

Prior Authorization Guide

Substance Use Disorder & Opioid Treatment Programs

Prepared for Axlow Knowledge Base · Updated February 2026 · Based on Optum published clinical guidelines & UHC provider policy

■■■ Always verify current requirements at providerexpress.com before submitting. Policies update quarterly. This guide reflects standard commercial plan requirements — Medicare Advantage, Medicaid, and self-insured employer plans may differ.

1. Administrative Overview

Item	Detail
Behavioral Health Administrator	Optum (formerly United Behavioral Health / UBH)
Provider Portal	providerexpress.com
PA Phone Line	1-888-778-1478 (Optum Behavioral Health)
Urgent/Concurrent Auth Phone	1-888-778-1478 — state "urgent" at prompt
PA Submission Method	Online (preferred) via providerexpress.com , or phone
Timely Filing — Commercial	180 days from date of service
Timely Filing — Medicare Advantage	365 days from date of service
Retroactive Auth Window	24–72 hours for emergencies; not guaranteed
Clinical Criteria Standard	ASAM Criteria (American Society of Addiction Medicine)
Diagnosis Coding Standard	DSM-5 / ICD-10-CM (F10–F19 range for SUD)

2. Services Requiring Prior Authorization

2.1 Outpatient SUD Services

HCPCS/CPT	Service Description	PA Required?	Notes
H0001	Alcohol/Drug Assessment	No	First assessment; ongoing may vary
H0004	Individual Counseling	No (first 30 visits)	PA required beyond 30 on most plans
H0005	Group Counseling	No (first 30 visits)	PA required beyond 30
H0014	Ambulatory Detoxification	YES	Requires ASAM Level 1 justification
H0015	IOP — Intensive Outpatient	YES	PA required at admission + concurrent review

H0020	Alcohol/Drug Non-OTP Treatment	YES	See OTP section for OTP-specific billing
H0035	Partial Hospitalization (PHP)	YES	PA required; concurrent review every 7 days
T1006	Habilitation, Per Diem	YES	Residential; ASAM 3.1–3.7 documentation required

2.2 Residential & Inpatient SUD Services

HCPCS/CPT	Service Description	PA Required?	ASAM Level
H0016	Medically Managed Detox (Residential)	YES	3.7 — High-intensity medically managed
H0018	Residential SUD Treatment	YES	3.1 / 3.3 / 3.5 — Clinically managed
H0019	Therapeutic Living / Long-Term Residential	YES	3.1 / 3.3
S9475	Ambulatory Detox (Home)	YES	1.0 — Outpatient
99281–99285	ED Evaluation (SUD crisis)	No (Emergent)	Notify within 24 hrs of admission

3. Opioid Treatment Programs (OTP) — Methadone & Buprenorphine

OTPs are DEA-licensed, SAMHSA-certified facilities providing methadone, buprenorphine, or naltrexone for opioid use disorder (OUD). UHC follows the **CMS OTP bundled payment model** for billing (effective Jan 1, 2020). All new OTP admissions **require prior authorization**.

3.1 OTP HCPCS Billing Codes (CMS Bundle Model)

HCPCS	Description	PA?	Frequency
G2067	Weekly bundle — Methadone	YES (admission PA)	Weekly
G2068	Weekly bundle — Buprenorphine	YES (admission PA)	Weekly
G2069	Weekly bundle — Naltrexone (injectable)	YES (admission PA)	Weekly
G2070	Additional drug counseling per week	Covered under G2067–69	Per session
G2071	Unsupported days (non-treatment days)	No PA	Per day
G2072	Weekly bundle — no medication	YES	Weekly (counseling only)
G2073	Intake activities (admission)	YES	One-time at admission
G2074	Periodic assessment	No PA	Per encounter
G2075	Counseling — individual, 30 min	No PA (bundled)	Per session
G2076	Toxicology/UDS testing	May require PA	Frequency limits apply
G2078	Take-home dose (methadone)	YES — Phase 2+ only	Per dose dispensed
G2079	Phase 2 (maintenance) weekly bundle	Reauth required	Weekly (after Phase 1)

