

Behavioral Health Prior Authorization Grid

Effective Date: 03/01/2025

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 non-emergent out-of-network (non-contracted providers) services require PA.**
3. **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.**
4. **Behavioral Health Inpatient Facility (BHIF) - Residential Treatment Center.**
5. **See Below BH Prior Authorization Grid for additional PA required treatment/services.**

Prior Authorization Required			
Procedure Code	Short Description	B – UFC/ACC	B – UFC/ALTCS
80305	Presumptive Urine Drug Testing (more than 3 per week – capable of being read by direct optical observation only)	Yes	Yes
80306	Presumptive Urine Drug Testing (more the 3 per week - read by instrument assisted direct optical observation)	Yes	Yes
80307	Presumptive Urine Drug Testing (more than 3 per week - read by instrument chemistry analyzers)	Yes	Yes
90867	Therapeutic repetitive transcranial magnetic stimulation (TMS) – Initial	Yes	Yes
90868	Therapeutic repetitive transcranial magnetic stimulation (TMS) – Subsequent	Yes	Yes
90869	Therapeutic repetitive transcranial magnetic stimulation (TMS) – Subsequent motor threshold determination	Yes	Yes
90870	Electroconvulsive therapy (includes necessary monitoring)	Yes	Yes
90899	Unlisted psychiatric service or procedure	Yes	Yes
99199	Unlisted special service, procedure, or report	Yes	Yes
97151 (non-Par Only)	ABA Assessment/Reassessment, - <i>Behavior identification assessment, administered by a physician or other qualified health care professional, each 15 minutes of the physician's or other qualified health care professional's time face-to-face with patient and/or guardian(s)/caregiver(s) administering assessments and discussing findings and recommendations, and non-face-to-face analyzing past data, scoring/interpreting the assessment, and preparing the report/treatment</i>	Yes	Yes

	<i>plan</i>		
97152 (non-Par only)	Applied Behavioral Analysis (ABA) Assessment, <i>Behavior identification supporting assessment, administered by one technician under the direction of a physician or other qualified Health care professional, face-to-face with the patient, each 15 minutes</i>	Yes	Yes
97153	Applied Behavioral Analysis (ABA) 1:1 Therapy <i>Adaptive behavior treatment by protocol, administered by technician under the direction of a physician or other qualified Health care professional, face-to-face with one patient, each 15 minutes</i>	Yes	Yes
97154	Applied Behavioral Analysis (ABA) Group Therapy <i>adaptive behavior treatment by protocol, administered by technician under the direction of a physician or other qualified Health care professional, face-to-face with two or more patients, each 15 minutes</i>	Yes	Yes
97155	Applied Behavioral Analysis (ABA) Direct Case Supervision, <i>Adaptive behavior treatment with protocol modification administered by physician or other qualified health care professional, which may include simultaneous direction of technician, face-toface with one patient, each 15 minutes</i>	Yes	Yes
97156	Applied Behavioral Analysis (ABA) Individual Parent/Caregiver Training <i>Family adaptive behavior treatment guidance, administered by physician or other qualified Health care professional (with or without the patient present), face-to-face with guardian(s)/caregiver(s), each 15 minutes</i>	Yes	Yes
97157	Applied Behavioral Analysis (ABA) Multiple Family Caregiver Training, <i>Multiple-family group adaptive behavior treatment guidance, administered by a physician or other qualified health care professional (without the patient present), face-to-face with multiple sets partial of guardians/caregivers, every 15 minutes</i>	Yes	Yes
97158	Applied Behavioral Analysis (ABA) Group Therapy, <i>Group adaptive behavior treatment with protocol modification, administered by physician or other qualified health care professional face-to-face with multiple patients, each 15 minutes</i>	Yes	Yes
G0482	Definitive Urine Drug Testing <i>(15 or more drugs or drug classes on the same urine specimen and/or the same day of service as well as any combination of alternative codes that would result in testing for 15 -21 drug classes)</i>	Yes	Yes
G0483	Definitive Urine Drug Testing <i>(22 or more drugs or drug classes on the same urine specimen and/or the same day of service as well as any combination of alternative codes that would result in testing for 22 or more drug classes)</i>	Yes	Yes
H0018	Behavioral health, short-term residential, without room and board	Yes	Yes
S5145-HA	Therapeutic Foster Care, primary behavioral health diagnosis	Yes	Yes
S5145-UF	Therapeutic Foster Care, co-occurring behavioral and physical health conditions	Yes	Yes
S5145-UG	Therapeutic Foster Care, co-occurring behavioral health and cognitive conditions	Yes	Yes
S5145-UH	Therapeutic Foster Care, primary psychiatric condition	Yes	Yes
S5140-HB	Adult Behavioral Health Therapeutic Home, age 18-64	Yes	Yes
S5140-HG	Adult Behavioral Health Therapeutic Home, age 65 over	Yes	Yes