

Arizona Long Term Care

Effective March 1, 2025

Overview

The table below outlines the behavioral health services that require prior authorization for the UnitedHealthcare Community Plan of Arizona Long Term Care Medicaid 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 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.

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 these codes

Service Description	Revenue Code	Additional Information
Psychiatric room and board, private room	114	
Detoxification, private room	116	
Rehabilitation, private room	118	
Psychiatric, room and board, semi-private room; 2 beds	124	
Detoxification, semi-private room	126	
Rehabilitation; 2 beds	128	
Psychiatric room and board, semi-private; 3 and 4 beds	134	
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 administratively necessary day services	160 / 169	
Home pass	183	
Bed hold	189	
Intensive care - Psychiatric	204	
Psychiatric/Psychological treatments	900	This code must be billed with an appropriate CPT code. If the CPT code you're billing with requires prior authorization, this revenue code will also require authorization before services are provided.

Service Description	Revenue Code	Additional Information
Milieu therapy	902	This code must be billed with an appropriate CPT code. If the CPT code you're billing with requires prior authorization, this revenue code will also require authorization before services are provided.
Play therapy	903	This code must be billed with an appropriate CPT code. If the CPT code you're billing with requires prior authorization, this revenue code will also require authorization before services are provided.
Psychiatric/Psychological treatments - Activity therapy	904	This code must be billed with an appropriate CPT code. If the CPT code you're billing with requires prior authorization, this revenue code will also require authorization before services are provided.
Community behavioral health program - day treatment	907	
Psychiatric/Psychological services - Rehabilitation	911	This code must be billed with an appropriate CPT code. If the CPT code you're billing with requires prior authorization, this revenue code will also require authorization before services are provided.
Individual therapy	914	This code must be billed with an appropriate CPT code. If the CPT code you're billing with requires prior authorization, this revenue code will also require authorization before services are provided.
Group therapy	915	This code must be billed with an appropriate CPT code. If the CPT code you're billing with requires prior authorization, this revenue code will also require authorization before services are provided.
Family therapy	916	This code must be billed with an appropriate CPT code. If the CPT code you're billing with requires prior authorization, this revenue code will also require authorization before services are provided.
Biofeedback	917	This code must be billed with an appropriate CPT code. If the CPT code you're billing with requires prior authorization, this revenue code will also require authorization before services are provided.
Testing	918	This code must be billed with an appropriate CPT code. If the CPT code you're billing with requires prior authorization, this revenue code will also require authorization before services are provided.

Service Description	Procedure Code	Additional Information
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	
Psychological testing evaluation	96130, 96131	
Psychological and neuropsychological testing administration/scoring	96136, 96137, 96138, 96139	• Auth Required – 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
Adaptive behavior treatment by protocol technician; each 15 minutes	97153	
Group adaptive behavior treatment by protocol technician; each 15 minutes	97154	
Adaptive behavior treatment protocol modification by physician or other qualified health care professional (PHYS/QHP); each 15 minutes	97155	
Family adaptive behavior treatment guidance PHYS/QHP; each 15 minutes	97156	
Multiple family group adaptive behavior treatment guidance PHYS/QHP; each 15 minutes	97157	
Group adaptive behavior protocol modification PHYS/QHP; each 15 minutes	97158	
Behavioral health short-term residential, without room and board	H0018	
Therapeutic foster care - adult; per diem	S5140	
Therapeutic foster care - child; per diem	S5145	
RN services; up to 15 minutes	T1002	
LPN/LVN services; up to 15 minutes	T1003	
Personal care services; per 15 minutes ; 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)	T1019	
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	
Community transition, waiver; per service	T2038	