



# Prior Authorization Code List

## District of Columbia Medicaid Managed Care

Effective Oct. 1, 2023

### Overview

The table below outlines the behavioral health services that require prior authorization for the District of Columbia Medicaid 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.

### Prior authorization requirement ending on Nov. 1, 2023

Service Description	Procedure Code	Additional Information
Electroshock treatment	901	

### Prior authorization continues to be required for these codes

Service Description	Revenue Codes	Additional Information
Inpatient Psychiatric/private	114	
Inpatient Detoxification/private	116	
Rehabilitation/private	118	
Inpatient Psychiatric/semi-private	124	
Inpatient Detoxification/semi-private	126	
Rehabilitation /semi-private	128	
Inpatient Psychiatric/3-4 bed	134	
Inpatient Detoxification/3-4 bed	136	
Rehabilitation/3-4 bed	138	
Inpatient Psychiatric/ward	154	
Inpatient Detoxification/ward	156	
Rehabilitation/ward	158	
Inpatient Intensive Care-Psychiatric	204	
Clinic (FQHC, RHC, IHC, etc.)	510	
Psychiatric clinic (FQHC, RHC, IHC, etc.)	513	

Other clinic (FQHC, RHC, IHC, etc.)	519	
Freestanding clinic (FQHC, RHC, IHC, etc.)	520	
Behavioral Health Treatments/Services	900	Revenue code 900 requires a HCPC or CPT code. See specific code for authorization requirement.
Service Description	Revenue Codes	Additional Information
Intensive OP Services - Chem Dep	906	
Rehabilitation - Behavioral Health	911	
Partial hospitalization-less intensive	912	
Partial hospitalization-intensive	913	
Individual therapy	914	
Group therapy	915	
Family therapy	916	
Behavioral Health Testing	918	
Other Behavioral Health Treatment/Services	919	
Drug rehabilitation	944	
Alcohol rehabilitation	945	
Combined drug and alcohol rehabilitation	953	
Pro fee	960	
Psychiatric	961	

Service Description	Procedure Code	Modifier	Additional Comments
Environmental manipulation	90882		
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		

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		<ul style="list-style-type: none"> <li>• Auth Required – Only if the Admin &amp; Scoring codes are submitted with Psychological Testing Eval Codes 96130 &amp; 96131</li> <li>• No Auth Required - If the Admin &amp; Scoring codes are submitted with Neuropsychological Testing Eval Codes 96132 &amp; 96133</li> </ul>
Service Description	Procedure Code	Modifier	Additional Comments
Inpatient substance abuse short-term medically monitored inpatient withdrawal management (mmiwm), non-hospital	H0010	CR U1	
Inpatient substance abuse short-term medically monitored inpatient withdrawal management (mmiwm), non-hospital	H0010	HK U1	
Inpatient substance abuse short-term medically monitored inpatient withdrawal management (mmiwm), non-hospital	H0010	U1	
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), including assessment, counseling; crisis intervention, and activity therapies or education	H0015		
Behavioral health; short-term residential (nonhospital residential treatment program), without room and board, per diem	H0018		
Behavioral health; long-term residential (nonmedical, nonacute care in a residential treatment program where stay is typically longer than 30 days), without room and board, per diem	H0019		
Residential treatment - therapeutic behavioral health services provided for a short period of time for SED youth - per diem	H2020		
Therapeutic BH Services - per diem	H2020	HE	
Therapeutic BH Services - per diem	H2020	HI	
Ambulatory setting substance abuse treatment or detoxification services, per diem	S9475		
Ambulatory setting substance abuse treatment or detoxification services, per diem (OTP)	S9475	HG	