



Attention All Providers: Prior Authorization Requirements

Effective 11/01/2019, Prior Authorization requirements for some Behavioral Health (BH) codes will change. To make this transition easier, we have outlined the standard date span* authorized for different levels of care below:

Intensive Outpatient (IOP) services are typically authorized for 2-3 weeks at a time

Behavioral Health Outpatient (BHOP) services are typically authorized for 3-6 months at a time

Community-Based Services (CBS) are typically authorized for 3 months at a time.

*All treatment requests are reviewed for the entire span of time requested by the provider

Codes described below will either require Prior Authorizations for all services, or require Authorization beyond the outlined standard intensity (outlined below).

Prior Authorization requirements for all codes can be verified on our Pre-Auth Check Tool - Just visit www.silversummithealthplan.com and navigate to the Provider resources Section of our website.

Code	Procedure	PA Requirement / Units allowed prior to PA
90832, 90833, 90834, 90836 90837, 90838, 90845, 90847, 90853	Behavioral Health Outpatient Therapy	24 units (all codes combined) per Calendar Year before Prior Authorization is required
H0005, H0047, H0004	Substance Abuse Counseling	12 Units (all codes combined) per Calendar Year before Prior Authorization is required
90875, 90876, 90901, 90911, 96020	Neurotherapy	Requires Prior Authorization for all services
H2011	Crisis Intervention	144 Units per rolling 90 Day period before Prior Authorization is required

If you have any questions or concerns – SilverSummit is here for you!
Contact us at 1-844-366-2880 (TDD/TTY: 1-844-804-6086)

