

Louisiana Medicaid Managed Care Includes Medicaid and Coordinated System of Care

Effective Oct. 1, 2023

Overview

The table below outlines the behavioral health services that require prior authorization for the Louisiana Medicaid managed care 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 require an authorization. Prior authorization is not required when rendering emergency services.

Service Description	Revenue Code	Modifier	Additional Information
Inpatient Mental Health	114, 124		
Inpatient Substance Abuse Detox	116, 126		
Service Description	Procedure Code	Modifier	Additional Information
Electroconvulsive Therapy (ECT)	90871	HA, HB, AF	
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
Therapeutic Day Program – Partial Hospitalization Program (PHP)	G0177		
Alcohol and/or drug services – acute detox III.7D	H0011	TG, HB	
Alcohol and/or drug services – acute detox III.7D room and board	H0011	SE, HB	

Alcohol and/or drug services – subacute detox III.2D	H0012	HA, HB	
Alcohol and/or drug services – subacute detox III.2D	H0012	SE, HB	
Alcohol and/or drug services – intensive outpatient II.1 individual	H0015	HA, HB, HO, HN, HM	
Alcohol and/or drug services – intensive outpatient II.1 group	H0015	HQ, HA, HB, HO, HN, HM	
Therapeutic group home per diem	H0018	HA	
Therapeutic group home per diem – co-occurring	H0018	HH, HA	
Therapeutic group home per diem – sexual offenders	H0018	HK, HA	
Behavioral health long term residential - III.3 (i.e., SA Residential)	H0019	HF, HB	
Behavioral health long term residential - III.3 room and board (i.e., SA Residential)	H0019	SE, HF, HB	
Community psychiatric supportive treatment individual office	H0036	HA, HB, HO, HN, HM	
Community psychiatric supportive treatment individual community	H0036	U8, HA, HB, HO, HN, HM	
Community psychiatric supportive treatment – Homebuilders	H0036	HK, HA, HB, HO, HN, HM	
Community psychiatric supportive treatment – Functional Family Therapy	H0036	HE, HA, HB, HO, HN, HM	
Community psychiatric supportive treatment – PSH individual office	H0036	TG, HA, HB, HO, HN, HM	
Community psychiatric supportive treatment – PSH individual community	H0036	TG, U8, HA, HB, HO, HN, HM	
Peer Support Services	H0038		
Assertive community treatment – Non-physician per diem	H0039	HA, HO, HN, HM	Submit prior auth via the Louisiana Mental Health Rehabilitative Services portal on Provider Express (providerexpress.com>our network>state-specific provider information>authorization templates)
Assertive community treatment – physician per diem	H0039	AM, HA	Submit prior auth via the Louisiana Mental Health Rehabilitative Services portal on Provider Express (providerexpress.com>our network>state-specific provider information>authorization templates)

Assertive community treatment – 1 st month if enrolled 1-10 th day of month	H0039	U1, HB	Submit prior auth via the Louisiana Mental Health Rehabilitative Services portal on Provider Express (providerexpress.com>our network>state-specific provider information>authorization templates)
Assertive community treatment – 1 st month if enrolled 11-20 th day of month	H0039	U2, HB	Submit prior auth via the Louisiana Mental Health Rehabilitative Services portal on Provider Express (providerexpress.com>our network>state-specific provider information>authorization templates)
Assertive community treatment – 1 st month if enrolled 21-31 st day of month	H0039	U3, HB	Submit prior auth via the Louisiana Mental Health Rehabilitative Services portal on Provider Express (providerexpress.com>our network>state-specific provider information>authorization templates)
Assertive community treatment – subsequent months	H0039	HB	Submit prior auth via the Louisiana Mental Health Rehabilitative Services portal on Provider Express (providerexpress.com>our network>state-specific provider information>authorization templates)
Crisis stabilization - individual	H0045	HA	
Crisis stabilization - individual	H0045	TG	
Crisis intervention follow up	H2011	HA, HO, HN, HM	H2011 requires PA when billed with modifiers: HA, HO, HN, HM. Submit prior auth via the Louisiana Mental Health Rehabilitative Services portal on Provider Express (providerexpress.com>our network>state-specific provider information>authorization templates)
Community brief crisis support	H2011	HK	H2011 requires PA when billed with modifier: HK. Managed via online salesforce request process. To obtain form and submit request go to Providerexpress.com > Our Network > State-Specific Provider Information > Louisiana > Authorization Templates > Healthy Louisiana Mental Health Rehabilitation and Evidence Based Practices Request Form
Psychiatric health facility per diem – PRTF	H2013	HB, HO, HN, HM	
Psychiatric health facility service per diem - PRTF (specialized)	H2013	TG, HA	
Psychiatric health facility service per diem - PRTF (specialized ASAM III.7)	H2013	TG, HA, HF	
Psychosocial rehabilitation individual office	H2017	HA, HB, HO, HN, HM	
Psychosocial rehabilitation individual community	H2017	U8, HA, HB, HO, HN, HM	

