Optum

Some Prior Authorization Requirements have been eliminated for Behavioral Health Care

Effective April 1, 2024 – targets 3 CPT/Revenue Codes for Electroconvulsive Therapy (ECT)

To improve timely access to care for our members and reduce administrative burden on our providers, Optum Behavioral Health has eliminated prior authorization requirements across our health plans for the following codes as of April 1, 2024:

Codes

- Revenue Code 901 – Outpatient ECT (Facilities)
- CPT Code 90870 – Outpatient ECT (Groups)
- CPT Code 00104 – Anesthesia for ECT

Health Plans

- Commercial – All plans / All states
- Medicare Advantage – All plans / All states
- Medicaid/Community Plan – All plans / All states
- Direct Payer – All plans / All states (exception Neighborhood Health Plan of Rhode Island Integrity [Medicare-Medicaid Plan])

  Note: For Kentucky and North Carolina, there is no change as these states did not require prior authorization for these 3 ECT codes. Health plans in Colorado and Nevada are *not* included in the prior authorization changes at this time.

New – Prior authorization reference page on Provider Express website

Check out the new prior authorization webpage – We've made it easier for you to review the services that require prior authorization or notification. Information is available for Medicaid, Individual and Family (Exchange), and Commercial plans. The code list for Medicare Advantage plans will be added over the next few months.

You'll also find requirements for Applied Behavior Analysis treatment, instructions for submitting requests online via our secure portal, clinical criteria and other resources.

Questions?

Contact your Network Advocate or call the Provider Services Line at **(877) 614-0484**.