

Evernorth Behavioral Health Authorization and Billing Resource



Refer to the authorization grid below for billing code suggestions or prior authorization requirements. This list is not comprehensive and is subject to change.

Please note, these billing codes are only suggestions; other codes may also be appropriate.

Not all services are covered under all benefit plans. Prior to rendering services, please verify customer's eligibility and benefits by logging in to the Evernorth Provider website (Provider.Evernorth.com). For additional assistance, call the number on back of the customer's ID card. You may be asked to provide the following when accessing patient information: Patient or policyholder ID number, patient first and last name, patient date of birth, patient or policyholder address, and/or patient or policyholder telephone number.

Please verify that your contract includes the applicable Revenue and Current Procedural Terminology (CPT®) / Healthcare Common Procedure Coding System (HCPCS) codes prior to billing since they may impact authorization requirements.

Facility contracted services

Services/programs	Rev codes	Preferred CPT/HCPCS codes	Alternate codes	Authorization required	Billing form
23-Hour Observation Bed	762	N/A		Call to verify. Authorization requirement is dependent upon benefit plan.	UB
Crisis Triage Assessment	914	90839		Call to verify. Authorization requirement is dependent upon benefit plan.	UB
Crisis Triage Intervention	900	S9484		Call to verify. Authorization requirement is dependent upon benefit plan.	UB
Crisis Stabilization Unit	900	S9485		Call to verify. Authorization requirement is dependent upon benefit plan.	UB
Home Health Mental Health/Substance Use	900	99350		No	UB
Detoxification Ambulatory	944, 945	H0014	H0012, H0013	No	UB
Detoxification Inpatient	126	N/A	116, 136, 146, 156	Yes	UB
Dual Diagnosis Intensive Outpatient Program (IOP)	905, 906	S9480, H0015	H0004 and H2036. If contracted with HealthPartners in Minnesota, North Dakota, and certain areas of western Wisconsin: H2020 and	Call to verify. Authorization requirement is dependent upon benefit plan.	UB

			H2035.		
Dual Diagnosis Inpatient	124, 128	N/A	114, 118, 134, 138, 144, 148, 154, 158, 204	Yes	UB
Dual Diagnosis Low Intensity Outpatient Program	905, 906	90853	915	Call to verify. Authorization requirement is dependent upon benefit plan.	UB
Dual Diagnosis Partial Hospitalization Program (PHP)	912, 913	H0035	G0410, S0201, H2012	Call to verify. Authorization requirement is dependent upon benefit plan.	UB
Dual Diagnosis Residential	1001, 1002	N/A		Yes	UB
Eating Disorders Intensive Outpatient Program (IOP)	905	S9480	H0004 and H2036. If contracted with HealthPartners in Minnesota, North Dakota, and certain areas of western Wisconsin: H2020 and H2035	Call to verify. Authorization requirement is dependent upon benefit plan.	UB
Eating Disorders Inpatient	124	N/A	114, 134, 144, 154, 204	Yes	UB
Eating Disorders Partial Hospitalization Program (PHP)	912, 913	H0035	G0410, S0201, H2012	Call to verify. Authorization requirement is dependent upon benefit plan.	UB
Eating Disorder Residential	1001	N/A		Yes	UB
ECT Inpatient	901	90870		Yes- Covered under Inpatient authorization	UB
ECT Outpatient	901	90870		No	UB
Emergency Room Services	450			No	UB
Mental Health Aftercare	905	90853	914, 915	Call to verify. Authorization requirement is dependent upon benefit plan.	UB
Mental Health Assessment	914	90791/90792		No	UB
Mental Health Intensive Outpatient Program (IOP)	905	S9480	H0004 and H2036. If contracted with HealthPartners in Minnesota, North Dakota, and certain areas of western Wisconsin: H2020 and H2035	Call to verify. Authorization requirement is dependent upon benefit plan.	UB
Mental Health Inpatient	124	N/A	114, 134, 144, 154, 204	Yes	UB
Mental Health Low Intensity Outpatient Program	905	90853	915	Call to verify. Authorization requirement is dependent upon benefit plan.	UB

