



Ambetter from Peach State Health Plan Covered Services & Authorization Guidelines

Arkansas, Florida, Georgia, Illinois, Indiana, Kansas, Massachusetts, Mississippi, Missouri, Nevada, New Hampshire, Ohio, Texas, and Washington Marketplaces

Please refer to your provider agreement with Ambetter from Peach State Health Plan to identify services you are contracted and eligible to provide. Services are covered in all states unless specifically stated otherwise under “State Specific Coverage Comments” column below. All services provided by non-participating providers will require prior authorization except for emergency services.

Service Description	Billable Provider Type(s)	Billing Codes	Modifiers	Add-on Code	Locations	State Specific Coverage Comments	Auth Required
Hospital Provider Services (private rooms only covered if medically necessary)							
Inpatient Admission – Behavioral Health	Inpatient Hospital, Inpatient Psychiatric Facility	114, 124, 134, 144, 154	n/a	n/a	21, 51		Yes
Inpatient Admission – Substance Use Disorder	Inpatient Hospital, Inpatient Psychiatric Facility	116, 126, 136, 146, 156	n/a	n/a	21, 51		Yes
Inpatient Rehab	Inpatient Hospital, Inpatient Psychiatric Facility	128	n/a	n/a	21, 51		Yes
Crisis Stabilization	Inpatient Hospital, Inpatient Psychiatric Facility	100, 101	n/a	n/a	21, 51		Yes
PRTF/RTC – Behavioral Health	Non-Acute Inpatient Hospital, Inpatient Psychiatric Facility	1001	n/a	n/a	21, 51, 55,56		Yes



Service Description	Billable Provider Type(s)	Billing Codes	Modifiers	Add-on Code	Locations	State Specific Coverage Comments	Auth Required
PRTF/RTC – Substance Use Disorder	Non-Acute Inpatient Hospital, Inpatient Psychiatric Facility	1002	n/a	n/a	21, 51, 55, 56		Yes
HEDIS Bridge Appointment (7-day follow-up after discharge)	Inpatient Hospital, Inpatient Psychiatric Facility	510, 513, 519	PO (only when billing location 19)	n/a	19, 21, 22, 51, 52		No
Observation	Inpatient or Outpatient Hospital, Inpatient or Outpatient Psychiatric Facility	760, 761, 762	PO (only when billing location 19)	n/a	19, 22, 52		No
ECT	Inpatient or Outpatient Hospital, Inpatient Psychiatric Facility	901 with 90870	PO (only when billing location 19)	n/a	19,21, 22, 51		Yes
Intensive Outpatient Program – Behavioral Health	Outpatient Hospital, Outpatient Psychiatric Facility	905 including covered applicable corresponding CPT/H CPC's codes	PO (only when billing location 19)	n/a	19, 22, 52		Yes



Service Description	Billable Provider Type(s)	Billing Codes	Modifiers	Add-on Code	Locations	State Specific Coverage Comments	Auth Required
Intensive Outpatient Program – Substance Use Disorder	Outpatient Hospital, Non-Residential (Outpatient) Substance Abuse Treatment Facility	906 including covered applicable corresponding CPT/H CPC's codes	PO (only when billing location 19)	n/a	19, 22, 57		Yes
Day Treatment – Behavioral Health	Outpatient Hospital, Outpatient Psychiatric Facility	907 including covered applicable corresponding CPT/H CPC's code	PO (only when billing location 19)	n/a	19, 22, 52		Yes
Partial Hospitalization Program (PHP) – Behavioral Health	Outpatient Hospital, Outpatient Psychiatric Facility	912 or 913 including covered applicable corresponding CPT/H CPC's code	PO (only when billing location 19)	n/a	19, 22, 52		Yes