G2080	Additional 30 min counseling beyond weekly bundle	No PA (bundled)	Per 30 min
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3.2 OTP PA Requirements — Step by Step

New Admission:

1. Submit PA request via providerexpress.com before or within 48 hours of admission
2. Attach biopsychosocial assessment (within 30 days)
3. Include DSM-5 diagnosis: **F11.10–F11.99** (Opioid Use Disorder, moderate–severe)
4. Document ASAM Level 1-OTP recommendation
5. Include treatment plan with: goals, objectives, discharge criteria, medication management plan
6. Confirm prescriber has valid DEA registration (Schedule II for methadone; any DEA for buprenorphine)
7. Standard review turnaround: **3 business days** (routine) | **Same day** (urgent)

Concurrent Review / Reauthorization:

- Phase 1 (induction): reauth at **60 days**
- Phase 2 (maintenance): reauth every **90 days**
- Submit reauth 14 days before current auth expires to avoid gap
- Continued stay criteria: documentation of treatment progress, compliance, UDS results

4. Medication-Assisted Treatment (MAT) — Office-Based Buprenorphine

Office-based buprenorphine (Suboxone, Sublocaide, Zubsolv, Bunavail) is typically managed under the **medical benefit** (not behavioral health) for UHC commercial plans. PA requirements differ by product and plan type.

Medication	Brand	NDC/HCPCS	PA Required?	Notes
Buprenorphine/naloxone SL fil e Suboxone		NDC-based	Often No (Tier 2)	Quantity limits apply; step therapy may require generic first
Buprenorphine SL tablet	Subutex	NDC-based	Often No	Generic available; rarely used in practice today
Buprenorphine ER injection	Sublocaide (300mg/1005g)–J0575 / NDC	J0575	YES	PA required; site of care review; prescriber NPI required
Buprenorphine implant	Probuphine	J0572	YES	Requires failure of SL buprenorphine documented
Naltrexone injection	Vivitrol (380mg)	J2315	YES (some plans)	PA required on many commercial plans; opioid-free documentation
Naltrexone oral	Generic	NDC-based	Often No	Low cost; minimal barriers

■■ MHPAEA Compliance Note: The Mental Health Parity and Addiction Equity Act (MHPAEA) prohibits UHC from applying more restrictive PA requirements for SUD treatment than for comparable medical/surgical services. If you receive a denial based on criteria not applied to medical admissions, cite MHPAEA in your appeal.

5. Medical Necessity — ASAM Criteria Overview

Optum uses the **ASAM (American Society of Addiction Medicine) Criteria, 3rd Edition** as the clinical framework for all SUD level-of-care decisions. Documentation must address all six dimensions:

Dimension	Description	What to Document
1 — Acute Intoxication / Withdrawal	Acute intoxication or withdrawal risk	CIWA-Ar score, COWS score, last use date/amount, withdrawal symptom severity
2 — Biomedical Conditions	Physical health issues that complicate treatment	Medical comorbidities, pregnancy, IV drug use complications, hepatitis, HIV
3 — Emotional / Behavioral / Mental Health	Mental health or cognitive factors	Psychiatric diagnoses, suicidality, trauma history, cognitive barriers to treatment
4 — Readiness to Change	Motivation and engagement level	Stage of change assessment, treatment history, ambivalence, compliance with recommendations
5 — Relapse / Continued Use Risk	Risk of relapse without structured treatment	Relapse history, triggers, coping skills, craving severity
6 — Recovery / Living Environment	Housing and community support factors	Housing stability, family support/enabling, access to substances at home, recovery resources

