

New York Child Health Plus (CHP)

Effective Oct. 1, 2023

Overview

The table below outlines the behavioral health services that require prior authorization for the New York Child Health Plus (CHP) 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: 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.

Prior authorization requirement ending on Nov. 1, 2023

Service Description	Procedure Code	Additional Information
ECT, single seizure and Multiple seizure <i>per day</i>	90870	

Prior authorization continues to be required for these codes

Service Description	Revenue Codes	Modifiers	Additional Comments
All-inclusive room and board plus ancillary	100		
Inpatient Psychiatric	0114, 0124, 0134,		
Substance Abuse: Medically Supervised Residential Inpatient Withdrawal Management ASAM 3.7W	0116, 0126, 0136, 0146, 0156		
Medically Monitored Intensive Inpatient Services, ASAM 3.7	158		
Chemical Dependency Rehab ALOC	169		
Mental Health intensive outpatient (note: NOT State Plan)	0905		
Intensive OP Services - Psychiatric	906		
Mental Health partial hospitalization	0912/0913		
Mental Health Residential Treatment	1001		

Service Description	Procedure Codes	Modifiers	Additional Comments
Environmental intervention for medical management purposes on a psychiatric patient's behalf with agencies, employers, or institutions	90882		
Review of records for psychiatric evaluation without direct patient contact	90885		
Service Description	Procedure Codes	Modifiers	Additional Comments
Behavior identification assessment, by professional	97151		
Behavior identification assessment, by professional	97151		
Behavior identification supporting assessment, by one technician, under direction of professional (QHP may substitute for the technician)	97152		
Behavior identification supporting assessment, by one technician, under direction of professional (QHP may substitute for the technician)	97152		
Behavior identification supporting assessment, by one technician, under direction of professional (QHP may substitute for the technician)	97152		
Adaptive behavior treatment by protocol, by technician under direction of professional (QHP may substitute for the technician)	97153		
Adaptive behavior treatment by protocol, by technician under direction of professional (QHP may substitute for the technician)	97153		
Adaptive behavior treatment by protocol, by technician under direction of professional (QHP may substitute for the technician)	97153		
Group adaptive behavior treatment by protocol, by technician under direction of professional (QHP may substitute for the technician)	97154		
Group adaptive behavior treatment by protocol, by technician under direction of professional (QHP may substitute for the technician)	97154		
Group adaptive behavior treatment by protocol, by technician under direction of professional (QHP may substitute for the technician)	97154		

Adaptive behavior treatment with protocol modification, by professional	97155		
Adaptive behavior treatment with protocol modification, by professional	97155		
Family adaptive behavior treatment guidance, by professional (with or without patient present)	97156		
Family adaptive behavior treatment guidance, by professional (with or without patient present)	97156		
Service Description	Procedure Codes	Modifiers	Additional Comments
Multiple-family group adaptive behavior treatment guidance, by professional (without patient present)	97157		
Multiple-family group adaptive behavior treatment guidance, by professional (without patient present)	97157		
Group adaptive treatment with protocol modification, by professional	97158		
Group adaptive treatment with protocol modification, by professional	97158		
Residential Rehabilitation Services for Youth (RRSY)	0128		
Behavior identification supporting assessment, by technician, requiring administration by professional on site, with assistance of two or more technicians, for patient w/destructive behavior, in customized environment	0362T		
Adaptive behavior treatment with protocol modification, by technician, requiring administration by professional on site, with assistance of two or more technicians, for patient w/destructive behavior, in customized environment	0373T		
Palliative Care- Counseling & Support Services	90832	TJ	
Psychological testing evaluation services • 96130 = First hour of Psychological Testing Evaluation Services • 96131 = Each additional hour of Psychological Testing Evaluation Services (Listed separately on the claim in addition to code 96130)	96130, 96131		

Psychological & Neuropsychological testing administration and scoring • 96136 = First 30 minutes of Test administration and scoring performed by a physician or other qualified health professional • 96137 = Each additional 30 minutes of Test administration and scoring performed by a physician or other qualified health professional (Listed separately on the claim in addition to code 96136)	96136, 96137		<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
Bereavement Risk Assessment and up to six (6) months of Bereavement counseling 1 unit/calendar year	96156		
Service Description	Procedure Codes	Modifiers	Additional Comments
Palliative Care Expressive Therapy	96159	TJ	
Palliative Care Massage Therapy	97124	TJ	
Palliative Care Pain and Symptom Management	99347	TJ	
Mental health assessment, by non-physician, per hour	H0031		
Mental health service plan development by non-physician, per hour	H0032		
Day Treatment (Adult)	H2012		
Day Treatment (child)	H2012		
Behavioral Health Day Treatment, per hour	H2012		
Skills Training and Development, per 15 minutes	H2014		
Caregiver/Family Advocacy and Support Services – L1 Individual	H2014	UK, HA	
Caregiver/Family Advocacy and Support Services – L1 Group of 2	H2014	HA, UK, UN	
Caregiver/Family Advocacy and Support Services – L1 Group of 3	H2014	HA, UK, UP	
Community HCBS Habilitation -Group of 3 or more - Per 15 minutes	H2014	HA, UP	
Community HCBS Habilitation - Per 15 minutes	H2014	HA	
Community HCBS Habilitation - Group of 2 - Per 15 minutes	H2014	HA, UN	
Caregiver/Family Advocacy and Support Services - L2 Individual	H2015	HA	
Caregiver/Family Advocacy and Support Services - L2 Group of 2	H2015	HA, UN	
Caregiver/Family Advocacy and Support Services - L2 Group of 3	H2015	HA, UP	

Therapeutic behavioral services; per 15 min	H2019		
In-Home Intervention/Community Based Wrap Around H2021	H2021		
Supported Employment - 15 minutes	H2023	HA	
Planned Respite - Individual (up to 6 hours) - Per 15 minutes	S5150	HA	
Planned Respite - Group per diem (over 6 up to 12 hours)	S5150	HA, HK, HQ	
Planned Respite - Group (up to 6 hours) - Per 15 minutes	S5150	HA, HQ	
Crisis Respite - (up to 6 hours)	S5150	HA, ET	
Planned Respite -Individual per diem (over 6 up to 12 hours) - Per Diem	S5151	HA	
Planned Respite – Individual per diem (over 12 up to 24 hours)	S5151	HA, HK	
Crisis Respite - (over 6 up to 24 hours)	S5151	HA, ET	
Service Description	Procedure Codes	Modifiers	Additional Comments
Crisis Respite - (12+ hours, less than 24 hours) - Per Diem	S5151	HA, ET, HK	
Prevocational Services -Individual - Per hour	T2015	HA	
Prevocational Services -Group of 2 - Per hour	T2015	HA, UN	
Prevocational Services -Group of 3 - Per hour	T2015	HA, UP	
Day HCBS Habilitation - Group of 2 - Per 15 minutes	T2020	HA, UN	
Day HCBS Habilitation -Group of 3 or more - Per 15 minutes	T2020	HA, UP	
Day HCBS Habilitation - Per 15 minutes	T2020	HA	