Service Description	Billable Provider Type(s)	Billing Codes	Modifiers	Add-on Code	Locations	State Specific Coverage Comments	Auth Required
Partial Hospitalization Program (PHP) – Substance Use Disorder	Outpatient Hospital, Non-Residential (Outpatient) Substance Abuse Treatment Facility	912 or 913 including covered applicable corresponding CPT/H CPC's code	PO (only when billing location 19)	n/a	19, 22, 52		Yes
Methadone Detox Ambulatory Detox		944, 945 including covered applicable corresponding CPT/H CPC's code	n/a	n/a	55, 56		Yes
Professional Services							
Psych and Neuropsych Testing	MD/DO, PhD, APNP/ ARNP/A PN, CNS, Clinics	96101, 96102, 96103, 96105, 96110, 96111, 96116, 96118, 96119, 96120, 96125	PO (only when billing location 19)		05, 06, 07, 08, 11, 12, 19, 21, 22, 50, 51, 52, 53, 56, 72		Yes



Service Description	Billable Provider Type(s)	Billing Codes	Modifiers	Add-on Code	Locations	State Specific Coverage Comments	Auth Required
Health and Behavioral Assessment	MD/DO, PhD, APNP/ ARNP/A PN, CNS, PA, LCSW, LPC Clinics	96150	PO (only when billing location 19)		05, 06, 07, 08, 11, 12, 19, 21, 22, 50, 51, 52, 53, 56, 72, 99		No
Psychiatric Evaluation – Behavioral Health	MD/DO, PhD, APNP/ ARNP/A PN, CNS, PA, LCSW, LPC Clinics	90791, 90792			05, 06, 07, 08, 11, 12, 21, 22, 50, 51, 52, 53, 56, 72, 99		No
Therapy – Behavioral Health	MD/DO, PhD, APNP/ ARNP/A PN, CNS, PA, LCSW, LPC Clinics	90832, 90833, 90834, 90836, 90837, 90838, 90839, 90840, 90845, 90846, 90847, 90849, 90853	PO (only when billing location 19)	90785 (do not bill with 90839, 90840, 90845 thru 90849)	05, 06, 07, 08, 11, 12, 19, 21, 22, 50, 51, 52, 53, 56, 72, 99		No



Service Description	Billable Provider Type(s)	Billing Codes	Modifiers	Add-on Code	Locations	State Specific Coverage Comments	Auth Required
Therapy – Substance Use Disorders	MD/DO, PhD, APNP/ ARNP/A PN, CNS, PA, LCSW, LPC Clinics	90832, 90833, 90834, 90836, 90837, 90838, 90839, 90840, 90845, 90846, 90847, 90849, 90853	PO (only when billing location 19)		05, 06, 07, 08, 11, 12, 19, 21, 22, 50, 51, 52, 53, 55, 72, 99		No
Medication Management	MD/DO, APNP/ ARNP/A PN, PA, CNS Clinics	90863	PO (only when billing location 19)		05, 06, 07, 08, 11, 12, 19, 21, 22, 50, 51, 52, 53, 56, 72, 99		No
ECT	MD/DO	90870	PO (only when billing location 19)		19, 21, 22, 51		Yes
Biofeedback	MD/DO, PhD, APNP/ ARNP/A PN, CNS, PA, LCSW, LPC Clinics	90875, 90876, 90901	PO (only when billing location 19)		05, 06, 07, 08, 11, 12, 19, 21, 22, 50, 51, 52, 53, 56, 72	Covered in AR, FL, IN, MS, and OH. No coverage in the other states.	No
Administration of injectable medication	MD/DO, APNP/ ARNP/A PN, PA, CNS Clinics	96372	PO (only when billing location 19)		05, 06, 07, 08, 11, 12, 19, 21, 22, 50, 51, 52, 53, 56, 72		No



