

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

Effective Jan. 1, 2023

## General information

This list contains prior authorization requirements for care providers for which Rocky Mountain Health Plans (RMHP) RAE/PRIME is the primary payor.

Services that are not a benefit of the Member's Evidence of Coverage will not be authorized.

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

### To request prior authorization for services listed:

- RMHP providers submit requests and supporting documentation to RMHP: [UHCprovider.com/priorauth](#) > [Advance Notification and Clinical Submission Requirements](#) > Select a Plan Type for the most current information.
- Participating and Non-participating providers may fax request and documentation to (fax) **970-257-3986** or email [rmhpbhvm@uhc.com](mailto:rmhpbhvm@uhc.com).
- For questions about Behavioral Health Services (including mental, health and substance use disorders), call: (phone) **888-282-8801**.
- Notification by admitting facility call: (phone) **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.

Prior authorization is the process where health care providers seek approval before rendering a service, as required by UnitedHealthcare policy. It's required under the direction of the UnitedHealthcare Health Services Department and is an essential part of any managed care organization. Advance notification is a requirement of care providers to give UnitedHealthcare timely communication of services so we can do a prospective, concurrent and retrospective care review.

All inpatient stays require prior authorization. All behavioral health partial hospitalization (PHP) requires prior authorization. All substance use and behavioral health intensive outpatient programming (IOP) requires prior authorization. All non-participating providers 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.		
<b>Acute Treatment Unit (ATU)</b>	Requires prior authorization	H0017		
<b>Short Term Residential Treatment</b>	Requires prior authorization	H0018		
<b>Long Term Residential Treatment including QRTP and PRTF</b>	Requires prior authorization	H0019		
<b>Psychiatric Residential Treatment</b>	Requires prior authorization	H0017		
<b>Behavioral Health Partial Hospitalization (PHP)</b>	Requires prior authorization	H0035 Rev Code 900, 912, 913		
<b>Behavioral Health Intensive Outpatient Programming (IOP)</b>	Requires prior authorization	S9480		
<b>Behavioral Health Day Treatment</b>	Requires prior authorization	H2012, Rev Code 907		
<b>Behavioral Health Rehabilitation</b>	Requires prior authorization	Rev Code 911		
<b>Electroconvulsive Therapy (ECT)</b>	Requires prior authorization	90870		
<b>ASAM Level 3.7 Medically Monitored Inpatient Withdrawal Management</b>	Requires prior authorization for 5 or more days. The first 4 days do not require prior authorization.	H0011		
<b>ASAM Level 3.7 Medically Monitored Intensive Inpatient Services</b>	Requires prior authorization	H2036		
<b>ASAM Level 3.5 Clinically Managed High Intensity Residential Services, including Special Connections Programs</b>	Requires prior authorization	H2036		
<b>ASAM Level 3.3 Clinically Managed Population Specific High Intensity Residential Services</b>	Requires prior authorization	H2036		
<b>ASAM Level 3.1 Clinically Managed Low Intensity Residential Services</b>	Requires prior authorization	H2036		
<b>ASAM Level 2.1 Intensive Outpatient Programming (IOP)</b>	Requires prior authorization	S9480	H0015	Rev Code 906

*\* If the Member is a 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.*