

# Behavioral health prior authorization requirements for Northeast Health Partners RAE 2 Medicaid

Effective July 1, 2025

This list contains prior authorization requirements for health care professionals for which Northeast Health Partners RAE 2 Medicaid is the primary payer. Services not covered under the Evidence of Coverage will be subject to prior authorization.

Please see our [Advance Notification and Prior Authorization Requirements](#) for the most current information.

## Requesting prior authorization for the listed services

- Participating and non-participating health care professionals may fax requests and documentation to **888-240-2689** or email [rmhpbhvm@uhc.com](mailto:rmhpbhvm@uhc.com)
- For questions about behavioral health services (including mental health and substance use disorders), call **800-599-4716**
- Admitting facility may give notification by calling **800-599-4716**
- Prior authorization is not required for emergency or urgent care. Out-of-network physicians, facilities and other health care professionals must request prior authorization for all procedures and services, excluding emergent or urgent care.

## Single-case agreement requirements

For Northeast Health Partners RAE 2 Medicaid plans, the following CPT® codes do not require authorization for out-of-network providers. However, they do require a single-case agreement for payment.

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|---------|------------|---------|
| • 90832 | • 90838    | • 90847 |
| • 90833 | • 90839    | • 90849 |
| • 90834 | • 90839+ET | • 90853 |
| • 90836 | • 90840    |         |
| • 90837 | • 90846    |         |

To initiate this process, please email [bh.sca.requests@uhc.com](mailto:bh.sca.requests@uhc.com).



Procedures and services	Additional information	CPT or HCPCS codes and/or how to obtain prior authorization
<b>Behavioral health inpatient hospitalization</b>	Requires prior authorization.	All admissions to freestanding inpatient psychiatric facilities or hospital psychiatric facilities.
<b>Psychiatric residential treatment (acute treatment unit)</b>	Requires prior authorization.	H0017
<b>Psychiatric residential treatment facility (PRTF)</b>	Requires prior authorization.	Rev code 0911
<b>Qualified residential treatment program (QRTP) and all other services associated with H0019</b>	Requires prior authorization.	H0019
<b>Behavioral health partial hospitalization program (PHP)</b>	Requires prior authorization.	H0035
<b>Behavioral health intensive outpatient programming (IOP)</b>	Requires pre-service notification. Prior authorization required for services greater than 15 sessions.	S9480, rev code 905
<b>Multisystemic therapy (MST), enhanced MST</b>	Notification required at admission. Prior authorization required after 90 days.	H2033, T2022
<b>Functional family therapy (FFT), enhanced FFT</b>	Notification required at admission. Prior authorization required after 90 days.	H0036, T2022
<b>Electroconvulsive therapy (ECT)</b>	Requires prior authorization.	90870
<b>Neuropsychological and psychological testing (and related codes)</b>	Requires prior authorization.	96132, 96133, 96136, 96137, 96138, 96139, 96146, 96130, 96131
<b>Neurobehavioral status exam</b>	Requires prior authorization.	96116, 96121
<b>American Society of Addiction Medicine (ASAM) level 3.7 medically monitored inpatient withdrawal management</b>	Notification required at admission. Prior authorization required for 5 or more days.	H0011
<b>ASAM level 3.7 medically monitored intensive inpatient services</b>	Requires prior authorization.	H2036 with Modifier U7. Modifier HD for Special Connections cases.



Procedures and services	Additional information	CPT or HCPCS codes and/or how to obtain prior authorization
<b>ASAM level 3.5 clinically managed high-intensity residential services, including special connections programs</b>	Requires prior authorization.	H2036 with Modifier U5. Modifier HD for Special Connections cases.
<b>ASAM level 3.3 clinically managed population-specific high-intensity residential services</b>	Requires prior authorization.	H2036 with Modifier U3. Modifier HD for Special Connections cases.
<b>ASAM level 3.1 clinically managed low-intensity residential services</b>	Requires prior authorization.	H2036 with Modifier U1. Modifier HD for Special Connections cases.
<b>ASAM level 2.1 substance use disorder intensive outpatient programming (SUD IOP)</b>	Notification required at admission. Prior authorization required after 15 sessions.	G0137, H0015, rev code 906
<b>ASAM level 2.5 partial hospitalization program (PHP)</b>	Requires prior authorization.	H0016



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