

UnitedHealthcare Community Plan of Kentucky

Effective June 25, 2025

Overview

In early 2025, the Kentucky Department for Medicaid Services passed [legislation](#) to reinstate all prior authorization requirements that had been paused during the COVID-19 pandemic.

Beginning June 25, 2025, you will need to request prior authorization for some behavioral services you provide to UnitedHealthcare Community Plan of Kentucky members.* This requirement applies to services delivered on or after June 25.

The table below outlines the behavioral health services that require prior authorization. Before submitting a request, please review the [Kentucky Medicaid Supplemental Clinical Criteria](#) to understand the state regulations and contract requirements Optum Behavioral Health uses to make medical necessity determinations.

Note: All out-of-network (non-participating) providers and facilities must obtain prior authorization approval before providing behavioral health services. Prior authorization is not required for either network (contracted) or out-of-network providers/facilities when rendering emergency or urgent care services.

How to request authorization: The request/approval process varies by the type of service. Please review the next page for specific instructions. **Note:** Submitting a request does not guarantee authorization. Do not deliver service(s) until a determination on your request is made.

Questions?

Call Provider Services: 1-866-633-4449. You may also join our weekly virtual office hours to chat with the Provider Relations team – Thursdays, 3-4 p.m. ET

[Click to join](#)

Services That Require Authorization

| Service Description | Procedure Code | | Additional Information |
|--|------------------|-------|--------------------------|
| Inpatient / Residential Services | | | |
| Inpatient Mental Health/Substance Abuse Services | Varies | | All inpatient services |
| SUD Residential | H2034 | H0011 | ASAM Level 3.1, 3.5, 3.7 |
| | H2036 | | |
| Behavioral Health Long-Term Residential (per diem) | T2048 (HE or HK) | | |
| PRTF (Level I & II) | 1001 | 1002 | |
| Partial Hospitalization | H0035 | | |

| Service Description | Procedure Code | | Additional Information |
|--|----------------|-------|------------------------|
| Outpatient Services | | | |
| Intensive Outpatient | S9480 | | |
| SUD Intensive Outpatient | H0015 | | |
| Psychological Testing Services | | | |
| Psychological Test Evaluation | 96130 | 96131 | |
| Psychological and Neuropsychological Test Administration and Scoring** | 96136 | 96137 | |
| | 96138 | 96139 | |
| | 96146 | | |
| Non-Routine Outpatient Services | | | |
| Transcranial Magnetic Stimulation (TMS) | 90867 | 90868 | |
| | 90869 | | |
| Applied Behavioral Analysis (ABA) | | | |
| Behavior Identification / Adaptive / Group / Family / Multi-Adaptive | 97151 | 97155 | |
| | 97152 | 97156 | |
| | 97153 | 97157 | |
| | 97154 | 97158 | |
| Community-Based Services + Assertive Community Treatment | | | |
| Therapeutic BH Services (per 15 min) | H2019 | | |
| Therapeutic BH Services (per diem) | H2020 | | |
| Targeted Case Management | T2023 | | |
| Comprehensive Community Support | H2015 | | |
| Outpatient Day Treatment (per hour) | H2012 | | |
| Psychoeducation | H2027 | | |
| Peer Support Services | H0038 | | |
| Assertive Community Treatment | H0040 | | |

Important Reminders

1. **Member eligibility:** As member participation in a Medicaid plan may change, it's important to verify their eligibility and benefits at each visit. The fastest way to do this is using the Provider Express secure portal. This [tutorial](#) gives step-by-step instructions on using the portal to obtain this information.
2. **Services that require authorization:** To help prevent claim denials or delays, please check this list before providing service(s) to UnitedHealthcare Community Plan members. Additional information about prior authorization requirements for behavioral health services can be found in the Optum Behavioral Health [National Network Manual](#) (pages 38-43). If you have additional questions, please call the Customer Service number on the back of the member's ID card.

How to Submit Prior Authorization Requests

Inpatient/Residential Services and Outpatient Services

- **How to submit:** Use the Prior Authorization and Notification tool in the UnitedHealthcare Provider Portal. Access the [quick start guide](#) or [interactive guide](#) to learn more.

Psychological and Neuropsychological Testing*

- **How to submit:** Complete and submit the [Optum Psych Testing Form](#).

Non-Routine Outpatient Services/Transcranial Magnetic Stimulation (TMS)

- **How to submit:** Via the Provider Express secure portal. Review the [training guide](#) for step-by-step instruction, then [log in](#) with your One Healthcare ID and password.
 - **First time user?** Here's how to [set up an account](#).

Applied Behavior Analysis (ABA)

- **How to submit:** Network providers should submit requests via the Provider Express secure portal. Review the [training guide](#) for step-by-step instruction, then [log in](#) with your One Healthcare ID and password.
 - **First time user?** Here's how to [set up an account](#).

Out-of-network providers

- ABA assessment requests begin [here](#)
- ABA treatment requests begin [here](#)

Community-Based Services + Assertive Community Treatment

- **How to submit:** Complete and submit the online [Kentucky Services Request Form](#) for UnitedHealthcare Community plan members.

**Psychological testing requires prior authorization. Neuropsychological testing does not require prior authorization. Billing of these services requires the provider to report both the CPT code(s) for Professional Evaluation time and the CPT code(s) for the Administration/Scoring time. Because the codes used for Test Administration and Scoring (96136-96139) can be used with either Psychological Testing or Neuropsychological Testing, the authorization requirements are determined by which set of Test Evaluation codes are used.