

# UnitedHealthcare Exchange Plans in Washington

Effective Jan. 1, 2026

## Overview

This list indicates services requiring prior authorization for participating behavioral health providers for UnitedHealthcare Exchange Plans members in Washington 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 [UHCPProvider.com](https://UHCPProvider.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](https://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                     |
| Outpatient services – Behavioral health testing                  | Rev 918                          |
| Outpatient services – Other behavioral health treatment/services | Rev 919                          |
| Drug rehabilitation                                              | Rev 944                          |
| Alcohol rehabilitation                                           | Rev 945                          |
| Combined drug and alcohol rehabilitation                         | Rev 953                          |

| Service Description                                                                                                                                                                                                                                                                                                       | Procedure Code(s) |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|
| Psychiatric                                                                                                                                                                                                                                                                                                               | Rev 961           |
| 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, <b>1 visit</b>                                                                                                                                                                                                                              | 90867             |
| 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             |
| 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             |