

# Behavioral health prior authorization requirements for RMHP Individual Exchange plans

Effective Jan. 1, 2024

This list indicates the inpatient and outpatient behavioral health services requiring prior authorization for Individual Exchange plan\* members in Colorado. This applies to services provided by participating behavioral health providers.

## Contact information

Participating and non-participating health care professionals may fax requests and documentation to **970-257-3986** or email [rmhpbhvm@uhc.com](mailto:rmhpbhvm@uhc.com). Admitting facilities may give notification by calling **888-282-8801**.

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

## Additional information

Please note the following:

- Prior authorization is not required for emergency or urgent care
- When deciding coverage, the member-specific benefit plan document must be referenced, as the plan terms vary by state
- For these benefit plans, members have no non-emergent out-of-network coverage and no coverage outside the service area

Service description	Procedure code(s)
Inpatient Mental Health	Rev 114, 124, 134, 144, 154, 204
Inpatient Substance Use Detoxification (hospital based)	Rev 116, 126, 136, 146, 156
Substance Use Rehabilitation (hospital based)	Rev 118, 128, 138, 148, 158
Psychiatric Clinic	Rev 513
Treatment Room	Rev 761
Evaluation/Initial-BH Treatments/Services	Rev 900
Electroshock Treatment	Rev 901

\*Also referred to as UnitedHealthcare Individual & Family ACA Marketplace plans.

Service description	Procedure code(s)
MH Intensive Outpatient	Rev 905
SUD Intensive Outpatient	Rev 906
MH/SUD Partial Hospitalization	Rev 912, 913
OP Services- Behavioral Health Testing	Rev 918
OP Services- Other Behavioral Health Treatment/Services	Rev 919
Drug Rehabilitation	Rev 944
Alcohol Rehabilitation	Rev 945
Combined drug and alcohol rehabilitation	Rev 953
Psychiatric	Rev 961
Residential Treatment- Psychiatric	Rev 1001
Residential Treatment- Chem Dep	Rev 1002
Therapeutic Repetitive Transcranial magnetic stimulation treatment; planning 1 VISIT	90867
Therapeutic Repetitive Transcranial magnetic stimulation treatment; delivery and management, per session 1 VISIT	90868
Therapeutic Repetitive Transcranial Magnetic Stimulation (TMS) treatment; subsequent motor threshold Re-determination with delivery and management 1 VISIT	90869
ECT (Single Seizures)	90870
Unlisted psychiatric service or procedure	90899
Qualified nonphysician health care professional online digital assessment and management, for an established patient, for up to 7 days, cumulative time during the 7 days; 5-10 minutes	98966
Qualified nonphysician health care professional online digital assessment and management, for an established patient, for up to 7 days, cumulative time during the 7 days; 11-20 minutes	98967
Qualified nonphysician health care professional online digital assessment and management, for an established patient, for up to 7 days, cumulative time during the 7 days; 21 or more minutes	98968
Unlisted evaluation and management service	99499