



Massachusetts One Care And Senior Care Options

Effective Aug. 1, 2026

Overview

The table below outlines the behavioral health services that require prior authorization for the Massachusetts One Care and Senior Care Options contract. Please check this list before you provide services to members covered by these plans.

You'll find additional information about prior authorization for behavioral health services in these 3 resources:

- Prior authorization [submission instructions and other resources](#)
- The Optum Behavioral Health [National Network Manual](#)

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	Billing/Revenue Codes
Inpatient – Psychiatric / Private	114
Rehabilitation / Private	118
Inpatient – Psychiatric / Semi-private	124
Rehabilitation / Semi-private	128
Psychiatric / 3–4 bed	134
Rehabilitation / 3–4 bed	138
Inpatient Psychiatric / Ward	154
Rehabilitation / Ward	158
Intensive Care – Psychiatric	204
Behavioral Health Treatments / Services Note: This revenue code requires a HCPC or CPT code. See specific code for authorization requirement.	900
Intensive Outpatient Services – Psychiatric	905
Rehabilitation – Behavioral Health	911

Service Description	Billing/Revenue Codes
Partial hospitalization – Less intensive / Mental Health	912
Partial hospitalization – Intensive / Mental Health	913
Behavioral Health Testing	918
Other Behavioral Health Treatment / Services	919
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
Unlisted evaluation and management service	99499
Psychological testing evaluation services by physician or other qualified health care professional, including 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
For the following codes, please note this prior authorization guidance: • Auth Required – Only if the Admin & Scoring codes are submitted with Psychological Testing Evaluation Codes 96130 & 96131 • No Auth Required – If the Admin & Scoring codes are submitted with Neuropsychological Testing Evaluation Codes 96132 & 96133	
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
Behavioral Health Day Treatment, per hour	H2012