



Prior Authorization Requirements for Behavioral Health Services

Revised May 2019

Description and Code	Authorization Requirement
Assertive Community Treatment (ACT) H0040	ACT itself and all SUD services for ACT enrollees must be prior authorized before service provision.
Intensive Home Based Treatment (IHBT) H2015	IHBT must be prior authorized before service provision.
SUD Partial Hospitalization (20 or more hours per week) H0015 with TG Modifier	Prior authorization is required for this level of care for adults and adolescents before service provision.
Psychiatric Diagnostic Evaluations 90791, 90792	Prior authorization is required only when the annual limit is reached. The limit is one encounter per person per calendar year per code per billing agency for codes 90791 and 90792.
Psychological Testing 96130, 96131, 96112, 96113, 96116, 96121, 96132, 96133	Prior authorization is required only when the annual limit is reached. The limit is up to 12 hours/encounters per patient per calendar year for codes 96130, 96131, 96112, 96113, 96116 and 96121, and 8 hours for 96132 and 96133.
Screening Brief Intervention and Referral to Treatment (SBIRT) G0396, G0397	Prior authorization is required only when the annual limit is reached. The limit is one of each code (G0396 and G0397), per billing agency, per patient, per year.
Alcohol or Drug Assessment H0001	Prior authorization is required only when the annual limit is reached. The limit is two hours per patient per calendar year per billing agency. Does not count toward ASAM level of care benefit limit.
SUD Residential H2034, H2036	Up to 30 consecutive days without prior authorization. Prior authorization then must support the medical necessity of continued stay, if not, only the initial 30 consecutive days are reimbursed. Applies to first two stays; any stays after that would be subject to full prior authorization.
SUD Peer Recovery H0038	Up to 4 hours per day without prior authorization. Prior authorization would be needed to cover more than 4 hours in a day once limit is reached.

These services are covered by Ohio Administrative Code rules located in Chapter 5160-27.

[Type text]

Prior authorization request submission requirements for Fee for Service claims:

Please contact Ohio Medicaid's prior authorization review vendor, Permedion, at 855-974-5393 or www.hmspermedion.com.