

Louisiana Managed Care includes Medicaid and Coordinated System of Care

Effective April 1, 2025

Overview

The table below outlines the behavioral health services that require prior authorization for the Louisiana 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 Louisiana [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 require an authorization. Prior authorization is not required when rendering emergency services.

Prior authorization required for these codes

Service Description	Revenue Code	Modifier	Additional Information
Inpatient mental health	114, 124		
Inpatient substance use disorder (SUD) detoxification	116, 126		

Service Description	Procedure Code	Modifier	Additional Information
Therapeutic transcranial magnetic stimulation (TMS) treatment; Initial	90867	AF	Billable by a psychiatrist for ages 18+ only
Therapeutic TMS treatment; Subsequent	90868	AF	Billable by a psychiatrist for ages 18+ only
Therapeutic TMS treatment; Subsequent re-determination	90869	AF	Billable by a psychiatrist for ages 18+ only
Psychological testing evaluation	96130, 96131		
Psychological and neuropsychological testing administration/scoring	96136, 96137, 96138, 96139		Auth Required – Only if the Admin and Scoring codes are submitted with psychological testing eval codes 96130 and 96131 No Auth Required - If the Admin and Scoring codes are submitted with neuropsychological testing eval codes 96132 and 96133
Alcohol and/or drug services – acute detox III.7D	H0011	TG, HB	
Alcohol and/or drug services – acute detox III.7D; room and board	H0011	SE, HB	
Alcohol and/or drug services – subacute detox III.2D	H0012	HA, HB, SE	
Alcohol and/or drug services – intensive outpatient II.1; individual	H0015	HA, HB, HO, HN, HM	
Alcohol and/or drug services – intensive outpatient II.1; group	H0015	HQ, HA, HB, HO, HN, HM	
Therapeutic group home per diem	H0018	HA	
Therapeutic group home per diem – co-occurring	H0018	HH, HA	

Service Description	Procedure Code	Modifier	Additional Information
Therapeutic group home per diem – sexual offenders	H0018	HK, HA	
Behavioral health long term residential - III.3 (i.e., SUD residential)	H0019	HF, HB	
Behavioral health long term residential - III.3; room and board (i.e., SUD residential)	H0019	SE, HF, HB	
Partial hospitalization program (PHP)	912, H0035		Service can only be rendered by dedicated provider(s)
Community psychiatric supportive treatment individual office	H0036	HA, HB, HO, HN, HM	
Community psychiatric supportive treatment individual community	H0036	U8, HA, HB, HO, HN, HM	
Community psychiatric supportive treatment – Homebuilders	H0036	HK, HA, HB, HO, HN, HM	
Community psychiatric supportive treatment – Functional Family Therapy	H0036	HE, HA, HB, HO, HN, HM	
Community psychiatric supportive treatment – PSH individual office	H0036	TG, HA, HB, HO, HN, HM	
Community psychiatric supportive treatment – PSH individual community	H0036	TG, U8, HA, HB, HO, HN, HM	
Peer Support Services	H0038		
Assertive community treatment – non-physician per diem	H0039	HA, HO, HN, HM	Submit prior auth on Providerexpress.com via the Louisiana Medicaid Specific Resources Authorization Templates
Assertive community treatment – physician per diem	H0039	AM, HA	Submit prior auth on Providerexpress.com via the Louisiana Medicaid Specific Resources Authorization Templates
Assertive community treatment – 1 st month if enrolled 1-10 th day of month	H0039	U1, HB	Submit prior auth on Providerexpress.com via the Louisiana Medicaid Specific Resources Authorization Templates
Assertive community treatment – 1 st month if enrolled 11-20 th day of month	H0039	U2, HB	Submit prior auth on Providerexpress.com via the Louisiana Medicaid Specific Resources Authorization Templates
Assertive community treatment – 1 st month if enrolled 21-31 st day of month	H0039	U3, HB	Submit prior auth on Providerexpress.com via the Louisiana Medicaid Specific Resources Authorization Templates
Assertive community treatment – subsequent months	H0039	HB	Submit prior auth on Providerexpress.com via the Louisiana Medicaid Specific Resources Authorization Templates
Crisis stabilization - individual	H0045	TG	
Crisis intervention follow-up	H2011	HA, HO, HN, HM	• H2011 requires prior auth when billed with modifiers: HA, HO, HN, HM. • Submit on Providerexpress.com via the Louisiana Medicaid Specific Resources Authorization Templates
Community brief crisis support	H2011	HK	• H2011 requires prior auth when billed with modifier: HK. • Submit on Providerexpress.com: Healthy Louisiana Mental Health Rehabilitation and Evidence Based Practices Request Form
Psychiatric health facility per diem – Psychiatric Residential Treatment Facility (PRTF)	H2013	HB, HO, HN, HM	

