## **Prior Authorization Code List**



## **Texas CHIP**

Effective March 1, 2025

## **Overview**

The table below outlines the behavioral health services that require prior authorization for Texas CHIP UnitedHealthcare Community Plan 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 National Network Manual (pages 38-43) and the UnitedHealthcare Community Plan of Texas Care Provider Manual (Chapter 8). 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 (MH) inpatient                          | 114, 124, 134, 144, 154, 204 |                        |
| Substance use disorder (SUD) inpatient                | 116, 126, 128, 136, 146, 156 |                        |
| Intensive outpatient (IOP) MH                         | 905                          |                        |
| IOP SUD   | 906                          |                        |
| Partial hospitalization (PHP) - less intensive MH/SUD | 912                          |                        |
| Partial hospitalization (PHP) - intensive MH/SUD      | 913                          |                        |
| MH residential  | 1001                         |                        |
| SUD residential (includes detoxification)             | 1002                         |                        |

| Service Description   | Procedure Code                | Additional Information  |
|---|-------------------------------|---|
| Alcohol and/or drug services; subacute detoxification (residential addition program outpatient) | H0012                         |   |
| SUD residential, alcohol and/or other drug use services, not otherwise specified                | H0047                         | Excludes room and board   |
| SUD residential (includes detoxification)   | H2035                         |   |
| Psychological testing evaluation  | 96130, 96131                  |   |
| Psychological and neuropsychological testing administration/scoring                             | 96136, 96137,<br>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 |

The following community-based outpatient services are generally **not subject to prior authorization**; however, outlier cases (i.e., those subject to higher utilization) identified by claims data are subject to clinical review to assess whether continued care is medically necessary.

| Service Description                          | Procedure Code | Additional Information |
|--|----------------|------------------------|
| Substance use disorder individual counseling | H0004          |                        |
| Substance use disorder group counseling      | H0005          |                        |
| Medication training and support              | H0034          |                        |
| Peer support                                 | H0038          |                        |
| Skills training and development              | H2014          |                        |
| Psychosocial rehabilitation                  | H2017          |                        |
| Targeted case management                     | T1017          |                        |