



Devoted Health Plan Authorization Grid

Procedure codes not included in the Authorization Grid require prior authorization. Please refer to your Provider Services Agreement to identify services/procedure codes you are contracted and eligible to provide.

Service Description	Billing Codes, Modifiers & Add-Ons	Allowed Locations	Allowed Units Before Authorization Required
Psychiatric Diagnostic Evaluation	90791 (Blank, GT)	02, 03, 04, 11, 12, 23, 49, 50, 53, 72, 99	1 Unit
Psychiatric Diagnostic Evaluation w/ Medical Services	90792 (Blank, GT)	02, 03, 04, 11, 12,23, 49, 50, 53, 72, 99	1 Unit
Medication Management	99211- 99213 w/modifier or w/o modifier GT and w/ or w/out add on CPT Codes 90833, 90836 or 90838	02, 11	12 Units Follow-Up
Individual Psychotherapy Family Psychotherapy (with or without patient) Group Psychotherapy	90832, 90834, 90846, 90847, 90853	04, 11, 12, 13, 19, 22, 50, 53, 72, 99 02 Location- Telehealth for: 90832,90834,90846, 90847 ONLY	24 Units (Combined)