

Commercial Prior Authorization Codes

Overview

The table below outlines the behavioral health services that require prior authorization for all commercial plans.

Please check this list before you provide services to UnitedHealthcare members. Additional information about prior authorization for behavioral health services can be found in the Optum Behavioral Health [National Network Manual](#) (pages 38-43). 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.**

Service Description	Billing Codes	Additional Comments
Psychiatric - private room	114	
Detoxification - private room	116	
Rehabilitation - private room	118	
Psychiatric - semi-private room	124	
Detoxification - semi-private room	126	
Rehabilitation - semi-private room	128	
Psychiatric - 3-4 beds per room	134	
Detoxification - 3-4 beds per room	136	
Rehabilitation - 3-4 beds per room	138	
Psychiatric - private deluxe room	144	
Detoxification - private deluxe room	146	
Rehabilitation - private deluxe room	148	
Psychiatric - ward room	154	
Detoxification - ward room	156	
Rehabilitation - ward room	158	
Intensive care - Psychiatric	204	
Behavioral health treatments/services	900	
Intensive outpatient services - Psychiatric	905	
Intensive outpatient services – Chemical dependency	906	
Community behavioral health program, Day treatment	907	
Partial hospitalization - less intensive	912	
Partial hospitalization - intensive	913	
Behavioral health testing	918	See specific CPT code
Other behavioral health treatment/services	919	See specific CPT code
Drug rehabilitation	944	
Alcohol rehabilitation	945	
Combined drug and alcohol rehabilitation	953	See specific CPT code
Psychiatric	961	See specific CPT code
Behavioral health accommodations	1000	

Service Description	Billing Codes	Additional Comments
Residential treatment - Psychiatric	1001	
Residential treatment - Chemical dependency	1002	
Supervised living	1003	
Therapeutic repetitive transcranial magnetic stimulation (TMS) treatment; planning - 1 visit	90867	
Therapeutic repetitive TMS treatment; delivery and management; per session - 1 visit	90868	
Therapeutic repetitive TMS treatment; subsequent motor threshold re-determination with delivery and management - 1 visit	90869	
Unlisted psychiatric service or procedure	90899	
Psychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report and interactive feedback to the patient, family member(s) or caregiver(s), when performed, first hour	96130	
Psychological testing evaluation services, by physician or other qualified health care professional, each additional hour	96131	
Psychological or neuropsychological test admin and scoring by physician or other qualified health care professional, two or more tests, any method, first 30 minutes	96136	
Psychological or neuropsychological test admin and scoring by physician or other qualified health care professional, two or more tests, any method, each additional 30 minutes	96137	
Psychological or neuropsychological test admin and scoring by technician, two or more tests, any method, first 30 minutes	96138	
Psychological or neuropsychological test admin and scoring by technician, two or more tests, any method, each additional 30 minutes	96139	
Behavior identification (ID) assessment by physician/qualified healthcare professional (PHYS/QHP); each 15 minutes	97151	
Behavior ID support assessment by 1 technician; each 15 minutes	97152	
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 PHYS/QHP; each 15 minutes	97155	
Family adaptive behavior treatment guidance PHYS/QHP; each 15 minutes	97156	
Multiple family group behavioral treatment guidance PHYS/QHP; each 15 minutes.	97157	
Group adaptive behavior protocol modification PHYS/QHP; each 15 minutes	97158	
Behavior ID support assessment; each 15 minutes technician time	0362T	
Adaptive behavior treatment protocol modification; each 15 minutes technician time	0373T	
Unlisted evaluation and management service	99499	