6. ICD-10-CM Diagnosis Codes — Opioid Use Disorder

ICD-10 Code	Description	Severity
F11.10	Opioid use disorder, mild, uncomplicated	Mild (2–3 criteria)
F11.11	Opioid use disorder, mild, in remission	Mild — remission
F11.120	Opioid use disorder, mild, with intoxication, uncomplicated	Mild + acute
F11.20	Opioid use disorder, moderate, uncomplicated	Moderate (4–5 criteria)
F11.21	Opioid use disorder, moderate, in remission	Moderate — remission
F11.220	Opioid use disorder, moderate, with intoxication, uncomplicated	Moderate + acute
F11.23	Opioid use disorder, moderate, with withdrawal	Moderate + withdrawal
F11.24	Opioid use disorder, moderate, with opioid-induced mood disorder	Moderate + comorbid
F11.250	Opioid use disorder, moderate, with opioid-induced psychotic disorder	Moderate + psychosis
F11.20	Opioid use disorder, severe, uncomplicated	Severe (6+ criteria)
F11.21	Opioid use disorder, severe, in remission	Severe — remission
F11.23	Opioid use disorder, severe, with withdrawal	Severe + withdrawal — most common for OTP admission
F11.90	Opioid use, unspecified	■■■ Avoid — insufficient for PA; must specify severity

7. Common Denial Reasons & Appeal Strategies

Denial Reason	Appeal Strategy
Not medically necessary — level of care denied	Submit all 6 ASAM dimensions with specific scores (CIWA-Ar, COWS). Cite ASAM Criteria 3rd Ed. directly. Request peer-to-peer before filing formal appeal.
Missing clinical documentation	Resubmit with full biopsychosocial assessment, treatment plan with discharge criteria, and progress notes. Call 1-888-778-1478.
Wrong HCPCS code for OTP	Verify you are using G2067–G2080 bundle codes, NOT H0020 for OTP services. Resubmit corrected claim with admission POC.
ICD-10 unspecified / F11.90	Amend to specify severity: mild (F11.10), moderate (F11.20), or severe (F11.20 with 7th character). Get corrected diagnosis from provider.
Concurrent review denied — no progress	Submit current ASAM scores showing why discharge is premature. Document acute risk factors. Peer-to-peer within 24 hours.
MAT — step therapy required	Cite MHPAEA. If step therapy imposes greater barriers than for comparable medical conditions, challenge on parity grounds.
Take-home dose denied	Document patient is in Phase 2 (maintenance), has demonstrated compliance, negative UDS, and stable dose for 60+ days.
Retro-auth denied	Document clinical emergency (unable to obtain auth in advance). Submit ER records if applicable. EMTALA protections for ER admissions.

8. Appeal Timelines & Rights

Appeal Type	Timeframe	When to Use
Expedited / Urgent Appeal	Decision within 72 hours	Patient currently receiving treatment; denial would cause serious harm
Standard Internal Appeal — Level 1	30 days from denial	Initial appeal of PA denial; submit all clinical documentation
Standard Internal Appeal — Level 2	30 days from Level 1 denial	Second-level review; request physician reviewer different from initial
Peer-to-Peer Review	Request within 72 hrs of denial	Clinical director or attending speaks directly with Optum medical reviewer
External Independent Review	After exhausting internal appeals	Independent Review Organization (IRO); binding; patient right under ACA
Grievance / Complaint	60 days from denial	Administrative issues (delay, access, service complaints)

9. Quick Reference — Axlow Cheat Sheet

■ PA Submission: providerexpress.com | Phone: 1-888-778-1478 ■ Always requires PA: IOP (H0015), PHP (H0035), Residential (H0018), All OTP admissions (G2073) ■ Common reasons Axlow should flag: using H0020 instead of G-codes for OTP · ICD-10 F11.90 unspecified · missing ASAM documentation · not requesting peer-to-peer before filing formal appeal ■■ MHPAEA: UHC cannot apply stricter PA requirements to SUD than to comparable medical/surgical services. If denied on criteria not applied to medical admissions, cite parity in appeal. ■ Reauth schedule: IOP every 30 days · PHP every 7 days · Residential every 30 days · OTP Phase 1 at 60 days · OTP Phase 2 every 90 days

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