

## Mississippi Coordinated Access Network

Effective Oct. 1, 2023

### Overview

The table below outlines the behavioral health services that require prior authorization for the Mississippi Coordinated Access Network (CAN) Medicaid 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.

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

Service Description	Revenue Code	Modifiers	Additional Information
Inpatient Mental Health	114		Coverage for MYPAC members under 22 only
Inpatient Detox	116		Coverage for MYPAC members under 22 only
Inpatient Mental Health	124		Coverage for MYPAC members under 22 only
Inpatient Substance Abuse	126		Coverage for MYPAC members under 22 only
Psychiatric Residential Treatment Facility (PRTF)	1001		
Psychiatric Residential Treatment Facility (PRTF) Therapeutic Leave Day	183		
Psychiatric Residential Treatment Facility (PRTF) Leave Day	185		
Service Description	Procedure Code		Additional Information
Outpatient ECT	90870		
Behavior ID Support Assessment by 1 Tech Each 15 Min	97152		
Adaptive Behavior Tx by Protocol Tech Each 15 Min	97153		
Group Adaptive Behavior Tx by Protocol Tech Each 15 Min	97154		
Adaptive Behavior Tx Protocol Modification PHYS/QHP Each 15 Min	97155		
Family Adaptive Behavior Tx Guidance PHYS/QHP Each 15 Min	97156		
Multiple Family Group Behavior Tx Guidance PHYS/QHP Each 15 Min	97157		

Group Adaptive Behavior Protocol Modification PHYS/QHP Each 15 Min	97158		
Behavior ID Support Assessment Each 15 Min Tech Time	0362T		
Adaptive Behavior Tx Protocol Modification Each 15 Min Tech Time	0373T		
Targeted Case Management, Per Month for Wraparound	T2023	HW, HT	Submit prior auth via the MS Community Mental Health Services portal on Provider Express (Provider Express>Our Network>State-Specific Provider Information>Mississippi>MS Medicaid Prior Authorization Information and Resources>MS Community Mental Health Services Request Form)
I-CORT (Intensive Community Outreach and Recovery Team	S9480		
Partial Hospitalization Mental Health	H0035	HW	
Psychological testing evaluation	96130, 96131		
Psychological & Neuropsychological testing administration/scoring	96136, 96137		<ul style="list-style-type: none"> <li>• Auth Required – Only if the Admin &amp; Scoring codes are submitted with Psychological Testing Eval Codes 96130 &amp; 96131</li> <li>• No Auth Required - If the Admin &amp; Scoring codes are submitted with Neuropsychological Testing Eval Codes 96132 &amp; 96133</li> </ul>
Psychological & Neuropsychological testing administration/scoring	96138		<ul style="list-style-type: none"> <li>• Auth Required – Only if the Admin &amp; Scoring codes are submitted with Psychological Testing Eval Codes 96130 &amp; 96131</li> <li>• No Auth Required - If the Admin &amp; Scoring codes are submitted with Neuropsychological Testing Eval Codes 96132 &amp; 96133</li> </ul>
Psychological & Neuropsychological testing administration/scoring	96139		<ul style="list-style-type: none"> <li>• Auth Required – Only if the Admin &amp; Scoring codes are submitted with Psychological Testing Eval Codes 96130 &amp; 96131</li> <li>• No Auth Required - If the Admin &amp; Scoring codes are submitted with Neuropsychological Testing Eval Codes 96132 &amp; 96133</li> </ul>
Behavioral health; short-term residential (nonhospital residential treatment program), without room and board, per diem	H0018		
Community Psychiatric Supportive Treatment Program	H0037	HW, HT	Community Psychiatric Supportive Treatment Program will be submitted for services rendered under the Mississippi Youth Program Around the Clock (MYPAC) by authorized MYPAC providers.
Medication assisted treatment, methadone; weekly bundle including dispensing and/or administration, substance use counseling, individual and group therapy, and toxicology testing, if performed (provision of the services	G2067		

by a Medicare-enrolled Opioid Treatment Program)			
Medication assisted treatment, buprenorphine (oral); weekly bundle including dispensing and/or administration, substance use counseling, individual and group therapy, and toxicology testing if performed (provision of the services by a Medicare-enrolled Opioid Treatment Program)	G2068		
Medication assisted treatment, buprenorphine (injectable); weekly bundle including dispensing and/or administration, substance use counseling, individual and group therapy, and toxicology testing if performed (provision of the services by a Medicare-enrolled Opioid Treatment Program)	G2069		
Medication assisted treatment, buprenorphine (implant insertion); weekly bundle including dispensing and/or administration, substance use counseling, individual and group therapy, and toxicology testing if performed (provision of the services by a Medicare-enrolled Opioid Treatment Program)	G2070		
Medication assisted treatment, buprenorphine (implant removal); weekly bundle including dispensing and/or administration, substance use counseling, individual and group therapy, and toxicology testing if performed (provision of the services by a Medicare-enrolled Opioid Treatment Program)	G2071		
Medication assisted treatment, buprenorphine (implant insertion and removal); weekly bundle including dispensing and/or administration, substance use counseling, individual and group therapy, and toxicology testing if performed (provision of the services by a Medicare-enrolled Opioid Treatment Program)	G2072		
Medication assisted treatment, naltrexone; weekly bundle including dispensing and/or administration, substance use counseling, individual and group therapy, and toxicology testing if performed (provision of the services by a Medicare-enrolled Opioid Treatment Program)	G2073		
Medication assisted treatment, weekly bundle not including the drug, including substance use	G2074		

counseling, individual and group therapy, and toxicology testing if performed (provision of the services by a Medicare-enrolled Opioid Treatment Program)			
Mental Health Assertive Community Treatment Face to Face Per 15 Min	H0039	HW	Submit prior auth via the MS Community Mental Health Services portal on Provider Express (Provider Express>Our Network>State-Specific Provider Information>Mississippi>MS Medicaid Prior Authorization Information and Resources>MS Community Mental Health Services Request Form)