

Behavioral health prior authorization requirements for Rocky Mountain Health Plans CHP+

Effective April 1, 2026

This list reviews the prior authorization requirements for which Rocky Mountain Health Plans (RMHP) CHP+ 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 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**
- For questions about behavioral health services (including mental health and substance use disorders), call **877-668-5947**
- Admitting facility may give advance notification by calling **877-668-5947**

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.

| 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 facilities. |
| Psychiatric residential treatment (acute treatment unit) | Requires prior authorization. | H0017 |
| Psychiatric residential treatment facility (PRTF) | Requires prior authorization. | Rev code 0911 |
| Qualified residential treatment program (QRTP) and all other services associated with H0019 | Requires prior authorization. | H0019 |

| Procedures and services | Additional information | CPT or HCPCS codes and/or how to obtain prior authorization |
|--|---|--|
| Behavioral health partial hospitalization program (PHP) | Requires prior authorization. | H0035 |
| Behavioral health intensive outpatient programming (IOP) | Notification required at admission. Prior authorization required after 15 sessions. | S9480, rev code 905 |
| Multisystemic therapy (MST), enhanced MST | Notification required at admission. Prior authorization required after 90 days. | H2033, T2022 |
| Functional family therapy (FFT), enhanced FFT | Notification required at admission. Prior authorization required after 90 days. | H0036, H0037, T2022 |
| Electroconvulsive therapy (ECT) | Requires prior authorization. | 90870 |
| Neuropsychological and psychological testing (and related codes) | Requires prior authorization. | 96132, 96133, 96136, 96137, 96138, 96139, 96146, 96130, 96131 |
| Neurobehavioral status exam | Requires prior authorization. | 96116, 96121 |
| American Society of Addiction Medicine (ASAM) level 3.7 medically monitored inpatient withdrawal management | Requires prior authorization. | H0011 |
| ASAM level 3.7 medically monitored intensive inpatient services | Requires prior authorization. | H2036 with Modifier U7. Modifier HD for Special Connections cases. |
| ASAM level 3.5 clinically managed high-intensity residential services, including special connections programs | Requires prior authorization. | H2036 with Modifier U5. Modifier HD for Special Connections cases. |
| ASAM level 3.3 clinically managed population-specific high-intensity residential services | Requires prior authorization. | H2036 with Modifier U3. Modifier HD for Special Connections cases. |
| ASAM level 3.1 clinically managed low-intensity residential services | Requires prior authorization. | H2036 with Modifier U1. Modifier HD for Special Connections cases. |
| ASAM level 2.1 substance use disorder intensive outpatient programming (SUD IOP) | Notification required at admission. Prior authorization required after 15 sessions. | G0137, H0015, rev code 906 |
| ASAM level 2.5 partial hospitalization program (PHP) | Requires prior authorization. | H0016 |
| Unlisted service code | Requires prior authorization. | 99499 |

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