



Provider Alert

WI Medicaid Prior Authorization List February 1, 2021

| Procedures and Services | CPT/HCPC Codes |
|---|---|
| Inpatient MH and Sub Abuse Services | All inpatient services |
| Partial Hospitalization and Day Treatment Services | S0201 |
| Intensive Outpatient Services | S9480, H0015 |
| BH Day Treatment | H2012 HA, H2012 HF, H2012 U6, H2012 GT |
| Dev Screen w/ Score | 96110 AQ |
| Dev Test Extend | 96111 |
| ECT | 90870 UA |
| MH OP Res Non-Hosp / MH OP Crisis Intervention | H0018 |
| Psych Test Eval | 96130, 96131 |
| Psych and Neuropsych Test Admin/Scoring | 96136, 96137, 96138, 96139 |
| Psychotherapy (Extended Session) | 90837, 90838 HO, HP, UA, UB, UC, U6, GT |
| Transcranial Magnetic Stimulation (TMS) | 90867, 90868 |
| <i>*Please refer to your provider contract to confirm specific codes.</i> | |

This list contains prior authorization requirements for care providers who participate with UnitedHealthcare Community Plan in Wisconsin for inpatient and outpatient services.

To request prior authorization, please submit your request by phone to 1-866-604-3267.