

Behavioral health prior authorization requirements for Rocky Mountain Health plans RAE/PRIME

Effective Jan. 1, 2024

General information

This list contains prior authorization requirements for health care professionals for which Rocky Mountain Health Plans (RMHP) RAE/PRIME is the primary payer. 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 Clinical Submission Requirements** for the most current information.

To request prior authorization for services listed:

- Participating and non-participating health care professionals may fax requests and documentation to 970-257-3986 or email rmhpbhvm@uhc.com
- For questions about behavioral health services (including mental health and substance use disorders), call **888-282-8801**
- 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.

Note: The following requires prior authorization:

- All inpatient stays
- Behavioral health partial hospitalization (PHP)
- Behavioral health intensive outpatient programming (IOP)
- Out-of-network behavioral health benefits

Single case agreement requirements

For Rocky Mountain Health Plans (RMHP) RAE/Prime Medicaid products, the following codes do not require authorization, but do require a single case agreement for payment. To initiate this process, please email bh.sca.requests@uhc.com.

- 90832, 90833, 90834, 90836, 90837, 90838, 90839, 90840, 90846, 90847, 90849, 90853



Procedures and services	Additional information	CPT® or HCPCS code and/or how to obtain prior authorization
Behavioral health inpatient hospitalization	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.
Long-term residential treatment excluding qualified residential treatment program (QRTP) and psychiatric residential treatment facility (PRTF)		H0019
Psychiatric residential treatment	Requires prior authorization Except community mental health centers CMHC (POS 53)	H0017
Behavioral health partial hospitalization (PHP)	Requires prior authorization	H0035 rev code 900, 912, 913
Behavioral health intensive outpatient programming (IOP)	Requires prior authorization	S9480
Behavioral health rehabilitation		Rev code 911
Electroconvulsive therapy (ECT)	Requires prior authorization	90870
American Society of Addiction Medicine (ASAM) level 2.5 substance abuse partial hospitalization program	Requires prior authorization	H0016
American Society of Addiction Medicine (ASAM) level 3.7 medically monitored inpatient withdrawal management	Requires prior authorization for 5 or more days. The first days do not require prior authorization.	H0011
ASAM level 3.7 medically monitored intensive inpatient services	Requires prior authorization	H2036
ASAM level 3.5 clinically managed high-intensity residential services, including special connections programs	Requires prior authorization	H2036
ASAM level 3.3 clinically managed population-specific high-intensity residential services	Requires prior authorization	H2036

Procedures and services	Additional information	CPT® or HCPCS code and/or how to obtain prior authorization		
ASAM level 3.1 clinically managed low-intensity residential services	Requires prior authorization			
ASAM level 2.1 intensive outpatient programming (IOP)	Requires prior authorization	S9480	H0015	Rev code 906

* If the member is an RMHP DualCare Plus member, please reference the Medicare prior authorization list first, and if the procedure or service is not covered, refer to the above Medicaid prior authorization list.

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