

Minnesota Senior Care Plus (MSC+) Medicaid Managed Care

Effective Oct. 1, 2023

Overview

The table below outlines the behavioral health services that require prior authorization for the Minnesota Senior Care Plus (MSC+) 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 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
ECT (Single Seizures)	90870	

Prior authorization continues to be required for these codes

Service Description	Revenue Codes	Additional Comments
All-inclusive room and board	101	
Psychiatric/pvt	114	
Detoxification/pvt	116	
Rehabilitation/pvt	118	
Psychiatric/semi	124	
Detoxification/semi	126	
Rehabilitation /semi	128	
Psychiatric/3-4 bed	134	
Detoxification/3-4 bed	136	
Rehabilitation/3-4 bed	138	
Detoxification/pvt deluxe	146	
Rehabilitation/pvt deluxe	148	
Detoxification/ward	156	
Rehabilitation/ward	158	
Intensive Care-Psychiatric	204	

Withdrawal Management Clinically Managed (daily rate w/revenue code 0900)	900	
Partial hospitalization-less intensive	912	
Partial hospitalization-intensive	913	
Withdrawal Management Medically Monitored (daily rate w/ revenue code 0919)	919	

Service Description	Procedure Codes	Modifiers
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	
Service Description	Procedure Codes	Modifiers
Behavioral health; short-term residential (non-hospital residential treatment program), without room and board, per diem: Adult Crisis Stabilization, residential	H0018	
Behavioral health; long-term residential (non-medical, non-acute care in a residential treatment program where stay is typically longer than 30 days), without room and board, per diem	H0019	
Children's Mental Health Residential Treatment	H0019	
Partial Hospitalization Services – age 18 and over	H0035	
Partial Hospitalization Services – under age 18	H0035	HA
Alcohol and/or other drug treatment program, per diem	H2036	
Medication Assisted Therapy-Methadone per diem	H2036	U8
Medication Assisted Therapy-all other-per diem	H2036	U9

Adult Residential Treatment High Intensity (min 30hrs/week)	H2036	TG
Adult Residential Treatment High Intensity Committed/Complex	H2036	HK
Adult Residential Treatment Medium Intensity (Minimum 15 hours/week)	H2036	TF
Adult Residential Treatment Low Intensity (Minimum 5 hours/week)	H2036	UD
Adolescent Residential Treatment High Intensity (Minimum 15 hours/week)	H2036	HA

Service Description	Procedure Codes	Modifiers
Case Management	T1016	UC
Case Management	T1016	TF UC
Outpatient Other	H2015	U3
Outpatient Other	H2015	U3 U4