

Prior Authorization Code List

Kansas Medicaid

Effective Oct. 1, 2023

Overview

The table below outlines the behavioral health services that require prior authorization for the Kansas Medicaid.

Please check this list before you provide services to UnitedHealthcare Community Plan members. Additional information about prior authorization for behavioral health services can be found in the Optum Behavioral Health [National Network Manual](#) (pages 38-40). If you have additional questions, please call the Customer Service number on the back of the member's ID card.

Notes: All out-of-network (non-participating) providers must obtain prior authorization approval before providing behavioral health services. Prior authorization is not required when rendering emergency services. Emergency admissions require notification.

Prior authorization requirement ending on Nov. 1, 2023

Service Description	Procedure Code	Additional Information
Electroconvulsive Therapy	90870	

Prior authorization continues to be required for these codes

Service Description	Revenue Code	Additional Information
Mental Health Inpatient Services	0124	
	0114	
Hospital based Inpatient Based Detoxification Services	0116	
	0126	
	0136	
	0146	
	0156	
Service Description	Procedure Code	Additional Information
Intensive Community Residential Placement (ICRP) Support Services	H0037	
Intensive Community Integration (ICI) Support Services	H0037	
Intensive Community Residential Placement (ICRP) Support Services	H2016	
Intensive Community Integration (ICI) Support Services	H2016	
Positive Behavioral Support environment	H2027 90882	
Residential - Reintegration SA	H0019	

Service Description	Procedure Code	Additional Information
Family support, training, and counseling for child development	T1027	
Community transition, per service SED waiver service	T2038	
Psychiatric Residential Treatment Facility (PRTF)	T2048	
Family stabilization service	S9482	
HCBS SED Waiver Services Professional Resource Family Care - CMHC Provider Type only	S9485	
Level III Residential - 3.7D Acute Detoxification	H0016	
Psychiatric Residential Treatment Facility (PRTF)	T2048	
Home care training, family per 15 min	S5110	
Unskilled respite care, not hospice, per 15 min	S5150	
SUD - Intensive Outpatient - Adult	H0015	
Community-based wrap-around services, per 15 minutes	H2021	
Spravato	G2212	G2212 is only covered when billing for Spravato. The modifier U1 is required to be billed with G2212, to designate that this service is associated with Spravato administration observation. G2212-U1 can only be billed if 99215 is present. (Evaluation and Management (E&M) code 99215 is covered for the first 54 minutes, followed by G2212 U1 for each additional 15-minute increment, for any remaining observation time.)
Behavior identification assessment	97151	
Behavior identification-supporting	97152	
Adaptive behavior treatment by protocol	97153	
Group adaptive behavior treatment by protocol administered by technician under the direction of a physician or other qualified health care professional, face-to-face with two or more patients, each 15 minutes and 97158 Group adaptive behavior treatment with protocol modification, administered by physician or other qualified health care professional, face-to-face with multiple patients, each 15 minutes	97154	
Adaptive behavior treatment with protocol modification	97155	
Family adaptive behavior treatment guidance	97156	