

Kentucky Managed Care Plans Prior Authorization (PA) Requirements and Billing Limits by Behavioral Health (BH) Services

In-Patient & Residential BH Services	
Managed Care Plan	PA Required?
EPSDT Residential Special Services (T2048, H2029)	
<i>Aetna</i>	Yes
<i>Humana</i>	Yes
<i>Passport by Molina</i>	Yes, required for T2048 Only
<i>United Healthcare</i>	Yes, T2048 Only offered
<i>WellCare</i>	Yes
Crisis Stabilization Unit (RCSU) (S9485)	
<i>Aetna</i>	Yes
<i>Humana</i>	No
<i>Passport by Molina</i>	No
<i>United Healthcare</i>	No
<i>WellCare</i>	Yes
Hospital SUD Residential (1002, H0017)	
<i>Aetna</i>	Yes, 1002 Only offered
<i>Humana</i>	Yes for 1002; No for H0017
<i>Passport by Molina</i>	Yes
<i>United HealthCare</i>	Yes, 1002 Only offered
<i>WellCare</i>	Yes
Inpatient Mental Health and Substance Abuse Services (All Inpatient Services)	
<i>Aetna</i>	Yes
<i>Humana</i>	Yes
<i>Passport by Molina</i>	Yes
<i>United Healthcare</i>	Yes
<i>WellCare</i>	Yes
PRTF I (1001)	
<i>Aetna</i>	Yes
<i>Humana</i>	Yes
<i>Passport by Molina</i>	Yes
<i>United Healthcare</i>	Yes
<i>WellCare</i>	Yes
PRTF II (0101)	
<i>Aetna</i>	Yes
<i>Humana</i>	Yes

Commonwealth of Kentucky
Cabinet for Health and Family Services
Department for Medicaid Service

<i>Passport by Molina</i>	Yes
<i>United Healthcare</i>	Yes
<i>WellCare</i>	Yes
Substance Use Residential (H2034, H0011, H2036)	
<i>Aetna</i>	Yes
<i>Humana</i>	Yes
<i>Passport by Molina</i>	Yes
<i>United Healthcare</i>	Yes
<i>WellCare</i>	Yes

Outpatient BH Services		
Managed Care Plan	Billing Limits	PA Required?
Applied Behavior Analysis (ABA) (97151, 97152, 97153, 97154, 97155, 97156, 97157, 97158)		
<i>Aetna</i>	N/A	Yes
<i>Humana</i>	N/A	Yes
<i>Passport by Molina</i>	PA required after 48 units (12 hrs.) per member, per Calendar Year for any combination of CPT codes listed	Yes, except for 97151 and 97152
<i>United Healthcare</i>	N/A	Yes
<i>WellCare</i>	N/A	Yes
Assertive Community Treatment (H0040)		
<i>Aetna</i>	N/A	No
<i>Humana</i>	N/A	No
<i>Passport by Molina</i>	N/A	Yes
<i>United Healthcare</i>	N/A	Yes
<i>WellCare</i>	N/A	Yes
Comprehensive Community Support Services (H2015)		
<i>Aetna</i>	N/A	Yes
<i>Humana</i>	N/A	No
<i>Passport by Molina</i>	N/A	Yes
<i>United Healthcare</i>	N/A	Yes
<i>WellCare</i>	N/A	Yes
Day Treatment (H2012)		
<i>Aetna</i>	N/A	Yes
<i>Humana</i>	N/A	Yes
<i>Passport by Molina</i>	N/A	Yes
<i>United Healthcare</i>	N/A	Yes
<i>WellCare</i>	N/A	Yes

Commonwealth of Kentucky
Cabinet for Health and Family Services
Department for Medicaid Service

