

Yamhill Community Care Behavioral Health PA Grid 2022



Medical Necessity Review (requires clinical documents to be submitted at time of submission) **Requires program specific cover sheet in addition to prior authorization request					
Auth Type / Collection in CIM	Dx Codegroup in CIM	Procedure Codegroup in CIM (Level of Care)	YCCO Codes	Default Term (Length of Auth)	Default Auth Amount
Mental Health					
Mental Health IP/IP Alt	IP	Inpatient Mental Health	RVU	Variable	Variable (per diem)
Mental Health IP/IP Alt	IP	Subacute	H2013	Variable	Variable (per diem)
Mental Health IP/IP Alt	IP Alt	Psych Day Treatment Services	H0037, H0037-22, T1013, H2012	Variable	Variable (per diem)
Mental Health IP/IP Alt	IP Alt	Psych Residential Treatment	H0019, T1013	Variable	Variable (per diem)
Mental Health IP/IP Alt	IP Alt	Intensive Outpatient	S9480 or RVU	Variable	Variable (per diem)
Mental Health IP/IP Alt	IP Alt	PHP	RVU or H0035, S9480, 90785, 90791, 90792, T1023, H0031	Variable	Variable
Mental Health Outpatient	Specialty Outpatient	IIBHT	90785, 90791, 90792, 90832-90834, 90836-90840, 90846-90847, 90849, 90853, 90882, 90887, 98966-98968, 99201-99205, 99211-99215, 99441-99443, G0176-G0177, H0004, H0031-H0032, H0034, H0036, H0038, H2000, H2000-TG, H2010-H2011, H2014, H2023, H2032, T1013, T1016, T1023 (YCHHS - Auto Approved auths (billed w/ II modifier); H0023 for other providers, unless otherwise stated in a contract and requires medical necessity	Variable	Variable
Applied Behavioral Analysis (ABA) **	Specific dx code(s)	Specific procedure codes and units	97151, 97152, 97153, 97154, 97155, 97156, 97157, 99366, 99368	6 months	Variable
Transcranial Magnetic Stimulation (TMS) **	Specific dx code(s)	Specific procedure codes and units	90867, 90868, 90869	Variable	Variable
MH-Other (Psych/Neuro Psych Testing)	Specific dx code(s)	Specific procedure codes and units	96130, 96131, 96132, 96133, 96136, 96137	Variable	Variable
Electroconvulsive Therapy (ECT) **	Specific dx code(s)	Specific procedure codes and units	90870	Variable	Variable
Mental Health Outpatient	Specialty Outpatient	ICTS (IOSS and Wraparound)	90791, 90834, 90846, 90847, 90882, 90887, G0177, H0004, 90846, 90847, H0031, H0038-HM, H0038-HN, H2011-HN, H2011-52, H2011-HO, H2014, H2021-HN, H2021-HO, H2032, T1005-HN, T1005-HO, T1016-HO, T1016-HN, T1013	12 months	Variable
Substance Use					
Substance Use Disorder (ASAM 2.1-3.7) Treatment IP/IP Alt	IP Alt	2.1 IOP	RVU or S9480, 90849, 90887, 97810, 97811, 99201, 99202, 99203, 99204, 99205, 99212, 99213, 99214, 99215, H0001, H0002, H0004, H0005, H0006, H0015, H0016, H0020, H0032, H0033, H0034, H0038, H0048, T1006, T1013, T1502	Variable	Variable
Substance Use Disorder (ASAM 2.1-3.7) Treatment IP/IP Alt	IP Alt	2.5 PHP	RVU or H2036	Variable	Variable
Substance Use Disorder (ASAM 2.1-3.7) Treatment IP/IP Alt	IP	3.1 Residential Treatment	H0018 - H0019	Variable	Variable (per diem)
Substance Use Disorder (ASAM 2.1-3.7) Treatment IP/IP Alt	IP	3.3 Residential Treatment	H0018 - H0019	Variable	Variable (per diem)
Substance Use Disorder (ASAM 2.1-3.7) Treatment IP/IP Alt	IP	3.5 Residential Treatment	H0018 - H0019	Variable	Variable (per diem)
Substance Use Disorder (ASAM 2.1-3.7) Treatment IP/IP Alt	IP	Inpatient Detox 3.7 at an Inpatient facility	RVU and pro fees	Variable	Variable (per diem)
Substance Use Disorder (ASAM 2.1-3.7) Treatment IP/IP Alt	IP	Subacute detox 3.7 at an RTC	H0010 - H0014	Variable	Variable (per diem)
No Medical Necessity Review for In Network Providers (must enter authorization for claims purposes only)					
Auth Type / Collection in CIM	Dx Codegroup in CIM	Procedure Codegroup in CIM (Level of Care)	YCCO Codes	Default Term (Length of Auth)	Default Auth Amount
Mental Health					
Mental Health Outpatient	Outpatient	Level of Care A	90785, 90791, 90792, 90832, 90833, 90834, 90836, 90837, 90838, 90839, 90840, 90846, 90847, 90849, 90853, 90882, 90887, 98966, 98967, 98968, 99201, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, 99441, 99442, 99443, G0176, G0177, H0004, H0031, H0032, H0034, H0036, H0038, H0039, H2000, H2010, H2011, H2014, H2023, H2032, T1013, T1016, T1023	6 months	Variable
Mental Health Outpatient	Outpatient	Level of Care B	90785, 90791, 90792, 90832, 90833, 90834, 90836, 90837, 90838, 90839, 90840, 90846, 90847, 90849, 90853, 90882, 90887, 98966, 98967, 98968, 99201, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, 99441, 99442, 99443, G0176, G0177, H0004, H0031, H0032, H0034, H0036, H0038, H0039, H2000, H2010, H2011, H2014, H2023, H2032, T1013, T1016, T1023	6 months	Variable
Mental Health Outpatient	Outpatient	Level of Care C	90785, 90791, 90792, 90832, 90833, 90834, 90836, 90837, 90838, 90839, 90840, 90846, 90847, 90849, 90853, 90882, 90887, 98966, 98967, 98968, 99201, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, 99441, 99442, 99443, G0176, G0177, H0004, H0031, H0032, H0034, H0036, H0038, H0039, H2000, H2010, H2011, H2014, H2023, H2032, T1013, T1016, T1023	6 months	Variable

