



Optum Behavioral Health – North Carolina
Prior Authorization
Requirements for UnitedHealthcare Exchange Plans
 Effective Jan. 1, 2021

General Information

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

- **Online:** Use the Prior Authorization and Notification Tool on Link. Go to UHCprovider.com and click on the Link button in the top right corner. Then, select the Prior Authorization and Notification tile on your Link dashboard.

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 |
| Individual psychophysiological therapy incorporating biofeedback training by any modality with psychotherapy (20-30 min) | 90875 |

| Service Description | Procedure Code(s) |
|---|-------------------|
| Individual psychophysiological therapy incorporating biofeedback training by any modality with psychotherapy (45-50 min) | 9876 |
| Unlisted psychiatric service or procedure | 90899 |
| Neurobehavioral status exam (clinical assessment of thinking, reasoning and judgment, [eg, acquired knowledge, attention, language, memory, planning and problem solving, and visual spatial abilities]), by physician or other qualified health care professional, both face-to-face time with the patient and time interpreting test results and preparing the report; | 96116 |
| Neurobehavioral status exam (clinical assessment of thinking, reasoning and judgment, [eg, acquired knowledge, attention, language, memory, planning and problem solving, and visual spatial abilities]), by physician or other qualified health care professional, both face-to-face time with the patient and time interpreting test results and preparing the report; each additional hour | 96121 |
| Psychological testing evaluation | 96130, 96131 |
| Neuropsychological testing evaluation | 96132, 96133 |
| Psychological & Neuropsychological testing administration/scoring | 96136, 96137 |
| Psychological or neuropsychological test admin and scoring by technician, two or more tests, any method, first 30 minutes | 96138 |
| Psychological or neuropsychological test admin and scoring by technician, two or more tests, any method, each additional 30 minutes | 96139 |
| Computer Based Psychological/Neuropsychological Testing | 96146 |
| Unlisted evaluation and management service | 99499 |