

## Change In Prior Authorization Requirements

Aetna Better Health of IL would like to notify you that effective January 1, 2019, we've made some changes to the Prior Authorization requirements for the following Behavioral Health Codes (CMHC Rule 132) for our MMAI Plan members.

Service Name	HCPCS Code	Authorization Required
Developmental Screening	96110	No
Developmental Testing	96111	Yes
Mental Health Risk Assessment	96127	No
FSP Application Assistance	G9012	No
Therapy/Counseling - Individual, Group, Family	H0004	No
Medication Training - Individual, Group	H0034	No
Assertive Community Treatment - Individual, Group	H0039	Yes
FSP Therapeutic Support Services	H0046	Yes
Prenatal Care At-Risk Assessment	H1000	No
Integrated Assessment and Treatment Planning (IATP)	H2000	No
Medication Monitoring	H2010	No
Crisis Intervention - Team	H2011	No auth required for the first 12 units (3 hours) per day
Community Support	H2015	No auth required for first 200 units (50 hours) per year
Community Support Team	H2016	No auth required for first 200 units (50 hours) per year
Psychosocial Rehabilitation - Individual, Group	H2017	Yes
Telepsychiatry: Originating Site	Q3014	No
Mental Health Intensive Outpatient - Adult Program, Child Program	S9480	No
Mobile Crisis Response*	S9484	No
Case Management - Client-Centered Consultation, Mental Health, Transition Linkage and Aftercare or FSP Clinical Case Participation	T1016	No auth required for first 200 units (50 hours) per year
Crisis Stabilization	T1019	No
Medication Administration	T1502	No
FSP Family Support Services	T1999	No

As always, don't hesitate to contact your Aetna Better Health of IL Provider Relations Representative with any questions or comments.

Sincerely,  
 Provider Services  
 Aetna Better Health of IL