

# Behavioral health prior authorization requirements for Rocky Mountain Health plans Individual Exchange plans

Effective July 1, 2025

This list contains prior authorization requirements for health care professionals for Rocky Mountain Health Plans (RMHP) Individual Exchange Plan\* members in Colorado. Services not covered under the Evidence of Coverage will be subject to prior authorization.

This list changes periodically. Updates are announced in the UnitedHealthcare **Network News**. Please see our **Advance Notification and Prior Authorization Requirements** for the most current information.

## Requesting prior authorization for the listed services

- Participating and non-participating health care professionals may fax requests and documentation to **888-240-2689** or email [rmhpbhvm@uhc.com](mailto:rmhpbhvm@uhc.com)
- For questions about behavioral health services (including mental health and substance use disorders), call **888-478-4760**
- Admitting facility may give notification by calling **888-282-8801**

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

## Single-case agreement requirements

For RMHP Individual Exchange plans, the following CPT® codes do not require authorization for out-of-network providers. However, they do require a single-case agreement for payment.

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|---------|------------|---------|
| • 90832 | • 90838    | • 90847 |
| • 90833 | • 90839    | • 90849 |
| • 90834 | • 90839+ET | • 90853 |
| • 90836 | • 90840    |         |
| • 90837 | • 90846    |         |

To initiate this process, please email [bh.sca.requests@uhc.com](mailto:bh.sca.requests@uhc.com).

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

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.	Rev codes 114, 116, 118, 124, 126, 128, 134, 136, 138, 144, 146, 148, 154, 156, 158, 204
<b>Psychiatric residential treatment (acute treatment unit)</b>	Requires prior authorization.	Rev code 1001
<b>Psychiatric residential treatment facility (PRTF) and qualified residential treatment program (Q RTP) and all other services associated with rev code 1001</b>	Requires prior authorization.	Rev code 1001
<b>Behavioral health partial hospitalization program (PHP)</b>	Requires prior authorization.	Rev codes 912, 913
<b>Behavioral health intensive outpatient programming (IOP)</b>	Requires pre-service notification. Prior authorization required for services greater than 15 sessions.	Rev code 905
<b>Multisystemic therapy (MST), enhanced MST</b>	Notification required at admission. Prior authorization required after 90 days.	90867, 90868, 90869
<b>Electroconvulsive therapy (ECT)</b>	Requires prior authorization.	Rev code 901 or 90870
<b>Psychological testing (and related codes)</b>	Requires prior authorization.	96136, 96137, 96138, 96139, 96130, 96131
<b>American Society of Addiction Medicine (ASAM) level 3.7 medically monitored inpatient withdrawal management</b>	Notification required at admission. Prior authorization required for 5 or more days.	Rev codes 1000, 1001, 1002
<b>ASAM level 3.7 medically monitored intensive inpatient services</b>	Requires prior authorization.	Rev codes 1000, 1001, 1002
<b>ASAM level 3.5 clinically managed high-intensity residential services, including special connections programs</b>	Requires prior authorization.	Rev codes 1000, 1001, 1002
<b>ASAM level 3.3 clinically managed population-specific high-intensity residential services</b>	Requires prior authorization.	Rev codes 1000, 1001, 1002

Procedures and services	Additional information	CPT or HCPCS codes and/or how to obtain prior authorization
ASAM level 3.1 clinically managed low-intensity residential services	Requires prior authorization.	Rev codes 1000, 1001, 1002
ASAM level 2.5 partial hospitalization program (PHP)	Requires prior authorization.	Rev codes 912, 913
ASAM level 2.1 substance use disorder intensive outpatient programming (SUD IOP)	Notification required at admission. Prior authorization required after 15 sessions.	Rev code 906
Unlisted service codes	Requires prior authorization.	90899 and 99499