

Mental Health/Substance Use Disorder - Prior Authorization Grid

▫ See UHA Prior Authorization (PA) Grid Overview for important information for all providers.

Substance Use Disorder (SUD) Summary

PA Required for the Following Services			
Detoxification	Residential Treatment	Partial Hospitalization	Medication Assistant Treatment (MAT) No PA required for in-network. PA required for OON providers after 30 days of initial treatment.

Mental Health Summary

No PA required for in-network providers unless listed in the code search table below. PA required for all out-of-network providers.

PA Required for the Following Services	
Inpatient and Residential Treatment <ul style="list-style-type: none"> ○ Psychiatric Residential Treatment Facility/Services (PRTS) ○ Acute Rehabilitation ○ Psychiatric Inpatient Hospital 	Outpatient Services <ul style="list-style-type: none"> ○ Electroconvulsive Therapy (ECT) ○ Applied Behavior Analysis (ABA) ○ Transcranial Magnetic Stimulation (TMS) ○ Intensive In-Home Behavioral Health (IIBHT)

Mental Health & SUD Code Search

Code	Description	PA & Coverage Details
H0001	Alcohol and/or drug assessment	No PA required for any provider.
H0002	Behavioral Health screening to determine eligibility for admission to	No PA required for any provider.
H0004	Behavioral health counseling and therapy, per 15 minutes	No PA required for any provider.

H0004	Behavioral health counseling and therapy, per 15 minutes	No PA required for in network providers. PA required for out-of-network providers.
H0005	Alcohol and/or drug services; group counseling by a clinician	No PA required for in network providers. PA required for out-of-network providers.
H0006	Alcohol and/or drug services; Case Management	No PA required for in network providers. PA required for out-of-network providers.
H0010	Alcohol/Drug services; sub-acute, medically monitored detoxification. (as an	PA required for all providers.
H0011	Alcohol/Drug services; acute, medically monitored detoxification. (as an	PA required for all providers.
H0012	Alcohol/Drug services; sub-acute, clinically managed detoxification.	PA required for all providers.
H0013	Alcohol/Drug services; acute (H0013), clinically managed detoxification.	PA required for all providers.
H0014	Ambulatory detoxification service for mild to moderate withdrawal from	PA required for all providers.
H0015	Alcohol and/or drug services; Intensive outpatient (treatment program that operates at least 3 hours/day and at least 3 days/week and is based on an	No PA required for in network providers. PA required for out-of-network providers.
H0016	Alcohol and/or drug services; Medical/somatic intervention in ambulatory setting	No PA required for in network providers. PA required for out-of-network providers.
H0017	Behavioral health, residential (hospital residential treatment program),	PA required for all providers.
H0018	Adolescent A&D residential treatment without room and board. (short term	PA required for all providers.
H0018	Adult A&D residential treatment without room and board. (short term 30	PA required for all providers.
H0019	Adolescent A&D residential treatment without room and board. (long term	PA required for all providers.
H0019	Adult A&D residential treatment without room and board. (long term longer	PA required for all providers.
H0019	Psychiatric Residential Treatment Services, per diem (PRTS)	PA required for all providers.
H0019	Behavioral health, long term residential (non-medical, non-acute care in a	PA required for all providers.
H0020	Alcohol and/or drug services; methadone administration and/or service (provision of the drug by a licensed program)	No PA required for in network providers. PA required for out-of-network providers.
H0023	Behavioral health outreach service (planned approach to reach a targeted population)	No PA required for in network providers. PA required for out-of-network providers.
H0024	Behavioral health prevention information dissemination service (one-way direct or nondirect contact with service audiences to affect knowledge and	No PA required for in network providers. PA required for out-of-network providers.
H0025	Behavioral health prevention education service (delivery of services with target population to affect knowledge, attitude and/or behavior)	No PA required for in network providers. PA required for out-of-network providers.
H0030	Behavioral health hotline service	No PA required for in network providers. PA required for out-of-network providers.
H0031	Mental health assessment, by non-physician	No PA required for in network providers. PA required for out-of-network providers.
H0032	Mental health service plan development by non-physician.	No PA required for in network providers. PA required for out-of-network providers.
H0032	Mental health service plan development by non-physician.	No PA required for in network providers. PA required for out-of-network providers.