Electroconvulsive Therapy (ECT) (90870)		
<i>Aetna</i>	N/A	Yes
<i>Humana</i>	N/A	No
<i>Passport by Molina</i>	N/A	No
<i>United Healthcare</i>	N/A	No
<i>WellCare</i>	N/A	Yes
Intensive Outpatient Program (S9480, H0015, 0905, 0906)		
<i>Aetna</i>	N/A	Yes
<i>Humana</i>	N/A	Yes
<i>Passport by Molina</i>	PA required after 16 units or days per member, per Calendar Year	Yes
<i>United Healthcare</i>	N/A	Yes
<i>WellCare</i>	N/A	Yes
Medication Assisted Treatment (MAT) (H0020, H0047, H0016)		
<i>Aetna</i>	N/A	No
<i>Humana</i>	N/A	No
<i>Passport by Molina</i>	N/A	No
<i>United Healthcare</i>	N/A	No
<i>WellCare</i>	N/A	Yes
Neuropsychological Testing Evaluation Services (96132, 96133)		
<i>Aetna</i>	N/A	Yes
<i>Humana</i>	N/A	No
<i>Passport by Molina</i>	N/A	No
<i>United Healthcare</i>	N/A	No
<i>WellCare</i>	The first 5 of 30-minute codes and the first 5 of 60-minute codes are reached per member, per Calendar Year (PA required after these limits are met but may be submitted before reaching.)	Yes
Non-Par Providers		
<i>Aetna</i>	N/A	Yes, excluding emergent
<i>Humana</i>	N/A	Yes, excluding emergent
<i>Passport by Molina</i>	N/A	Yes, excluding emergent
<i>United Healthcare</i>	N/A	Yes, excluding emergent
<i>WellCare</i>	N/A	Yes, excluding emergent

Commonwealth of Kentucky
Cabinet for Health and Family Services
Department for Medicaid Service

Partial Hospitalization Program (0101, H0035)		
<i>Aetna</i>	N/A	Yes
<i>Humana</i>	N/A	Yes
<i>Passport by Molina</i>	N/A	Yes
<i>United Healthcare</i>	N/A	Yes
<i>WellCare</i>	N/A	Yes
Peer Support (H0038)		
<i>Aetna</i>	8 units (2 hrs.) per day/200 units (50 hrs.) per Calendar Year	Yes
<i>Humana</i>	208 units (52 hrs.) per member, per provider group, per Calendar Year	No
<i>Passport by Molina</i>	200 units (50 hrs.) per member, per Calendar Year	Yes
<i>United Healthcare</i>	N/A	Yes
<i>WellCare</i>	8 units (2 hrs.) per day/800 units (200 hrs.) per Calendar Year	No
Psychoeducation (H2027)		
<i>Aetna</i>	100 units (25 hrs.) per Calendar Year	No
<i>Humana</i>	20 units (5 hrs.) per Calendar Year	No
<i>Passport by Molina</i>	100 units (25 hrs.) per Calendar Year	Yes
<i>United Healthcare</i>	N/A	Yes
<i>WellCare</i>	8 units (2 hrs.) per day/500 units (125 hrs.) per Calendar Year	No

Commonwealth of Kentucky
Cabinet for Health and Family Services
Department for Medicaid Service

Psychological or Neuropsychological Testing (96136, 96137, 96138, 96139, 96146)		
<i>Aetna</i>	N/A	Yes
<i>Humana</i>	N/A	No
<i>Passport by Molina</i>	N/A	No
<i>United Healthcare</i>	N/A	Yes, for psychological testing; No, for neuropsychological testing
<i>WellCare</i>	The first 5 of 30- minute codes and the first 5 of 60-minute codes are reached per member per Calendar (PA required after these limits are met but may be submitted before reaching.)	Yes
Psychological Testing Evaluation Services (96130, 96131)		
<i>Aetna</i>	N/A	Yes
<i>Humana</i>	N/A	No
<i>Passport by Molina</i>	N/A	No
<i>United Healthcare</i>	N/A	Yes
<i>WellCare</i>	The first 5 of 30-minute codes and the first 5 of 60-minute codes are reached per member per Calendar Year (PA required after these limits are met but may be submitted before reaching.)	Yes
Targeted Case Management (T2023)		
<i>Aetna</i>	N/A	Yes
<i>Humana</i>	N/A	Yes
<i>Passport by Molina</i>	N/A	Yes
<i>United Healthcare</i>	N/A	Yes
<i>WellCare</i>	N/A	Yes

