

Prior Authorization Code List

Kansas LTC

Effective Oct. 1, 2023

Overview

The table below outlines the behavioral health services that require prior authorization for the Kansas LTC.

Please check this list before you provide services to UnitedHealthcare Community Plan members. Additional information about prior authorization for behavioral health services can be found in the Optum Behavioral Health [National Network Manual](#) (pages 38-40). If you have additional questions, please call the Customer Service number on the back of the member's ID card.

Notes: All out-of-network (non-participating) providers must obtain prior authorization approval before providing behavioral health services.

Prior authorization is not required when rendering emergency services. Emergency admissions require notification.

Prior authorization requirement ending on Nov. 1, 2023

Service Description	Procedure Code	Additional Information
Electroconvulsive Therapy	90870	

Prior authorization continues to be required for these codes

Service Description	Revenue Code	Additional Information
Mental Health Inpatient Services	0124 0114	
Hospital based Inpatient Based Detoxification Services	0116 0126 0136 0146 0156	
Service Description	Procedure Code	Additional Information
Intensive Community Residential Placement (ICRP) Support Services	H0037	
Intensive Community Integration (ICI) Support Services	H0037	
Intensive Community Residential Placement (ICRP) Support Services	H2016	
Intensive Community Integration (ICI) Support Services	H2016	
Positive Behavioral Support environment	H2027 90882	

Residential - Reintegration SA	H0019	
Psychiatric Residential Treatment Facility (PRTF)	T2048	
Psychiatric Residential Treatment Facility (PRTF)	T2048	
SUD - Intensive Outpatient - Adult	H0015	
AUT Interpersonal Communication Therapy	G0153	
Behavior identification assessment	97151	
Behavior identification-supporting	97152	
Adaptive behavior treatment by protocol	97153	
Adaptive behavior treatment with protocol modification	97155	
Family adaptive behavior treatment guidance	97156	
Service Description	Procedure Code	Additional Information
Family Support, Training and Counseling for Child Development - Autism waiver only	T1027	Covered for LTC Autism Waiver Program only
Family Stabilization Services	S9482	Covered for LTC Autism Waiver Program only
HCBS SED Waiver Services- Parent Support and Training - Group - CMHC Provider Type only	S5110	Covered for LTC SED Waiver Program only
HCBS SED Waiver Services- Parent Support and Training - Individual - CMHC Provider Type only	S5110	Covered for LTC SED Waiver Program only
Community-Based Wrap Around Services - CMHC Provider Type Only 15 min	H2021	Covered for LTC SED Waiver Program only
HCBS SED Waiver Services Independent Living/Skills Building - CMHC Provider Type only	T2038	Covered for LTC SED Waiver Program only
Autism Respite Care	T1005	Covered for LTC Autism Waiver Program only
Service Description	Procedure Code	Additional Information
Professional Resource Family Care - CMHC Provider Type only. HCBS SED Waiver	S9485	Covered for LTC SED Waiver Program only
Attendant Care	T1019 HK	CMHC Provider Type only. Covered for LTC SED Waiver Program only
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Attendant Care	T1019 HK	CMHC Provider Type only. Covered for LTC SED Waiver Program only
Community-Based Wrap Around Services - CMHC Provider Type Only HCBS SED Waiver Services	H2021	Covered for LTC SED Waiver Program only
HCBS SED Waiver Services Short Term Respite Care - CMHC Provider Type only	S5150	Covered for LTC SED Waiver Program only

HCBS SED Waiver Services - Independent Living/Skills Building - CMHC Provider Type only	T2038	Covered for LTC SED Waiver Program only
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