H0033	Oral Medication Administration, direct observation.	No PA required for in network providers. PA required for out-of-network providers.
H0034	Medication training and support, per 15 minutes.	No PA required for in network providers. PA required for out-of-network providers.
H0034	Medication training and support, per 15 minutes.	No PA required for in network providers. PA required for out-of-network providers.
H0035	Mental health partial hospitalization, treatment, less than 24 hours	PA required for all providers.
H0036	Community psychiatric supportive treatment, face-to-face, per 15 minutes.	No PA required for in network providers. PA required for out-of-network providers.
H0036	Community psychiatric supportive treatment, face-to-face, per 15 minutes.	No PA required for in network providers. PA required for out-of-network providers.
H0037	Community psychiatric supportive treatment program, per diem	No PA required for in network providers. PA required for out-of-network providers.
H0038	Self-help/peer services, per 15 min	No PA required for in network providers. PA required for out-of-network providers.
H0038	Self-help/peer services, per 15 min	No PA required for in network providers. PA required for out-of-network providers.
H0039	Assertive community treatment, face-to-face, per 15 minutes.	No PA required for in network providers. PA required for out-of-network providers.
H0045	Respite care services, not in the home, per diem	PA required for all providers.
H0046	Home Based and Behavioral Habilitation 60 minutes. Modifier HW is used, along with HK, only when an individual has been approved for the HCBS 1915	No PA required for in network providers. PA required for out-of-network providers.
H0047	Alcohol and/or other drug abuse services, not otherwise specified	PA required for all providers.
H0048	Alcohol and/or drug testing; Collection and handling only, specimens other than blood	No PA required for in network providers. PA required for out-of-network providers.
H0049	Alcohol and/or drug screening	No PA required for any provider.
H1011	Family assessment by licensed behavioral health professional for state	No PA required for any provider.
H2000	Child and Adolescent Needs Survey (CANS)	No PA required for in network providers. PA required for out-of-network providers.
H2000	Mental health assessment, by non-physician with CANS.	No PA required for in network providers. PA required for out-of-network providers.
H2010	Comprehensive medication services, per 15 min	No PA required for in network providers. PA required for out-of-network providers.
H2010	Comprehensive medication services, per 15 min	No PA required for in network providers. PA required for out-of-network providers.
H2011	Crisis intervention service, per 15 minutes	No PA required for any provider.
H2012	Behavioral health day treatment, per hour	PA required for all providers.
H2013	Psychiatric health facility service, per diem	PA required for all providers.

H2014	Skills training and development, per 15 min	No PA required for in network providers. PA required for out-of-network providers.
H2016	Comprehensive community support services, per diem	PA required for all providers.
H2018	Psychosocial Rehabilitation Services, per diem	No PA required for in network providers. PA required for out-of-network providers.
H2018	Psychosocial Rehabilitation Services, per diem	No PA required for in network providers. PA required for out-of-network providers.
H2021	Community-based wrap-around services, per 15 minutes	No PA required for in network providers. PA required for out-of-network providers.
H2022	Community-based wrap-around services, per diem	No PA required for in network providers. PA required for out-of-network providers.
H2023	Supported Employment, per 15 min	No PA required for in network providers. PA required for out-of-network providers.
H2023	Supported Employment, per 15 min	No PA required for in network providers. PA required for out-of-network providers.
H2024	Supported employment, per diem	No PA required for in network providers. PA required for out-of-network providers.
H2025	Ongoing support to maintain employment, per 15 minutes	No PA required for in network providers. PA required for out-of-network providers.
H2026	Ongoing support to maintain employment, per diem	No PA required for in network providers. PA required for out-of-network providers.
H2027	Psychoeducational service, per 15 minutes	No PA required for in network providers. PA required for out-of-network providers.
H2028	Sexual offender treatment service, per 15 minutes	No PA required for in network providers. PA required for out-of-network providers.
H2029	Sexual offender treatment service, per diem	No PA required for in network providers. PA required for out-of-network providers.
H2030	Mental health clubhouse services, per 15 minutes	No PA required for in network providers. PA required for out-of-network providers.
H2031	Mental health clubhouse services, per diem	No PA required for in network providers. PA required for out-of-network providers.
H2032	Activity therapy, per 15 min	No PA required for in network providers. PA required for out-of-network providers.
H2033	Multi-systemic therapy for juveniles, per 15 min	No PA required for in network providers. PA required for out-of-network providers.
H2036	Alcohol and/or other drug treatment program, per diem	No PA required for in network providers. PA required for out-of-network providers.

