

UnitedHealthcare Community Plan of Kentucky

Effective Jan. 1, 2025

Overview

The table below outlines the services that require prior authorization for the UnitedHealthcare Community Plan of Kentucky contract.

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](#). If you have additional questions, please call the Customer Service number on the back of the member’s ID card.

Note: Except for the SUD residential and inpatient services listed below, PA for all other behavioral health treatment services continue to be waived for all provider types and includes PAR and non-PAR providers.

Prior authorization continues to be required for these codes

Service Description	Procedure Code	Additional Information
Inpatient/Residential Services		
Inpatient Substance Abuse Services	Varies	All SUD inpatient services
SUD Residential/Crisis Intervention	H2034 H0011 H2036	ASAM Level 3.1, 3.5, 3.7

Service Description	Procedure Code	Additional Information
Outpatient Services		
Psychoeducation	H2027	500 units per calendar year (125 hours); PA required above yearly limits
Peer Support Services	H0038	800 units per calendar year (200 hours); PA required above yearly limits

*DMS Approved Out-of-State Placement

**Community-based services

If you need more details, please refer to the Level of Care Guidelines on Provider Express.

For more information regarding authorization requirements for other services and levels of care, please visit www.UHCprovider.com.

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