

Behavioral Health prior authorization requirements Rocky Mountain Health Plans CareAdvantage Value or CareAdvantage Enhanced

Quick reference guide

General information

As of Jan. 1, 2023, the following list contains prior authorization requirements for health care professionals for which Rocky Mountain Health Plans (RMHP) CareAdvantage Value or CareAdvantage Enhanced is the primary payor. We won't authorize services that are not a benefit of the member's evidence of coverage.

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
Partial hospitalization	Requires prior authorization	0900
Vagus nerve stimulation	Requires prior authorization	61885, 61886, 64553, 64568, 64569, 64570
Transcranial magnetic stimulation (TMS)	Requires prior authorization	90867, 90868, 90869
Electroconvulsive therapy (ECT)	Requires prior authorization	90870
Unlisted psychiatric service or procedure	Requires prior authorization	90899
Unlisted evaluation and management service	Requires prior authorization	99499

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

To request prior authorization for services listed:

- RMHP providers may submit requests and supporting documentation to RMHP by visiting our [Advance Notification and Prior Authorization Requirements](#) > Select a Plan Type for the most current information
- Participating and non-participating health care professionals may fax request 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**
- For notification by admitting facility, call **888-282-8801**

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

All non-participating providers are required to submit a request for prior authorization for all behavioral health services.

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

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