

# Behavioral Health prior authorization requirements for Rocky Mountain Health Plans CHP+

Effective Aug. 1, 2023

## General information

This list contains prior authorization requirements for providers when Rocky Mountain Health Plans CHP+ is the primary payer.

We won't authorize services that are not a benefit of the member's evidence of coverage.

This list changes periodically. Updates are announced in the UnitedHealthcare [Network News](#). Please visit [UHCprovider.com/priorauth](https://UHCprovider.com/priorauth) > [Advance Notification and Plan Requirement Resources](#) > Select a Plan Type for the most current information.

### To request prior authorization for services listed:

- Rocky Mountain Health Plans providers submit requests and supporting documentation to: [UHCprovider.com/priorauth](https://UHCprovider.com/priorauth) > [Advance Notification and Plan Requirement Resources](#) > Select a Plan Type for the most current information.
- Participating and non-participating providers may fax request and documentation to **970-257-3986** or email [rmhpbhvm@uhc.com](mailto:rmhpbhvm@uhc.com)
- Admitting facilities can call **888-282-8801**

Prior authorizations are not required for emergency or urgent care. Out-of-network physicians, facilities and other providers must request prior authorization for all procedures and services, excluding emergent or urgent care.



For questions about behavioral health services (including mental, health and substance use disorders) call **888-282-8801**.

## Prior authorization guide

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
<b>Behavioral health inpatient hospitalization</b>	Requires prior authorization	All admissions to freestanding inpatient psychiatric facilities or hospital psychiatric units, and when primary diagnosis is a covered psychiatric/mental health diagnosis.
<b>Long-term residential treatment excluding Qualified Residential Treatment Program (QRTP) and Psychiatric Residential Treatment Facility (PRTF)</b>	Requires prior authorization	H0019
<b>Psychiatric residential treatment</b>	Requires prior authorization except CMHC (POS 53)	1001
<b>Behavioral health partial hospitalization (PHP)</b>	Requires prior authorization	H0035 Rev Code 0900, 912, 913
<b>Behavioral health intensive outpatient programming (IOP)</b>	Requires prior authorization	S9480 Rev Code 905
<b>Behavioral Health Rehabilitation</b>	Requires prior authorization	Rev Code 911
<b>Electroconvulsive therapy (ECT)</b>	Requires prior authorization	90870
<b>Transcranial magnetic stimulation (TMS)</b>	Requires prior authorization	90867, 90868, 90869
<b>Supported housing, per diem</b>	Requires prior authorization	H0043
<b>Supported housing, per month</b>	Requires prior authorization	H0044
<b>Rehabilitation program per half day</b>	Requires prior authorization	H2001
<b>Alcohol and/or drug services, acute detoxification (residential addiction program inpatient)</b>	Requires prior authorization	H0010

## Prior authorization guide (cont.)

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
<b>Drug rehabilitation</b>	Requires prior authorization	944
<b>Alcohol rehabilitation</b>	Requires prior authorization	945
<b>Combined drug and alcohol rehabilitation</b>	Requires prior authorization	953
<b>Residential treatment — Chemical dependency</b>	Requires prior authorization	1002
<b>Medically monitored inpatient withdrawal management</b>	Requires prior authorization	H0011
<b>Clinically managed low-intensity residential services</b>	Requires prior authorization	H2036
<b>Clinical managed population-specific high-intensity residential services</b>	Requires prior authorization	H2036
<b>Clinically managed high-intensity residential services</b>	Requires prior authorization	H2036
<b>Medically monitored intensive inpatient services</b>	Requires prior authorization	H2036
<b>Substance use intensive outpatient programming (IOP)</b>	Requires prior authorization	H0015 Rev Code 906