

Behavioral health prior authorization requirements for Rocky Mountain Health Plans DualCare Plus

Effective date Aug. 1, 2023

The guide below outlines the CPT® and HCPCS codes to request a prior authorization for mental health services. These codes apply when Rocky Mountain Health Plans is the primary payer. Rocky Mountain Health Plans is a Dual Complete plan (DualCare Plus) payer.

Behavioral health services prior authorization guide

Procedures and services	Prior authorization details	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.
Long-term residential treatment excluding Qualified Residential Treatment Program (QRTP) and Psychiatric Residential Treatment Facility (PRTF)	Requires prior authorization	H0019
Psychiatric residential treatment	Requires prior authorization except CMHC (POS 53)	H0017
Behavioral health partial hospitalization (PHP)	Requires prior authorization	H0035, Rev code 900, 912, 913
Behavioral health intensive outpatient programming (IOP)	Requires prior authorization	S9480
Behavioral health rehabilitation	Requires prior authorization	Rev code 911
Electro-convulsive therapy (ECT)	Requires prior authorization	90870
American Society of Addiction Medicine (ASAM) level 3.7 medically monitored inpatient withdrawal management	Requires prior authorization for 5 or more days. The first 4 days don't require prior authorization.	H0011
ASAM level 3.7 medically monitored intensive inpatient services	Requires prior authorization	H2036
ASAM Level 3.5 clinically managed high-intensity residential services, including special connections programs	Requires prior authorization	H2036

Procedures and services	Prior authorization details	CPT® or HCPCS codes and/or how to obtain prior authorization
ASAM level 3.3 clinically managed population-specific high-intensity residential services	Requires prior authorization	H2036
ASAM level 3.1 clinically managed low-intensity residential services	Requires prior authorization	H2036
ASAM level 2.1 intensive outpatient programming (IOP)	Requires prior authorization	S9480, H0015, Rev code 906

We update this information periodically and post those updates on UnitedHealthcare [Network News](#). You can also visit the [Advance Notification and Plan Requirement Resources page](#) > Select a Plan Type for the most current information.

You can submit prior authorization requests in one of the following ways:

- Online: [Advance Notification and Plan Requirement Resources](#) > Select a Plan Type
- Fax: **970-257-3986**
- Email: rmhpbhvm@uhc.com

Learn more

For more information about the prior authorization process, visit our [Prior Authorization page](#). If you have questions, call **888-282-8801**.

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