S9475	All-Inclusive Monthly Bundled Payment for Virtual Medication Assisted Treatment (MAT) Services	No PA required for in network providers. PA required for out-of-network providers.
S9480	Intensive outpatient psychiatric services, per diem	No PA required for in network providers. PA required for out-of-network providers.
T1003	LPN/LVN services, up to 15 minutes	No PA required for in network providers. PA required for out-of-network providers.
T1006	Alcohol and/or substance abuse services; Family/couple counseling	No PA required for in network providers. PA required for out-of-network providers.
T1007	Alcohol and/or substance abuse services, treatment plan development and/or modification	No PA required for in network providers. PA required for out-of-network providers.
T1016	Case management, per 15 min	No PA required for in network providers. PA required for out-of-network providers.
T1016	Case management, per 15 min	No PA required for in network providers. PA required for out-of-network providers.
T1019	Personal care, in a residential treatment program, per 15 minute units.	PA required for all providers.
T1020	Personal Care Services, in OHA licensed Residential Treatment Home, per	PA required for all providers.
T1020	Personal Care Services, in a Secure Residential Treatment Home or Facility,	PA required for all providers.
T1020	Personal Care Services, in a Residential Treatment Facility, per diem.	PA required for all providers.
T1020	Personal Care Services, in a Residential Treatment Facility, per diem.	PA required for all providers.
T1020	Home Based and Behavioral Habilitation services, in Residential Treatment	PA required for all providers.
T1023	Screening to determine the appropriateness of consideration of an individual for participation in a specified program, project or treatment protocol, per	No PA required for in network providers. PA required for out-of-network providers.
T1023	Level of Care / Level of Service Assessment for Residential Treatment	No PA required for in network providers. PA required for out-of-network providers.
T1502	Administration of oral, intramuscular and/or subcutaneous medication by health care agency/professional, per visit	No PA required for in network providers. PA required for out-of-network providers.
T2011	Preadmission screening and resident review (PASSR) Level II evaluation, per evaluation	No PA required for in network providers. PA required for out-of-network providers.
T2010	Preadmission screening and resident review (PASSR) Level I identification screening, per screen	No PA required for in network providers. PA required for out-of-network providers.
90785	Interactive complexity code	No PA required for any provider.
90791	Psychiatric diagnostic evaluation	No PA required for any provider.
90792	Psychiatric diagnostic evaluation with medical services	No PA required for any provider.
90832	Psychotherapy, 30 minutes with patient and/or family member	No PA required for in network providers. PA required for out-of-network providers.
90833	Psychotherapy, 30 minutes with patient and/or family member when performed with an E/M service	No PA required for in network providers. PA required for out-of-network providers.

90834	Psychotherapy, 45 minutes with patient and/or family member	No PA required for in network providers. PA required for out-of-network providers.
90836	py, 45 minutes with patient and/or family member when performed with an E/M service	No PA required for in network providers. PA required for out-of-network providers.
90837	Psychotherapy, 60 minutes with patient and/or family member.	No PA required for in network providers. PA required for out-of-network providers.
90838	Psychotherapy, 60 minutes with patient and/or family member when performed with an E/M service	No PA required for in network providers. PA required for out-of-network providers.
90839	Psychotherapy for crisis, first 60 minutes	No PA required for in network providers. PA required for out-of-network providers.
90840	Psychotherapy for crisis (each additional 30 minutes) - list separately in addition to primary service CPT code.	No PA required for in network providers. PA required for out-of-network providers.
90846	Family Psychotherapy (without the patient present)	No PA required for in network providers. PA required for out-of-network providers.
90847	Family Psychotherapy (with the patient present)	No PA required for in network providers. PA required for out-of-network providers.
90849	Multiple-family group psychotherapy	No PA required for in network providers. PA required for out-of-network providers.
90849	Multiple-family group psychotherapy	No PA required for in network providers. PA required for out-of-network providers.
90849	Multiple-family group psychotherapy	No PA required for in network providers. PA required for out-of-network providers.
90853	Group psychotherapy	No PA required for in network providers. PA required for out-of-network providers.
90867	Therapeutic repetitive transcranial magnetic stimulation (TMS) treatment;	PA required for all providers.
90868	Therapeutic repetitive transcranial magnetic stimulation (TMS) treatment;	PA required for all providers.
90869	Therapeutic repetitive transcranial magnetic stimulation (TMS) treatment;	PA required for all providers.
90870	Electroconvulsive therapy (includes necessary monitoring)	PA required for all providers.
00104	Anesthesia for electroconvulsive therapy	PA required for all providers.
90882	Environmental intervention for medical management purposes on a psychiatric patient's behalf with agencies, employers, or institutions	No PA required for in network providers. PA required for out-of-network providers.
90885	Psychiatric evaluation of hospital records, other psychiatric reports, psychometric and/or projective tests, and other accumulated data for	No PA required for in network providers. PA required for out-of-network providers.
90887	Consultation with family - Explanation of psychiatric, medical examinations, procedures, and data to other than patient.	No PA required for in network providers. PA required for out-of-network providers.
90887	Consultation with family - Explanation of psychiatric, medical examinations, procedures, and data to other than patient.	No PA required for in network providers. PA required for out-of-network providers.

