



July 07/01/2019

**BEHAVIORAL HEALTH UTILIZATION MANAGEMENT STANDARD  
CLINICAL REVIEW PREAUTHORIZATION LIST**

The following services require clinical review preauthorization Medicaid Managed Care, Health and Recovery (MyHealth Plus™) and Child Health Plus products. Please review the column that applies to the member's specific health benefit program regardless of place of service.

**IMPORTANT**

**This list represents services that require preauthorization with a clinical medical necessity review. It is NOT inclusive of all products and procedures requiring preauthorization. There may be services which require preauthorization/notification that do not require clinical review. Please verify specific coverage requirements before rendering service. These services require preauthorization regardless of place of service.**

**For Safety Net preauthorization, fax or call in your requests to:**

**Fax: 1-844-878-6989 Phone: 1-844-694-6411**

**Prior Authorization Request Forms are available @ [UniveraHealthcare.com/Provider](http://UniveraHealthcare.com/Provider)**

Clinical Review Preauthorization Requirements	Medicaid Managed Care	Health and Recovery (MyHealth Plus™)	Child Health Plus (CHP)
Assertive Community Treatment			
H0040	Required	Required	Not Required
Revenue Code 0240	Required	Required	Not Required
Revenue Code 0900	Required	Required	Not Required
Revenue Code 0911	Required	Required	Not Required
Behavioral Health Day Treatment (Continuing Day Treatment)			
H2012	Required	Required	Required
Revenue Code 0900	Required	Required	Required
Revenue Code 0907	Required	Required	Required
Revenue Code 0911	Required	Required	Required
Biofeedback			
90875	Required	Required	Required
90876	Required	Required	Required
Revenue Code 0917	Required	Required	Required

Clinical Review Preauthorization Requirements	Medicaid Managed Care	Health and Recovery (MyHealth Plus™)	Child Health Plus (CHP)
Community Psychiatric Support and Treatment - Children and Family Treatment and Support Services			
H0036	Notification Required	Not Required	Not Required
Revenue Code 0900	Notification Required	Not Required	Not Required
Revenue Code 0911	Notification Required	Not Required	Not Required
Community Psychiatric Support and Treatment-Home and Community Based services			
H0036	Not Required	Required	Not Required
Revenue Code 0900	Not Required	Required	Not Required
Revenue Code 0911	Not Required	Required	Not Required
Education Support Services-Home and Community Based Services			
T2013	Not Required	Required	Not Required
Revenue Code 0900	Not Required	Required	Not Required
Revenue Code 0911	Not Required	Required	Not Required
Empowerment Services (Peer Supports) -Home and Community Based Services			
H0038	Not Required	Required	Not Required
Revenue Code 0900	Not Required	Required	Not Required
Revenue Code 0911	Not Required	Required	Not Required
Family Peer and Support Services - Children and Family Treatment and Support Services			
H0038	Notification Required	Not Required	Not Required
Revenue Code 0900	Notification Required	Not Required	Not Required
Revenue Code 0911	Notification Required	Not Required	Not Required
Family Support and Training-Home and Community Based Services			
H2014	Not Required	Required	Not Required
Revenue Code 0900	Not Required	Required	Not Required
Revenue Code 0911	Not Required	Required	Not Required
Habilitation Services-Home and Community Based Services			
T2017	Not Required	Required	Not Required
Revenue Code 0900	Not Required	Required	Not Required
Revenue Code 0911	Not Required	Required	Not Required
Inpatient Admissions (Mental Health)	Required	Required	Required
Inpatient Substance Use Admissions (Detoxification and Rehabilitation)	Notification Required	Notification Required	Notification Required
Intensive Outpatient Program (Mental Health)			
S9480	Required	Required	Required
Revenue Code 0905	Required	Required	Required

