

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
- 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
Behavioral health inpatient hospitalization	Notification required at admission, authorization required after 2 days	Rev codes 114, 116, 118, 124, 126, 128, 134, 136, 138, 144, 146, 148, 154, 156, 158, 204
Psychiatric residential treatment (acute treatment unit)	Requires prior authorization	Rev code 1001
Psychiatric residential treatment facility (PRTF) and qualified residential treatment program (QRTP) and all other services associated with rev code 1001	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
Behavioral health partial hospitalization program (PHP)	Requires prior authorization	Rev codes 912, 913
Behavioral health intensive outpatient programming (IOP)	Requires pre-service notification. Prior authorization required for services greater than 15 sessions.	Rev code 905
Transcranial Magnetic Stimulation (TMS)	Requires prior authorization	90867, 90868, 90869
Electroconvulsive therapy (ECT)	Requires prior authorization	Rev code 901
Psychological testing (and related codes)	Requires prior authorization	96136, 96137, 96138, 96139, 96130, 96131
American Society of Addiction Medicine (ASAM) level 3.7 medically monitored inpatient withdrawal management – adolescent	Requires prior authorization	Rev codes 1000, 1001, 1002
ASAM level 3.7 medically monitored intensive inpatient services – adult	Requires prior authorization	Rev code 1000
ASAM level 3.7 medically monitored intensive inpatient services – adolescent	Requires prior authorization	Rev code 128
ASAM level 3.5 clinically managed high-intensity residential services	Requires prior authorization	Rev code 1002
ASAM level 3.1 clinically managed low-intensity residential services	Requires prior authorization	Rev code 1003
Level 2.7 medically managed intensive outpatient – adult	Requires prior authorization	Rev codes 944, 945
ASAM level 2.5 partial hospitalization program (PHP) – adolescent	Requires prior authorization	Rev codes 912, 913
ASAM level 2.5 high intensity outpatient – adult	Requires prior authorization	Rev code 907; H2012
ASAM level 2.1 substance use disorder intensive outpatient programming (SUD IOP)	Notification required at admission. Prior authorization required after 15 sessions.	Rev code 906
Unlisted service codes	Requires prior authorization	90899, 99499