

Hawaii Statewide Medicaid Managed Care

Includes Hawaii Medicaid and Long-Term Services and Supports Care

Effective March 1, 2025

Overview

The table below outlines the behavioral health services that require prior authorization for the Hawaii Statewide Medicaid Managed Care 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 38-43) and the UnitedHealthcare Community Plan of Hawaii [Care Provider Manual](#), (Chapter 7). 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 required for these codes

Service Description	Procedure Codes	Modifiers	Additional Information
Mental health inpatient/private room	114		
Mental health inpatient/semiprivate room	124		
Mental health inpatient/3-4 bed room	134		
Mental health inpatient/private deluxe room	144		
Mental health inpatient/ward room	154		
Mental health inpatient	204		
Mental health partial adult/Mental health partial eating disorder/Mental health partial dual diagnosis	912 / H0035		
Mental health intensive outpatient/Mental health intensive outpatient eating disorder	905		
Mental health residential and eating disorder residential	1001		
Substance use disorder (SUD) inpatient detoxification	136		
SUD inpatient detoxification	146		
SUD detoxification / Semiprivate room	126		
SUD intensive outpatient (IOP)	906 / H0015		
SUD Residential	1002		
Therapeutic repetitive transcranial magnetic stimulation (TMS) treatment; planning	90867		
Therapeutic repetitive TMS treatment: delivery and management; per session, 1 visit	90868		
Therapeutic repetitive TMS treatment: subsequent motor threshold re-determination with delivery and management; 1 visit	90869		
Psychological testing evaluation; first hour	96130	AH, TD, AJ	

Service Description	Procedure Codes	Modifiers	Additional Information
Psychological testing evaluation; each additional hour	96131	AH, TD, AJ	
Psychological or neuropsychological test administration and scoring by technician; first 30 minutes	96136		Auth required only if the administration/scoring codes are submitted with psychological testing evaluation codes 96130 and 96131
Psychological or neuropsychological test administration and scoring by technician; each additional 30 minutes	96137		
Psychological or neuropsychological test administration and scoring by technician, two or more tests, any method; first 30 minutes	96138		
Psychological or neuropsychological test administration and scoring by technician, two or more tests, any method; each additional 30 minutes	96139		
Adaptive behavior treatment by protocol tech; 15 minutes	97153	HP, HO, HN, HM	
Group adaptive behavioral treatment by a protocol technician; 15 minutes	97154	HM	
Adaptive behavior treatment with protocol modification, administered by physician or other qualified health care professional, which may include simultaneous direction of technician, face-to-face with one patient; 15 minutes	97155	HP, HO, HN	
Family adaptive behavior treatment guidance, administered by physician or other qualified health care professional (with or without the patient present), face-to-face with guardian(s)/caregiver(s); 15 minutes	97156	HP, HO, HN	
Multiple-family group adaptive behavior treatment guidance, administered by physician or other qualified health care professional (without the patient present), face-to-face with multiple sets of guardians/caregivers; each 15 minutes	97157	HP, HO, HN, UN, UP, UQ, UR, US	
Group adaptive behavior treatment with protocol modification, administered by physician or other qualified health care professional, face-to-face with multiple patients; 15 minutes	97158	HP, HO, HN, UN, UP, UQ, UR, US	
Adaptive behavior treatment with protocol modification; each 15 minutes of technicians' time face-to-face with a patient , requiring the following components: administration by the physician or other qualified health care professional who is on site; with the assistance of two or more technicians; for a patient who exhibits destructive behavior; completion in an environment that is customized to the patient's behavior	0373T	HP, HO, HN, HM	