90889	Preparation of report of patient's psychiatric status, history, treatment, or progress (other than for legal or consultative purposes) for other individuals,	No PA required for in network providers. PA required for out-of-network providers.
96130	Psychological testing evaluation by qualified health care professional, first 60	No PA required for any provider.
96131	Psychological testing evaluation by qualified health care professional,	No PA required for any provider.
96132	Neuropsychological testing, interpretation, and report by psychologist or	No PA required for any provider.
96133	Neuropsychological testing, interpretation, and report by psychologist or	No PA required for any provider.
96136	Psychological or neuropsychological test administration and scoring by	No PA required for any provider.
96137	Psychological or neuropsychological test administration and scoring by	No PA required for any provider.
96156	Health behavior assessment, or re-assessment (ie, health-focused clinical interview, behavioral observations, clinical decision making)	No PA required for in network providers. PA required for out-of-network providers.
96158	Health behavior intervention, individual, face-to-face; initial 30 minutes)	No PA required for in network providers. PA required for out-of-network providers.
96159	Health behavior intervention, individual, face-to-face; each additional 15 minutes (List separately in addition to code for primary service)	No PA required for in network providers. PA required for out-of-network providers.
96164	Health behavior intervention, group (2 or more patients), face-to-face; initial 30 minutes)	No PA required for in network providers. PA required for out-of-network providers.
96165	Health behavior intervention, group (2 or more patients), face-to-face; each additional 15 minutes (List separately in addition to code for primary service)	No PA required for in network providers. PA required for out-of-network providers.
96167	Health behavior intervention, family (with the patient present), face-to-face; initial 30 minutes)	No PA required for in network providers. PA required for out-of-network providers.
96168	Health behavior intervention, family (with the patient present), face-to-face; each additional 15 minutes (List separately in addition to code for primary	No PA required for in network providers. PA required for out-of-network providers.
96170	Health behavior intervention, family (without the patient present), face-to-face; initial 30 minutes)	No PA required for in network providers. PA required for out-of-network providers.
96171	Health behavior intervention, family (without the patient present), face-to-face; each additional 15 minutes (List separately in addition to code for	No PA required for in network providers. PA required for out-of-network providers.
99366	Medical team conference with patient and/or family, and nonphysician	PA required for all providers.
99368	Medical team conference with nonphysician health care professionals, 30	PA required for all providers.
97151	Behavior identification assessment, administered by a physician or other	PA required for all providers.
97152	Behavior identification-supporting assessment, administered by one	PA required for all providers.
97153	Adaptive behavior treatment by protocol, administered by technician under	PA required for all providers.
97154	Group adaptive behavior treatment by protocol, administered by technician	PA required for all providers.
97155	Adaptive behavior treatment with protocol modification, administered by	PA required for all providers.
97156	Family adaptive behavior treatment guidance, administered by physician or	PA required for all providers.
97157	Multiple-family group adaptive behavior treatment guidance, administered	PA required for all providers.
97158	Group adaptive behavior treatment with protocol modification, administered	PA required for all providers.
98966	Telephone assessment and management service provided by a qualified nonphysician health care professional 5-10 minutes of medical discussion	No PA required for in network providers. PA required for out-of-network providers.

