RI Ritecare, Rhody Health Partners, CSN & ACA Behavioral Health

Effective Oct. 1, 2023

Overview

The table below outlines the behavioral health services that require prior authorization for the Rhode Island Ritecare, Rhody Health Partners, CSN & ACA Behavioral Health 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 per day	90870	

Prior authorization continues to be required for these codes

Service Description	Revenue Codes	Additional Comments
Acute MH Inpatient	0114, 0124, 0134, 0144, 0154, 0204	
Observation/Crisis Stabilization/Holding Bed	0761, 0154	
Partial Hospital Program (PHP)	0912 & 0913	
Acute Residential Treatment	1001, 1002, 1003	
Medically Monitored Inpatient Withdrawal Management (ASAM 3.7-WM)	116, 126, 136, 146, 156	
Substance Use Detoxification	116, 126, 136,146,156	
Acute Crisis Stabilization Unit	761	
Residential Treatment for children aged 13-17 years including court ordered treatment	1001	
Clinically Managed High-Intensity Residential Services (ASAM 3.5)	1002	

Service Description	Procedure Codes	Additional Comments
Medically Monitored Intensive Inpatient Services (ASAM 3.7)	1002	
Clinically Managed Low-intensity Residential Services (ASAM 3.1)	1003	

Service Description	Procedure Codes	Additional Comments
Transcranial Magnetic Stim Tx Plan	90867	
Transcranial Magnetic Stim Tx Deli	90868	
Transcranial Magnetic Stim Redetermine	90869	

Service Description	Procedure Codes	Additional Comments
Psychological testing evaluation	96130, 96131	
Psychological testing administration/scoring	96136, 96137, 96138, 96139	• 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
Clinically Managed High-Intensity Residential Services (ASAM 3.5)	H0010	
Acute Residential Treatment	H0010, H0018	
Medically Monitored Intensive Inpatient Services (ASAM 3.7)	H0011	
Medically Monitored Inpatient Withdrawal Management (ASAM 3.7-WM)	H0011	
Substance Use Detoxification	H0011	
Clinically Managed Low-intensity Residential Services (ASAM 3.1)	H0018	
Day Treatment	H2012	