Mental Health/Substance Use Disorder

Prior Authorization Grid

UMPQUA HEALTH

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

Substance Use Disorder Summary

PA Required for the Following Services

Detoxification	Residential Treatment	Partial Hospitalization	Medication Assisted 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	**Outpatient Services**
• Psychiatric Residential Treatment Facility/Services (PRTS) • Acute Rehabilitation • Psychiatric Inpatient Hospital	• Electroconvulsive Therapy (ECT) • Applied Behavior Analysis (ABA) • Transcranial Magnetic Stimulation (TMS) • Intensive In-Home Behavioral Health (IIBHT)

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Mental Health & SUD Code Search

Code	Description	PA & Coverage Details
H0001	Alcohol and/or drug assessment	PA Not Required: For any provider.
H0002	Behavioral Health screening to determine eligibility for admission to treatment program(s)	PA Not Required: For any provider.
H0003	Alcohol and/or drug screening; laboratory analysis of specimens for presence of alcohol and/or drugs	Not a covered benefit.
H0004	Behavioral health counseling and therapy, per 15 minutes	In-network: No PA if funded and paired. Out-of-network: PA required.
H0005	Alcohol and/or drug services; group counseling by a clinician	In-network: No PA if funded and paired. Out-of-network: PA required.
H0006	Alcohol and/or drug services; Case Management	In-network: No PA if funded and paired. Out-of-network: PA required.
H0010	Alcohol/Drug services; sub-acute, medically monitored detoxification. (as an alternative to inpatient ASAM Level III.7-D)	PA Required: For all providers.
H0011	Alcohol/Drug services; acute, medically monitored detoxification. (as an alternative to inpatient ASAM Level III.7-D)	PA Required: For all providers.
H0012	Alcohol/Drug services; sub-acute, clinically managed detoxification. (outpatient ASAM Level III.2-D)	PA Required: For all providers.
H0013	Alcohol/Drug services; acute, clinically managed detoxification.	PA Required: For all providers.
H0014	Ambulatory detoxification service for mild to moderate withdrawal from substance abuse (Ambulatory ASAM Level II-D).	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 individualized treatment plan).	In-network: No PA if funded and paired. Out-of-network: PA required.
H0016	Alcohol and/or drug services; Medical/somatic intervention in ambulatory setting	In-network: No PA if funded and paired. Out-of-network: PA required.

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H0017	Behavioral health, residential (hospital residential treatment program), without room and board, per diem	PA Required: For all providers.
H0018	Adolescent A&D residential treatment without room and board. (short term 30 days or less)	PA Required: For all providers.
H0019	Adolescent & Adult A&D residential treatment and PRTS, per diem	PA Required: For all providers.
H0020	Alcohol and/or drug services; methadone administration and/or service (provision of the drug by a licensed program)	In-network: No PA if funded and paired. Out-of-network: No PA for first 30 days; PA required after 30 days.
H0023	Behavioral health outreach service (planned approach to reach a targeted population)	In-network: No PA if funded and paired. Out-of-network: PA required.
H0024	Behavioral health prevention information dissemination service (one-way direct or nondirect contact with service audiences to affect knowledge and attitude)	In-network: No PA. Out-of-network: PA required.
H0025	Behavioral health prevention education service (delivery of services with target population to affect knowledge, attitude and/or behavior)	In-network: No PA. Out-of-network: PA required.
H0030	Behavioral health hotline service	In-network: No PA. Out-of-network: PA required.
H0031	Mental health assessment, by non-physician	In-network: No PA. Out-of-network: PA required.
H0032	Mental health service plan development by non-physician.	In-network: No PA. Out-of-network: PA required.
H0033	Oral medication administration, direct observation	In-network: No PA when funded and paired. Out-of-network: PA required.
H0034	Medication training and support, per 15 minutes.	In-network: No PA. Out-of-network: PA required.
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.	In-network: No PA if funded and paired. Out-of-network: PA required.
H0037	Community psychiatric supportive treatment program, per diem	In-network: No PA. Out-of-network: PA required.
H0038	Self-help/peer services, per 15 min	In-network: No PA if funded and paired. Out-of-network: PA required.

