

Virginia Medallion 4

Effective Oct. 1, 2023

Overview

The table below outlines the behavioral health services that require prior authorization for the Virginia Medicaid Medallion 4 and FAMIS 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
Electroconvulsive Therapy (ECT)	90870	

Prior authorization continues to be required for these codes

Service Description	Revenue Codes	Modifiers	Additional Comments
Psychiatric Inpatient	114, 124, 134,154		
Partial hospitalization services, less than 24 hours, per diem	914		
Service Description	Procedure Codes	Modifiers	Additional Comments
Psychological testing evaluation	96130, 96131		
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

Adaptive behavior treatment by protocol, administered by technician under the direction of a physician or other qualified health care professional, face-to-face with one patient, each 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		
Service Description	Procedure Codes	Modifiers	Additional Comments
Adaptive behavior treatment with protocol modification, administered by physician or other qualified health care professional, which may include simultaneous direction of technician, face-to-face with one patient, each 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		
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, administered by physician or other qualified health care professional, face-to-face with multiple patients, each 15 minutes	97158		
Adaptive behavior treatment with protocol modification, each 15 minutes of technicians' time face-to-face with a patient, requiring the following components: administration by the physician or other qualified health care professional who is on site; with the assistance of two or more technicians; for a patient who exhibits destructive behavior; completion in an environment that is customized to the patient's behavior.	0373T		
SUD crisis intervention – non-residential	H0007	HN	
Clinically Managed Population-Specific High Intensity Residential Services (ASAM Level 3.3)	H0010 1002	TG	
Clinically Managed Medium Intensity Residential Services - Adolescent (ASAM Level 3.5)	H0010 1002	HA	

Clinically Managed High Intensity Residential Services - Adult (ASAM Level 3.5)	H0010 1002	HB	
Medically Managed Intensive Inpatient (ASAM Level 4.0)	H0011		
ARTS Intensive Outpatient (ASAM Level 2.1)	H0015 or 906 with H0015		
Service Description	Procedure Codes	Modifiers	Additional Comments
Mental Health Case Management	H0023	UB w/ or w/o GT, UC w/ or w/o GT	
MH Peer Support Services (for adults) MH Family Support Partners (for youth under 21) (Individual)	H0024		
MH Peer Support Services (for adults) MH Family Support Partners (for youth under 21) (Group)	H0025		
Mental Health Partial Hospitalization Program	H0035		
Crisis Intervention Services	H0036	w/ or w/o GT; GT w/ or w/o 32	
Functional Family Therapy (FFT)	H0036		
Assertive Community Treatment	H0040		
Mental Health Skill-Building - Treatment	H0046		
Intensive In-Home Services - Treatment	H2012		
Therapeutic Day Treatment (TDT) for children	H2016		
Psychosocial Rehabilitation - Treatment	H2017	HN	
Multisystemic Therapy (MST)	H2033		
Clinically Managed Low Intensity Residential Services (ASAM Level 3.1)	H2034		
Medically monitored intensive inpatient services (Adult) -or- Medically monitored high intensity inpatient services (Adolescent) (ASAM Level 3.7)	H2036 or Rev 1002	TG	
Medication administration in clinic - Probuphine (buprenorphine implant) 74.2 mg	J0570		
ARTS Partial Hospitalization (ASAM Level 2.5)	S0201 or 913 with S0201		
ARTS Peer Support Services (group) - available for ASAM Levels 1-4	S9445		
MH - Intensive Outpatient Program	S9480		
Community Stabilization	S9482		

ARTS Peer Support Services (individual) - available for ASAM Levels 1-4	T1012		
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