Revised
August 2025

Commonwealth of Kentucky
Cabinet for Health and Family Services
Department for Medicaid Service

Therapeutic Rehabilitation Program (H2019, H2020)		
<i>Aetna</i>	N/A	Yes
<i>Humana</i>	N/A	Yes
<i>Passport by Molina</i>	N/A	Yes
<i>United HealthCare</i>	N/A	Yes
<i>WellCare</i>	N/A	Yes
Transcranial Magnetic Stimulation (90867, 90868, 90869)		
<i>Aetna</i>	N/A	Yes
<i>Humana</i>	N/A	No
<i>Passport by Molina</i>	N/A	No
<i>United Healthcare</i>	N/A	Yes
<i>WellCare</i>	38 sessions per treatment episode	Yes

Revised
August 2025

Commonwealth of Kentucky
Cabinet for Health and Family Services
Department for Medicaid Service

How to Submit a BH PA per MCO

Method	WellCare	Passport by Molina	Aetna	Humana	United Healthcare
Online	Availity* Essentials Online Portal at www.availity.com OR WellCare Provider Portal https://www.wellcareky.com/login.html	https://www.availity.com/MolinaHealthcare/ Effective 8/1/2025: Availity Essentials Portal	Availity* Essentials Online Portal at https://www.availity.com/	Availity* Essentials online Portal at https://www.availity.com/ <i>(Encouraged)</i>	Inpatient/Residential and IOP UHC Provider Portal Psychological and Neuropsychological Optum Psych Testing Form Applied Behavioral Analysis ABA Assessment Portal ABA Treatment Portal Community Based Services + ACT Kentucky Services Request Form
Phone	1-877-389-9457 (Behavioral Health Inpatient and Outpatient) Available Monday-Friday 8a.m.-6p.m. ET	1-800-578-0775 Available Mondays & Fridays, 8a.m.-6p.m. Tuesdays, Wednesdays & Thursdays, 8a.m.-5:30p.m. ET	1-855-300-5528 (Option *,4,1,5) Available 24 hours per day, 7 days per week for Behavioral Health Inpatient and Intensive Outpatient Program/Partial Hospitalization Program (Also for SKY members)	1-800-444-9137 Interactive voices response line Monday-Friday 8a.m.-6p.m., ET	1-800-658-0569 Available 24 hrs. per day, 7 days per week for Inpatient, Partial Hospitalization, Residential and Intensive Outpatient Services
Fax	Behavioral Health Inpatient Fax: 1-877-338-3686 with ATTENTION TO: BHI Behavioral Health Outpatient Fax: 1-877-544-2007 with ATTENTION TO: BHO	1-833-454-0641 Available weekends and Holidays 8a.m.-5:30p.m. for Faxed or Portal Urgent/Emergent Requests	Behavioral Health Inpatient and Intensive Outpatient Program/Partial Hospitalization Program: 1-855-301-1564 SKY BH Outpatient: 1-833-689-1424 OR 1-844-885-0699 (Psychological and Neurological Testing)	1-833-974-0059 (All PA requests for clinical trials must include the following - Clinical Trial Attestation Form)	1-855-312- 1470 (Retrospective Reviews- ONLY) All requests are post-discharge, pre claim. Requests should include a face sheet with the member's name, ID, DOB, and a copy of insurance card. Provider name, TIN, NPI and rendering address.

Revised
August
2025

Commonwealth of Kentucky
Cabinet for Health and Family Services
Department for Medicaid Service

Mail	N/A	In writing to: Passport by Molina Healthcare Attn: Utilization Management 5100 Commerce Crossings Dr Louisville, KY 40229	N/A	N/A	(Retrospective Reviews- ONLY) In writing to: Optum Behavioral Health Solutions Attn: National Appeals Department P.O. Box 30512 Salt Lake City, UT 84130-0512
-------------	-----	---	-----	-----	--

*Availity.com assistance can be found by calling 1-800-282-4548 (Monday-Friday, 8a.m.- 6p.m.)