

## Arizona Long Term Care

Effective Oct. 1, 2023

### Overview

The table below outlines the behavioral health services that require prior authorization for the Arizona Long Term Care contract.

Please check this list before you provide services to UnitedHealthcare Community Plan members. Additional information about prior authorization for behavioral health services can be found in the Optum Behavioral Health [National Network Manual](#) (pages 38-40). If you have additional questions, please call the Customer Service number on the back of the member’s ID card.

**Notes:** 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. Emergency admissions require notification.

Please note H0035 does not require prior authorization in or out-of-network.

### Prior authorization requirement ending on Nov. 1, 2023

Service Description	Procedure Code	Additional Information
Electroconvulsive therapy (includes necessary monitoring)	90870	
Psychiatric/Psychological Treatments	901	Follow required additional CPT Code auth rule

### Prior authorization continues to be required for these codes

Service Description	Revenue Code	Additional Information
MHIP / Psychiatric room and board	114, 134, 144, 154	
MHIP/ Psychiatric room and board, semi-private 2 beds	124	
SA IP Detox	116, 118, 128, 158	ASAM 3.7
SA IP Detox	156	ASAM 4.0 WM
SUD RTC Detox	136	ASAM RTC Detox 3.7 WM
SUD RTC	146	ASAM RTC 3.7
Bedhold - Therapeutic	183	For Home Visit
Bedhold - Leave of Absence	185	For Short-term Hospitalization
Other Leave of Absence	189	

MHIP / Intensive Care- Psychiatric	204	
PHP less intensive / AZ PHP Full Day	912	
PHP intensive / AZ PHP SUD	913	
<b>Service Description</b>	<b>Procedure Code</b>	<b>Additional Information</b>
Therapeutic Repetitive Transcranial magnetic stimulation treatment; planning 1 visit	90867	
Therapeutic repetitive transcranial magnetic stimulation (TMS) treatment; subsequent delivery and management, per session	90868	
Therapeutic repetitive transcranial magnetic stimulation (TMS) treatment; subsequent motor threshold re-determination with delivery and management	90869	
Psychological testing evaluation	96130, 96131	
Psychological & Neuropsychological testing administration/scoring	96136, 96137, 96138, 96139	<ul style="list-style-type: none"> <li>• Auth Required – Only if the Admin &amp; Scoring codes are submitted with Psychological Testing Eval Codes 96130 &amp; 96131</li> <li>• No Auth Required - If the Admin &amp; Scoring codes are submitted with Neuropsychological Testing Eval Codes 96132 &amp; 96133</li> </ul>
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 modification PHYS/QHP each 15 min	97155	
Family adaptive behavior treatment guidance PHYS/QHP each 15 min	97156	
Multiple family group adaptive behavior treatment guidance PHYS/QHP each 15 min	97157	
Group adaptive behavior protocol modification PHYS/QHP each 15 min	97158	
Behavioral health short-term residential, without room and board	H0018	
Crisis intervention mental health service, per hour	S9484	
RN services, up to 15 minutes LPN/LVN services, up to 15 minutes	T1002 T1003	
RN services, up to 15 minutes	T1002	
Personal care services, per 15 minutes; Not for an inpatient or resident of a hospital, nursing facility, ICF/MR or IMD, part of the	T1019	

individualized plan of treatment (code may Not be used to identify services provided by Home Health Aide or Certified Nurse Assistant)		
Personal care services, per diem; Not for an inpatient or resident of a Hospital, Nursing Facility, ICF/MR or IMD, part of the individualized plan of treatment (code may Not be used to identify services provided by Home Health Aide or Certified Nurse Assistant)	T1020	
Habilitation, residential, waiver; per diem	T2016	
Habilitation, residential, waiver; 15 minutes	T2017	