



## **Prior Authorization Code List**

## **Kansas Medicaid**

Effective March 1, 2025

## **Overview**

The table below outlines the behavioral health services that require prior authorization for the UnitedHealthcare Community Plan of Kansas Medicaid health plan.

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 <a href="National Network Manual">National Network Manual</a> (pages 38-43) and the UnitedHealthcare Community Plan of Kansas <a href="Care Provider Manual">Care Provider Manual</a> (Chapter 7). 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 required for these codes

Service Description	Revenue Code	Additional Information
Mental health inpatient services	0114, 0124	
	0116, 0126,	
Hospital based inpatient-based detoxification services	0136, 0146,	
	0156	
Intensive outpatient services (IOP) for eating disorders	905	
Rehabilitation services / Facility therapy	911, 915	Follows the auth rule for the CPT/HCPC code billed with these codes
Partial hospitalization program (PHP) for eating disorders	912, 913	

Service Description	Procedure Code	Additional Information
Substance use disorder (SUD) - Intensive outpatient - Adult	H0015	
Residential treatment	H0018	
Residential – Reintegration SUD	H0019	
Partial hospital	H0035	
Community psychiatric supportive treatment program	H0037	
Comprehensive community support services	H2016	
Intensive outpatient – Eating disorder	S9480	

Service Description	Procedure Code	Additional Information
Attendant care	T1019 HK	
Psychiatric residential treatment facility (PRTF)	T2048	
Behavior identification assessment	97151	
Behavior identification-supporting	97152	
Adaptive behavior treatment by protocol	97153	
Group adaptive behavior treatment by protocol administered by technician under the direction of a physician or other qualified health care professional, face-to-face with two or more patients; each 15 minutes	97154	
Adaptive behavior treatment with protocol modification	97155	
Family adaptive behavior treatment guidance	97156	
Group adaptive behavior treatment with protocol modification, administered by physician or other qualified health care professional, face-to-face with multiple patients; each 15 minutes	97158	
Psychological testing evaluation	96130, 96131	
Psychological and neuropsychological testing administration/scoring	96136, 96137, 96138, 96139	<ul> <li>Auth Required – Only if the admin and scoring codes are submitted with psychological testing eval codes 96130 and 96131</li> <li>No Auth Required - If the admin and scoring codes are submitted with neuropsychological testing eval codes 96132 and 96133</li> </ul>