



Colorado Prior Authorization Requirements for UnitedHealthcare Exchange Plans

Effective January 1, 2025

Overview

This list indicates services requiring prior authorization for participating behavioral health providers for Exchange Plans members in Colorado for inpatient and outpatient behavioral health services listed below. To request prior authorization, please submit your request online.

- **Online:** To submit clinical transactions, please use the Prior Authorization and Notification tool, which can be accessed via the Sign In function on UHCProvider.com

When deciding coverage, the member specific benefit plan document must be referenced as the terms of the member specific benefit plan vary by state.

Prior authorization is not required for emergency or urgent care.

For these benefit plans, members have no non-emergent out-of-network coverage and no coverage outside of the service area.

Service Description	Procedure Code(s)
Inpatient Mental Health	Rev 114, 124, 134, 144, 154, 204
Inpatient Substance Use Detoxification (hospital based)	Rev 116, 126, 136, 146, 156
Substance Use Rehabilitation (hospital based)	Rev 118, 128, 138, 148, 158
Psychiatric Clinic	Rev 513
Evaluation/Initial-BH Treatments/Services	Rev 900
Electoshock Treatment	Rev 901
MH Intensive Outpatient	Rev 905
SUD Intensive Outpatient	Rev 906
Community Behavioral Health Program, Day Treatment	Rev 907
MH/SUD Partial Hospitalization	Rev 912, 913
OP Services- Behavioral Health Testing	Rev 918
OP Services- Other Behavioral Health Treatment/Services	Rev 919
Drug Rehabilitation	Rev 944
Alcohol Rehabilitation	Rev 945
Combined drug and alcohol rehabilitation	Rev 953
Psychiatric	Rev 961
Behavioral Health Accommodations	Rev 1000
Residential Treatment- Psychiatric	Rev 1001
Residential Treatment- Chem Dep	Rev 1002
Supervised Living	Rev 1003
Therapeutic Repetitive Transcranial magnetic stimulation treatment; planning 1 VISIT	90867
Therapeutic Repetitive Transcranial magnetic stimulation treatment; delivery and management, per session 1 VISIT	90868

Service Description	Procedure Code(s)
Therapeutic Repetitive Transcranial Magnetic Stimulation (TMS) treatment; subsequent motor threshold Re-determination with delivery and management 1 VISIT	90869
ECT (Single Seizures)	90870
Unlisted psychiatric service or procedure	90899
Unlisted evaluation and management service	99499