

UnitedHealthcare Community Plan of Nebraska

Effective Feb. 28, 2024

Overview

The table below outlines the behavioral health services that require prior authorization for the Nebraska Heritage Health 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 Jan. 1, 2024

Service Description	Procedure Code	Additional Information/Modifier
Outpatient ECT	90870	
Sexual Offending Risk Assessment (20 & under)	H2000	
Sexual Offending Risk Assessment Addendum (20 & under)	H2000	52
Injection – Olanzapine 2.5 mg (Zyprexa)	S0166	Removing from Prior Authorization Code List. As of the Injectable Fee Schedule (1/1/24) this code is obsolete effective 9/30/23.

Prior authorization continues to be required for these codes

Service Description	Revenue Code	Additional Information/Modifier
Psychiatric Inpatient	114	
Psychiatric Inpatient	124	
Psychiatric Inpatient	204	
Psychiatric Inpatient Subacute	190	

Service Description	Procedure Code	Additional Information/Modifier
ASAM Level 1 – Adult Community Support	H2015	HF
ASAM Level 2.1 – Adult Substance Use Disorder Intensive Outpatient (per hour)	H0015	
ASAM Level 3.1 – Adult Halfway House	H2034	
ASAM Level 3.3 – Adult Intermediate Therapeutic Residential Co-occurring capable (per diem)	H0019	
ASAM Level 3.3 – Adult Therapeutic Community (per diem)	H0019	TT
SUD level 3.5 - Dual-disorder residential (Co-occurring diagnosis enhanced)	H0018	HF
SUD level 3.5 - Short-term residential (Co-occurring diagnosis capable)	H0018	HH
ASAM Level 3.7 - Withdrawal Management - Medically Monitored Residential Withdrawal Management	H0010	
Service Description	Procedure Code	Additional Information/Modifier
Partial Hospitalization (and Day treatment for Adults only) minimum 6 units (per hour rate)	H2012	
Partial Hospitalization (and Day treatment for Adults only) maximum 3 units (per hour rate)	H2012	52
Intensive Outpatient (IOP) – Direct Care Staff (Rate per 15 min.)	H2014	
Adult Intensive outpatient Mental Health (IOP) (per diem.)	S9480	
ASAM Level 3.2 – Adult Substance Use Disorder Social Detoxification (per diem)	H0012	
Service Description	Procedure Code	Additional Information/Modifier
Residential Rehabilitation Services – (MRO) – (per diem) (Mental Health)	H0019	HE
Day Rehabilitation Services – (MRO) – minimum 12 units – per 15 min	H2017	
Day Rehabilitation Services – full day – (MRO) – (per diem)	H2018	
Secure Residential Rehabilitation Services – (MRO) – (per diem)	H2018	HK

Community Support Services (MRO) per 15 min (Mental Health)	H2015	HE
Alternative Assertive community treatment (ACT)	H0040	52
Assertive Community Treatment (ACT)	H0040	
Day Treatment - Direct Care Staff per 15min	H2027	
Intensive Outpatient (IOP) – Direct Care Staff (Rate per 15 min.)	H2014	
Community Treatment Aide (CTA) Per 15 minutes.	H0036	
Psychological testing evaluation	96130, 96131	
Psychological & Neuropsychological testing administration/scoring	96136, 96137, 96138, 96139	<ul style="list-style-type: none"> • Auth Required – Only if the Admin & Scoring codes are submitted with Psychological Testing Eval Codes 96130 & 96131 • No Auth Required - If the Admin & Scoring codes are submitted with Neuropsychological Testing Eval Codes 96132 & 96133
Service Description	Procedure Code	Additional Information/Modifier
Behavior identification assessment administered by Dr. or other health care professional, F2F, one patient, each 15 minute.	97151	
Behavior identification supporting assessment administered by one tech under the direction of a Dr. or other qualified health care professional, F2F, one patient each 15 minute.	97152	
Adaptive behavior treatment by protocol, administered by tech under the direction of a Dr. or other qualified healthcare professional, F2F, one member each 15 minutes.	97153	
Group adaptive behavior treatment by protocol, administered by Tech under the directions of a Dr. or other qualified healthcare professional, F2F with two or more patients, each 15 minutes	97154	
Adaptive behavior treatment by protocol, administered by Dr or other qualified healthcare professional, which may include simultaneous direction of a tech, F2F one patient, each 15 minutes	97155	
Family adaptive behavior treatment guidance, administered by Dr. or other qualified healthcare professional, (with or without patient present), F2F with guardian or caregiver each 15 minute	97156	
Adaptive behavior treatment social skills group, administered by Dr. or other qualified healthcare professional	97158	

F2F with Multiple patients. Each 15 minutes		
Service Description	Procedure Code	Additional Information/Modifier
PRTF Hospital–Based (per diem)	H2013	
PRTF Specialty (per day)	T2033	
PRTF Community Based Non–Specialty	T2048	
Therapeutic group home - Includes Co-Occurring Mental Health/Substance Use Disorder, Sexual Offense (SO)	H2020	
Service Description	Procedure Code	Additional Information/Modifier
INJECTION - ARIPIRAZOLE 0.25MG	J0400	
INJECTION - FLUPHENAZINE DECANOATE - UP TO 25MG (PROLAXIN DECANOATE)	J2680	
INJECTION - HALOPERIDOL - UP TO 5MG (HALDOL)	J1630	
INJECTION-HALOPERIDOL DECANOATE - PER 50MG (HALDOL DECANOATE)	J1631	
INJECTION - PALIPERIDONE PALMITATE 1MG (INVEGA) BY INVOICE	J2426	
INJECTION - RISPERIDONE, 0.5MG (RISPERDAL CONSTA) INVOICE	J2794	