

Behavioral health prior authorization requirements for Rocky Mountain Medicare Advantage and Dual Special Needs Plans

Effective July 1, 2025

This guide provides an overview of the CPT® and HCPCS codes needed to request prior authorization for mental health services when Rocky Mountain Health Plans (RMHP) Medicare Advantage or RMHP Dual Special Needs Plans (DSNP) is the primary payer.

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 **800-701-9054** (DSNP) or **877-842-3210** (MA)
- Admitting facility may give advance notification by calling **800-701-9054** (DSNP) or **877-842-3210** (MA)

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 Medicare Advantage and DSNP, the following CPT codes do not require authorization, but do require a single case agreement for payment:

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

To initiate this process, please email bh.sca.requests@uhc.com.

Procedures and services	Additional information	CPT or HCPCS codes and/or how to obtain prior authorization
Behavioral health inpatient hospitalization	Medicare Advantage plans require notification of admission and discharge. DSNP plans require prior authorization of inpatient hospitalization.	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 (Q RTP) and all other services associated with H0019	Requires prior authorization.	H0019
Behavioral health partial hospitalization program (PHP)	Requires prior authorization.	H0035, rev code 912, rev code 913
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, T2022
Electroconvulsive therapy (ECT)	Requires prior authorization.	90870 and rev code 901
Therapeutic repetitive transcranial magnetic stimulation (TMS) treatment	Requires prior authorization.	90868, 90869 and 90867
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	Notification required at admission. Prior authorization required for 5 or more days.	H0011

Procedures and services	Additional information	CPT or HCPCS codes and/or how to obtain prior authorization
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.	90899, 99499

If you're requesting a prior authorization for a member's DSNP Medicaid services, please refer to **Behavioral health prior authorization RAE/PRIME**.

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