

Washington Integrated Managed Care (IMC) Medicaid

Effective Oct. 1, 2023

Overview

The table below outlines the behavioral health services that require prior authorization for the Washington Integrated Managed Care (IMC) Medicaid 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.

Prior authorization requirement ending on Nov. 1, 2023

Service Description	Procedure Code	Additional Information
Electroconvulsive therapy	90870	

Prior authorization continues to be required for these codes

Service Description	Procedure Codes
Adaptive Behavioral Treatment by Protocol Tech, 15 min	97153
Group Adaptive Behavioral Treatment by Protocol Tech, 15 min	97154
Therapeutic Behavioral Services, per diem	H2020
TMS	90867
TMS	90868
TMS	90869
Alcohol and/or Drug sub-acute detoxification: residential addiction program inpatient	H0010
Alcohol and/or Drug acute detoxification: residential addiction program inpatient	H0011
Youth – Short Term Residential nonhospital res program. Without Room and board.	H0018

Intensive Inpatient Residential Services	H0018
Behavioral health; Long-Term residential	H0019
Behavioral health day treatment, per hour	H2012
Community-based wrap-around services, per diem	H2022