Behavioral health prior authorization requirements for Rocky Mountain Health Plans RAE/PRIME Medicaid

Effective July 1, 2026

This list contains prior authorization requirements for health care professionals for which Rocky Mountain Health Plans (RMHP) RAE/PRIME Medicaid is the primary payer. 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

- Online: Use the Prior Authorization and Notification tool on the UnitedHealthcare Provider Portal. To get started, go to **UHCprovider.com** and click Sign In at the top-right corner to log in using your One Healthcare ID and password. Then, select the Prior Authorization and Notification tab on your dashboard. If you don't have a One Healthcare ID, visit **UHCprovider.com/access**.
- For questions about behavioral health services (including mental health and substance use disorders), call **800-421-6204**
- Admitting facility may give notification by calling **800-421-6204**

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	Requires prior authorization.	All admissions to freestanding inpatient psychiatric facilities or hospital psychiatric facilities.
Psychiatric residential treatment (acute treatment unit)	Requires prior authorization.	H0017
Psychiatric residential treatment facility (PRTF)	Requires prior authorization.	Rev code 0911
Qualified residential treatment program (QRTP) and all other services associated with H0019	Requires prior authorization.	H0019

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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.	H0035
Behavioral health intensive outpatient programming (IOP)	Requires pre-service notification. Prior authorization required for services greater than 15 sessions.	S9480, rev code 905
Multisystemic therapy (MST), enhanced MST	Notification required at admission. Prior authorization required after 90 days.	H2033, T2022
Functional family therapy (FFT), enhanced FFT	Notification required at admission. Prior authorization required after 90 days.	H0036, H0037, T2022
Electroconvulsive therapy (ECT)	Requires prior authorization.	90870
Neuropsychological and psychological testing (and related codes)	Requires prior authorization.	96132, 96133, 96136, 96137, 96138, 96139, 96146, 96130, 96131
Neurobehavioral status exam	Requires prior authorization.	96116, 96121
American Society of Addiction Medicine (ASAM) level 3.7 medically monitored inpatient withdrawal management	Requires prior authorization.	H0011
ASAM level 3.7 medically monitored intensive inpatient services	Requires prior authorization.	H2036 with Modifier U7. Modifier HD for Special Connections cases.
ASAM level 3.5 clinically managed high-intensity residential services, including special connections programs	Requires prior authorization.	H2036 with Modifier U5. Modifier HD for Special Connections cases.
ASAM level 3.3 clinically managed population-specific high-intensity residential services	Requires prior authorization.	H2036 with Modifier U3. Modifier HD for Special Connections cases.
ASAM level 3.1 clinically managed low-intensity residential services	Requires prior authorization.	H2036 with Modifier U1. Modifier HD for Special Connections cases.

Procedures and services	Additional information	CPT or HCPCS codes and/or how to obtain prior authorization
ASAM level 2.1 substance use disorder intensive outpatient programming (SUD IOP)	Notification required at admission. Prior authorization required after 15 sessions.	H0015, rev code 906
ASAM level 2.5 partial hospitalization program (PHP)	Requires prior authorization.	H0016

If the patient is an RMHP DSNP member, please first refer to the **Medicare prior authorization list**.
If the procedure or service is not covered, refer to the above Medicaid prior authorization list.

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