

UnitedHealthcare Community Plan of Kentucky

Effective Oct. 1, 2023

Overview

The table below outlines the mental health/substance abuse 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](#) (pages 38-40). If you have additional questions, please call the Customer Service number on the back of the member’s ID card.

Note: Managed care organizations will not require prior authorizations for all Medicaid-covered substance use disorder (SUD) and mental health services. Concurrent reviews are permitted on the services with revenue or procedure codes listed in the table below.

For network providers, all inpatient stays, SUD and mental health partial hospitalization and intensive outpatient programs, and all psychiatric residential treatment facility services require authorization. Prior authorization is not required when rendering emergency services.

Out-of-network providers and facilities are required to request prior authorization for all procedures and services. Prior authorization is not required when rendering emergency services.

Prior authorization requirement ending on Nov. 1, 2023

Service Description	Procedure Code	Additional Information
Electroconvulsive Therapy	90870	Outpatient services

Prior authorization continues to be required for these codes

Service Description	Procedure Code	Additional Information
Inpatient/Residential Services		
Inpatient Mental Health and Substance Abuse Services	Varies	All inpatient services
SUD Residential/Crisis Intervention	H2034 H0011 H2036	ASAM Level 3.1, 3.5, 3.7
Detox	H0012	
Behavioral Health Residential	H0017	(HE,HK)*

Short-Term Residential	H0018	
Long-Term Residential	H0019	
Behavioral Health Long-Term Residential (per diem) – ECU (Psychiatric Services/Sex Offender Program)*	T2048 (HE, HK) H2029	
PRTF (Level I & II)	1001	
Partial Hospitalization	H0035	
Outpatient Services		
Psychological Test Evaluation	96130 96131	
Psychological and Neuropsychological Test	96136 96137 96138 96139 96146	
Unlisted Psychiatric Services	90899	
Behavior Identification / Adaptive / Group / Family / Multi-Adaptive	97151 97152 97153 97154 97155 97156 97157 97158	
Assertive Community Treatment	H0040	
Intensive Outpatient	S9480	
SUD Intensive Outpatient	H0015	
Community-Based Services		
Therapeutic BH Services (per 15 min)**	H2019	
Therapeutic BH Services (per diem)**	H2020	
Targeted Case Management**	T2023	
Comprehensive Community Support**	H2015	
Psychoeducational Service (per 15 min)**	H2027	
Outpatient Day Treatment (per hour)**	H2012	
Mental Health NOS**	H0046	

*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.