE	SERVICE CODES	REQUIRED DOCUMENTATION AND FORMS FOR PA SUBMISSION
<p style="text-align: center;">Outpatient Prior Authorization Required</p>	<p style="text-align: center;">Psychiatric Diagnostic Evaluation</p>	<p>90791 & 90792</p> <p>after the one evaluation per client, per provider, per rolling year limitation has been met</p>	<p>Fax or Scan (Texas Standard Prior Authorization Request Form for Health Care Services) or Web based portal (eServices)</p> <p style="text-align: center;"> Beacon Outpatient Review Form.pdf</p> <p style="text-align: center;"> PSYCHOLOGICAL AND NEUROPSYCHC</p> <p style="text-align: center;"> Texas eServices - Outpatient Services.</p>
	<p style="text-align: center;">Individual, Family, or Group Psychotherapy</p>	<p>90832, 90833, 90834, 90836, 90837, 90838, 90846, 90847, and 90853</p> <p>after the 30 visit per calendar year limitation has been met</p>	
	<p style="text-align: center;">Neurobehavioral Testing</p>	<p>96116 / 96121</p> <p>after the 4 hour per day limitations have been met</p>	

<p>Outpatient Prior Authorization Required</p>	<p>Psychological Testing Neuropsychological Testing</p>	<p>96130 / 96131 96132 / 96133 96136 / 96137</p> <p>after the 8 hour per calendar year limitations have been met</p>	<p>Fax or Scan (Texas Standard Prior Authorization Request Form for Health Care Services) or Web based portal (eServices)</p>
	<p>Outpatient Withdrawal Management</p>	<p>H0016, H0050, and S9445</p>	

Resources

[Texas Medicaid Provider Procedures Manual](#)

[Substance Use Medical Necessity Criteria](#)

[Change Healthcare's InterQual[®] Behavioral Health Criteria](#)

[eServices Provider Portal](#)

[Clinical Forms](#)

[Provider Training and Webinars](#)