

# West Virginia prior authorization form

## Cigna Behavioral Health



**Common Current Procedural Terminology (CPT®), revenue, and Healthcare Common Procedure Coding System (HCPCS) codes requiring a prior authorization:**

- Intensive outpatient services - psychiatric (revenue code 0905)
- Intensive outpatient services - chemical dependency (revenue code 0906)
- Partial hospitalization - less intensive (revenue code 0912)
- Partial hospitalization - intensive (revenue code 0913)
- Adaptive behavior treatment by protocol, administered by technician under the direction of a physician or other qualified health care professional, face-to-face with one patient, each 15 minutes (CPT code 97153)
- Adaptive behavior treatment with protocol modification, administered by physician or other qualified health care professional, which may include simultaneous direction of technician, face-to-face with one patient, each 15 minutes (CPT code 97155)
- Therapeutic repetitive transcranial magnetic stimulation treatment; planning (CPT code 90867)
- Therapeutic repetitive transcranial magnetic stimulation treatment; delivery and management, per session (CPT code 90868)
- Therapeutic repetitive transcranial magnetic stimulation (TMS) treatment; subsequent motor threshold re-determination with delivery and management (CPT code 90869)
- Mental health partial hospitalization, treatment, less than 24 hours (HCPCS code H0035)
- Partial hospitalization services, less than 24 hours, per diem (CPT code S0201)
- Any inpatient services (use applicable HCPCS codes)

**DIRECTIONS:**

To submit a prior authorization, print and complete all fields with the required information and fax to Cigna at 860.687.7329. Please attach any supporting clinical documentation with your fax submission.

For a full list of services that require prior authorization, including online guidelines and documents used to make this decision, please visit the Cigna for Health Care Professionals website ([CignaforHCP.com](http://CignaforHCP.com)) > [Review coverage policies](#) to view current coverage policy information.

General information			
Patient name		Submitter name	
Patient date of birth		Submitter telephone number	
Patient Cigna ID number			
Patient address			

Service details	
Name of service or level of care requested	
CPT, revenue, or HCPCS codes requested (please indicate left, right, or bilateral, if applicable)	
Diagnosis (ICD-10 code, if available)	
Please indicate if the service is for inpatient, outpatient, or durable medical equipment (DME)	
Admission date (if applicable)	
Voluntary or involuntary admission	
Date of service, if available (please indicate if service is currently unscheduled)	

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Number of visits or units requested (if applicable)	
Other/comments	

**Provider details**

**Note:** Please include the provider requesting and performing the service, as applicable. If requesting provider is the same as servicing provider, please indicate "same" in the applicable fields for servicing provider.

Requesting provider name	
Requesting provider telephone number	
Requesting provider Taxpayer Identification Number (TIN), if available	
Requesting provider address	
Servicing provider name	
Servicing provider telephone number	
Servicing Provider TIN, if available	
Servicing provider address	
Servicing provider Cigna network status (in network or out of network)	

Physician name	
Physician telephone number	
Physician TIN, if available	
Physician address	