

Prior authorization requirements for North Carolina Medicaid

Effective January 1, 2025

General information

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

Please submit your prior authorization requests in 1 of the following ways.

- **Online for outpatient services:** Use the [Community Based Behavioral Outpatient Services Request Form](#) on Provider Express
- **Online for research-based behavioral therapy:** Use the [Applied Behavior Analysis Treatment Request Form](#)
- **By phone for acute levels of care** including, North Carolina alcohol and drug abuse treatment centers (ADATC), partial hospitalizations and inpatient: Call **800-638-3302**, 8 a.m.–6 p.m. ET, Monday–Friday

To learn more about covered behavioral health services, go to providerexpress.com

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. All requests for Early Periodic Screening Diagnosis, and Treatment (EPSDT) services also require review for prior authorization.

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	97151
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Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
Peer support	Prior authorization required (after initial 24 units)	H0038 (individual) H0038 HQ (group)
Partial hospitalization (mental health only)	Prior authorization required	H0035
Substance abuse comprehensive outpatient treatment (SACOT) (SUD Partial Hospitalization)	Prior authorization required	H2035
Inpatient - Mental Health/ Substance Use Disorder	Prior authorization required within 72 hours	Use appropriate inpatient revenue codes based on admission/bed type
Inpatient- in IMD facilities for ages 21-64	Prior authorization required	Revenue Code- 160

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