



BEHAVIORAL HEALTH SERVICES **REQUIRING** MEDICAL NECESSITY REVIEW AND/OR PRIOR AUTHORIZATION

Services that will continue to require a Prior Authorization for payment are those services that are facility-based acute care, such as inpatient, residential care, intensive outpatient, partial hospitalization and some types of specialty care. Please call OSU Health Plan at (614) 292-4700 or (800) 678-6269 and speak with a nurse case manager to obtain these authorizations. For office-based care that fits into the specialty definitions below, complete and submit a Prior Authorization form.

This includes all of the following services:

- Inpatient services
- Residential services
- Partial hospitalization services
- Intensive outpatient services
- Autism spectrum disorder cases
- Ambulatory detoxification in a facility, office or home setting
- Ambulatory treatment of opiate addiction in an outpatient or office setting

The following is a detailed listing of CPT codes/services that will need a Prior Authorization to be processed for payment:

Most of these services are commonly billed on UB Forms and are defined by revenue codes 0905-0919. However, they also can have associated CPT codes. Any behavioral health service billed on a UB Form with a revenue code between 0905 and 0919 will require a Prior Authorization and this should be done by calling OSU Health Plan at (614) 292-4700 or (800) 678-6269. If services are billed as outpatient and an HCFA Form or Super Bill is used with any of the following CPT codes, they also must be Prior Authorized. OSU Health Plan Prior Authorization Forms can be used and the services are required to meet clinical necessity and cannot be considered an excluded service to be prior authorized.

- 90808
- 90809
- 90814
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- 90876
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- 90885
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