

Ohio MMP Managed Care

Effective Oct. 1, 2023

Overview

The table below outlines the behavioral health services that require prior authorization for the Ohio MMP 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.
Electroshock treatment	901	
Intensive OP Services - Chem Dep	906	
Community Behavioral Health Program, Day Treatment	907	
Rehabilitation - Behavioral Health	911	
Partial hospitalization-less intensive	912	
Partial hospitalization-intensive	913	
Behavioral Health Testing	918	See specific CPT/HCPC code billed with this Revenue Code for authorization requirement.
Other Behavioral Health Treatment/Services	919	See specific CPT/HCPC code billed with this Revenue Code for authorization requirement.
Drug rehabilitation	944	See specific CPT/HCPC code billed with this Revenue Code for authorization requirement.
Alcohol rehabilitation	945	See specific CPT/HCPC code billed with this Revenue Code for authorization requirement.
Residential Treatment - Chem Dep	1002	

Service Description	Procedure Code	Additional Information
SUD Residential: Alcohol and/or drug abuse halfway house services, Low intensity RES, per diem. (ASAM 3.1)	H2034	First day of admission into the program: Up to 30 consecutive days without prior authorization per Medicaid Enrollee. Prior Authorization must then support medical necessity. If not, only the initial 30 consecutive days are reimbursed. Applies to first 2 stays of each Calendar year. Any stays after that would be subject to prior authorization.
SUD Residential, Alcohol and/or other drug treatment program, per diem. (ASAM 3.3 = Cognitive Impairment) (ASAM 3.5 and 3.7 = alcohol and drug Treatment program, per diem)	H2036	First day of admission into the program. Up to 30 consecutive days without prior authorization per Medicaid Enrollee. Prior Authorization must then support medical necessity. If not, only the initial 30 consecutive days are reimbursed. Applies to first 2 stays Applies to first 2 stays of each Calendar year. Any stays after that would be subject to prior authorization.

Service Description	Procedure Code	Additional Information
IMD (Institutions for Mental Disease)		Benefit limit of 15 days per month. Authorization is required for continued stay/payment
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	
Medication assisted treatment, methadone; 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	

Service Description	Procedure Code	Additional Information
Medication assisted treatment, buprenorphine (oral); 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; 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	
Medication assisted treatment, weekly bundle not including the drug, including substance use counseling, individual and group therapy, and toxicology testing if performed (provision of the services by a Medicare-enrolled Opioid Treatment Program)	G2074	