

New York Mainstream Medicaid Under 21

Effective Oct. 1, 2023

Overview

The table below outlines the behavioral health services that require prior authorization for the New York Mainstream Medicaid Under 21 contract.

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.

Note: 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.

Prior authorization requirement ending on Nov. 1, 2023

Service Description	Procedure Code	Additional Information
ECT, single seizure and Multiple seizure <i>per day</i>	90870	

Prior authorization continues to be required for these codes

Service Description	Revenue Codes	Modifiers	Additional Comments
All-inclusive room and board plus ancillary	100		
Inpatient Psychiatric	0114, 0124, 0134,		
Substance Abuse: Medically Supervised Residential Inpatient Withdrawal Management ASAM 3.7W	0116, 0126, 0136, 0146, 0156		
Medically Monitored Intensive Inpatient Services, ASAM 3.7	158		
Chemical Dependency Rehab ALOC	169		
Mental Health intensive outpatient (note: NOT State Plan)	0905		
Intensive OP Services - Psychiatric	906		
Mental Health partial hospitalization	0912/0913		
Service Description	Procedure Codes	Modifiers	Additional Comments
Preparation of Reports of patient's psychiatric status, history	90889		

Psychological testing evaluation services <ul style="list-style-type: none"> • 96130 = First hour of Psychological Testing Evaluation Services • 96131 = Each additional hour of Psychological Testing Evaluation Services (Listed separately on the claim in addition to code 96130) 	96130, 96131		
Service Description	Procedure Codes	Modifiers	Additional Comments
Psychological & Neuropsychological testing administration/scoring	96136, 96137, 96138, 96139		<ul style="list-style-type: none"> • Auth Required – Only if the Admin & Scoring codes are submitted with Psychological Testing Eval Codes 96130 & 96131 • No Auth Required - If the Admin & Scoring codes are submitted with Neuropsychological Testing Eval Codes 96132 & 96133
Behavior identification assessment, administered by a physician or other qualified health care professional, each 15 minutes of the physician’s or other qualified health care professional’s time face to face with patient and/or guardian(s)/caregiver(s) administering assessments and discussing findings and recommendations, and non-face-to-face analyzing past data, scoring/interpreting the assessment, and preparing the report/treatment plan.	97151		
Behavior identification-supporting assessment, administered by one technician under the direction of a physician or qualified health care professional, face-to-face with the patient, each 15 minutes.	97152		
Adaptive behavior treatment by protocol, administered by a technician under the direction of a physician or other qualified healthcare professional, face-to-face with one patient, every 15 minutes.	97153		
Group adaptive behavior treatment by protocol administered by technician under the direction of a physician or other qualified health care professional, face-to-face with two or more patients, each 15 minutes.	97154		
Adaptive behavior treatment with protocol modification, administered by a physician or other qualified health care professional, which may include simultaneous direction of a technician, face-to-face with one patient, every 15 minutes.	97155		

Family adaptive behavior treatment guidance, administered by physician or other qualified health care professional (with or without the patient present), face-to-face with guardian(s)/caregiver(s), each 15 minutes.	97156		
Service Description	Procedure Codes	Modifiers	Additional Comments
Multiple-family group adaptive behavior treatment guidance, administered by physician or other qualified health care professional (without the patient present), face-to-face with multiple sets of guardians/caregivers, each 15 minutes.	97157		
Group adaptive behavior treatment with protocol modification, 15 minutes face-to-face with multiple patients, in a group setting of no more than 8 individuals.	97158		
Comprehensive Psychiatric Emergency Program (CPEP) - Extended Observation Beds (EOB)	124		
Continuing Day Treatment 1/2 day - 1-40 hours	H2012	U1 + U5	
Continuing Day Treatment 1/2 day - 41-64 hours	H2012	U2 + U5	
Continuing Day Treatment 1/2 day- 65+ hours	H2012	U3 + U5	
Continuing Day Treatment Full day 1- 40	H2012	U1	
Continuing Day Treatment Full day 41- 64	H2012	U2	
Continuing Day Treatment Full day 65+	H2012	U3	
Continuing Day Treatment - Crisis	H2012	U8	
Continuing Day Treatment - Pre-Admission	H2012	U9	
Continuing Day Treatment	H2012	UK	
Continuing Day Treatment	H2012	UK + HQ	
Intensive Psychiatric Rehabilitation Treatment Programs 1 hr	H2012	HK + U1	
Intensive Psychiatric Rehabilitation Treatment Programs 2 hrs	H2012	HK + U2	
Intensive Psychiatric Rehabilitation Treatment Programs 3 hrs	H2012	HK + U3	
Intensive Psychiatric Rehabilitation Treatment Programs 4 hrs	H2012	HK + U4	
Intensive Psychiatric Rehabilitation Treatment Programs 5 hrs	H2012	HK + U5	
Medically Supervised Outpatient Withdrawal	H0014		
NY Office of Alcoholism and Substance Abuse Services (OASAS) Residential Program - Stabilization	H2036	TG w/ or w/o HF	
NY Office of Alcoholism and Substance Abuse Services (OASAS) Residential Program - Rehabilitation	H2036	HF	
Partial Hospitalization - 4 hours	H0035	U4 + UA	

