# Arizona Prior Authorization Requirements for UnitedHealthcare Exchange Plans
**Effective January 1, 2025**

## Overview

This list indicates services requiring prior authorization for participating behavioral health providers for Exchange Plans members in Arizona for inpatient and outpatient behavioral health services listed below. To request prior authorization, please submit your request online.

·   **Online:** To submit clinical transactions, please use the Prior Authorization and Notification tool, which can be accessed via the Sign In function on UHCProvider.com

When deciding coverage, the member specific benefit plan document must be referenced as the terms of the member specific benefit plan vary by state.

Prior authorization is not required for emergency or urgent care.

For these benefit plans, members have no non-emergent out-of-network coverage and no coverage outside of the service area.

| Service Description | Procedure Code(s) |
| --- | --- |
| Inpatient Mental Health | Rev 114, 124, 134, 144,154, 204 |
| Inpatient Substance Use Detoxification (hospital based) | Rev 116, 126, 136, 146, 156 |
| Substance Use Rehabilitation (hospital based) | Rev 118, 128, 138, 148, 158 |
| Psychiatric Clinic | Rev 513 |
| Evaluation/Initial-BH Treatments/Services | Rev 900 |
| MH Intensive Outpatient | Rev 905 |
| SUD Intensive Outpatient | Rev 906 |
| Community Behavioral Health Program, Day Treatment | Rev 907 |
| MH/SUD Partial Hospitalization | Rev 912, 913 |
| OP Services- Behavioral Health Testing | Rev 918 |
| OP Services- Other Behavioral Health Treatment/Services | Rev 919 |
| Drug Rehabilitation | Rev 944 |
| Alcohol Rehabilitation | Rev 945 |
| Combined drug and alcohol rehabilitation | Rev 953 |
| Psychiatric | Rev 961 |
| Behavioral health Accommodations | Rev 1000 |

| Service Description | Procedure Code(s) |
|---|---|
| Residential Treatment- Psychiatric | Rev 1001 |
| Residential Treatment- Chem Dep | Rev 1002 |
| Supervised Living | Rev 1003 |
| Therapeutic Repetitive Transcranial magnetic stimulation treatment; planning 1 VISIT | 90867 |
| Therapeutic Repetitive Transcranial magnetic stimulation treatment; delivery and management, per session 1 VISIT | 90868 |
| Therapeutic Repetitive Transcranial Magnetic Stimulation (TMS) treatment; subsequent motor threshold Re-determination with delivery and management 1 VISIT | 90869 |
| Unlisted psychiatric service or procedure | 90899 |
| Psychological testing evaluation | 96130, 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 **(Auth required-Only if the Admin & Scoring codes are submitted with Psychological Testing Eval Codes 96130 & 96131)** | 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 **(Auth required-Only if the Admin & Scoring codes are submitted with Psychological Testing Eval Codes 96130 & 96131)** | 96137 |
| Psychological or neuropsychological test admin and scoring by technician, two or more tests, any method, first 30 minutes **(Auth required-Only if the Admin & Scoring codes are submitted with Psychological Testing Eval Codes 96130 & 96131)** | 96138 |
| Psychological or neuropsychological test admin and scoring by technician, two or more tests, any method, each additional 30 minutes **(Auth required-Only if the Admin & Scoring codes are submitted with Psychological Testing Eval Codes 96130 & 96131)** | 96139 |
| Computer Based Psychological/Neuropsychological Testing | 96146 |
| Behavior ID Assessment by PHYS/QHP EA 15 min | 97151 |
| BEHAVIOR ID SUPPORT ASSMT BY 1 TECH EA 15 MIN | 97152 |
| ADAPTIVE BEHAVIOR TX BY PROTOCOL TECH EA 15 MIN | 97153 |
| GROUP ADAPTIVE BHV TX BY PROTOCOL TECH EA 15 MIN | 97154 |
| ADAPT BHV TX PRTCL MODIFICAJ PHYS/QHP EA 15 MIN | 97155 |
| FAMILY ADAPT BHV TX GDN PHYS/QHP EA 15 MIN | 97156 |
| MULTIPLE FAM GROUP BHV TX GDN PHYS/QHP EA 15 MIN | 97157 |
| GRP ADAPT BHV PRTCL MODIFCAJ PHYS/QHP EA 15 MIN | 97158 |

| Service Description | Procedure Code(s) |
|---|---|
| BEHAVIOR ID SUPPORT ASSMT EA 15 MIN TECH TIME | 0362T |
| ADAPT BHV TX PRTCL MODIFICAJ EA 15 MIN TECH TIME | 0373T |
| Unlisted evaluation and management service | 99499 |