

## Carelon Behavioral Health 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	<b>Revenue Codes:</b> 114, 124, 134, 144, 154, 204	Texas Standard Prior Authorization Request <a href="#">Form</a>  Call 800-945-4644  Fax the form to 781-994-7111  Visit the Provider Portal - <a href="#">Click Here</a>
	Inpatient Substance Use – Withdrawal Management Services	<b>Revenue Codes:</b> 116, 126, 136, 146, 156	
	Residential Treatment – Mental Health	<b>Revenue Code</b> 1001	
	Residential Treatment – Substance Use (must be CDTF licensed)	Residential SUD - H2035 Residential Withdrawal Management - H0012, H0031, S9445, T1007	

## OUTPATIENT DIVERSIONARY SERVICES

SERVICE NOTIFICATION PROTOCOL	BENEFIT/SERVICE	SERVICE CODES	REQUIRED DOCUMENTATION AND FORMS FOR PA SUBMISSION
Diversionary Services Prior Authorization Required	Partial Hospitalization (PHP)	<b>Revenue Codes:</b> 912 & 913	Texas Standard Prior Authorization Request <a href="#">Form</a>  Call 800-945-4644  Fax the form to 781-994-7111  Visit the Provider Portal - <a href="#">Click Here</a>
	Intensive Outpatient (IOP)	<b>Revenue Codes:</b> 905 & 906	

## TRADITIONAL OUTPATIENT

SERVICE NOTIFICATION PROTOCOL	BENEFIT/SERVICE	SERVICE CODES	REQUIRED DOCUMENTATION AND FORMS FOR PA SUBMISSION
Outpatient Prior Authorization Required	Psychiatric Diagnostic Evaluation	90791 & 90792  after the one evaluation per client, per provider, per rolling year limitation has been met	<p style="text-align: center;"><b>Submit an Outpatient Review Form</b></p> <p style="text-align: center;"><b>Submit A Psych/ Neuropsych Request Form</b></p>
	Individual, Family, or Group Psychotherapy	90832, 90833, 90834, 90836, 90837, 90838, 90846, 90847, and 90853  after the 30 visit per calendar year limitation has been met	
	Neurobehavioral Testing          Psychological Testing Neuropsychological Testing	96116 / 96121  after the 4 hour per day limitations have been met   96130 / 96131 96132 / 96133 96136 / 96137  After the 8 hour per Calendar year limitations have been met	

# Resources

**[Texas Medicaid Provider Procedures Manual](#)**

**[Carelton Forms, Guides and Resources](#)**

**[Parkland Provider Specific Resources](#)**

**[Parkland Community Health Plan](#)**

**[Carelton Provider Portal](#)**

**[Carelton Provider Training and Webinars](#)**

**[Carelton Medical Necessity Criteria](#)**