H0039	Assertive community treatment, face-to-face, per 15 minutes.	In-network: No PA. Out-of-network: PA required.
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 (i) plan.	In-network: No PA. Out-of-network: PA required.
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	In-network: No PA. Out-of-network: PA required.
H0049	Alcohol and/or drug screening	PA Not Required: For all providers when funded and paired.
H1011	Family assessment by licensed behavioral health professional for state defined purposes	PA Not Required: For any provider.
H2000	Mental health assessment, by non-physician with CANS.	PA Not Required: For any provider.
H2010	Comprehensive medication services, per 15 min	In-network: No PA if funded and paired. Out-of-network: PA required.
H2011	Crisis intervention service, per 15 minutes	PA Not 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	In-network: No PA if funded and paired. Out-of-network: PA required.
H2016	Comprehensive community support services, per diem	PA Required: For all providers.
H2018	Psychosocial Rehabilitation Services, per diem	In-network: No PA. Out-of-network: PA required.
H2021	Community-based wrap-around services, per 15 minutes	In-network: No PA if funded and paired. Out-of-network: PA required.
H2022	Community-based wrap-around services, per diem	In-network: No PA if funded and paired. Out-of-network: PA required.

H2023	Supported Employment, per 15 min	In-network: No PA if funded and paired. Out-of-network: PA required.
H2024	Supported employment, per diem	In-network: No PA if funded and paired. Out-of-network: PA required.
H2025	Ongoing support to maintain employment, per 15 minutes	In-network: No PA. Out-of-network: PA required.
H2026	Ongoing support to maintain employment, per diem	In-network: No PA. Out-of-network: PA required.
H2027	Psychoeducational service, per 15 minutes	In-network: No PA if funded and paired. Out-of-network: PA required.
H2028	Sexual offender treatment service, per 15 minutes	In-network: No PA. Out-of-network: PA required.
H2029	Sexual offender treatment service, per diem	In-network: No PA. Out-of-network: PA required.
H2030	Mental health clubhouse services, per 15 minutes	In-network: No PA. Out-of-network: PA required.
H2031	Mental health clubhouse services, per diem	In-network: No PA. Out-of-network: PA required.
H2032	Activity therapy, per 15 min	In-network: No PA when funded and paired. Out-of-network: PA required.
H2033	Multi-systemic therapy for juveniles, per 15 min	In-network: No PA if funded and paired. Out-of-network: PA required.
H2036	Alcohol and/or other drug treatment program, per diem	In-network: No PA if funded and paired. Out-of-network: PA required.
S9475	All-Inclusive Monthly Bundled Payment for Virtual Medication Assisted Treatment (MAT) Services	In-network: No PA. Out-of-network: PA required.
S9480	Intensive outpatient psychiatric services, per diem	In-network: No PA if funded and paired. Out-of-network: PA required.
T1003	LPN/LVN services, up to 15 minutes	In-network: No PA. Out-of-network: PA required.
T1004	Services of a qualified nursing aide, up to 15 minutes	Not a covered benefit.

T1006	Alcohol and/or substance abuse services; Family/couple counseling	In-network: No PA if funded and paired. Out-of-network: PA required.
T1007	Alcohol and/or substance abuse services, treatment plan development and/or modification	In-network: No PA if funded and paired. Out-of-network: PA required.
T1009	Child sitting services for children of the individual receiving alcohol and/or substance abuse services	Not a covered benefit.
T1010	Meals for individuals receiving alcohol and/or substance abuse services (when meals not included in the program)	Not a covered benefit.
T1012	Alcohol and/or substance abuse services, skills development	Not a covered benefit.
T1016	Case management, per 15 min	In-network: No PA. Out-of-network: PA required.
T1017	Targeted case management, each 15 minutes	Not a covered benefit.
T1018	School-based individualized education program (IEP) services, bundled	Not a covered benefit.
T1019	Personal care, in a residential treatment program, per 15 minute units. Modifier HW is used, along with HK, only when an individual has been approved for the HCBS 1915 (i) plan	PA Required: For all providers.
T1020	Home Based and Behavioral Habilitation services, in Residential Treatment Facility or Home, per diem. Modifier HW is used, along with HK, only when an individual has been approved for the HCBS 1915 (i) plan. Personal Care Services, in a Secure Residential Treatment Home or Facility, per Diem.	PA Required: For all providers.
T1021	Home health aide or certified nurse assistant, per visit	Not a covered benefit.
T1022	Contracted home health agency services, all services provided under contract, per day	Not a covered benefit.
T1023	Screening to determine the appropriateness of consideration of an individual for participation in a specified program, project or treatment protocol, per encounter	In-network: No PA. Out-of-network: PA required.
T1024	Evaluation and treatment by an integrated, specialty team contracted to provide coordinated care to multiple or severely handicapped children, per encounter	Not a covered benefit.
T1026	Intensive, extended multidisciplinary services provided in a clinic setting to children with complex medical, physical, medical and psychosocial impairments, per hour	Not a covered benefit.
T1027	Family training and counseling for child development, per 15 minutes	Not a covered benefit.