Service Description	Billable Provider Type(s)	Billing Codes	Modifiers	Add-on Code	Locations	State Specific Coverage Comments	Auth Required
Office Emergency Care	MD/DO, APNP, ARNP, APN, CNS Clinics	99058		90785	05, 06, 07, 08, 11, 22, 50, 52, 53, 72		No
Office Visit	MD/DO, APNP, ARNP, APN, CNS Clinics	99201, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215	PO (only when billing location 19)	90785	05, 06, 07, 08, 11, 19, 22, 50, 52, 53, 72		No
Observation Care	MD/DO, APNP, ARNP, APN, CNS	99217, 99218, 99219, 99220, 99224, 99225, 99226, 99234, 99235, 99236	PO (only when billing location 19)	90785	19, 22, 52		No
Inpatient Care and Discharge	MD/DO, APNP, ARNP, APN, CNS	99221, 99222, 99223, 99231, 99232, 99233, 99238, 99239		90785	21, 51, 55, 56		No
Home Visits	MD/DO, APNP, ARNP, APN, CNS	99341, 99342, 99343, 99344, 99345, 99347, 99348, 99349, 99350		90785	12		No



Service Description	Billable Provider Type(s)	Billing Codes	Modifiers	Add-on Code	Locations	State Specific Coverage Comments	Auth Required
Drug test(s), presumptive, any number of drug classes, qualitative; any number of devices or procedures, (e.g., immunoassay) read by instrumented assisted direct optical observation (e.g., dipstick, cups, cards, cartridges) includes sample validation when performed, per date of service (maps to 80300 or G0478).	MD/DO, PhD, APNP/ ARNP/A PN, CNS, PA, LCSW, LPC Clinics	80306 (G0477 replaced)	PO (only when billing location 19)		05, 06, 07, 08, 11,19, 22, 50, 52, 53, 72		No
Drug test(s), presumptive, any number of drug classes, qualitative; any number of devices or procedures, by instrument chemistry and analyzers (e.g., utilizing immunoassay [EIA, ELISA, EMIT, FPIA, IA, KIMS, RIA]), chromatography (e.g., GC, HPLC), and mass spectrometry either with or without chromatography, (DAT, DESI, GC-MS, GC-MS/MS, LC-MS, LC-MS/MS, LDTD, MALDI, TOF)	MD/DO, PhD, APNP/ ARNP/A PN, CNS, PA, LCSW, LPC Clinics	80307(G0477 replaced)	PO (only when billing location 19)		05, 06, 07, 08, 11,19, 22, 50, 52, 53, 72		No
Behavior Identification Assessment	BCBA/B CaBA Only	0359T			03, 04, 11, 12, 13, 14, 50, 53, 99		Yes



Service Description	Billable Provider Type(s)	Billing Codes	Modifiers	Add-on Code	Locations	State Specific Coverage Comments	Auth Required
Observational behavioral follow-up assessment: first 30 minutes	BCBA/B CaBA Only	0360T			03, 04, 11, 12, 13, 14, 50, 53, 99		Yes
Observational behavioral follow-up assessment: Each additional 30 minutes	BCBA/B CaBA Only	0361T			03, 04, 11, 12, 13, 14, 50, 53, 99		Yes
Exposure Behavioral Follow-up Assessment: First 30 minutes	BCBA/B CaBA Only	0362T			03, 04, 11, 12, 13, 14, 50, 53, 99		Yes
Exposure Behavioral Follow-up Assessment: Each Additional 30 minutes	BCBA/B CaBA Only	0363T			03, 04, 11, 12, 13, 14, 50, 53, 99		Yes
Adaptive behavior treatment by protocol; First 30 minutes	BCBA/B CaBA Only	0364T			03, 04, 11, 12, 13, 14, 50, 53, 99		Yes
Adaptive behavior treatment by protocol; Each additional 30 minutes	BCBA/B CaBA Only	0365T			03, 04, 11, 12, 13, 14, 50, 53, 99		Yes
Group Adaptive Behavior Treatment by Protocol- Group Adaptive Behavior	BCBA/B CaBA Only	0366T/ 0367T			03, 04, 11, 12, 13, 14, 50, 53, 99		Yes
Adaptive behavior treatment with protocol modification; First 30 minutes	BCBA/B CaBA Only	0368T			03, 04, 11, 12, 13, 14, 50, 53, 99		Yes
Adaptive behavior treatment with protocol modification; Each additional 30 minutes	BCBA/B CaBA Only	0369T			03, 04, 11, 12, 13, 14, 50, 53, 99		Yes
Family Behavior Treatment Guidance	BCBA/B CaBA Only	0370T			03, 04, 11, 12, 13, 14, 50, 53, 53, 99		Yes



