

# Behavioral health prior authorization requirements for Rocky Mountain Health plans Individual Exchange plans

Effective March 1, 2026

This list contains prior authorization requirements for health care professionals for Rocky Mountain Health Plans (RMHP) Individual Exchange Plan\* members in Colorado. 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](mailto:rmhpbhvm@uhc.com)
- For questions about behavioral health services (including mental health and substance use disorders), call **888-478-4760**
- Admitting facility may give notification by calling **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.

| Procedures and services   | Additional information  | CPT or HCPCS codes and/or how to obtain prior authorization                              |
|---|---|--|
| <b>Behavioral health inpatient hospitalization</b>  | Notification required at admission, authorization required after two days | Rev codes 114, 116, 118, 124, 126, 128, 134, 136, 138, 144, 146, 148, 154, 156, 158, 204 |
| <b>Psychiatric residential treatment (acute treatment unit)</b>   | Requires prior authorization  | Rev code 1001  |
| <b>Psychiatric residential treatment facility (PRTF) and qualified residential treatment program (Q RTP) and all other services associated with rev code 1001</b> | Requires prior authorization  | Rev code 1001  |

\*Also referred to as UnitedHealthcare Individual & Family ACA Marketplace plans.

| Procedures and services   | Additional information   | CPT or HCPCS codes and/or how to obtain prior authorization |
|---|--|---|
| <b>Behavioral health partial hospitalization program (PHP)</b>  | Requires prior authorization   | Rev codes 912, 913  |
| <b>Behavioral health intensive outpatient programming (IOP)</b>   | Requires pre-service notification. Prior authorization required for services greater than 15 sessions. | Rev code 905  |
| <b>Multisystemic therapy (MST), enhanced MST</b>  | Notification required at admission. Prior authorization required after 90 days.                        | Rev codes 90867, 90868, 90869                               |
| <b>Electroconvulsive therapy (ECT)</b>  | Requires prior authorization   | Rev code 901  |
| <b>Psychological testing (and related codes)</b>  | Requires prior authorization   | Rev codes 96136, 96137, 96138, 96139, 96130, 96131          |
| <b>American Society of Addiction Medicine (ASAM) level 3.7 medically monitored inpatient withdrawal management – adolescent</b> | Requires prior authorization   | Rev codes 1000, 1001, 1002                                  |
| <b>ASAM level 3.7 medically monitored intensive inpatient services – adult</b>  | Requires prior authorization   | Rev code 1000   |
| <b>ASAM level 3.7 medically monitored intensive inpatient services – adolescent</b>   | Requires prior authorization   | Rev code 128  |
| <b>ASAM level 3.5 clinically managed high-intensity residential services</b>  | Requires prior authorization   | Rev code 1002   |
| <b>ASAM level 3.1 clinically managed low-intensity residential services</b>   | Requires prior authorization   | Rev code 1003   |
| <b>Level 2.7 medically managed intensive outpatient – adult</b>   | Requires prior authorization   | Rev codes 944, 945  |
| <b>ASAM level 2.5 partial hospitalization program (PHP) – adolescent</b>  | Requires prior authorization   | Rev codes 912, 913  |
| <b>ASAM level 2.5 high intensity outpatient – adult</b>   | Requires prior authorization   | Rev code 907 (H2012 for IFP)                                |
| <b>ASAM level 2.1 substance use disorder intensive outpatient programming (SUD IOP)</b>   | Notification required at admission. Prior authorization required after 15 sessions.                    | Rev code 906  |
| <b>Unlisted service codes</b>   | Requires prior authorization   | Rev codes 90899, 99499                                      |