



**Optum Behavioral Health – Oklahoma**  
**Prior Authorization**  
**Requirements for UnitedHealthcare Exchange Plans**  
 Effective Jan. 1, 2021

**General Information**

This list indicates services requiring prior authorization for participating behavioral health providers for Exchange Plans members in Oklahoma for inpatient and outpatient behavioral health services listed below. To request prior authorization, please submit your request online.

- **Online:** Use the Prior Authorization and Notification Tool on Link. Go to UHCprovider.com and click on the Link button in the top right corner. Then, select the Prior Authorization and Notification tile on your Link dashboard.

When deciding coverage, the member specific benefit plan document must be referenced as the terms of the member specific benefit plan vary by state.

Prior authorization is not required for emergency or urgent care.

For these benefit plans, members have no non-emergent out-of-network coverage and no coverage outside of the service area.

Service Description	Procedure Code(s)
Inpatient Mental Health	Rev 113,114, 124, 134, 144,154, 204
Inpatient Substance Use Detoxification (hospital based)	Rev 116, 126, 136, 146, 156
Substance Use Rehabilitation (hospital based)	Rev 118, 128, 138, 148, 158
Psychiatric Clinic	Rev 513
Treatment Room	Rev 761
Evaluation/Initial-BH Treatments/Services	Rev 900
ECT- Electroshock Treatment	Rev 901
MH Intensive Outpatient	Rev 905
SUD Intensive Outpatient	Rev 906
MH/SUD Partial Hospitalization	Rev 912, 913
OP Services- Behavioral Health Testing	Rev 918
OP Services- Other Behavioral Health Treatment/Services	Rev 919
Drug Rehabilitation	Rev 944
Alcohol Rehabilitation	Rev 945
Combined drug and alcohol rehabilitation	Rev 953
Psychiatric	Rev 961
Anesthesia for ECT	00104
Residential Treatment- Psychiatric	Rev 1001
Residential Treatment- Chem Dep	Rev 1002
Therapeutic Repetitive Transcranial magnetic stimulation treatment; planning 1 VISIT	90867
Therapeutic Repetitive Transcranial magnetic stimulation treatment; delivery and management, per session 1 VISIT	90868
Therapeutic Repetitive Transcranial Magnetic Stimulation (TMS) treatment; subsequent motor threshold Re-determination with delivery and management 1 VISIT	90869
Outpatient ECT	90870
Unlisted psychiatric service or procedure	90899

Service Description	Procedure Code(s)
Neurobehavioral status exam (clinical assessment of thinking, reasoning and judgment, [eg, acquired knowledge, attention, language, memory, planning and problem solving, and visual spatial abilities]), by physician or other qualified health care professional, both face-to-face time with the patient and time interpreting test results and preparing the report;	96116
Neurobehavioral status exam (clinical assessment of thinking, reasoning and judgment, [eg, acquired knowledge, attention, language, memory, planning and problem solving, and visual spatial abilities]), by physician or other qualified health care professional, both face-to-face time with the patient and time interpreting test results and preparing the report; each additional hour	96121
Psychological testing evaluation	96130, 96131
Neuropsychological testing evaluation	96132, 96133
Psychological & Neuropsychological testing administration/scoring	96136, 96137
Psychological or neuropsychological test admin and scoring by technician, two or more tests, any method, first 30 minutes	96138
Psychological or neuropsychological test admin and scoring by technician, two or more tests, any method, each additional 30 minutes	96139
Computer Based Psychological/Neuropsychological Testing	96146
Unlisted evaluation and management service	99499