Service Description	Billable Provider Type(s)	Billing Codes	Modifiers	Add-on Code	Locations	State Specific Coverage Comments	Auth Required
Parent Training; Multiple-family group adaptive behavior treatment guidance	BCBA/B CaBA Only	0371T			03, 04, 11, 12, 13, 14, 50, 53, 53, 99		Yes
Adaptive Behavior Treatment Social Skills Group-Adaptive Behavior	BCBA/B CaBA Only	0372T			03, 04, 11, 12, 13, 14, 50, 53, 53, 99		Yes
Exposure Adaptive Behavior Treatment with Protocol Modification-Exposure	BCBA/B CaBA Only	0373T			03, 04, 11, 12, 13, 14, 50, 53, 53, 99		Yes
Exposure Adaptive Behavior Treatment with Protocol Modification-Exposure	BCBA/B CaBA Only	0374T			03, 04, 11, 12, 13, 14, 50, 53, 53, 99		Yes
HCPCS							
Group psychotherapy other than of a multiple-family group, in a partial hospitalization setting, approximately 45 to 50 minutes	MD/DO, APNP, ARNP, APN, CNS Clinics	G0410	PO (only when billing location 19)		05, 06, 07, 08, 11, 19, 22, 50, 52, 53, 72		No
Interactive group psychotherapy, in a partial hospitalization setting, approximately 45 to 50 minutes	MD/DO, APNP, ARNP, APN, CNS Clinics	G0411	PO (only when billing location 19)		05, 06, 07, 08, 11, 19, 22, 50, 52, 53, 72		No
FQHC MH New Patient	FQHC/R HC	G0469			50, 72		No



Service Description	Billable Provider Type(s)	Billing Codes	Modifiers	Add-on Code	Locations	State Specific Coverage Comments	Auth Required
FQHC MH Established Patient	FQHC/R HC	G0470			50,72		No
ALCOHOL AND/OR DRUG ASSESSMENT	MD, DO, PhD, PsyD, EdD, Clin Psych, PPA, PA, Pysch-ARNP, ARNP, NP, CNS, LPC, LCSW, LMFT, LMHC, CAP-Masters Level	H0001			04, 11, 12, 53, 99		No
BHVAL HLTH SCR DETRM ADMIS	MD, DO, PhD, PsyD, EdD, Clin Psych, PPA, PA, Pysch-ARNP, ARNP, NP, CNS, LPC, LCSW, LMFT, LMHC, CAP-Masters Level	H0002			04, 11, 12, 53, 99		No



Service Description	Billable Provider Type(s)	Billing Codes	Modifiers	Add-on Code	Locations	State Specific Coverage Comments	Auth Required
LAB URINALYSIS	MD/DO, PhD, APNP/ ARNP/A PN, CNS, PA, LCSW, LPC Clinics	H0003	PO (only when billing location 19)		05, 06, 07, 08, 11,19, 22, 50, 52, 53, 72		No
BEHAVIORAL HEALTH CNSL&TX-15 MIN	MD/DO, PhD, APNP/ ARNP/A PN, CNS, PA, LCSW, LPC Clinics	H0004	PO (only when billing location 19)		05, 06, 07, 08, 11,19, 22, 50, 52, 53, 72		No
AL &/OR DRG SRV;GRP CNSLG-CLINICIAN	MD/DO, PhD, APNP/ ARNP/A PN, CNS, PA, LCSW, LPC Clinics	H0005	PO (only when billing location 19)		05, 06, 07, 08, 11,19, 22, 50, 52, 53, 72		
CRISIS INTERVENTION SERVICE, PER HOUR	MD/DO, PhD, APNP/ ARNP/A PN, CNS, PA, LCSW, LPC Clinics	H0007			03, 04, 11, 12, 13, 14, 50, 53, 55, 56, 57, 72, 99		Yes- After 3 hours authorization is required



