

# Washington Apple Health Expansion

Effective March 1, 2025

## Overview

The table below outlines the behavioral health services that require prior authorization for the UnitedHealthcare of Washington Apple Health Expansion 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 UnitedHealthcare Community Plan of Washington [Care Provider Manual](#) (Chapter 6). 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.

**Prior authorization is required for these codes**

Service Description	Procedure Codes
Inpatient psychiatric / private room	114
Inpatient detoxification / private room	116
Inpatient psychiatric / semiprivate room	124
Inpatient detoxification / semiprivate room	126
Inpatient psychiatric / 3-4 beds room	134
Inpatient psychiatric / private deluxe room	144
Inpatient psychiatric / ward room	154
Administratively necessary day services	169
Inpatient hospital intensive care - Psychiatric	204
Community behavioral health program, day treatment	907
Partial hospital care	912
Residential treatment - Psychiatric	1001
Residential treatment – Chemical dependency	1002
Transcranial magnetic stimulation (TMS)	90867
Therapeutic repetitive TMS treatment; subsequent delivery and management, <a href="#">per session</a>	90868
Therapeutic repetitive TMS treatment; subsequent motor threshold re-determination with delivery and management (used when the magnetic stimulation needs to be re-calibrated for any reason)	90869
Adaptive behavioral treatment by protocol technician; <a href="#">15 minutes</a>	97153
Group adaptive behavioral treatment by protocol technician; <a href="#">15 minutes</a>	97154
Alcohol and/or drug sub-acute detoxification: residential addiction program inpatient	H0010
Alcohol and/or drug acute detoxification: residential addiction program inpatient	H0011
Short term residential nonhospital residential program, without room and board	H0018
Behavioral health long-term residential	H0019
Mental health partial hospitalization, treatment; <a href="#">less than 24 hours</a>	H0035
Behavioral health day treatment; <a href="#">per hour</a>	H2012
Therapeutic behavioral services; <a href="#">per diem</a>	H2020
Attendant care services	S5126