Partial Hospitalization - 5 hours	H0035	U5 + UA	
Partial Hospitalization - 6 hours	H0035	U6 + UA	
Partial Hospitalization - 7 hours	H0035	U7 + UA	
Service Description	Procedure Codes	Modifiers	Additional Comments
Partial Hospital Collateral - 1 hour	H0035	U1, HR or HS	
Partial Hospital Collateral - 2 hours	H0035	U2, HR or HS	
Partial Hospital Group Collateral - 1 hour	H0035	U1, HQ, HR or HS	
Partial Hospital Group Collateral - 2 hours	H0035	U2, HQ, HR or HS	
Caregiver/Family Advocacy and Support Services – L1 Individual	H2014	UK, HA	
Caregiver/Family Advocacy and Support Services – L1 Group of 2	H2014	HA, UK, UN	
Caregiver/Family Advocacy and Support Services – L1 Group of 3	H2014	HA, UK, UP	
Prevocational Services -Individual - Per hour	T2015	HA	
Prevocational Services -Group of 2 - Per hour	T2015	HA, UN	
Prevocational Services -Group of 3 - Per hour	T2015	HA, UP	
Caregiver/Family Advocacy and Support Services - L2 Individual	H2015	HA	
Caregiver/Family Advocacy and Support Services - L2 Group of 2	H2015	HA, UN	
Caregiver/Family Advocacy and Support Services - L2 Group of 3	H2015	HA, UP	
Supported Employment - 15 minutes	H2023	HA	
Bereavement Risk Assessment and up to six (6) months of Bereavement counseling 1 unit/calendar year	96156		
Palliative Care Pain and Symptom Management	99347	TJ	
Palliative Care- Counseling & Support Services	90832	TJ	
Palliative Care Massage Therapy	97124	TJ	
Palliative Care Expressive Therapy	96152	TJ	
Planned Respite - Individual (under 4 hours) - Per 15 minutes	S5150	HA	
Planned Respite - Individual per diem (4+ hours) - Per Diem	S5151	HA	
Planned Respite - Group (under 4 hours) - Per 15 minutes	S5150	HA, HQ	
Crisis Respite - under 4 hours - Per 15 minutes	S5150	HA, ET	
Crisis Respite - more than 4 hours, less than 12 hours - Per Diem	S5151	HA, ET	
Crisis Respite - (12+ hours, less than 24 hours) - Per Diem	S5151	HA, ET, HK	
Day HCBS Habilitation - Per 15 minutes	T2020	HA	
Day HCBS Habilitation - Group of 2 - Per 15 minutes	T2020	HA, UN	

Day HCBS Habilitation - Group of 3 or more - Per 15 minutes	T2020	HA, UP	
Community HCBS Habilitation - Per 15 minutes	H2014	HA	
Service Description	Procedure Codes	Modifiers	Additional Comments
Community HCBS Habilitation - Group of 2 - Per 15 minutes	H2014	HA, UN	
Community HCBS Habilitation - Group of 3 or more - Per 15 minutes	H2014	HA, UP	