

Network Notification – Humana Healthy Horizons in Ohio

Notice date: June 1, 2026
To: Humana Healthy Horizons® in Ohio provider network
From: Humana Healthy Horizons in Ohio
Subject: Changes to Community Behavioral Health Center Service Utilization Management

Summary

As a follow-up to [Important Update: ODM Utilization Management Requirements](#) released by ODM on 5/12/2026, this notification is to inform Community Behavioral Health Centers (ODM Provider Types 84s and/or 95s) of new utilization management policies approved by the Ohio Department of Medicaid (ODM) effective 7/1/2026.

This action has been taken by ODM in response to a sustained and statistically significant increase in the utilization of select community behavioral health services across all Medicaid populations. This growth, while reflective of expanded access, has surfaced concerns about systemwide gaps which may fail to catch overutilization or layering of multiple services without coordinated clinical oversight. Following extensive feedback from provider associations and managed care plans, ODM has taken this action with the intent to ensure that Medicaid members receive appropriate care and to establish necessary guardrails that uphold integrity across the service continuum.

The authorizations will be implemented as "pass throughs," which means that an approved authorization will not be required to initiate a service. If an identified service limit is reached an authorization will be required to continue services. This approach preserves medical necessity review at key intervals and ensures appropriate, intentional, and personalized care for members.

Please see source attachments for full details.

https://medicaid.ohio.gov/resources-for-providers/bh/providers?utm_medium=email&utm_source=govdelivery

Services newly subject to utilization management include the following:

Table A-1: Permitted Service Authorization Thresholds for SUD and Community BH

Service Name	Service Code	Service Threshold at which authorization is required	Expected MCO UM Review turnaround time
Therapeutic Behavioral Service - Individual	H2019	200 units (50hrs) combined TBS or PSR per calendar year	7 days
Therapeutic Behavioral Service - Group	H2019 HQ	120 units (30hrs) per calendar year	7 days
Therapeutic Behavioral Service Day Treatment – per diem	H2020	After 30 units per calendar year	7 days
Community Psychiatric Support Treatment – Individual	H0036	200 units (50hrs) per calendar year	7 days
Community Psychiatric Support Treatment – Group	H0036 HQ	120 units (30hrs) per calendar year	7 days
Psychosocial Rehabilitation Service	H2017	200 units (50hrs) combined TBS or PSR per calendar year	7 days
SUD Ambulatory Withdrawal Management	H0012 H0014	After 7 th consecutive day of H0012 per diem or H0014/H0014AT hourly based claims	48 hours
SUD Intensive Outpatient Program	H0015	After 30 units per calendar year	7 days
SUD Residential Clinically Managed - WM	H0010	After 7 th consecutive day	48 hours
SUD Residential Medically Managed - WM	H0011	After 7 th consecutive day	48 hours

Exclusions to authorization are as follows:

- Crisis Services as indicated by the KX modifier are excluded
- Behavioral Health Nursing rendered in accordance with OAC 5160-27-11 is excluded
- Children and youth enrolled in the OhioRISE plan are excluded from selected services: H2020, H2017, H2019, H2019HQ, H0036 and H0036HQ

- Children and youth in custody of a Public Child Welfare are excluded

Humana Prior Authorization Submissions

Providers can submit prior authorization requests through Availity. The service authorization forms for Substance Use Disorder (SUD) and Community Behavioral Health Centers (CBHC) available on ODM's website will also be accepted as a valid authorization request.

Humana Prior Authorization List (PAL)

The full list of treatment services that require Prior Authorization (PA) can be found here:

[Prior Authorization Resources | Ohio Medicaid for Providers | Humana](#)

Humana Member Utilization Level Verification Inquiries

Providers may submit utilization limit inquiries via the Ohio Medicaid Provider Relations mailbox at: OHMedicaidProviderRelations@humana.com.

Please include the following information on inquiries:

Subject line: Recipient Level Utilization Verification

- Member name, Date of Birth, Medicaid_Id, BH service code
- Call back number
- Point of contact name
- Provider Tax ID

Note: Any weekend inquiries will be handled on the next business day.

Upon receipt of a provider inquiry, our dedicated provider inquiry team will promptly review and outreach to the provider with a status update regarding the member's utilization. Please note that utilization information is based on claims received to date and may not reflect real-time utilization. Any Protected Health Information (PHI) cannot be left on provider's voicemail.

Questions?



For more information, please call Provider Services at **877-856-5707**, Monday – Friday, 7 a.m. – 8 p.m., Eastern time.