Code	Description	Prior Authorization
T1028	Assessment of home, physical and family environment, to determine suitability to meet patient's medical needs	Not a covered benefit.
T1029	Comprehensive environmental lead investigation, not including laboratory analysis, per dwelling	Not a covered benefit.
T1502	Administration of oral, intramuscular and/or subcutaneous medication by health care agency/professional, per visit	In-network: No PA if funded and paired. Out-of-network: PA required.
T2011	Preadmission screening and resident review (PASSR) Level II evaluation, per evaluation	In-network: No PA. Out-of-network: PA required.
T2010	Preadmission screening and resident review (PASSR) Level I identification screening, per screen	In-network: No PA. Out-of-network: PA required.
90785	Interactive complexity code	PA Not Required: For all providers when funded and paired.
90791	Psychiatric diagnostic evaluation	PA Not Required: For any provider.
90792	Psychiatric diagnostic evaluation with medical services	PA Not Required: For any provider.
90832	Psychotherapy, 30 minutes with patient and/or family member	In-network: No PA if funded and paired. Out-of-network: PA required.
90833	Psychotherapy, 30 minutes with patient and/or family member when performed with an E/M service	In-network: No PA if funded and paired. Out-of-network: PA required.
90834	Psychotherapy, 45 minutes with patient and/or family member	In-network: No PA if funded and paired. Out-of-network: PA required.
90836	Psychotherapy, 45 minutes with patient and/or family member when performed with an E/M service	In-network: No PA if funded and paired. Out-of-network: PA required.
90837	Psychotherapy, 60 minutes with patient and/or family member.	In-network: No PA if funded and paired. Out-of-network: PA required.
90838	Psychotherapy, 60 minutes with patient and/or family member when performed with an E/M service	In-network: No PA if funded and paired. Out-of-network: PA required.
90839	Psychotherapy for crisis, first 60 minutes	In-network: No PA if funded and paired. Out-of-network: PA required.

90840	Psychotherapy for crisis (each additional 30 minutes) - list separately in addition to primary service CPT code.	In-network: No PA if funded and paired. Out-of-network: PA required.
90845	Psychoanalysis	Not a covered benefit.
90846	Family Psychotherapy (without the patient present)	In-network: No PA if funded and paired. Out-of-network: PA required.
90847	Family Psychotherapy (with the patient present)	In-network: No PA if funded and paired. Out-of-network: PA required.
90849	Multiple-family group psychotherapy	In-network: No PA if funded and paired. Out-of-network: PA required.
90853	Group psychotherapy	In-network: No PA if funded and paired. Out-of-network: PA required.
90867	Therapeutic repetitive transcranial magnetic stimulation (TMS) treatment; initial, including cortical mapping, motor threshold determination, delivery and management	PA Required: For all providers.
90868	Therapeutic repetitive transcranial magnetic stimulation (TMS) treatment; subsequent delivery and management, per session	PA Required: For all providers.
90869	Therapeutic repetitive transcranial magnetic stimulation (TMS) treatment; subsequent motor threshold re-determination with delivery and management	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.
90875	Individual psychophysiological therapy incorporating biofeedback training by any modality (face-to-face with the patient), with psychotherapy (eg, insight oriented, behavior modifying or supportive psychotherapy); 30 minutes	Not a covered benefit.
90876	Individual psychophysiological therapy incorporating biofeedback training by any modality (face-to-face with the patient), with psychotherapy (eg, insight oriented, behavior modifying or supportive psychotherapy); 45 minutes	Not a covered benefit.
90880	Hypnotherapy	Not a covered benefit.
90882	Environmental intervention for medical management purposes on a psychiatric patient's behalf with agencies, employers, or institutions	In-network: No PA if funded and paired. Out-of-network: PA required.

