

Behavioral Health prior authorization requirements Rocky Mountain Health Plans – CareAdvantage Value or CareAdvantage Enhanced

Effective Jan. 1, 2023

General information

This list contains prior authorization requirements for care providers for which Rocky Mountain Health Plans (RMHP) CareAdvantage Value or CareAdvantage Enhanced 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.
- 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 non-participating providers are required to submit a request for prior authorization for all behavioral health services.

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization
Partial Hospitalization	Requires prior authorization	0900
Vagus Nerve Stimulation	Requires prior authorization	61885, 61886, 64553, 64568, 64569, 64570

Transcranial Magnetic Stimulation (TMS)	Requires prior authorization	90867, 90868, 90869
Electroconvulsive Therapy (ECT)	Requires prior authorization	90870
Unlisted psychiatric service or procedure	Requires prior authorization	90899
Unlisted evaluation and management service	Requires prior authorization	99499

** If the Member is a RMHP DualCare Plus Member, please reference the above prior authorization list first. If the procedure or service is not covered, refer to the Medicaid prior authorization list.*