

# Prior authorization requirements for North Carolina Medicaid

Effective September 1, 2023

## General information

This list contains prior authorization requirements for behavioral health services for UnitedHealthcare Community Plan in North Carolina participating care providers for inpatient and outpatient services. United Behavioral Health operating under the brand name Optum manages these behavioral health services.

To request prior authorization, please submit your request online or by phone.

- **Online for Outpatient Services:** Use the Authorization Template on Provider Express [North Carolina Community Mental Health Services Request Form](#)
- **Online for Research Based Behavioral Therapy**  
[ABA Treatment Request](#)
- **By Phone for Higher levels of Care:** ADATC, Partial Hospitalization, Inpatient  
Phone: 800-638-3302

**Additional information can be found through Provider Express:** [providerexpress.com](https://providerexpress.com)

Prior authorization is not required for emergency or urgent care. Out-of-network physicians, facilities and other health care providers must request prior authorization for all procedures and services, excluding emergent or urgent care. All request for Early Periodic Screening Diagnosis, and Treatment (EPSDT) also require review for prior authorization.

Prior authorization is the process where health care providers seek approval before rendering a service, as required by UnitedHealthcare policy. It's required under the direction of the UnitedHealthcare Health Services Department and is an essential part of any managed care organization. Advance notification is a requirement of care providers to give UnitedHealthcare timely communication of services, so we can do a prospective, concurrent, and retrospective care review.

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Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or how to obtain prior authorization
Research Based Behavioral Health Therapy (RB-BHT)	Prior authorization required	97152
		97153
		97154
		97155
		97156
		97156
		97157
		<b>Note:</b> 97151 does not require prior authorization
Medically Monitored or ADATC Detoxification/Crisis Stabilization	Prior authorization required	H2036
Partial Hospitalization (MH)	Prior authorization required	H0035
Peer Support	Prior authorization required (after initial 24 units) As of January 1, 2024	H0038 (individual) H0038 HQ (group)
Substance Abuse Intensive Outpatient (SAIOP)	Prior authorization required (after the initial 30 calendar days of treatment- only allowed once per state fiscal year)	H0015
Substance Abuse Comprehensive Outpatient Treatment (SACOT)	Prior authorization required (after the initial 60 calendar days of treatment- only allowed once per state fiscal year)	H2035

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