90885	Psychiatric evaluation of hospital records, other psychiatric reports, psychometric and/or projective tests, and other accumulated data for medical diagnostic purposes	In-network: No PA if funded and paired. Out-of-network: PA required.
90887	Consultation with family - Explanation of psychiatric, medical examinations, procedures, and data to other than patient.	In-network: No PA if funded and paired. Out-of-network: PA required.
90889	Preparation of report of patient's psychiatric status, history, treatment, or progress (other than for legal or consultative purposes) for other individuals, agencies, or insurance carriers	In-network: No PA. Out-of-network: PA required.
90901	Biofeedback training by any modality	Not a covered benefit.
96130	Psychological testing evaluation by qualified health care professional, first 60 minutes	PA Not Required: For any provider.
96131	Psychological testing evaluation by qualified health care professional, additional 60 minutes	PA Not Required: For any provider.
96132	Neuropsychological testing, interpretation, and report by psychologist or physician, first 60 minutes	PA Not Required: For any provider.
96133	Neuropsychological testing, interpretation, and report by psychologist or physician, additional 60 minutes	PA Not Required: For any provider.
96136	Psychological or neuropsychological test administration and scoring by qualified health care professional, first 30 minutes	PA Not Required: For any provider.
96137	Psychological or neuropsychological test administration and scoring by qualified health care professional, additional 30 minutes	PA Not Required: For any provider.
96156	Health behavior assessment, or re-assessment (ie, health-focused clinical interview, behavioral observations, clinical decision making)	In-network: No PA if funded and paired. Out-of-network: PA required.
96158	Health behavior intervention, individual, face-to-face; initial 30 minutes)	In-network: No PA if funded and paired. Out-of-network: PA required.
96159	Health behavior intervention, individual, face-to-face; each additional 15 minutes (List separately in addition to code for primary service)	In-network: No PA if funded and paired. Out-of-network: PA required.
96164	Health behavior intervention, group (2 or more patients), face-to-face; initial 30 minutes)	In-network: No PA if funded and paired. Out-of-network: PA required.
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)	In-network: No PA if funded and paired. Out-of-network: PA required.

96167	Health behavior intervention, family (with the patient present), face-to-face; initial 30 minutes)	In-network: No PA if funded and paired. Out-of-network: PA required.
96168	Health behavior intervention, family (with the patient present), face-to-face; each additional 15 minutes (List separately in addition to code for primary service)	In-network: No PA if funded and paired. Out-of-network: PA required.
96170	Health behavior intervention, family (without the patient present), face-to-face; initial 30 minutes)	In-network: No PA if funded and paired. Out-of-network: PA required.
96171	Health behavior intervention, family (without the patient present), face-to-face; each additional 15 minutes (List separately in addition to code for primary service)	In-network: No PA if funded and paired. Out-of-network: PA required.
99366	Medical team conference with patient and/or family, and nonphysician health care professionals, 30 minutes or more	PA Required: For all providers.
99368	Medical team conference with nonphysician health care professionals, 30 minutes or more	PA Required: For all providers.
97151	Behavior identification assessment, administered by a physician or other qualified health care professional, each 15 minutes of the physician's or other qualified health care professional's time face-to-face with patient and/or guardian(s)/caregiver(s) administering assessments and discussing findings and recommendations, and non-face-to-face analyzing past data, scoring/interpreting the assessment, and preparing the report/treatment plan	PA Not Required: For any provider.
97152	Behavior identification-supporting assessment, administered by one technician under the direction of a physician or other qualified health care professional, face-to-face with the patient, each 15 minutes	PA Required: For all providers.
97153	Adaptive behavior treatment by protocol, administered by technician under the direction of a physician or other qualified health care professional, face-to-face with one patient, each 15 minutes	PA Required: For all providers.
97154	Group adaptive behavior treatment by protocol, administered by technician under the direction of a physician or other qualified health care professional, face-to-face with two or more patients, each 15 minutes	PA Required: For all providers.
97155	Adaptive behavior treatment with protocol modification, administered by physician or other qualified health care professional, which may include simultaneous direction of technician, face-to-face with one patient, each 15 minutes	PA Required: For all providers.
97156	Family adaptive behavior treatment guidance, administered by physician or other qualified health care professional (with or without the patient present), face-to-face with guardian(s)/caregiver(s), each 15 minutes	PA Required: For all providers.

