



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.