Clinical Review Preauthorization Requirements	Medicaid Managed Care	Health and Recovery (MyHealth Plus™)	Child Health Plus (CHP)
Intensive Psychiatric Rehabilitation Treatment			
H2012	Required	Required	Not Required
Revenue Code 0900	Required	Required	Not Required
Revenue Code 0911	Required	Required	Not Required
Intensive Supported Employment Services– Home and Community Based Services			
H2023	Not Required	Required	Not Required
Revenue Code 0900	Not Required	Required	Not Required
Revenue Code 0911	Not Required	Required	Not Required
Ongoing Supported Employment Services– Home and Community Based Services			
H2025	Not Required	Required	Not Required
Revenue Code 0900	Not Required	Required	Not Required
Revenue Code 0911	Not Required	Required	Not Required
Other Licensed Practitioner - Children and Family Treatment and Support Services			
90791	Notification Required	Not Required	Not Required
H0004	Notification Required	Not Required	Not Required
Revenue Code 0900	Notification Required	Not Required	Not Required
Revenue Code 0911	Notification Required	Not Required	Not Required
Partial Hospitalization Program (Mental Health)			
H0035	Required	Required	Required
S9484	Not Required	Not Required	Not Required
Revenue Code 0912	Required	Required	Required
Revenue Code 0913	Required	Required	Required
Partial Hospitalization Program (Substance Use )			
S0201	Not Required	Not Required	Required
Personalized Recovery Oriented Services			
H2018	Required	Required	Not Required
H2019	Required	Required	Not Required
H2025	Required	Required	Not Required
T1015	Required	Required	Not Required
Revenue Code 0240	Required	Required	Not Required
Revenue Code 0900	Required	Required	Not Required
Revenue Code 0911	Required	Required	Not Required
Pre-Vocational Services– Home and Community Based Services			
T2015	Not Required	Required	Not Required
Revenue Code 0900	Not Required	Required	Not Required
Revenue Code 0911	Not Required	Required	Not Required

Clinical Review Preauthorization Requirements	Medicaid Managed Care	Health and Recovery (MyHealth Plus™)	Child Health Plus (CHP)
Psychological Testing			
96130	Required	Required	Required
96131	Required	Required	Required
Revenue Code 0513	Required	Required	Required
Revenue Code 0520	Required	Required	Required
Revenue Code 0900	Required	Required	Required
Revenue Code 0914	Required	Required	Required
Revenue Code 0918	Required	Required	Required
Psychological <u>OR</u> Neuropsychological Testing			
96136	Required	Required	Required
96137	Required	Required	Required
96138	Required	Required	Required
96139	Required	Required	Required
96146	Required	Required	Required
Psychosocial Rehabilitation - Children and Family Treatment and Support Services			
H2017	Notification Required	Not Required	Not Required
Revenue Code 0900	Notification Required	Not Required	Not Required
Revenue Code 0911	Notification Required	Not Required	Not Required
Psychosocial Rehabilitation– Home and Community Based Services			
H2017	Not Required	Required	Not Required
H2018	Not Required	Required	Not Required
Revenue Code 0900	Not Required	Required	Not Required
Revenue Code 0911	Not Required	Required	Not Required
Residential Treatment (Mental Health)			
Revenue Code 1001	Not Required	Not Required	Required
Residential Treatment (Substance Use)			
H2034	Notification Required	Notification Required	Notification Required
H2036	Notification Required	Notification Required	Notification Required
Revenue Code 0902	Notification Required	Notification Required	Notification Required
Revenue Code 1002	Notification Required	Notification Required	Notification Required
Transcranial Magnetic Stimulation			
90867	Not Required	Not Required	Not Required
90868	Not Required	Not Required	Not Required
90869	Not Required	Not Required	Not Required

Clinical Review Preauthorization Requirements	Medicaid Managed Care	Health and Recovery (MyHealth Plus™)	Child Health Plus (CHP)
Transitional Employment Services– Home and Community Based Services			
T2019	Not Required	Required	Not Required
Revenue Code 0900	Not Required	Required	Not Required
Revenue Code 0911	Not Required	Required	Not Required
Unlisted Psychiatric Service/Procedure			
90899	Not Required	Not Required	Required