UnitedHealthcare Community Plan of Nebraska Heritage Health

Effective March 1, 2025

The table below outlines the behavioral health services that require prior authorization for the Nebraska Heritage Health UnitedHealthcare Community Plan of Nebraska Medicaid 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 of Nebraska 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	Modifier / Additional Information
Psychiatric inpatient – private room	114	
Psychiatric inpatient – semi-private room	124	
Psychiatric inpatient – subacute	190	
Psychiatric inpatient – intensive care psychiatric	204	
ASAM Level 1 – Adult community support	H2015	HF
ASAM Level 2.1 – Adult substance use disorder (SUD) intensive outpatient; per hour	H0015	
ASAM Level 3.1 – Adult halfway house	H2034	
ASAM Level 3.2 – Adult SUD social detoxification; per diem	H0012	
ASAM Level 3.3 – Adult intermediate therapeutic residential co-occurring capable; per diem	H0019	
ASAM Level 3.3 – Adult therapeutic community; per diem	H0019	TT
Psychiatric residential rehabilitation services - Medicaid rehabilitative option (MRO) – mental health (MH); per diem	H0019	HE
ASAM Level 3.7 - Medically monitored residential – Withdrawal management	H0010	
SUD Level 3.5 - Dual-disorder residential (co-occurring diagnosis enhanced)	H0018	HF
SUD Level 3.5 - Short-term residential (co-occurring diagnosis capable)	H0018	HH
Community treatment aide (CTA); per 15 minutes	H0036	
Assertive community treatment (ACT)	H0040	
Alternative ACT	H0040	52
Partial hospitalization and day treatment for adults only, minimum 6 units; per hour	H2012	
Day treatment (per hour) SUD	H2012	HF

Service Description	Revenue Code	Modifier / Additional Information
Partial hospitalization and day treatment for adults only, maximum 3 units; per hour	H2012	52
Psychiatric Residential Treatment Facility (PRTF) hospital-based; per diem	H2013	
PRTF specialty; per day	T2033	
PRTF community-based non–specialty	T2048	
Intensive outpatient (IOP) – Direct care staff; per 15 minutes	H2014	
Adult IOP mental health; per diem	S9480	
Day rehabilitation services (MRO), minimum 12 units; per 15 minutes	H2017	
Day rehabilitation services, full day (MRO); per diem	H2018	
Secure residential rehabilitation services (MRO); per diem	H2018	HK
Community support services (MRO), mental health; per 15 minutes	H2015	HE
Therapeutic group home - Includes co-occurring MH/SUD, Sexual offense (SO)	H2020	
Day treatment - Direct care staff; per 15 minutes	H2027	
Multi systemic therapy (MST); per 15 minutes	H2033	
Psychological testing evaluation; first hour of service	96130	
Psychological testing evaluation; each additional hour	96131	
Psychological and neuropsychological testing administration/scoring, by physician or other qualified health care professional, two or more tests, any method; first 30 minutes.	96136	**Auth Required** – Only if the admin and scoring codes are submitted with psychological testing eval codes 96130 and 96131
Psychological and neuropsychological testing administration/scoring, by physician or other qualified health care professional, two or more tests, any method; each additional 30 minutes.	96137	**Auth Required** – Only if the admin and scoring codes are submitted with psychological testing eval codes 96130 and 96131
Psychological and neuropsychological testing administration/scoring, by technician, two or more tests, any method; first 30 minutes.	96138	**Auth Required** – Only if the admin and scoring codes are submitted with psychological testing eval codes 96130 and 96131
Psychological and neuropsychological testing administration/scoring, by technician, two or more tests, any method; each additional 30 minutes. (list separately in addition to code for primary procedure)	96139	**Auth Required** – Only if the admin and scoring codes are submitted with psychological testing eval codes 96130 and 96131
Behavior identification assessment administered by doctor or other health care professional, face-to-face, one patient; each 15 minutes	97151	
Behavior identification supporting assessment administered by one tech under the direction of a doctor or other qualified health care professional, face-to-face, one patient; each 15 minutes	97152	
Adaptive behavior treatment by protocol, administered by technician under the direction of a doctor or other qualified healthcare professional, face-to-face, one patient; each 15 minutes	97153	
Group adaptive behavior treatment by protocol, administered by technician under the directions of a doctor or other qualified healthcare professional, face-to-face with two or more patients; each 15 minutes	97154	

Service Description	Revenue Code	Modifier / Additional Information
Adaptive behavior treatment by protocol, administered by doctor or other qualified healthcare professional, which may include simultaneous direction of a technician, face-to-face one patient; each 15 minutes	97155	
Family adaptive behavior treatment guidance, administered by doctor or other qualified healthcare professional, face-to-face with guardian or caregiver, with or without patient present; each 15 minutes	97156	
Adaptive behavior treatment social skills group, administered by doctor or other qualified healthcare professional, face-to-face with multiple patients; each 15 minutes	97158	
Injection – Aripiprazole – 0.25mg	J0400	
Injection – Fluphenazine Decanoate – Up to 25mg (Prolixin Decanoate)	J2680	
Injection – Haloperidol – Up to 5mg (Haldol)	J1630	
Injection – Haloperidol Decanoate – 50mg (Haldol Decanoate)	J1631	
Injection – Risperidone – 0.5mg (Risperdal Consta)	J2794	