97157	Multiple-family group adaptive behavior treatment guidance, administered by physician or other qualified health care professional (without the patient present), face-to-face with multiple sets of guardians/caregivers, each 15 minutes	PA Required: For all providers.
97158	Group adaptive behavior treatment with protocol modification, administered by physician or other qualified health care professional, face-to-face with multiple patients, each 15 minutes	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	In-network: No PA if funded and paired. Out-of-network: PA required.
98967	Telephone assessment and management service provided by a qualified nonphysician health care professional 11-20 minutes of medical discussion	In-network: No PA if funded and paired. Out-of-network: PA required.
98968	Telephone assessment and management service provided by a qualified nonphysician health care professional 21-30 minutes of medical discussion	In-network: No PA if funded and paired. Out-of-network: PA required.
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 health problems, per session (45 minutes or more)	In-network: No PA if funded and paired. Out-of-network: PA required.
G0177	Training and educational services related to the care and treatment of patient's disabling mental health problems per session (45 minutes or more)	In-network: No PA if funded and paired. Out-of-network: PA required.
G2012	Brief communication technology-based service, e.g., virtual check-in, by a physician or other qualified healthcare professional who can report on evaluation and management services.	In-network: No PA if funded and paired. Out-of-network: PA required.
G2067	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	In-network: No PA if funded and paired. Out-of-network: PA required.
G2068	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)	In-network: No PA if funded and paired. Out-of-network: PA required.
G2069	Medication assisted treatment, buprenorphine (injectable); 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	In-network: No PA if funded and paired. Out-of-network: PA required.

G2070	Medication assisted treatment, buprenorphine (implant insertion); 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)	In-network: No PA if funded and paired. Out-of-network: PA required.
G2071	Medication assisted treatment, buprenorphine (implant removal); 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)	In-network: No PA if funded and paired. Out-of-network: PA required.
G2072	Medication assisted treatment, buprenorphine (implant insertion and removal); 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)	In-network: No PA if funded and paired. Out-of-network: PA required.
G2073	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)	In-network: No PA if funded and paired. Out-of-network: PA required.
G2074	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)	In-network: No PA if funded and paired. Out-of-network: PA required.
G2075	Medication assisted treatment, medication not otherwise specified; 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)	In-network: No PA if funded and paired. Out-of-network: PA required.
G2076	Intake activities, including initial medical examination that is a complete, fully documented physical evaluation and initial assessment by a program physician or a primary care physician, or an authorized healthcare professional under the supervision of a program physician qualified personnel that includes preparation of a treatment plan that includes the patient's short-term goals and the tasks the patient must perform to complete the short-term goals; the patient's requirements for education, vocational rehabilitation, and employment; and the medical, psycho- social, economic, legal, or other supportive services that a patient needs, conducted by qualified personnel (provision of the services by a medicare-enrolled opioid treatment program); list separately in addition to code for primary procedure	In-network: No PA if funded and paired. Out-of-network: PA required.
G2077	Periodic assessment; assessing periodically by qualified personnel to determine the most appropriate combination of services and treatment (provision of the services by a medicare-enrolled opioid treatment program); list separately in addition to code for primary procedure	In-network: No PA if funded and paired. Out-of-network: PA required.

Code	Description	PA Requirement
G2080	Each additional 30 minutes of counseling in a week of medication assisted treatment, (provision of the services by a medicare-enrolled opioid treatment program); list separately in addition to code for primary procedure	In-network: No PA if funded and paired. Out-of-network: PA required.
G2086	Office-based treatment for opioid use disorder, including development of the treatment plan, care coordination, individual therapy and group therapy and counseling; at least 70 minutes in the first calendar month	In-network: No PA if funded and paired. Out-of-network: PA required.
G2087	Office-based treatment for opioid use disorder, including care coordination, individual therapy and group therapy and counseling; at least 60 minutes in a subsequent calendar month	In-network: No PA if funded and paired. Out-of-network: PA required.
G2088	Office-based treatment for opioid use disorder, including care coordination, individual therapy and group therapy and counseling; each additional 30 minutes beyond the first 120 minutes (list separately in addition to code for primary procedure)	In-network: No PA if funded and paired. Out-of-network: PA required.
G9012	Other specified case management service not elsewhere classified	In-network: No PA. Out-of-network: PA required.
S5141	Foster care, adult; per month, Habilitation Services, Adult Foster Home, per month. Modifier HW is used, along with HK, only when an individual has been approved for the HCBS 1915 (i) plan.	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	PA Not Required: For any provider.