

Prior Authorization Requirements for Developmentally Disabled Arizona Members

Effective March 1, 2025

Overview

The table below outlines the behavioral health services that require prior authorization for the Arizona Division of Developmental Disabilities (DDD) contract.

Please check this list before you provide services to UnitedHealthcare Community Plan members. Additional information about prior authorization for behavioral health services can be found in the Optum Behavioral Health [National Network Manual](#) (pages 38-40). If you have additional questions, please call the Customer Service number on the back of the member's ID card.

Notes: 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. Emergency admissions require notification.

Service Description	Revenue Code	Additional Information
Psychiatric room and board, private	114	
Detox, private	116	
Rehab private	118	
Psychiatric room and board, semi-private 2 beds	124	
Detox, semi-private	126	
Detox / Rehabilitation	128	
Psychiatric 3 – 4 beds	134	
Detox, 3&4 bed	136	
Psychiatric / Private	144	
Private - Detoxification	146	
Private (Deluxe) - Rehabilitation	148	
Room/board Ward Psychiatric	154	

Detox, ward	156	
Rehab ward	158	
Inpatient MH Administratively Necessary Day Services	160 / 169	
Home pass / Leave Days	183	

Bed Hold	189	
Intensive Care - Psychiatric	204	
Psychiatric/Psychological Treatments	900	This code must be billed with an appropriate CPT code. If the CPT code you are billing with requires prior authorization, this revenue code will also require authorization before services are provided.
Milieu Therapy	902	This code must be billed with an appropriate CPT code. If the CPT code you are billing requires prior authorization, this revenue code will also require authorization before services are provided.
Play Therapy	903	This code must be billed with an appropriate CPT code. If the CPT code you are billing requires prior authorization, this revenue code will also require authorization before services are provided.
Psychiatric/Psychological Treatments Activity therapy	904	This code must be billed with an appropriate CPT code. If the CPT code you are billing requires prior authorization, this revenue code will also require authorization before services are provided.
Community behavioral health program day treatment	907	
Psychiatric/Psychological Services Rehabilitation	911	This code must be billed with an appropriate CPT code. If the CPT code you are billing with requires prior authorization, this revenue code will also require authorization before services are provided.
Group therapy	915	This code must be billed with an appropriate CPT code. If the CPT code you are billing requires prior authorization, this revenue code will also require authorization before services are provided.

Family therapy	916	This code must be billed with an appropriate CPT code. If the CPT code you are billing with requires prior authorization, this revenue code will also require authorization before services are provided.
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Biofeedback	917	This code must be billed with an appropriate CPT code. If the CPT code you are billing with requires prior authorization, this revenue code will also require authorization before services are provided.
Testing	918	This code must be billed with an appropriate CPT code. If the CPT code you are billing requires prior authorization, this revenue code will also require authorization before services are provided.
Adaptive behavior treatment by protocol tech each 15 min	97153	
Group adaptive behavior treatment by protocol tech each 15 min	97154	
Adaptive behavior treatment protocol modification PHYS/QHP each 15 min	97155	
Family adaptive behavior treatment guidance PHYS/QHP each 15 min	97156	
Multiple family group adaptive behavior treatment guidance PHYS/QHP each 15 min	97157	
Group adaptive behavior protocol modification PHYS/QHP each 15 min	97158	
Therapeutic Repetitive Transcranial magnetic stimulation treatment; planning 1 VISIT	90867	
Therapeutic repetitive transcranial magnetic stimulation (TMS) treatment; subsequent delivery and management, per session	90868	

Therapeutic repetitive transcranial magnetic stimulation (TMS) treatment; subsequent motor threshold redetermination with delivery and management	90869	
Psychological testing evaluation	96130, 96131	

Psychological & Neuropsychological testing administration/scoring	96136, 96137, 96138, 96139	<ul style="list-style-type: none"> • Auth Required – Only if the Admin & Scoring codes are submitted with Psychological Testing Eval Codes 96130 & 96131 • No Auth Required - If the Admin & Scoring codes are submitted with Neuropsychological Testing Eval Codes 96132 & 96133
Behavioral health short-term residential, without room and board	H0018	
Therapeutic Foster Care, Adult per diem	S5140	
Therapeutic Foster Care, Child per diem	S5145	

The following community-based outpatient services are generally not subject to prior authorization; however, outlier cases (i.e., those subject to higher utilization) identified by claims data are subject to clinical review to assess whether continued care is medically necessary.

Group Behavioral Health Counseling and Therapy	H0004
Self-Help/Peer Services - 15 min	H0038
Skills training and development, per 15 minutes	H2014
Psychoeducational Service, per 15 min	H2027
Home care training family	S5110
Psychosocial rehabilitation living skills training services, per 15 minutes	H2017
Case management, each 15 minutes	T1016