



New Jersey Division of Developmental Disabilities Medicaid Managed Long Term Services and Supports

Effective July 1, 2025

Overview

The table below outlines the behavioral health services that require prior authorization for the New Jersey Division of Developmental Disabilities Medicaid Managed Long Term Services and Supports (DDD/MLTSS) behavioral health plan.

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 38-43) and the UnitedHealthcare Community Plan of New Jersey [Care Provider Manual](#) (Chapter 11). 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.

Prior authorization is required for the codes listed below

Service Description	Revenue Code	Additional Information
Mental health - Inpatient	100, 114, 124, 134, 144, 154, 204	
Substance use disorder (SUD) - Inpatient withdrawal management - ASAM 4	116, 126, 136, 146, 156	
Medically monitored intensive inpatient services withdrawal management - ASAM 3.7-WM	126/H0010 HF	
SUD - Residential short term - ASAM 3.7	128/H0018 HF	
SUD - Intensive outpatient program	906/H0015	
Mental health - Partial hospital	912	
Mental health - Acute partial hospital	913	
Mental health - Partial hospital, under 18 yrs of age	913	

Service Description	Procedure Code	Additional Information
Outpatient - Substance use disorder (SUD) ambulatory withdrawal management: ASAM 2-WM	944, 945/H0014	
SUD - Long term residential - ASAM 3.5	1002/H0019 HF	
Mental health residential: Adult mental health rehabilitation (Supervised group homes and apartments)	H0019	
Mental health partial care	H0035	
Outpatient - SUD - Partial care - ASAM 2.5	H2036	

Service Description	Procedure Code	Additional Information
Therapeutic repetitive transcranial magnetic stimulation (TMS) treatment; initial, including cortical mapping, motor threshold determination, delivery and management	90867	
Therapeutic repetitive TMS treatment; subsequent delivery and management, per session	90868	
Transcranial magnetic stimulation	90869	
Psychological testing evaluation	96130, 96131	
Psychological and neuropsychological testing administration/scoring	96136, 96137, 96138, 96139	• Auth Required – Only if the admin and scoring codes are submitted with psychological testing eval codes 96130 and 96131 • No Auth Required - If the admin and scoring codes are submitted with neuropsychological testing eval codes 96132 and 96133
Initial assessment and development of a treatment plan as well as reassessment and progress reporting	96156 EP	
Supervision of treatment and/or treatment plan reassessment and development by a qualified healthcare professional (QHP). Must be face-to-face with the member and the supervised employee present.	96156 EP26	
Health behavior intervention, individual, face-to-face; initial 30 minutes , 1 unit	96158 EP	
Health behavior intervention, individual, face-to-face; each additional 15 minutes (List separately in addition to code for primary service)	96159 EP	
Health behavior intervention, group (2 or more patients), face-to-face; initial 30 minutes	96164 EP	
Health behavior intervention, group (2 or more patients), face-to-face; each additional 15 minutes (List separately in addition to code for primary service)	96165 EP	
Health behavior intervention, family (with the patient present), face-to-face; initial 30 minutes	96167 EP	
Health behavior intervention, family (with the patient present), face-to-face; each additional 15 minutes (List separately in addition to code for primary service)	96168 EP	
Health behavior intervention, family (without the patient present), face-to-face; initial 30 minutes	96170 EP	
Health behavior intervention, family (without the patient present), face-to-face; each additional 15 minutes (List separately in addition to code for primary service)	96171 EP	
Behavior identification assessment, administered by a physician or other QHP, each 15 minutes of the physician's or other qualified healthcare professional's time , face-to-face with patient and/or guardian(s)/caregiver(s) administering assessments and discussing findings and recommendations, and non-face-to-face analyzing past data, scoring/interpreting the assessment, and preparing the report/treatment plan	97151	
Behavior identification supporting assessment, administered by one technician under the direction of a physician or other QHP, face-to-face with the patient	97152	
Group adaptive behavior treatment by protocol, administered by a technician under the direction of a physician or other QHP, with two or more patients, every 15 minutes	97154	

Service Description	Procedure Code	Additional Information
Adaptive behavior treatment with protocol modification, administered by a physician or other QHP, which may include simultaneous direction of a technician, face-to-face with one patient, every 15 minutes	97155	
Family adaptive behavior treatment guidance, administered by a physician or other QHP (with or without the patient present), face-to-face with guardian(s)/caregiver(s), every 15 minutes	97156	
Multiple-family group adaptive behavior treatment guidance, administered by a physician or other QHP (without the patient present), face-to-face with multiple sets of guardians/caregivers, every 15 minutes	97157	
Group adaptive behavior treatment with protocol modification, administered by a physician or other QHP, face-to-face with multiple patients, every 15 minutes	97158	