



## Change in Prior Authorization

Sunflower Health Plan/Cenpatico will be modifying some of the prior authorization requirements for outpatient behavioral health services. Beginning July 1, 2017 the service codes listed below in the table will be impacted. We will let the current authorizations run out and if additional services are needed, they will be authorized based on the proration of the remainder of the year (6 months). Beginning January 1, 2018, these services will be authorized as listed in the new PA requirement column. Any requests that come in after July 1, 2017, will be based on the new prior authorization guidelines and will be prorated for the remainder of calendar year 2017.

| Service Type                | Service Code        | Current PA requirement               | Proposed Change             |
|-----------------------------|---------------------|--------------------------------------|-----------------------------|
| Case Conference             | 99366               | If more than 32 units per lifetime   | No PA                       |
| CPST                        | H0036               | If more than 48 units/quarter        | PA after 192 units/year     |
| Peer Support                | H0038               | If more than 1000 units lifetime     | No PA                       |
| Crisis                      | H2011               | After 288 units per episode          | No PA (State Policy change) |
| PRG/PRI                     | H2017               | If more than 3000 units per lifetime | PA after 192 units/year     |
| TCM                         | T1017               | If more than 60 units/quarter        | PA after 240 units/year     |
| Attendant Care – non-waiver | T1019 HE            | If more than 2000 per lifetime       | PA after 200 units/year     |
| Attendant Care - waiver     | T1019 HK            | If more than 12 units per lifetime   | Per POC                     |
| Psychological Testing       | 96101, 96102, 96103 | If more than 6 hours per lifetime    | All testing be PA           |
| Assessment of Aphasia       | 96105               | If more than 6 hours per lifetime    | All testing be PA           |
| Developmental Screening     | 96110               | If more than 6 hours per lifetime    | All testing be PA           |
| Neuropsychological Testing  | 96118, 96119, 96120 | If more than 6 hours per lifetime    | All testing be PA           |
| SUD Assessment/Referral     | H0001               | If more than 1 in rolling 6 months   | No PA                       |