Mental Health Outpatient	Outpatient	Level of Care D	90785, 90791, 90792, 90832, 90833, 90834, 90836, 90837, 90838, 90839, 90840, 90846, 90847, 90849, 90853, 90882, 90887, 98966, 98967, 98968, 99201, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, 99441, 99442, 99443, G0176, G0177, H0004, H0031, H0032, H0034, H0036, H0038, H0039, H2000, H2010, H2011, H2014, H2023, H2032, T1013, T1016, T1023	6 months	Variable
Mental Health Outpatient	Outpatient	Mentors/Respite	H0045, T1013	1-3 days	No dollar amt (encounter only)
Mental Health Outpatient	Outpatient	Assessment/Screening Only	H0031, T1013, T1023, 90791, 90792	30 days	Variable
Mental Health Outpatient	Outpatient	MH-Other (Crisis Services)	H2011, 90839, 90840	30 days	Variable
Mental Health Outpatient	Outpatient	EASA	90785, 90791, 90792, 90832, 90833, 90834, 90836, 90837, 90838, 90839, 90840, 90846, 90847, 90849, 90853, 90882, 90887, 98966, 98967, 98968, 99201, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, 99441, 99442, 99443, G0176, G0177, H0004, H0031, H0032, H0034, H0036, H0038, H0039, H2000, H2010, H2011, H2014, H2023, H2032, T1013, T1016, T1023	1 year	TBD
Mental Health Outpatient	Outpatient	ACT	90785, 90791, 90792, 90832, 90833, 90834, 90836, 90837, 90838, 90839, 90840, 90846, 90847, 90849, 90853, 90882, 90887, 98966, 98967, 98968, 99201, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, 99441, 99442, 99443, G0176, G0177, H0004, H0031, H0032, H0034, H0036, H0038, H0039, H2000, H2010, H2011, H2014, H2023, H2032, T1013, T1016, T1023	1 year	TBD
Substance Use					
Substance Use Disorder (ASAM 0.5-1.0) Treatment	Outpatient	ASAM 0.5 (Intervention)	H0001, H0002, H0048, T1013, 90791, H0038	6 months	Variable
Substance Use Disorder (ASAM 0.5-1.0) Treatment	Outpatient	ASAM 1.0 (Outpatient)	90849, 90887, 97810, 97811, 98966, 98967, 98968, 99201, 99202, 99203, 99204, 99205, 99212, 99213, 99214, 99215, 99441, 99442, 99443, H0001, H0002, H0004, H0005, H0006, H0015, H0016, H0020, H0032, H0033, H0034, H0038, H0048, T1006, T1013, T1502	6 months	Variable
Substance Use Disorder (ASAM 0.5-1.0) Treatment	Outpatient	MAT	90849, 90887, 97810, 97811, 98966, 98967, 98968, 99201, 99202, 99203, 99204, 99205, 99212, 99213, 99214, 99215, 99441, 99442, 99443, H0001, H0002, H0004, H0005, H0006, H0015, H0016, H0020, H0032, H0033, H0034, H0038, H0048, T1006, T1013, T1502	1 year	Variable
Substance Use Disorder (ASAM 0.5-1.0) Treatment	Outpatient	SUD Treatment - Other (Assessment/Screening & UA)	H0001, H0002, H0048, T1013, 81005	30 days	Variable