Psychosocial rehabilitation PSH individual office	H2017	TG, HA, HB, HO, HN, HM	
Psychosocial rehabilitation PSH individual community	H2017	TG, U8, HA, HB, HO, HN, HM	
Psychosocial rehabilitation group office	H2017	HQ, HA, HB, HO, HN, HM	
Psychosocial rehabilitation group community	H2017	U8, HQ, HA, HB, HO, HN, HM	
Psychosocial rehabilitation PSH group office	H2017	TG, HQ, HA, HB, HO, HN, HM	
Psychosocial rehabilitation PSH group community	H2017	TG, U8, HQ, HA, HB, HO, HN, HM	
Multisystemic therapy - 12 - 17-year-old target population	H2033	HA, HO, HN	
Alcohol and/or drug services – halfway house III.1	H2034	HA, HB	
Alcohol and/or drug services – halfway house III.1 room and board	H2034	SE, HB	
Alcohol and/or drug treatment program - III.5	H2036	HA, HB	
Alcohol and/or drug treatment program - III.5 room and board	H2036	SE, HB	
Alcohol and/or drug treatment program - III.7	H2036	TG, HB	
Alcohol and/or drug treatment program - III.7 room and board	H2036	SE, TG, HB	
Intensive Outpatient - Mental Health	S9480		Code applies for Medicaid and Coordinated System of Care
Specialized services for adults with serious mental illness: Personal care services (billable for < 28 units/day) - (15min unit)	S5125		Managed via online salesforce request process. To obtain form and submit request go to Providerexpress.com > Our Network > State-Specific Provider Information > Louisiana > Authorization Templates > Healthy Louisiana Mental Health Rehabilitation and Evidence Based Practices Request Form
Specialized services for adults with serious mental illness: Personal care services (billable for > 28 units/day) - (per diem)	S5126		Managed via online salesforce request process. To obtain form and submit request go to Providerexpress.com > Our Network > State-Specific Provider Information > Louisiana > Authorization Templates > Healthy Louisiana Mental Health Rehabilitation and Evidence Based Practices Request Form

Specialized services for adults with serious mental illness: Individual placement and support (billable per encounter) - (per encounter)	H2024		Managed via online salesforce request process. To obtain form and submit request go to Providerexpress.com > Our Network > State-Specific Provider Information > Louisiana > Authorization Templates > Healthy Louisiana Mental Health Rehabilitation and Evidence Based Practices Request Form
Specialized services for adults with serious mental illness: Individual placement and support (billable when > 6 encounters per month)	H2024	TG	Managed via online salesforce request process. To obtain form and submit request go to Providerexpress.com > Our Network > State-Specific Provider Information > Louisiana > Authorization Templates > Healthy Louisiana Mental Health Rehabilitation and Evidence Based Practices Request Form
Behavior ID assessment by PHYS/QHP each 15 min	97151	W/O, TF	
Behavior ID support assmt by 1 tech each 15 min	97152		
Adaptive behavior Tx by protocol tech each 15 min	97153		
Group adaptive bhv Tx by protocol tech each 15 min	97154		
Adapt bhv Tx protocol modification PHYS/QHP each 15 min	97155	W/O, TF	
Family adapt bhv Tx GDN PHYS/QHP each 15 min	97156	W/O, TF	
Multiple family group bhv Tx GDN PHYS/QHP each 15 min	97157	W/O, TF	
Group adapt bhv protocol modification PHYS/QHP each 15 min	97158	W/O, TF	
Behavior ID support assmt each 15 min tech time	0362T		
Adapt bhv Tx protocol modification each 15 min tech time	0373T		