Service Description	Billable Provider Type(s)	Billing Codes	Modifiers	Add-on Code	Locations	State Specific Coverage Comments	Auth Required
Alcohol and/or drug services; sub-acute detoxification (residential addiction program)	Hospitals / Clinics	H0010	PO (only when billing location 19)		19, 21, 22, 51, 55, 56, 57		Yes
AL &/OR DRG SRV; ACUTE DETOX-RESIDENTIAL ADDICTION INPT	Hospitals / Clinics	H0011	PO (only when billing location 19)		19, 21, 22, 51, 55, 56, 57		Yes
Alcohol and/or Drug Services; Ambulatory Detoxification	Hospitals / Clinics	H0014	PO (only when billing location 19)		19, 21, 22, 51, 55, 56, 57		Yes
IOP AL &/OR DRG SRV->=3HRS	MD/DO, PhD, APNP/ ARNP/A PN, CNS, PA, LCSW, LPC Clinics, Hospitals	H0015			03, 04, 11, 12, 13, 14, 50, 53, 55, 56, 57, 72, 99		Yes
BHVAL HLTH; SHRT-TERM RES PER DIEM	MD/DO, PhD, APNP/ ARNP/A PN, CNS, PA, LCSW, LPC Clinics, Hospitals	H0018			03, 04, 11, 12, 13, 14, 50, 53, 55, 56, 57, 72, 99		Yes



Service Description	Billable Provider Type(s)	Billing Codes	Modifiers	Add-on Code	Locations	State Specific Coverage Comments	Auth Required
Methadone Maintenance	MD/DO, PhD, APNP/ ARNP/ APRN, CNS, PA, LCSW, LPC Clinics	H0020	TF (individual counseling), HR (family counseling), HQ (group counseling), none or UA (dosing)		05, 06, 07, 08, 11, 22, 50, 52, 53, 72		No
Mental health assessment, by non-physician	BCBA, LCSW, PhD Clinics	H0031			03, 04, 11, 12, 13, 14, 50, 53, 99		Yes
Mental health service plan development by non-physician	BCBA, LCSW, PhD Clinics	H0032			03, 04, 11, 12, 13, 14, 50, 53, 99		Yes
Oral medication administration, direct observation	MD/DO, PhD, APNP/ ARNP/ APRN, CNS, PA, LCSW, LPC Clinics, CM	H0033	PO (only when billing location 19)		05, 06, 07, 08, 11, 19, 22, 50, 52, 53, 72		No
Mental health partial hospitalization, treatment, less than 24 hours	Outpatient Hospital, Non-Residential (Outpatient) Substance Abuse Treatment Facility	H0035	PO (only when billing location 19)		19, 22, 52		Yes



Service Description	Billable Provider Type(s)	Billing Codes	Modifiers	Add-on Code	Locations	State Specific Coverage Comments	Auth Required
Behavioral Health Services: Specimen Collection, Substance Abuse	MD, DO, PhD, PsyD, EDD, Clin Psych, PA, ARNP, NP, CNS, LPC, LCSW, LMFT, LMHC, Clinics, Masters Level	H0048			03, 04, 11, 12, 13, 14, 50, 53, 55, 56, 57, 72, 99		No
Alcohol and/or drug services, brief intervention, per 15 minutes	MD, DO, PhD, PsyD, EDD, Clin Psych, PA, ARNP, NP, CNS, LPC, LCSW, LMFT, LMHC, Clinics, Masters Level	H0050			03, 04, 11, 12, 13, 14, 50, 53, 55, 56, 57, 72, 99		No



Service Description	Billable Provider Type(s)	Billing Codes	Modifiers	Add-on Code	Locations	State Specific Coverage Comments	Auth Required
Crisis intervention service, per 15 minutes	MD, DO, PhD, PsyD, EDD, Clin Psych, PA, ARNP, NP, CNS, LPC, LCSW, LMFT, LMHC, Clinics, Masters Level	H2011			03, 04, 11, 12, 13, 14, 50, 53, 55, 56, 57, 72, 99		PA Required after 6 Units
Alcohol and/or other drug treatment program, per hour	MD, DO, PhD, PsyD, EDD, Clin Psych, PA, ARNP, NP, CNS, LPC, LCSW, LMFT, LMHC, Clinics, Masters Level	H2035			03, 04, 11, 12, 13, 14, 50, 53, 55, 56, 57, 72, 99		No



