Behavioral Health Prior Authorization Grid
Effective Date: 04/01/2023

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.**

Proc. Code	Short Description	PA Required				
		HMO 7 B – UFC/ACC	HMO 13 BMA D-SNP	HMO 18 B – UFC/ALTCS	HMO 20 BMA HMO	HMO 21 BMA PPO
90870	Electroconvulsive therapy (includes necessary monitoring)	Yes	Yes	Yes	Yes	Yes
90899	Unlisted psychiatric service or procedure	Yes	Yes	Yes	Yes	Yes
99199	Unlisted special service, procedure, or report	Yes	Yes	Yes	Yes	Yes
H0018	Behavioral health, short term residential, without room and board	Yes	N/A	Yes	N/A	N/A
S5145-HA	Therapeutic Foster Care, primary behavioral health diagnosis	Yes	N/A	Yes	N/A	N/A
S5145-UF	Therapeutic Foster Care, co-occurring behavioral and physical health conditions	Yes	N/A	Yes	N/A	N/A
S5145-UG	Therapeutic Foster Care, co-occurring behavioral health and cognitive conditions	Yes	N/A	Yes	N/A	N/A
S5145-UH	Therapeutic Foster Care, primary psychotic condition	Yes	N/A	Yes	N/A	N/A

S5140-HB	Adult Behavioral Health Therapeutic Home, age 18-64	Yes	N/A	Yes	N/A	N/A
S5140-HG	Adult Behavioral Health Therapeutic Home, age over 65	Yes	N/A	Yes	N/A	N/A
90867	Therapeutic repetitive transcranial magnetic stimulation (TMS): initial	Yes	Yes	Yes	Yes	Yes
90868	Therapeutic repetitive transcranial magnetic stimulation (TMS): subsequent	Yes	Yes	Yes	Yes	Yes
90869	Therapeutic repetitive transcranial magnetic stimulation (TMS): subsequent motor threshold determination	Yes	Yes	Yes	Yes	Yes