Missouri Healthnet Medicaid and CHIP Behavioral Health

Effective March 1, 2025

Overview

The table below outlines the behavioral health services that require prior authorization for the UnitedHealthcare Community Plan of Missouri Healthnet Medicaid and CHIP Behavioral 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 National Network Manual (pages 38-43) and the UnitedHealthcare Community Plan 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.

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	114, 124, 134, 144, 146, 154, 204	
Substance use disorder (SUD) - Detoxification	116, 126, 136, 156	
Partial hospitalization - Less intensive	912	
Partial hospitalization - Intensive	913	
Intensive outpatient services - Psychiatric	905	
Intensive outpatient services - Chemical dependency	906	
Behavioral health testing	918	Auth requirement follows prior authorization rule of the specific CPT code attached to the Revenue Code
Rehabilitation services	911, 944, 945	Auth requirement follows prior authorization rule of the specific CPT code attached to the Revenue Code
Other behavioral health treatments	919	Auth requirement follows prior authorization rule of the specific CPT code attached to the Revenue Code
Psychiatric residential treatment program (PRTF) for children - Public facility	1001	

Service Description	Procedure Code
PRTF for children - Private facility	H2013
Partial hospitalization – Intensive / less intensive	H0035
Intensive outpatient services - Psychiatric	S9480
Intensive outpatient services – Chemical dependency	H0015
Transcranial magnetic stimulation	90867, 90868, 90869
Alcohol and/or drug services	H0018
Rehabilitation program per half day	H2001