Optum | United Healthcare Community Plan

Prior Authorization Code List
Behavioral Health Services

UnitedHealthcare Community Plan of Kentucky

Effective June 25, 2025

Overview

In early 2025, the Kentucky Department for Medicaid Services passed legislation to reinstate all prior authorization requirements that had been paused during the COVID-19 pandemic.

Beginning June 25, 2025, you will need to request prior authorization for some behavioral services you provide to UnitedHealthcare Community Plan of Kentucky members.* This requirement applies to services delivered on or after June 25.

The table below outlines the behavioral health services that require prior authorization. Before submitting a request, please review the Kentucky Medicaid Supplemental Clinical Criteria to understand the state regulations and contract requirements Optum Behavioral Health uses to make medical necessity determinations.

Note: All out-of-network (non-participating) providers and facilities must obtain prior authorization approval before providing behavioral health services. Prior authorization is not required for either network (contracted) or out-of-network providers/facilities when rendering emergency or urgent care services.

How to request authorization: The request/approval process varies by the type of service. Please review the next page for specific instructions. **Note:** Submitting a request does not guarantee authorization. Do not deliver service(s) until a determination on your request is made.

Questions?
Call Provider Services: 1-866-633-4449. You may also join our weekly virtual office hours to chat with the Provider Relations team – Thursdays, 3-4 p.m. ET

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Services That Require Authorization

Service Description	Procedure Code		Additional Information
Inpatient / Residential Services			
Inpatient Mental Health/Substance Abuse Services	Varies		All inpatient services
SUD Residential	H2034	H0011	ASAM Level 3.1, 3.5, 3.7
	H2036		
Behavioral Health Long-Term Residential (per diem)	T2048 (HE or HK)		
PRTF (Level I & II)	1001	1002	
Partial Hospitalization	H0035		

*Behavioral health services are administered by United Behavioral Health, under the brand Optum, on behalf of UnitedHealthcare.

Service Description	Procedure Code		Additional Information
Outpatient Services			
Intensive Outpatient	S9480		
SUD Intensive Outpatient	H0015		
Psychological Testing Services			
Psychological Test Evaluation	96130	96131	
Psychological and Neuropsychological Test Administration and Scoring**	96136	96137	
	96138	96139	
	96146		
Non-Routine Outpatient Services			
Transcranial Magnetic Stimulation (TMS)	90867	90868	
	90869		
Applied Behavioral Analysis (ABA)			
Behavior Identification / Adaptive / Group / Family / Multi-Adaptive	97151	97155	
	97152	97156	
	97153	97157	
	97154	97158	
Community-Based Services + Assertive Community Treatment			
Therapeutic BH Services (per 15 min)	H2019		
Therapeutic BH Services (per diem)	H2020		
Targeted Case Management	T2023		
Comprehensive Community Support	H2015		
Outpatient Day Treatment (per hour)	H2012		
Psychoeducation	H2027		
Peer Support Services	H0038		
Assertive Community Treatment	H0040		

Important Reminders

1. **Member eligibility:** As member participation in a Medicaid plan may change, it's important to verify their eligibility and benefits at each visit. The fastest way to do this is using the Provider Express secure portal. This tutorial gives step-by-step instructions on using the portal to obtain this information.
2. **Services that require authorization:** To help prevent claim denials or delays, please check this list before providing service(s) to UnitedHealthcare Community Plan members. Additional information about prior authorization requirements for behavioral health services can be found in the Optum Behavioral Health National Network Manual (pages 38-43). If you have additional questions, please call the Customer Service number on the back of the member's ID card.

How to Submit Prior Authorization Requests

Inpatient/Residential Services and Outpatient Services

- **How to submit:** Use the Prior Authorization and Notification tool in the UnitedHealthcare Provider Portal. Access the quick start guide or interactive guide to learn more.

Psychological and Neuropsychological Testing*

- **How to submit:** Complete and submit the Optum Psych Testing Form.

Non-Routine Outpatient Services/Transcranial Magnetic Stimulation (TMS)

- **How to submit:** Via the Provider Express secure portal. Review the training guide for step-by-step instruction, then log in with your One Healthcare ID and password.
  - **First time user?** Here's how to set up an account.

Applied Behavior Analysis (ABA)

- **How to submit:** Network providers should submit requests via the Provider Express secure portal. Review the training guide for step-by-step instruction, then log in with your One Healthcare ID and password.
  - **First time user?** Here's how to set up an account.

Out-of-network providers

- ABA assessment requests begin here
- ABA treatment requests begin here

Community-Based Services + Assertive Community Treatment

- **How to submit:** Complete and submit the online Kentucky Services Request Form for UnitedHeathcare Community plan members.

**Psychological testing requires prior authorization. Neuropsychological testing does not require prior authorization. Billing of these services requires the provider to report both the CPT code(s) for Professional Evaluation time and the CPT code(s) for the Administration/Scoring time. Because the codes used for Test Administration and Scoring (96136-96139) can be used with either Psychological Testing or Neuropsychological Testing, the authorization requirements are determined by which set of Test Evaluation codes are used.