

Behavioral Health Prior Authorization Grid



Banner
University Health Plans

Services that Require Prior Authorization:

1. The absence of any code or service does NOT necessarily mean that the service is covered.
 - a. Always refer to the [AHCCCS Medical Policy Manual \(AMPM\) Chapter 300](#) for coverage issues.
2. Any Medicare partial hospitalization program requires a Prior Authorization.
3. Any non-emergent out-of-network (non-contracted providers) services require PA for AHCCCS.
4. All planned inpatient hospital admissions require prior authorization. Emergent inpatient admissions do not require a *prior* authorization but do require notification and an authorization after receipt of notification.
5. Behavioral Health Inpatient Facility - Residential Treatment Center.

Effective 10/1/2021

Proc. Code	Short Description	PA Required		
		HMO 7 B – UFC/ACC	HMO 13 B – UCA	HMO 18 B – UFC/ALTCS
90870	Electroconvulsive therapy (includes necessary monitoring)	Yes	Yes	Yes
90899	Unlisted psychiatric service or procedure	Yes	Yes	Yes
99199	Unlisted special service, procedure, or report	Yes	Yes	Yes
H0018	Behavioral health, short term residential, without room and board	Yes	N/A	Yes
S5145-HA	Therapeutic Foster Care, primary behavioral health diagnosis	Yes	N/A	Yes
S5145-UF	Therapeutic Foster Care, co-occurring behavioral and physical health conditions	Yes	N/A	Yes
S5145-UG	Therapeutic Foster Care, co-occurring behavioral health and cognitive conditions	Yes	N/A	Yes
S5145-UH	Therapeutic Foster Care, primary psychotic condition	Yes	N/A	Yes
S5140-HB	Adult Behavioral Health Therapeutic Home, age 18-64	Yes	NA	Yes
S5140-HG	Adult Behavioral Health Therapeutic Home, age over 65	Yes	NA	Yes
90867	Therapeutic repetitive transcranial magnetic stimulation (TMS): initial	Yes	Yes	Yes
90868	Therapeutic repetitive transcranial magnetic stimulation (TMS): subsequent	Yes	Yes	Yes
90869	Therapeutic repetitive transcranial magnetic stimulation (TMS): subsequent motor threshold determination	Yes	Yes	Yes