

Behavioral Health prior authorization requirements Rocky Mountain Health Plans RAE/PRIME

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) RAE/PRIME is the primary payor. We won't authorize services that are not a benefit of the member's evidence of coverage.

As a reminder, the following items require prior authorization in addition to the list:

- All inpatient stays
- All behavioral health partial hospitalization (PHP)
- All substance use and behavioral health intensive outpatient programming (IOP)
- All non-participating health care professionals are required to submit a prior authorization for all behavioral health services

Procedures and services	Additional information	CPT® or HCPCS codes 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
Acute treatment unit (ATU)	Requires prior authorization	H0017
Short-term residential treatment	Requires prior authorization	H0018
Long-term residential treatment including QRTP and PRTF	Requires prior authorization	H0019
Psychiatric residential treatment	Requires prior authorization	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 day treatment	Requires prior authorization	H2012, Rev Code 907

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization		
Behavioral health rehabilitation	Requires prior authorization	Rev Code 911		
Electroconvulsive Therapy (ECT)	Requires prior authorization	90870		
ASAM Level 3.7 Medically Monitored Inpatient Withdrawal Management	Requires prior authorization for 5 or more days. The first 4 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		
ASAM Level 3.1 Clinically Managed Low Intensity Residential Services	Requires prior authorization	H2036		
ASAM Level 2.1 Intensive Outpatient Programming (IOP)	Requires prior authorization	S9480	H0015	Rev Code 906

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 health care professionals 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 professionals must request prior authorization for all procedures and services, excluding emergent or urgent care.

* 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.

CPT® is a registered trademark of the American Medical Association.

