

## Medicare Prior Authorization Codes

Jan. 1, 2024

### 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:** Dependent on plan, prior authorization rules listed below apply to OON (non-participating) providers. Services not listed may require prior authorization for OON providers. Prior authorization is not required when rendering emergency services.

Service Description	Procedure/Revenue Codes
<b>Inpatient Hospitalization</b>	
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

Service Description	Procedure/Revenue Codes
<b>Intensive Outpatient (IOP)</b>	
Intensive Outpatient Services - Psychiatric	905
Intensive Outpatient Services - Chemical Dependency	906
Intensive outpatient services: <ul style="list-style-type: none"> <li>• 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)</li> <li>• Occupational therapy requiring the skills of a qualified occupational therapist</li> <li>• Services of social workers, trained psychiatric nurses, and other staff trained to work with psychiatric patients</li> <li>• Drugs and biologicals furnished for therapeutic purposes, excluding opioid agonist and antagonist medications that are FDA-approved for use in treatment of OUD or opioid antagonist medications for the emergency treatment of known or suspected opioid overdose</li> <li>• Individualized activity therapies that are not primarily recreational or diversionary</li> <li>• 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)</li> <li>• 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)</li> </ul>	G0137
<b>Partial Hospitalization Program (PHP)</b>	
Partial hospitalization-less intensive	912
Partial hospitalization-intensive	913
<b>Rehabilitation</b>	
Drug rehabilitation	944
Alcohol rehabilitation	945
<b>Transcranial Magnetic Stimulation (TMS)</b>	
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
<b>Outpatient Services</b>	
Unlisted psychiatric service or procedure	90899

Service Description	Procedure/Revenue Codes
<b>Psychological Testing</b>	
Psychological testing evaluation services by physician or other qualified health care professional <ul style="list-style-type: none"> <li>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</li> </ul>	96130
Psychological testing evaluation services, by physician or other qualified health care professional, each additional hour	96131

The following services do not require prior authorization when rendered by an in network or out of network provider. However, all providers must complete the advance notification process before rendering services. Claims submitted without advance notification may be denied.

<b>Medication Assistant Treatment through Medicare Certified Opioid Treatment Program (OTP)</b>	
Medication assisted treatment, methadone <ul style="list-style-type: none"> <li>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)</li> </ul>	G2067
Medication assisted treatment, buprenorphine (oral) <ul style="list-style-type: none"> <li>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)</li> </ul>	G2068
Medication assisted treatment, naltrexone <ul style="list-style-type: none"> <li>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)</li> </ul>	G2073