

# UnitedHealthcare Exchange Plans in Missouri

Effective Jan. 1, 2026

## Overview

This list indicates services requiring prior authorization for participating behavioral health providers for UnitedHealthcare Exchange Plans members in Missouri for inpatient and outpatient behavioral health services listed below.

For these Exchange Plans, members do not have coverage outside of the service area or for non-emergency services rendered by an out-of-network provider or facility. Prior authorization **is NOT required for emergency or urgent care.**

To request prior authorization, please submit your request online:

1. **Use the UnitedHealthcare Provider Portal:** Simply go to [UHCProvider.com](http://UHCProvider.com) and sign in (upper right corner) using your One Healthcare ID and password. Then, use the Prior Authorization and Notification tool. For detailed instructions, review the [interactive guide](#).

OR

2. **Use the Optum Provider Express secure portal:** Go to [Providerexpress.com](http://Providerexpress.com) and log in with your One Healthcare ID and password. Then, go to Auths > Auth Request and complete the request. For more information, go to the [Prior Authorizations and Notifications](#) page on *Provider Express*.

**Note:** It's important to check the member's eligibility and benefits before providing care. Health plans and coverage can change throughout the year. You can review this information on the UnitedHealthcare Provider Portal. This [interactive guide](#) has step-by-step instructions. When reviewing eligibility, be sure to:

1. Verify your network participation in the member's health plan
2. Confirm whether the member is in the plan's grace period
3. Know the member's financial responsibilities at the time of service

Service Description	Procedure Code(s)
Inpatient mental health	Rev 114, 124, 134, 144, 154, 204
Inpatient substance use detoxification (hospital based)	Rev 116, 126, 136, 146, 156
Substance use rehabilitation (hospital based)	Rev 118, 128, 138, 148, 158
Mental health intensive outpatient	Rev 905
Substance use disorder intensive outpatient	Rev 906
Community behavioral health program, day treatment	Rev 907
Mental health/Substance use disorder partial hospitalization	Rev 912, 913
Drug rehabilitation	Rev 944
Alcohol rehabilitation	Rev 945
Behavioral health accommodations	Rev 1000
Residential treatment – Psychiatric	Rev 1001
Residential treatment – Chemical dependency	Rev 1002
Supervised living	Rev 1003
Therapeutic repetitive transcranial magnetic stimulation treatment; planning, 1 visit	90867

Service Description	Procedure Code(s)
Therapeutic repetitive transcranial magnetic stimulation treatment; delivery and management, <b>per session 1 visit</b>	90868
Therapeutic repetitive transcranial magnetic stimulation treatment; subsequent motor threshold re-determination with delivery and management, <b>1 visit</b>	90869
Unlisted psychiatric service or procedure	90899
Psychological testing evaluation	96130, 96131
Psychological or neuropsychological test admin and scoring by physician or other qualified health care professional, two or more tests, any method, <b>first 30 minutes (Authorization is only required if admin and scoring code is submitted with psychological testing evaluation codes 96130 and 96131)</b>	96136
Psychological or neuropsychological test admin and scoring by physician or other qualified health care professional, two or more tests, any method, <b>each additional 30 minutes (Authorization is only required if admin and scoring code is submitted with psychological testing evaluation codes 96130 and 96131)</b>	96137
Psychological or neuropsychological test admin and scoring by technician, two or more tests, any method, <b>first 30 minutes (Authorization is only required if admin and scoring code is submitted with psychological testing evaluation codes 96130 and 96131)</b>	96138
Psychological or neuropsychological test admin and scoring by technician, two or more tests, any method, <b>each additional 30 minutes (Authorization is only required if admin and scoring code is submitted with psychological testing evaluation codes 96130 and 96131)</b>	96139
Computer-based psychological/neuropsychological testing	96146
Behavior ID assessment by physician/qualified health professional, <b>each 15 minutes</b>	97151
Behavior ID support assessment by 1 technician, <b>each 15 minutes</b>	97152
Adaptive behavior transmission by protocol, administered by a technician, <b>each 15 minutes</b>	97153
Group adaptive behavior treatment by protocol, administered by a technician, <b>each 15 minutes</b>	97154
Adaptive behavior treatment with protocol modification administered by a physician/qualified health professional, <b>each 15 minutes</b>	97155
Family adaptive behavior treatment guidance administered by a physician/qualified health professional, <b>each 15 minutes</b>	97156
Multiple family group adaptive behavior treatment guidance administered by a physician/qualified health professional, <b>each 15 minutes</b>	97157
Group adaptive behavior treatment with protocol modification administered by a physician/qualified health professional, <b>each 15 minutes</b>	97158
Unlisted evaluation and management service	99499
Behavior ID support assessment, <b>each 15 minutes of technician face-to-face time</b>	0362T
Adaptive behavior treatment with protocol modification, <b>each 15 minutes of technician face-to-face time</b>	0373T