

## TennCare and CoverKids

Effective Oct. 1, 2023

### Overview

The table below outlines the behavioral health services that require prior authorization for the Tennessee TennCare (Medicaid) and CoverKids contracts.

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 require an authorization. All inpatient stays require an authorization. Prior authorization is not required when rendering emergency services.

Service Description	Revenue Code	Modifiers	Additional Information
Room & Board, Private - Psychiatric	114		
Room & Board - Private - Detoxification	116		
Room & Board - Private - Rehabilitation	118		
Room-board/semi	120		
Room & Board - Semi-Private Two Bed - Psychiatric	124		
Room & Board - Semi-Private Two Bed - Detoxification	126		
Room & Board - Semi-Private Two Bed - Rehabilitation	128		
Psychiatric/3-4 bed	134		
Semi-Private - Three & Four Beds - Detoxification	136		
Semi-Private - Three & Four Beds - Rehabilitation	138		
Psychiatric/pvt deluxe	144		
Detoxification/pvt deluxe	146		
Rehabilitation/pvt deluxe	148		
Room-board/ward	150		
Room & Board Ward - Psychiatric	154		

Detoxification/ward	156		
Rehabilitation/ward	158		
Subacute care - General	190		
Subacute Care - Level 1	191		
Subacute Care - Level 2	192		
Subacute Care - Level 3	193		
Subacute Care - Level 4	194		
Other Sub acute	199		
Intensive Care-Pediatric	203		
Intensive Care-Psychiatric	204		
Behavioral Health Accommodations - Residential Treatment, Psychiatric	1001		
Behavioral Health Accommodations - Residential Treatment, Chem Dependency	1002		
Behavioral Health Accommodations - Supervised Living	1003		
Halfway House	1004		
Group Home	1005		
ECT, single seizure and multiple seizure, per day	90870		
Psychiatric/Psychological Treatments - Electroshock Treatment	901		
<b>Service Description</b>	<b>Procedure Code</b>		<b>Additional Information</b>
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		
Unlisted Psychiatric Service/Proc	90899		
Applied Behavioral Analysis (ABA)	97151	HN	

Applied Behavioral Analysis (ABA)	97152	HM, HN	
Applied Behavioral Analysis (ABA)	97153	HM, HN	
Applied Behavioral Analysis (ABA)	97154	HM, HN	
Applied Behavioral Analysis (ABA)	97155	HN	
Applied Behavioral Analysis (ABA)	97156	HN	
Applied Behavioral Analysis (ABA)	97157	HN	
Applied Behavioral Analysis (ABA)	97158	HN	
Applied Behavioral Analysis (ABA)	0362T	HN	
Applied Behavioral Analysis (ABA)	0373T	HN	
Coordinated care fee, maintenance rate	G9002		
Behavioral health; short-term residential (nonhospital residential treatment program), without room and board, per diem	H0018		
Alcohol and/or Drug Prevention	H0025		
Community Psychiatric Supportive Treatment, Face-To-Face, Per 15 Min	H0036		
Community Psychiatric Supportive Treatment Program, Per Diem	H0037		
Supported housing, per diem	H0043		
Supported housing, per month	H0044		
Respite Care Services, not in the Home, Per Diem	H0045		
Comprehensive community support services, per 15 minutes	H2015		
Comprehensive community support services, per diem	H2016		
Therapeutic behavioral services, per diem	H2020		
Sexual offender treatment service, per diem	H2029		
Family stabilization 15 min	S9482		
Case management, each 15 minutes	T1016		
Evaluation And Treatment by an Integrated, Specialty Team Contracted	T1024		
Case management, per month	T2022		
Waiver services; not otherwise specified (nos)	T2025		

Behavioral health; long-term care Community Based Psychiatric Residential Treatment Facility (non- acute care in a residential program, per diem	T2048		
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