



# Prior Authorization Code List

## New Jersey DDD/ML TSS Behavioral

Effective April 23, 2023

### Overview

The table below outlines the behavioral health services that require prior authorization for the New Jersey DDD/ML TSS Behavioral.

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
Mental Health Inpatient	100, 114, 124, 134, 144, 154, 204	
SUD-Inpatient Withdrawal Management - ASAM 4	116	
MH Partial Hospital (Acute Partial Hospital only)	912, 913	
SUD-Long Term Residential ASAM 3.5	1002	Modifier H0019HF
SUD IOP	906	Modifier H0015HF
Service Description	Procedure Code	Additional Information
Psychological testing evaluation	96130, 96131	
Psychological & Neuropsychological testing administration/scoring	96136, 96137, 96138, 96139	<ul style="list-style-type: none"> <li>• Auth Required – Only if the Admin &amp; Scoring codes are submitted with Psychological Testing Eval Codes 96130 &amp; 96131</li> <li>• No Auth Required - If the Admin &amp; Scoring codes are submitted with Neuropsychological Testing Eval Codes 96132 &amp; 96133</li> </ul>
Service Description	Procedure Code	Additional Information
OP-SUD Ambulatory withdrawal Management: ASAM2-WM	944/H0014	
MH Residential: Adult Mental Health Rehabilitation (Supervised Group Homes & Apartments)	H0019	

Medically Monitored Intensive Inpatient Services Withdrawal Management -ASAM 3.7 – WM	Rev 116/H0010 HF	
SUD-Residential Short Term ASAM 3.7	Rev 128/H0018 HF	
OP-SUD Substance Use Disorder Partial Care ASAM 2.5	Rev 912/ H2036	
MH Partial Care	H0035	
Behavior identification assessment, administered by a physician or other qualified healthcare professional, each 15 minutes of the physician's or other qualified healthcare 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 plan.	97151	
Behavior identification supporting assessment, administered by one technician under the direction of a physician or other qualified healthcare professional, face-to-face with the patient.	97152	
<b>Service Description</b>	<b>Procedure Code</b>	<b>Additional Information</b>
Group adaptive behavior treatment by protocol, administered by a technician under the direction of a physician or other qualified healthcare professional, with two or more patients, every 15 minutes.	97154	
Adaptive behavior treatment with protocol modification, administered by a physician or other qualified healthcare professional, which may include simultaneous direction of a technician, face-to-face with one patient, every 15 minutes.	97155	

Family adaptive behavior treatment guidance, administered by a physician or other qualified healthcare professional (with or without the patient present), face-to-face with guardian(s)/caregiver(s), every 15 minutes.	97156	
Multiple-family group adaptive behavior treatment guidance, administered by a physician or other qualified healthcare professional (without the patient present), face-to-face with multiple sets of guardians/caregivers, every 15 minutes.	97157	
Group adaptive behavior treatment with protocol modification, administered by a physician or other qualified healthcare professional, face-to-face with multiple patients, every 15 minutes.	97158	
<b>Service Description</b>	<b>Procedure Code</b>	<b>Additional Information</b>
Initial assessment and development of a treatment plan as well as reassessment and progress reporting	96156 EP	
Supervision of treatment and/or treatment plan re-assessment and development by a QHP. Must be face-to-face with the member and the supervised employee present.	96156 EP, 26	
Behavior treatment by protocol	96158 EP	

Behavior treatment by protocol	96159 EP	
Group-led sessions for a maximum of 8 individual patients	96164 EP	
Group-led sessions for a maximum of 8 individual patients	96165 EP	
Guidance services to a family with an autistic child with the child present	96167 EP	
Guidance services to a family with an autistic child with the child present	96168 EP	
Guidance services to a family with an autistic child with the child present	96170 EP	
Guidance services to a family with an autistic child with the child present	96171 EP	