



Banner Medicare Advantage™

Prior Authorization Grid: Behavioral Health Services	Effective Date: 01/01/2026
	Definition/Requirement
Codes not listed on Prior Authorization (PA) grid.	The absence of any code or service does NOT necessarily mean that the service is covered. For additional information refer to the Plan's Evidence of Coverage.
Organizational Determination Status	Expedited: When the enrollee or his/her physician believes that waiting for a decision under the standard time frame could place the enrollee's life, health, or ability to regain maximum function in serious jeopardy.
	Standard: Determination must be made as expeditiously as the enrollee's health condition requires, but no later than 14 calendar days after the date organization receives the request.
Inpatient Admissions	<p>Prior authorization is required for any planned behavioral health (inpatient, detox, substance abuse) admissions.</p> <p>Emergent Inpatient Admissions require notification to the Health Plan. Please submit a face sheet as a form of notification for an acute emergent admission to allow for authorization and a medical necessity review.</p> <p>Emergency Department and Observation level of care do not require notification or an authorization.</p>
Partial Hospitalization Program	Prior authorization may be required for Partial Hospitalization Program services.
Intensive Outpatient Treatment	Prior authorization may be required for Intensive Outpatient Treatment Program services.

Out of Network Services

Participating primary care providers must obtain prior authorization for any referral of non-emergency care to a non-participating health care facility or provider. Participating specialists requesting service at a non-participating health care entity must also request prior authorization. Out-of-network/non-contracted providers are under no obligation to treat Plan members, except in emergency situations. Please call our Customer Care Center or see your Evidence of Coverage for more information, including the cost-sharing that applies to out-of-network services. If you have any questions, please call our Customer Care Center, 8 a.m. to 8 p.m., seven days a week. Banner Medicare Advantage Dual HMO D-SNP: 877-874-3930, TTY 711. Banner Medicare Advantage Prime HMO: 844-549-1857, TTY 711.

PA Required	
Procedure Code	Short Description
90867	Therapeutic repetitive transcranial magnetic stimulation (TMS): initial
90868	Therapeutic repetitive transcranial magnetic stimulation (TMS): subsequent
90869	Therapeutic repetitive transcranial magnetic stimulation (TMS): subsequent motor threshold determination
90870	Electroconvulsive therapy (includes necessary monitoring)
90899	Unlisted psychiatric service or procedure
99199	Unlisted special service, procedure, or report