



HealthSun Health Plan

Behavioral Health Outpatient Covered Services and Authorization Guidelines

Please refer to your Provider Agreement with Concordia to identify services/procedure codes you are contracted and eligible to provide.

Procedure codes not included in the authorization table require prior authorization

Service Description	Billing Provider Type(s)	Billing Codes, Modifiers & Add-Ons	Allowed Locations	Prior Authorization Required?
Psychiatric Diagnostic Evaluation	PhD, PsyD, LMHC, LCSW, LMFT	90791 (Blank, GT)	02, 03, 04, 11, 12, 23, 49, 50, 53, 72, 99	<i>No</i> <i>1 unit per year</i>
Psychiatric Diagnostic Evaluation w/ Medical Services	MD, DO, ARNP	90792 (Blank, GT)	02, 03, 04, 11, 12, 23, 49, 50, 53, 72, 99	<i>No</i> <i>1 unit per year</i>
Medication Management	MD, DO, ARNP	99211-99215 (w/ modifier or w/o modifier GT) 99214-99215 w/ or w/out following add-ons: 90833, 90836, 90838	02, 22, 52, 55, 56, 57	No -for codes 99211-99213 (for up to 11 follow-ups within plan year), with or without add-on 90833 Yes -for codes 99214-99215, add on 90836, 90838 and modifier GT
ECT Only Physician's Fees	MD, DO	90870	22, 52, 53, 57, 51, 21	Yes – Requires 2 nd Medical Opinion & Medical Director Approval
Psychological Testing	PhD, PsyD	96101, 96102, 96103	04, 11, 12, 20, 21, 22, 23, 52, 53, 55, 71, 72	Yes
Neuropsychological Testing – Health Plan's medical determination	PhD, PsyD	96116, 96118, 96119, 96120	04, 11, 12, 20, 21, 22, 23, 52, 53, 55, 71, 72	Not a covered BH benefit