



NETWORK Notification

Notice Date: May 27, 2026
To: Ohio Next Generation MyCare & Medicaid Providers
From: CareSource
Subject: Behavioral Health Service Frequency Guidelines
Effective Date: July 1, 2026

Summary

This notification informs providers of the new service thresholds included in the Behavioral Health Service Frequency Guidelines. Effective **July 1, 2026**, this will impact certain Next Generation MyCare and Medicaid behavioral health service codes. This decision, from the Ohio Department of Medicaid (ODM), is intended to ensure that members receive appropriate care and establishes necessary guardrails that uphold integrity across the service continuum.

Please read the full notification for details on the upcoming changes and important answers to commonly asked questions. An announcement by ODM can be viewed here: [Important Update: ODM Utilization Management Requirements Effective July 1](#).

Impact

This change impacts Ohio Next Generation MyCare and Medicaid providers. Starting July 1, Community Behavioral Health Centers (CBHCs), their affiliated rendering providers and hospitals certified to provide outpatient behavioral health services are included in this update.

Prior authorization will be required for the following behavioral health services once the thresholds are met.

Service Code	Service Name	Service Threshold for Required PA	Expected Turnaround Time
H0010	Clinically Managed Withdrawal Management ASAM 3.2 WM	after 7 th consecutive day	48 hours
H0011	Medically Monitored Inpatient Withdrawal Management ASAM 3.7 WM	after 7 th consecutive day	48 hours
H0012 H0014	Withdrawal Management ASAM 2 WM (Per Diem/Hourly)	after 7 th consecutive day	48 hours
H0015	SUD Intensive Outpatient Program	30 units per CY	7 days
H0036	Community Psychiatric Supportive Treatment (CPST)- Ind	200 units (50 hours) per CY	7 days
H0036 HQ	Community Psychiatric Supportive Treatment (CPST)- Group	120 units (30 hours) per CY	7 days

H2017 H2019	Psychosocial Rehabilitation Services (PSR) Therapeutic Behavioral Services (TBS)- Ind	200 units (50 hours) combined TBS and/or PSR per CY	7 days
H2019 HQ	Therapeutic Behavioral Service (TBS)-Group	120 units (30 hours) per CY	7 days
H2020	Therapeutic Behavioral Service Day Treatment, Per Diem	30 units per CY	7 days

Importance

The above thresholds apply to member-level benefits after July 1; therefore, it is important that providers be aware of a member's utilization within the calendar year by any servicing providers. Providers are responsible for tracking service delivery for each member to ensure services rendered do not exceed the established threshold. Member utilization information will be available within the CareSource Provider Portal. This information is based on claims received to date and may **not** reflect real-time utilization. It is recommended that providers regularly check with their patients about behavioral health services they are receiving from other providers.

Log in or register for the CareSource Provider Portal [here](#). Additional provider portal registration instructions are available on this site if guidance is needed.

To access multiple provider portal user trainings, log in to the portal and navigate to Users > Provider Training > *Using the Provider Portal*.

To view utilization in the portal, login and navigate to Member Search > Member Eligibility > Enter Search Criteria > *Member Covered Benefits Summary*.

The coverage period for behavioral health rehabilitation services (H0036, H2019 / H2019 HQ, H2017 / H2017 HQ) is a minimum of 90 days unless a shorter duration is specifically requested by the provider. The authorization is valid until the approved service limit is exhausted or when the authorization period has expired.

Implementation begins July 1, 2026. Because this is a new process, utilization prior to July 1 will not count towards these newly established service thresholds.

Questions?

To access all CareSource policies, visit the **CareSource.com** [Provider Policies page](#). Select your plan and state, then the type of policy.

For additional questions, please contact Provider Services at 1-800-488-0134 (Monday through Friday, 8 a.m. to 6 p.m.).

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