

## MISSOURI HEALTHNET MEDICAID, CHIP & PCN BEHAVIORAL HEALTH

Effective Oct. 1, 2023

### Overview

The table below outlines the behavioral health services that require prior authorization for the MISSOURI HEALTHNET MEDICAID, CHIP & PCN BEHAVIORAL HEALTH.

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
ECT, Electroshock Treatment, ECT, single seizure and multiple seizure, per day	90870	
ECT, Electroshock Treatment, ECT, single seizure and multiple seizure, per day	901	

### Prior authorization continues to be required for these codes

Service Description	Revenue Code	Additional Information
MH IP	0113, 0124	
SUD Detox	116, 126	
Psychiatric Residential Treatment Program (PRTF) for children Public Facility	1001	
Partial hospitalization - intensive	913	
Partial hospitalization - less intensive	912	
Intensive OP Services - Psychiatric	905	
Intensive OP Services - Chem Dep	906	
MHSUD Outpatient Psych Testing	918	

<b>Service Description</b>	<b>Procedure Code</b>	<b>Additional Information</b>
Psychiatric Residential Treatment Program (PRTF) for children Private Facility	H2013	
Partial hospitalization - intensive	H0035	
Partial hospitalization - less intensive	H0035	
Intensive OP Services - Psychiatric	S9480	
Intensive OP Services - Chem Dep	H0015	
<b>Service Description</b>	<b>Procedure Code</b>	<b>Additional Information</b>
TMS	90867 90868 90869	
ALCOHOL AND/OR DRUG SERVICES	H0018	
REHABILITATION PROGRAM per Half Day	H2001	