98966	Telephone assessment and management service provided by a qualified nonphysician health care professional 5-10 minutes of medical discussion	No PA required for in network providers. PA required for out-of-network providers.
98967	Telephone assessment and management service provided by a qualified nonphysician health care professional 11-20 minutes of medical discussion	No PA required for in network providers. PA required for out-of-network providers.
98967	Telephone assessment and management service provided by a qualified nonphysician health care professional 11-20 minutes of medical discussion	No PA required for in network providers. PA required for out-of-network providers.
98968	Telephone assessment and management service provided by a qualified nonphysician health care professional 21-30 minutes of medical discussion	No PA required for in network providers. PA required for out-of-network providers.
98968	Telephone assessment and management service provided by a qualified nonphysician health care professional 21-30 minutes of medical discussion	No PA required for in network providers. PA required for out-of-network providers.
99202	99255	No PA required for in network providers. PA required for out-of-network providers.
99202	99255	No PA required for in network providers. PA required for out-of-network providers.
99281	99285	No PA required for in network providers. PA required for out-of-network providers.
99281	99285	No PA required for in network providers. PA required for out-of-network providers.
99304	99337	No PA required for in network providers. PA required for out-of-network providers.
99304	99337	No PA required for in network providers. PA required for out-of-network providers.
99341	99350	No PA required for in network providers. PA required for out-of-network providers.
99341	99350	No PA required for in network providers. PA required for out-of-network providers.
G0176	Activity therapy, such as music, dance, art or play therapies not for recreation, related to the care and treatment of patient's disabling mental	No PA required for in network providers. PA required for out-of-network providers.
G0176	Activity therapy, such as music, dance, art or play therapies not for recreation, related to the care and treatment of patient's disabling mental	No PA required for in network providers. PA required for out-of-network providers.
G0177	Training and educational services related to the care and treatment of patient's disabling mental health problems per session (45 minutes or more)	No PA required for in network providers. PA required for out-of-network providers.
G0177	Training and educational services related to the care and treatment of patient's disabling mental health problems per session (45 minutes or more)	No PA required for in network providers. PA required for out-of-network providers.
G2012	Brief communication technology-based service, e.g., virtual check-in, by a physician or other qualified healthcare professional who can report on	No PA required for in network providers. PA required for out-of-network providers.
G2067	Medication assisted treatment, methadone; weekly bundle including dispensing and/or administration, substance use counseling, individual and	No PA required for in network providers. PA required for out-of-network providers.

G2068	Medication assisted treatment, buprenorphine (oral); weekly bundle including dispensing and/or administration, substance use counseling,	No PA required for in network providers. PA required for out-of-network providers.
G2069	Medication assisted treatment, buprenorphine (injectable); weekly bundle including dispensing and/or administration, substance use counseling,	No PA required for in network providers. PA required for out-of-network providers.
G2070	Medication assisted treatment, buprenorphine (implant insertion); weekly bundle including dispensing and/or administration, substance use	No PA required for in network providers. PA required for out-of-network providers.
G2071	Medication assisted treatment, buprenorphine (implant removal); weekly bundle including dispensing and/or administration, substance use	No PA required for in network providers. PA required for out-of-network providers.
G2072	Medication assisted treatment, buprenorphine (implant insertion and removal); weekly bundle including dispensing and/or administration,	No PA required for in network providers. PA required for out-of-network providers.
G2073	Medication assisted treatment, naltrexone; weekly bundle including dispensing and/or administration, substance use counseling, individual and	No PA required for in network providers. PA required for out-of-network providers.
G2074	Medication assisted treatment, weekly bundle not including the drug, including substance use counseling, individual and group therapy, and	No PA required for in network providers. PA required for out-of-network providers.
G2075	Medication assisted treatment, medication not otherwise specified; weekly bundle including dispensing and/or administration, substance use	No PA required for in network providers. PA required for out-of-network providers.
G2076	Intake activities, including initial medical examination that is a complete, fully documented physical evaluation and initial assessment by a program	No PA required for in network providers. PA required for out-of-network providers.
G2077	Periodic assessment; assessing periodically by qualified personnel to determine the most appropriate combination of services and treatment	No PA required for in network providers. PA required for out-of-network providers.
G2080	Each additional 30 minutes of counseling in a week of medication assisted treatment, (provision of the services by a medicare-enrolled opioid	No PA required for in network providers. PA required for out-of-network providers.
G2086	Office-based treatment for opioid use disorder, including development of the treatment plan, care coordination, individual therapy and group therapy and	No PA required for in network providers. PA required for out-of-network providers.
G2087	Office-based treatment for opioid use disorder, including care coordination, individual therapy and group therapy and counseling; at least 60 minutes in a	No PA required for in network providers. PA required for out-of-network providers.
G2088	Office-based treatment for opioid use disorder, including care coordination, individual therapy and group therapy and counseling; each additional 30	No PA required for in network providers. PA required for out-of-network providers.
G9012	Other specified case management service not elsewhere classified	No PA required for in network providers. PA required for out-of-network providers.
S5141	Foster care, adult; per month	PA required for all providers.
S5141	Habilitation Services, Adult Foster Home, per month. Modifier HW is used,	PA required for all providers.
S5151	Unskilled respite care, not hospice; per diem	PA required for all providers.
S9484	Crisis intervention mental health services, per hour	No PA required for in network providers. PA required for out-of-network providers.

