

Ohio Medicaid Managed Care

Effective Oct. 1, 2023

Overview

The table below outlines the behavioral health services that require prior authorization for the Ohio Medicaid Managed Care contract.

Please check this list before you provide services to UnitedHealthcare Community Plan members. Additional information about prior authorization for behavioral health services can be found in the Optum Behavioral Health [National Network Manual](#) (pages 38-40). If you have additional questions, please call the Customer Service number on the back of the member’s ID card.

Note: All out-of-network (non-participating) providers must obtain prior authorization approval before providing behavioral health services. Prior authorization is not required when rendering emergency services.

Service Description	Revenue Code	Additional Information
Inpatient Psychiatric/private	114	
Inpatient Detoxification/private	116	
Inpatient Rehabilitation/private	118	
Psychiatric Inpatient/semi-private	124	
Inpatient Detoxification/semi-private	126	
Inpatient Rehabilitation /semi-private	128	
Inpatient Psychiatric/3-4 beds	134	
Inpatient Detoxification/3-4 beds	136	
Inpatient Rehabilitation/3-4 beds	138	
Inpatient Psychiatric/ward	154	
Inpatient Detoxification/ward	156	

Service Description	Revenue Code	Additional Information
Inpatient Rehabilitation/ward	158	
Psychiatric Inpatient Intensive Care	204	
Treatment room	761	
Behavioral Health Treatments/Services	900	Revenue code 900 requires a HCPC or CPT code. See specific code for authorization requirement.
ECT (single seizures)	90870	
Electroshock treatment	901	
Community Behavioral Health Program, Day Treatment	907	
Rehabilitation - Behavioral Health	911	
Partial hospitalization-less intensive	912	
Partial hospitalization-intensive	913	
Behavioral Health Testing	918	
Other Behavioral Health Treatment/Services	919	
Drug rehabilitation	944	
Alcohol rehabilitation	945	
Residential Treatment - Chem Dep	1002	

Service Description	Procedure Code	Additional Information
Unlisted Molecular Pathology	81479	
Candida Dna Amp Probe	87481	
Iadna-Dna/Rna Probe Tq 12-25	87507	
Gardner Vag Dna Dir Probe	87510	
Gardner Vag Dna Amp Probe	87511	

Service Description	Procedure Code	Additional Information
Detect Agent Nos Dna Amp	87798	
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	

Service Description	Procedure Code	Additional Information
Psychological and Neuropsychological testing administration/scoring	96138	Auth Required – Only if the Admin and Scoring codes are submitted with Psychological Testing Eval Codes 96130 and 96131 • No Auth Required - If the Admin & Scoring codes are submitted with Neuropsychological Testing Eval Codes 96132 & 96133
Psychological and Neuropsychological testing administration/scoring	96139	Auth Required – Only if the Admin and Scoring codes are submitted with Psychological Testing Eval Codes 96130 and 96131 • No Auth Required - If the Admin & Scoring codes are submitted with Neuropsychological Testing Eval Codes 96132 & 96133
Behavior ID Assessment by Phys/Qhp ea 15 min	97151	
Behavior ID Support Assessment By 1 Tech ea 15 minutes	97152	
Adaptive Behavior Treatment by Protocol Tech each 15 min	97153	
Group Adaptive Behavior Treatment by Protocol Tech each 15 minutes	97154	
Adaptive Behavioral Treatment Protocol /	97155	

modification Phys/Qhp ea 15 minutes		
family adapt behavioral tx gdn phys/qhp ea 15 min	97156	
multiple fam group behavioral tx gdn phys/qhp ea 15 min	97157	
grp adaptive behavioral prtcl modifcaj phys/qhp ea 15 min	97158	
behavior id support assmt ea 15 min tech time	0362T	
adapt bhv tx prtcl modifcaj ea 15 min tech time	0373T	
Drug Test Def 22+ Classes	G0483	
Alcohol and/or drug assessment	H0001	
Assertive community treatment program, per diem	H0040	

Service Description	Procedure Code	Additional Information
Alcohol and/or drug abuse halfway house services, per diem	H2034	
SUD clinically managed high intensity residential treatment	H2036	
SUD clinically managed population-specific high intensity residential treatment (adults)	H2036	
SUD medically monitored intensive inpatient treatment (adults) and medically monitored high-intensity inpatient services (adolescent)	H2036	