



Optum Behavioral Health – Illinois
Prior Authorization
Requirements for UnitedHealthcare Exchange Plans
 Effective January 1, 2023

General Information

This list indicates services requiring prior authorization for participating behavioral health providers for Exchange Plans members in Illinois for inpatient and outpatient behavioral health services listed below. To request prior authorization, please submit your request online.

- **Online:** To submit clinical transactions, please use the Prior Authorization and Notification tool, which can be accessed via the Sign In function on UHCProvider.com

When deciding coverage, the member specific benefit plan document must be referenced as the terms of the member specific benefit plan vary by state.

Prior authorization is not required for emergency or urgent care.

For these benefit plans, members have no non-emergent out-of-network coverage and no coverage outside of the service area.

Service Description	Procedure Code(s)
Inpatient Mental Health	Rev 113,114, 124, 134, 144,154, 204
Inpatient Substance Use Detoxification (hospital based)	Rev 116, 126, 136, 146, 156
Substance Use Rehabilitation (hospital based)	Rev 118, 128, 138, 148, 158
Psychiatric Clinic	Rev 513
Treatment Room	Rev 761
Evaluation/Initial-BH Treatments/Services	Rev 900
ECT- Electroshock Treatment	Rev 901
MH Intensive Outpatient	Rev 905
SUD Intensive Outpatient	Rev 906
MH/SUD Partial Hospitalization	Rev 912, 913
OP Services- Behavioral Health Testing	Rev 918
OP Services- Other Behavioral Health Treatment/Services	Rev 919
Drug Rehabilitation	Rev 944
Alcohol Rehabilitation	Rev 945
Combined drug and alcohol rehabilitation	Rev 953
Psychiatric	Rev 961
Anesthesia for ECT	00104
Residential Treatment- Psychiatric	Rev 1001
Residential Treatment- Chem Dep	Rev 1002
Therapeutic Repetitive Transcranial magnetic stimulation treatment; planning 1 VISIT	90867
Therapeutic Repetitive Transcranial magnetic stimulation treatment; delivery and management, per session 1 VISIT	90868
Therapeutic Repetitive Transcranial Magnetic Stimulation (TMS) treatment; subsequent motor threshold Re-determination with delivery and management 1 VISIT	90869
Outpatient ECT	90870
Unlisted psychiatric service or procedure	90899
Psychological testing evaluation	96130, 96131

Service Description	Procedure Code(s)
Psychological or neuropsychological test admin and scoring by physician or other qualified health care professional, two or more tests, any method, first 30 minutes (Auth required-Only if the Admin & Scoring codes are submitted with Psychological Testing Eval Codes 96130 & 96131)	96136
Psychological or neuropsychological test admin and scoring by physician or other qualified health care professional, two or more tests, any method, each additional 30 minutes (Auth required-Only if the Admin & Scoring codes are submitted with Psychological Testing Eval Codes 96130 & 96131)	96137
Psychological or neuropsychological test admin and scoring by technician, two or more tests, any method, first 30 minutes (Auth required-Only if the Admin & Scoring codes are submitted with Psychological Testing Eval Codes 96130 & 96131)	96138
Psychological or neuropsychological test admin and scoring by technician, two or more tests, any method, each additional 30 minutes (Auth required-Only if the Admin & Scoring codes are submitted with Psychological Testing Eval Codes 96130 & 96131)	96139
Computer Based Psychological/Neuropsychological Testing	96146
Behavior ID Assessment by PHYS/QHP EA 15 min	97151
BEHAVIOR ID SUPPORT ASSMT BY 1 TECH EA 15 MIN	97152
ADAPTIVE BEHAVIOR TX BY PROTOCOL TECH EA 15 MIN	97153
GROUP ADAPTIVE BHV TX BY PROTOCOL TECH EA 15 MIN	97154
ADAPT BHV TX PRTCL MODIFICAJ PHYS/QHP EA 15 MIN	97155
FAMILY ADAPT BHV TX GDN PHYS/QHP EA 15 MIN	97156
MULTIPLE FAM GROUP BHV TX GDN PHYS/QHP EA 15 MIN	97157
GRP ADAPT BHV PRTCL MODIFICAJ PHYS/QHP EA 15 MIN	97158
BEHAVIOR ID SUPPORT ASSMT EA 15 MIN TECH TIME	0362T
ADAPT BHV TX PRTCL MODIFICAJ EA 15 MIN TECH TIME	0373T
Community psychiatric supportive treatment program, per diem	H0037
Assertive community treatment program, per diem	H0040
Evaluation and treatment by an integrated, specialty team contracted to provide coordinated care to multiple or severely handicapped children, per encounter	T1024