

Behavioral Health Prior Authorization Requirements for UnitedHealthcare Community Plan in Kentucky

****UnitedHealthcare Community Plan of Kentucky plan is effective, 1/1/2021. Kentucky Department of Medicaid Services has reinstated prior authorization for substance use disorders for residential and inpatient treatment, inclusive of ASAM Levels - 3.1, 3.5, 3.7 and 4.0 . The authorization waiver for inpatient and outpatient services remains active, inclusive of all inpatient and outpatient Behavioral Health services (mental health). If the State extends or updates the authorization waiver period, UnitedHealthcare Behavioral Health will follow those guidelines.**

KY Medicaid Prior Authorization List 1/1/2021¹

Use the following table to determine if you need to request a prior authorization for inpatient or outpatient services you plan to perform on a UnitedHealthcare Community Plan in Kentucky member.

This list contains prior authorization requirements for care providers who participate with UnitedHealthcare Community Plan in Kentucky for inpatient and outpatient services.

Submitting prior authorization requests

You can request prior authorization in one of the following ways:

- A. Inpatient, Residential, Outpatient services requests use our Prior Authorization and Notification Tool at: [UnitedHealthcare Community Plan of Kentucky Homepage | UHCprovider.com](https://www.UHCprovider.com)
- B. Community-Based Services requests – Go online to www.ProviderExpress.com
 - i. Select “Our Network” on the top of the home page, then “State Specific Provider Information”, lastly, please select “Kentucky”. On that page you will see a link for KY Medicaid Behavioral Rehabilitation Health Request. Step by step instructions are provided in the event you have questions.
 - ii. Direct link to Authorization Request form for specific Community-Based Services - [Behavioral Health Rehabilitation Codes](#) with the double asterisk (**) listed below in the grid. Go to:
<https://electronicforms.force.com/KYMedicaidBehavioralRehabRequests/s/>
- C. Phone: Provider Services line: 866-633-4449

Note: We don't require prior authorization for emergency or urgent care. If you're an out-of network physician, facilities or other health care provider, you're required to request prior authorization for all procedures and services, excluding emergent or urgent care.

If you need more details, please refer to the Level of Care Guidelines on Provider Express.

For more information regarding authorization requirements for other services and levels of care, please visit www.UHCprovider.com.

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Category	Subcategory	CPT/HCPC Codes	Authorization Required
Mental Health/Substance Abuse	Inpatient/Residential Services		
	Inpatient MH and Substance Abuse Services	All Inpatient services	Y
	SUD Residential/Crisis Intervention (ASAM Level 3.1, 3.5, 3.7)	H2034, H0011, H2036	Y
	Detox	H0012	Y
	BH Residential	H0017 (HE, HK)*	Y
	Short-term Residential	H0018	Y
	Long-term Residential	H0019	Y
	BH Long-term Residential (per diem) - ECU(Psychiatric Services/Sex Offender Program)*	T2048 (HE, HF) H2029	Y
	PRTF (Level I & II)	1001	Y
	Partial Hospitalization	H0035	Y
Mental Health/Substance Abuse	Outpatient Services		
	Neurobehavioral status exam	96116, 96121	Y
	Psychological Test Evaluation	96130, 96131	Y
	Neuropsychological Test Evaluation	96132, 96133	Y
	Psychological and Neuropsychological Test	96136, 96137, 96138, 96139, 96146	Y
	ECT	90870	Y
	Unlisted Psychiatric Services	90899	Y
	Behavior Identification/ Adaptive/Group/Family/ Multi-Adaptive	97151, 97152, 97153, 97154, 97155, 97156, 97157, 97158	Y
	Assertive Community Treatment	H0040	Y
	Intensive Outpatient	S9480	Y
SUD Intensive Outpatient	H0015	Y	
Mental Health/Substance Abuse	Community-based Services		
	Therapeutic BH Services (per 15 min)**	H2019	Y
	Therapeutic BH Services (per diem)**	H2020	
	Targeted Case Management**	T2023	Y
	Comprehensive Community Support**	H2015	Y
	Psychoeducational Service (per 15 min)**	H2027	Y
	Outpatient Day Treatment (per hour)**	H2012	Y
	Mental Health NOS**	H0046	Y
<i>*Please reference provider contract to confirm specific covered codes</i>			

*DMS Approved Out-of-State Placement

**Community-based Services