

Prior Authorization Grid: Behavioral Health

Effective Date of Service 03/01/2019



Services that Require Prior Authorization:

1. The absence of any code or service does NOT necessarily mean that the service is covered. Always refer to the AHCCCS Medical Policy Manual (AMPM) Chapter 300 for coverage issues:
<http://www.azahcccs.gov/shared/Downloads/MedicalPolicyManual/Chap300.pdf>
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 inpatient hospital admissions require PA
5. Behavioral Health Inpatient Facility- Residential Treatment Center

Proc. Code	Short Description	PA Required		
		HMO 7 (UFC)	HMO 13 (UCA)	HMO 18 (BUFC)
90870	<i>Electroconvulsive therapy (includes necessary monitoring)</i>	Yes	Yes	Yes
90899	<i>Unlisted psychiatric service or procedure</i>	Yes	Yes	Yes
99199	<i>Unlisted special service, procedure or report</i>	Yes	Yes	Yes
A0425	<i>Ground mileage (per statute mile; for miles in excess of 100 round-trip)</i>	Yes	N/A	Yes
H0018	<i>Behavioral health, short term residential, without room and board</i>	Yes	N/A	Yes
S5109-HB	<i>HCTC, adult ages 18-64</i>	Yes	N/A	Yes
S5109-HC	<i>HCTC, adult ages 65+</i>	Yes	N/A	Yes
S5109-HA	<i>HCTC, ages 0-17</i>	Yes	N/A	Yes