

UnitedHealthcare Exchange Plans in Colorado

Effective Jan. 1, 2025

Overview

This list indicates services requiring prior authorization for participating behavioral health providers for UnitedHealthcare Exchange Plans members in Colorado for inpatient and outpatient behavioral health services listed below.

For these Exchange Plans, members do not have coverage outside of the service area or for non-emergency services rendered by an out-of-network provider or facility. Prior authorization is **NOT required for emergency or urgent care**.

To request prior authorization, please submit your request online:

1. **Use the UnitedHealthcare Provider Portal:** Simply go to UHCPProvider.com and sign in (upper right corner) using your One Healthcare ID and password. Then, use the Prior Authorization and Notification tool. For detailed instructions, review the [interactive guide](#).

OR

2. **Use the Optum Provider Express secure portal:** Go to Providerexpress.com and log in with your One Healthcare ID and password. Then, go to Auths > Auth Request and complete the request. For more information, go to the [Prior Authorizations and Notifications](#) page on *Provider Express*.

Note: It's important to check the member's eligibility and benefits before providing care. Health plans and coverage can change throughout the year. You can review this information on the UnitedHealthcare Provider Portal. This [interactive guide](#) has step-by-step instructions. When reviewing eligibility, be sure to:

1. Verify your network participation in the member's health plan
2. Confirm whether the member is in the plan's grace period
3. Know the member's financial responsibilities at the time of service

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 – Behavioral Health treatments/services	Rev 900
Electroshock treatment	Rev 901
Mental Health Intensive Outpatient	Rev 905
Substance Use Disorder Intensive Outpatient	Rev 906
Community Behavioral Health Program, day treatment	Rev 907
Mental Health/Substance Use Disorder Partial Hospitalization	Rev 912, 913
Outpatient Services- Behavioral Health testing	Rev 918
Outpatient 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

Service Description	Procedure Code(s)
Behavioral Health Accommodations	Rev 1000
Residential Treatment – Psychiatric	Rev 1001
Residential Treatment – Chemical Dependency	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
Therapeutic Repetitive Transcranial Magnetic Stimulation treatment; subsequent motor threshold re-determination with delivery and management, 1 VISIT	90869
Unlisted Psychiatric service or procedure	90899
Unlisted Evaluation and Management service	99499