

## Complete Care / UnitedHealthcare Community Plan of Arizona

### Overview

The tables below outlines the behavioral health services that require prior authorization for the Nebraska Complete Care / UnitedHealthcare Community Plan of Arizona plan. Please check this list before you provide services to UnitedHealthcare Community Plan members.

- These authorization requirements Arizona Complete Care Medicaid members:
  - Adult members ages 21+ (non-IOP services)
  - Youth under age 21 who have access to Children’s Rehabilitative Services (CRS) (non-IOP services)
  - Adult members ages 18+ (IOP code H0015)
  - Adult members ages 19+ (IOP code S9480)
- The authorization requirements **do not apply to** Arizona Complete Care Medicaid members under age 21 who are enrolled with Comprehensive Medical Dental Program (CMDP)

You’ll find additional information about prior authorization for behavioral health services in these resources:

- Prior authorization [submission instructions and other resources](#)
- The Optum Behavioral Health [National Network Manual](#)
- The UnitedHealthcare Community Plan of [Arizona Care Provider Manual](#) (Chapter 9)

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.

### Services that require prior authorization beginning June 15, 2026

Service Description	Code
Intensive outpatient services (IOP) - Psychiatric	S9480
Intensive outpatient services (IOP) - Chemical dependency	H0015

### Services that continue to require prior authorization (as previously outlined)

Service Description	Code	Additional Information
Psychiatric room and board, private room	114	
Detoxification, private room	116	
Rehabilitation, private room	118	
Psychiatric room and board, semi-private 2 beds	124	
Detoxification, semi-private room	126	
Rehabilitation, 2 beds	128	
Psychiatric room and board, semi-private 3 and 4 beds	134	

Service Description	Code	Additional Information
Detoxification, 3 and 4 beds	136	
Private (Deluxe) - Psychiatric	144	
Private (Deluxe) - Detoxification	146	
Private (Deluxe) - Rehabilitation	148	
Room/board, ward - Psychiatric	154	
Detoxification, ward room	156	
Rehabilitation, ward room	158	
Inpatient mental health – Admin. necessary day services	160 and 169	
Home pass	183	
Bed hold	189	
Intensive Care - Psychiatric	204	
Psychiatric/Psychological treatments	900	<p>For all of these codes, follow this guidance:</p> <ul style="list-style-type: none"> <li>• Must be billed with appropriate CPT code</li> <li>• If CPT code you're billing with requires auth, this rev code will also require auth before services are provided</li> </ul> <p><b>NOTE:</b> This guidance <u>does not apply</u> to Community Behavioral Health Program - Day treatment (Code 907) services</p>
Milieu therapy	902	
Play therapy	903	
Psychiatric/Psychological treatments - Activity therapy	904	
Psychiatric/Psychological services - Rehabilitation	911	
Individual therapy	914	
Group therapy	915	
Family therapy	916	
Biofeedback	917	
Testing	918	
Community Behavioral Health Program - Day treatment	907	
Adaptive behavior treatment by protocol tech; each 15 min.	97153	
Group adaptive behavior treatment by protocol tech; each 15 min.	97154	
Adaptive behavior treatment protocol by physician (PHYS) or other qualified healthcare professional (QHP); each 15 min.	97155	
Family adaptive behavior treatment guided by PHYS/QHP; each 15 min.	97156	
Multiple family group adaptive behavior treatment by PHYS/QHP; each 15 min.	97157	
Group adaptive behavior protocol modification by PHYS/QHP; each 15 min.	97158	
Therapeutic repetitive transcranial magnetic stimulation (TMS) treatment; planning, 1 visit	90867	
Therapeutic repetitive TMS treatment; subsequent delivery and management; per session	90868	
Therapeutic repetitive TMS treatment; subsequent motor threshold redetermination with delivery and management	90869	

Service Description	Code	Additional Information
Psychological testing evaluation	96130 96131	
Psychological and neuropsychological testing administration/scoring	96136 96137 96138 96139	<ul style="list-style-type: none"> <li>• <b>Auth Required:</b> Of admin and scoring codes submitted w/psych testing eval codes 96130 and 96131</li> <li>• <b>No Auth Required:</b> If admin and scoring codes submitted w/neuropsych testing eval codes 96132 and 96133</li> </ul>
Behavioral health short-term residential, w/o room and board	H0018	
Therapeutic foster care, adult per diem	S5140	
Therapeutic foster care, child per diem	S5145	
<b>Community-Based Outpatient Services</b> <ul style="list-style-type: none"> <li>• These services are generally <b>not</b> subject to authorization.</li> <li>• Outlier cases (e.g., those subject to higher utilization) identified by claims data are subject to clinical review to assess whether continued care is medically necessary</li> </ul>		
Group behavioral health counseling and therapy	H0004	
Self-help/Peer services; per 15 min.	H0038	
Skills training and development; per 15 min.	H2014	
Psychosocial rehabilitation living skills training; per 15 min.	H2017	
Psychoeducational service; per 15 minutes	H2027	
Home care training, family	S5110	