Service Description	Billable Provider Type(s)	Billing Codes	Modifiers	Add-on Code	Locations	State Specific Coverage Comments	Auth Required
PHP	Outpatient Hospital, Non-Residential (Outpatient) Substance Abuse Treatment Facility	S0201	PO (only when billing location 19)		19, 22,52		Yes
Ambulatory Detox. Ambulatory setting substance abuse treatment or detoxification services, per diem.	Hospitals / Clinics	S9475	PO (only when billing location 19)		19, 21, 22, 51, 55, 56, 57		Yes
INTENSIVE OUTPT PSYCH SERV PER DIEM	Hospitals / Clinics	S9480	PO (only when billing location 19)		19, 21, 22, 51, 55, 56, 57		Yes
CRISIS INTERVENTMENTL HLTH SRVCHR	MD, DO, PhD, PsyD, EDD, Clin Psych, PA, ARNP, NP, CNS, LPC, LCSW, LMFT, LMHC, Clinics, Hospitals, Masters Level	S9484	PO (only when billing location 19)		05, 06, 07, 08, 11,19, 22, 51, 50, 51, 52, 53, 72		Yes- After 3 hours authorization is required



Service Description	Billable Provider Type(s)	Billing Codes	Modifiers	Add-on Code	Locations	State Specific Coverage Comments	Auth Required
CRISIS INTERV MENTAL HEALTH/DIEM	MD, DO, PhD, PsyD, EDD, Clin Psych, PA, ARNP, NP, CNS, LPC, LCSW, LMFT, LMHC, Clinics,H ospitals, Masters Level	S9485	PO (only when billing location 19)		05, 06, 07, 08, 11, 19, 22, 51, 50, 51, 52, 53, 72		Yes



Service Description	Billable Provider Type(s)	Billing Codes	Modifiers	Add-on Code	Locations	State Specific Coverage Comments	Auth Required
Telemedicine	Transmitting Facility: Outpatient Hospital, Federally Qualified Health Center, Rural Health Center, Indian Health Services Center, Community Mental Health Center Receiving Provider: MD/DO, PhD, APNP/ARNP/PA, CNS, PA, LCSW, LPC	Q3014 for transmitting facility, any therapy code (90832, 90833, 90834, 90836, 90837, 90838, 90839, 90840, 90845, 90846, 90847, 90849, 90853, 90863) for receiving provider	GT PO (only when billing location 19)		05, 06, 07, 08, 11, 19, 22, 50, 52, 53, 72		No

Covered Diagnoses

Covered diagnoses include a mental disease, disorder, or condition listed in the current Diagnostic and Statistical Manual of Mental Disorders of the American Psychiatric Association, as revised, or other diagnostic coding system used by Cenpatico, with the following limitations and/or exceptions:

- Diagnoses known as “V Codes” are not allowed as primary diagnoses.



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- Developmental delay/intellectual disability (DD/ID) diagnoses, if covered in a specific market, are covered under the medical plan.
- Diagnoses with demonstrable organic disease including, but not limited to, dementia, Alzheimer's disease, and acquired brain injury are covered under the medical plan.

Common Place of Service Codes

05	Indian Health Service freestanding facility	50	Federally qualified health center
06	Indian Health Service provider-based facility	51	Inpatient psychiatric facility
07	Tribal 638 freestanding facility	52	Psychiatric facility - partial hospitalization
08	Tribal 638 provider-based facility	53	Community mental health center
11	Office	55	Residential substance abuse treatment facility
12	Home	56	Psychiatric residential treatment center
21	Inpatient hospital	57	Non-residential substance abuse treatment facility
22	Outpatient hospital	72	Rural health clinic
31	Skilled nursing facility	99	Other place of service