Service Description	Procedure Code	Modifier	Additional Information
Psychiatric health facility service per diem – PRTF (specialized)	H2013	TG, HA	
Psychiatric health facility service per diem – PRTF (specialized ASAM III.7)	H2013	TG, HA, HF	
Psychosocial rehabilitation individual office	H2017	HA, HB, HO, HN, HM	
Psychosocial rehabilitation individual community	H2017	U8, HA, HB, HO, HN, HM	
Psychosocial rehabilitation, permanent supportive housing (PSH), individual office	H2017	TG, HA, HB, HO, HN, HM	
Psychosocial rehabilitation, PSH, individual community	H2017	TG, U8, HA, HB, HO, HN, HM	
Psychosocial rehabilitation, group office	H2017	HQ, HA, HB, HO, HN, HM	
Psychosocial rehabilitation, group community	H2017	U8, HQ, HA, HB, HO, HN, HM	
Psychosocial rehabilitation PSH group office	H2017	TG, HQ, HA, HB, HO, HN, HM	
Psychosocial rehabilitation PSH group community	H2017	TG, U8, HQ, HA, HB, HO, HN, HM	
Multisystemic therapy - 12-17 year old target population	H2033	HA, HO, HN	
Alcohol and/or drug services – halfway house III.1	H2034	HA, HB	
Alcohol and/or drug services – halfway house III.1; room and board	H2034	SE, HB	
Alcohol and/or drug treatment program - III.5	H2036	HA, HB	
Alcohol and/or drug treatment program - III.5; room and board	H2036	SE, HB	
Alcohol and/or drug treatment program - III.7	H2036	TG, HB	
Alcohol and/or drug treatment program - III.7; room and board	H2036	SE, TG, HB	
Intensive outpatient - Mental health	905, S9480		Service can only be rendered by dedicated provider(s)
Specialized services for adults with serious mental illness: Personal care services (billable for < 28 units/day) - (15 minute unit)	S5125		• Submit on Providerexpress.com Louisiana state page: Healthy Louisiana Mental Health Rehabilitation and Evidence Based Practices Request Form • Service is available to members transitioned from nursing home or diverted from nursing home only. These members are considered Department of Justice (DOJ) target.

Service Description	Procedure Code	Modifier	Additional Information
Specialized services for adults with serious mental illness: Personal care services (billable for > 28 units/day) - (per diem)	S5126		- Submit on Providerexpress.com Louisiana state page: Healthy Louisiana Mental Health Rehabilitation and Evidence Based Practices Request Form - Service is available to members transitioned from nursing home or diverted from nursing home only. These members are considered DOJ target.
Specialized services for adults with serious mental illness: Individual placement and support (billable per encounter)	H2024		- Submit on Providerexpress.com Louisiana state page: Healthy Louisiana Mental Health Rehabilitation and Evidence Based Practices Request Form - Service is available to members transitioned from nursing home or diverted from nursing home only. These members are considered DOJ target.
Specialized services for adults with serious mental illness: Individual placement and support (billable when > 6 encounters per month)	H2024	TG	- Submit on Providerexpress.com Louisiana state page: Healthy Louisiana Mental Health Rehabilitation and Evidence Based Practices Request Form - Service is available to members transitioned from nursing home or diverted from nursing home only. These members are considered DOJ target.
Behavior identification (ID) assessment by physician/qualified healthcare professional (PHYS/QHP); each 15 minutes	97151	W/O, TF	
Behavior ID support assessment by one technician; each 15 minutes	97152		
Adaptive behavior treatment by protocol technician; each 15 minutes	97153		
Group adaptive behavior treatment by protocol technician; each 15 minutes	97154		
Adaptive behavior treatment protocol modification PHYS/QHP; each 15 minutes	97155	W/O, TF	
Family adaptive behavior treatment guidance PHYS/QHP; each 15 minutes	97156	W/O, TF	
Multiple family group behavior treatment guidance PHYS/QHP; each 15 minutes	97157	W/O, TF	
Group adaptive behavior protocol modification PHYS/QHP; each 15 minutes	97158	W/O, TF	
Behavior ID support assessment; each 15 minute technician time	0362T		
Adaptive behavior treatment protocol modification; each 15 minute technician time	0373T		