

Changes to Prior Authorization Requirements

Effective 10/01/2017, Cenpatico will **no longer require** Participating Providers to obtain prior authorization for certain individual, group, and family therapy services. Below are the services that previously required prior authorizations after the initial 12 visits of a calendar year.

Codes	Description
90832	Psychotherapy, 30 minutes with patient and/or family member
90833	Psychotherapy, 30 minutes with patient and/or family member when performed with
	an E/M service
90834	Psychotherapy, 45 minutes with patient and/or family member
90836	Psychotherapy, 45 minutes with patient and/or family member when performed with
	an E/M service
90837	Psychotherapy, 60 minutes with patient and/or family member
90838	Psychotherapy, 60 minutes with patient and/or family member when performed with
	an E/M service
90840	Psychotherapy for crisis; each additional 30 minutes
90847	Family psychotherapy (conjoint psychotherapy) (with patient present)
90849	Multiple-family group psychotherapy
90853	Group psychotherapy (other than of a multiple-family group)
90845	Psychoanalysis
90875	Individual therapy with biofeedback, 30 min
90876	Individual therapy with biofeedback, 60 min
90880	Hypnotherapy
T1006	Alcohol/Substance Abuse Services, family/couples counseling

Prior Authorization will remain and continue to be required for: Day Treatment (H2012), Intensive Outpatient Programming (905/906), and Psychological/Neuropsychological Testing.

If you have any questions, please contact 1-800-589-3186.