Mental Health Partial Hospitalization Program (PHP)	912, 913	H0035	G0410, S0201, H2012	Call to verify. Authorization requirement is dependent upon benefit plan.	UB
Mental Health Residential	1001	N/A		Yes	UB
Substance Abuse Aftercare	906	90853	914, 915	Call to verify. Authorization requirement is dependent upon benefit plan.	UB
Substance Abuse Assessment	914	90791/90792		No	UB
Substance Abuse Intensive Outpatient Program (IOP)	906	H0015	H0005 and H2036. If contracted with HealthPartners in Minnesota, North Dakota, and certain areas of western Wisconsin: H2020 and H2035	Call to verify. Authorization requirement is dependent upon benefit plan.	UB
Substance Abuse IP/Rehab	128	N/A	118, 138, 148, 158	Yes	UB
Substance Abuse Low Intensity Outpatient Program	906	90853	915	Call to verify. Authorization requirement is dependent upon benefit plan.	UB
Substance Abuse Partial Hospitalization Program (PHP)	912, 913	H0035	G0410, S0201, H2012	Call to verify. Authorization requirement is dependent upon benefit plan.	UB
Substance Abuse Residential	1002	N/A		Yes	UB

Individual/Clinic Contracted Services

Services	Rev codes	Preferred CPT/HCPCS codes	Authorization Required	Billing Form
Applied Behavioral Analysis (ABA)	N/A	0362T, 0373T, 97151 - 97158	Call to verify. Authorization requirement is dependent upon benefit plan.	CMS 1500
Drug tests(s), presumptive, by direct optical observation	300	80305	No	CMS 1500 UB only if OP on Facility Contract
Drug tests(s), presumptive, by instrument-assisted direct optical observation	300	80306	No	CMS 1500 UB only if OP on Facility

				Contract
Drug tests(s), presumptive, any number of drug classes, any number of devices or procedures; by instrument chemistry analyzers (EG, utilizing immunoassay [EG, EIA, EL])	300	80307	No	CMS 1500 UB only if OP on Facility Contract
Psychotherapy Interactive Complexity	914/915	90785	No	CMS 1500 UB only if OP on Facility Contract
Psychiatric diagnostic evaluation	914	90791	No	CMS 1500 UB only if OP on Facility Contract
Psychiatric diagnostic evaluation with medical services	914	90792	No	CMS 1500 UB only if OP on Facility Contract
Psychotherapy, 30 minutes with patient	914	90832	No	CMS 1500 UB only if OP on Facility Contract
Psychotherapy performed with patient and E&M – 30 minutes	914	90833	No	CMS 1500 UB only if OP on Facility Contract
Psychotherapy, 45 minutes with patient	914	90834	No	CMS 1500 UB only if OP on Facility Contract
Psychotherapy performed with patient and E&M – 45 minutes	914	90836	No	CMS 1500 UB only if OP on Facility Contract
Psychotherapy, 60 minutes with patient	914	90837	No	CMS 1500 UB only if OP on Facility Contract
Psychotherapy performed with patient and E&M – 60 minutes	914	90838	No	CMS 1500 UB only if OP on Facility Contract

Psychotherapy for Crisis, first 60 minutes	914	90839	No	CMS 1500 UB only if OP on Facility Contract
Family Psychotherapy (Without The Patient Present), 50 Minutes	916	90846	No	CMS 1500 UB only if OP on Facility Contract
Family Psychotherapy (With Patient Present), 50 Minutes	916	90847	No	CMS 1500 UB only if OP on Facility Contract
Multiple-Family Group Psychotherapy	916	90849	No	CMS 1500 UB only if OP on Facility Contract
Group Psychotherapy (Other Than Of A Multiple-Family Group)	915	90853	No	CMS 1500 UB only if OP on Facility Contract
Transcranial Magnetic Stimulation (TMS)	900	90867-90869	Call to verify. Authorization requirement is dependent upon benefit plan.	CMS 1500 UB only if OP on Facility Contract
Biofeedback Training By Any Modality	917	90901	Yes	CMS 1500 UB only if OP on Facility Contract
Developmental test administration by physician or other qualified health care professional, with interpretation and report, first hour	918	96112	Call to verify. Authorization requirement is dependent upon benefit plan.	CMS 1500 UB only if OP on Facility Contract
Add-on code to 96112, each additional 30 minutes	918	96113	Call to verify. Authorization requirement is dependent upon benefit plan.	CMS 1500 UB only if OP on Facility Contract
Brief emotional/behavioral assessment, with scoring and documentation, per standardized instrument	918	96127	Call to verify. Authorization requirement is dependent upon benefit plan.	CMS 1500 UB only if OP on Facility Contract
Neurobehavioral status examination by physician	918	96116	Call to verify. Authorization requirement is dependent upon benefit plan.	CMS 1500 UB only if OP

