

Medicare Prior Authorization Codes

Jan. 1, 2025

Overview

The table below outlines the behavioral health services that require prior authorization for members enrolled in a Medicare Advantage plan.

Please check this list before you provide services to Medicare Advantage 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: Out-of-network providers should call the number on the back of the member ID card for information on prior authorization requirements that apply to non-contracted (non-participating) clinicians.

Inpatient Hospitalization	
Service Description	Procedure/Revenue Codes
Psychiatric/private	114
Detoxification/private	116
Rehabilitation/private	118
Psychiatric/semi-private	124
Detoxification/semi-private	126
Rehabilitation /semi-private	128
Psychiatric/3-4 bed	134
Detoxification/3-4 bed	136
Rehabilitation/3-4 bed	138
Psychiatric/ward	154
Detoxification/ward	156
Rehabilitation/ward	158
Intensive Care-Psychiatric	204

Substance Use Disorder Rehabilitation	
Service Description	Procedure/Revenue Codes
Drug rehabilitation	944
Alcohol rehabilitation	945

Partial Hospitalization Program (PHP)	
Service Description	Procedure/Revenue Codes
Partial hospitalization – less intensive	912
Partial hospitalization – intensive	913

Intensive Outpatient (IOP)	
Service Description	Procedure/Revenue Codes
Intensive Outpatient Services – Psychiatric	905
Intensive Outpatient Services – Chemical Dependency	906
Intensive outpatient services: <ul style="list-style-type: none"> • Minimum of 9 services over a 7-contiguous day period, which can include individual and group therapy with physicians or psychologists (or other mental health professionals to the extent authorized under state law) • Occupational therapy requiring the skills of a qualified occupational therapist • Services of social workers, trained psychiatric nurses, and other staff trained to work with psychiatric patients • Drugs and biologicals furnished for therapeutic purposes, excluding opioid agonist and antagonist medications that are FDA-approved for use in treatment of opioid use disorder (OUD) or opioid antagonist medications for the emergency treatment of known or suspected opioid overdose • Individualized activity therapies that are not primarily recreational or diversionary • Family counseling (the primary purpose of which is treatment of the individual's condition); Patient training and education (to the extent that training and educational activities are closely and clearly related to individual's care and treatment) • Diagnostic services (not including toxicology testing); provision of the services by a Medicare-enrolled Opioid treatment program; list separately in addition to code for primary procedure, if applicable) 	G0137

Transcranial Magnetic Stimulation (TMS)	
Service Description	Procedure/Revenue Codes
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 redetermination with delivery and management – 1 visit	90869

Psychological Testing	
Service Description	Procedure/Revenue Codes
Psychological testing evaluation services by physician or other qualified health care professional <ul style="list-style-type: none"> Includes integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report and interactive feedback to the patient, family member(s) or caregiver(s), when performed, first hour 	96130
Psychological testing evaluation services, by physician or other qualified health care professional, each additional hour	96131
Psychological or neuropsychological test admin and scoring by physician or other qualified health care professional, two or more tests, any method, first 30 minutes	96136
Psychological or neuropsychological test admin and scoring by physician or other qualified health care professional, two or more tests, any method, each additional 30 minutes	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

Unlisted Psychiatric Service or Procedure	
Service Description	Procedure/Revenue Codes
Psychiatric services or procedures that don't have a specific code	90899

Outlier Routine Outpatient Services		
The following routine outpatient services are generally <u>not</u> subject to prior authorization; however, outlier cases (i.e., those subject to higher utilization) identified by claims data are subject to clinical review to assess whether continued care is medically necessary.		
Service Description	Procedure/Revenue Codes	
Outlier Psychotherapy Services	90832	90847
	90834	90849
	90837	90853
	90845	90833
	90846	90836
Hypnotherapy	90880	

Medication-Assisted Treatment by a Medicare-Certified Opioid Treatment Program (OTP)

Medication-Assisted Treatment provided by Medicare-Certified Opioid Treatment Programs (OTPs) is not subject to prior authorization. However, network (contracted) OTPs must provide advance notification prior to rendering services. This is required in order for the claims to be reimbursed in accordance with negotiated monthly or weekly bundled rates. Failure to provide advance notification may result in claim denials.

Service Description	Procedure/Revenue Codes
Medication assisted treatment, methadone <ul style="list-style-type: none">Weekly bundle including dispensing and/or administration, substance use counseling, individual and group therapy, and toxicology testing, if performed (provision of the services by a Medicare-enrolled Opioid Treatment Program)	G2067
Medication assisted treatment, buprenorphine (oral) <ul style="list-style-type: none">Weekly bundle including dispensing and/or administration, substance use counseling, individual and group therapy, and toxicology testing if performed (provision of the services by a Medicare-enrolled Opioid Treatment Program)	G2068
Medication assisted treatment, naltrexone <ul style="list-style-type: none">Weekly bundle including dispensing and/or administration, substance use counseling, individual and group therapy, and toxicology testing if performed (provision of the services by a Medicare-enrolled Opioid Treatment Program)	G2073