or other qualified health care professional, both face-to-face time with the patient and time interpreting test results and preparing the report, first hour				on Facility Contract
Add-on code to 96116, each additional hour	918	96121	Call to verify. Authorization requirement is dependent upon benefit plan.	CMS 1500 UB only if OP on Facility Contract
Psychological testing evaluation by qualified health care professional, first hour	918	96130	Call to verify. Authorization requirement is dependent upon benefit plan.	CMS 1500 UB only if OP on Facility Contract
Add-on code to 96130, each additional hour	918	96131	Call to verify. Authorization requirement is dependent upon benefit plan.	CMS 1500 UB only if OP on Facility Contract
Neuropsychological testing evaluation by qualified health care professional, first hour	918	96132	Call to verify. Authorization requirement is dependent upon benefit plan.	CMS 1500 UB only if OP on Facility Contract
Add-on code to 96132, each additional hour	918	96133	Call to verify. Authorization requirement is dependent upon benefit plan.	CMS 1500 UB only if OP on Facility Contract
Psychological or neuropsychological test administration and scoring by qualified health care professional, two or more tests, any method, first 30 minutes	918	96136	Call to verify. Authorization requirement is dependent upon benefit plan.	CMS 1500 UB only if OP on Facility Contract
Add-on code to 96136, each additional 30 minutes	918	96137	Call to verify. Authorization requirement is dependent upon benefit plan.	CMS 1500 UB only if OP on Facility Contract
Psychological or neuropsychological test administration and scoring by technician, two or more tests, any method, first 30 minutes	918	96138	Call to verify. Authorization requirement is dependent upon benefit plan.	CMS 1500 UB only if OP on Facility Contract
Add-on code to 96138, each	918	96139	Call to verify. Authorization requirement is dependent upon benefit plan.	CMS 1500

additional 30 minutes				UB only if OP on Facility Contract
Psychological or neuropsychological test administration, with single automated, standardized instrument via electronic platform, with automated result only	918	96146	Call to verify. Authorization requirement is dependent upon benefit plan.	CMS 1500 UB only if OP on Facility Contract
Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); subcutaneous or intramuscular	900	96372	No	CMS 1500 UB only if OP on Facility Contract
Suboxone/Buprenorphine Induction	914	99201-99205, 99211-99215, 99354-99355, 99415-99416	No	CMS 1500 UB only if OP on Facility Contract
E&M - New Patient – 10 minutes	914	99201	No	CMS 1500 UB only if OP on Facility Contract
E&M - New Patient – 20 minutes	914	99202	No	CMS 1500 UB only if OP on Facility Contract
E&M - New Patient – 30 minutes	914	99203	No	CMS 1500 UB only if OP on Facility Contract
E&M - New Patient – 40 minutes	914	99204	No	CMS 1500 UB only if OP on Facility Contract
E&M - New Patient – 60 minutes	914	99205	No	CMS 1500 UB only if OP on Facility Contract
E&M - Established Patient – 5 minutes	914	99211	No	CMS 1500 UB only if OP on Facility Contract
E&M - Established Patient –	914	99212	No	CMS 1500

10 minutes				UB only if OP on Facility Contract
E&M - Established Patient – 15 minutes	914	99213	No	CMS 1500 UB only if OP on Facility Contract
E&M - Established Patient – 25 minutes	914	99214	No	CMS 1500 UB only if OP on Facility Contract
E&M - Established Patient – 40 minutes	914	99215	No	CMS 1500 UB only if OP on Facility Contract
Prolonged Physician Service	914,915,916	99354/99355	No	CMS 1500 UB only if OP on Facility Contract
Employee Assistance Program (EAP)	N/A	99404	Yes	CMS 1500
Prolonged Clinical Staff Service	914,915,916	99415/99416	No*	CMS 1500 UB only if OP on Facility Contract
Prolonged E&M service – each additional 15 minutes	914	99417	No*	CMS 1500 UB only if OP on Facility Contract
Telephonic E&M – 10 minutes		99441	No	CMS 1500 UB only if OP on Facility Contract
Telephonic E&M – 20 minutes		99442	No	CMS 1500 UB only if OP on Facility Contract
Telephonic E&M – 30 minutes		99443	No	CMS 1500 UB only if OP on Facility Contract
Methadone	944	H0020	No	CMS 1500 UB only if OP on Facility

				Contract
Mental Health Assessment, by non-physician	N/A	H0031	Call to verify. Authorization requirement is dependent upon benefit plan.	CMS 1500
Mental Health Service Plan Development, not otherwise specified	N/A	H0046	Call to verify. Authorization requirement is dependent upon benefit plan.	CMS 1500
Therapeutic Behavioral Services	N/A	H2019	Call to verify. Authorization requirement is dependent upon benefit plan.	CMS 1500

**When used for SPRAVATO™ Treatment: Providers must request medication from an FDA Risk Evaluation and Mitigation Strategy (REMS)-certified pharmacy and must request prior authorization. For more information, visit <https://cignaforhcp.cigna.com/public/content/pdf/resourceLibrary/prescription/Spravato.pdf>.*