

Wisconsin Medicaid Managed Care

Effective Oct. 1, 2023

Overview

The table below outlines the behavioral health services that require prior authorization for the Wisconsin Medicaid Managed Care contract.

Please check this list before you provide services to UnitedHealthcare Community Plan members. Additional information about prior authorization for behavioral health services can be found in the Optum Behavioral Health [National Network Manual](#) (pages 38-40). If you have additional questions, please call the Customer Service number on the back of the member's ID card.

Note: All out-of-network (non-participating) providers must obtain prior authorization approval before providing behavioral health services. Prior authorization is not required when rendering emergency services.

Prior authorization requirement ending on Nov. 1, 2023

Service Description	Procedure Code
ECT, single seizure and multiple seizure per day	90870

Prior authorization continues to be required for these codes

Service Description	Revenue Code
Psychiatric Inpatient Mental Health - private room	114
Inpatient Detox - private room	116
Psychiatric Inpatient Mental Health - semiprivate room	124
Inpatient Substance Abuse Detoxification - semiprivate room	126
Psychiatric Inpatient Mental Health - 3-4 beds	134
Inpatient Substance Abuse Detoxification - 3-4 beds	136
Psychiatric Inpatient Mental Health - ward	154
Psychiatric Inpatient Mental Health Intensive Care	204

Service Description	Procedure Code
Residential Treatment	H0018
Partial Hospitalization - Mental Health	H2012
Partial Hospitalization - Substance Abuse	H2012
Service Description	Procedure Code
Intensive Outpatient (IOP) – Mental Health (non-hospital or non-psych hospital)	H2012
Intensive Outpatient (IOP) – Substance Abuse (non-hospital or non-psych hospital)	H2012
Behavioral Health Day Treatment, per Hour - Child/Adolescent	H2012
MH OP Residential Non-Hospital MH OP Crisis Intervention	H0018
Psychological testing evaluation	96130
Psychological testing evaluation	96131
Psychological and Neuropsychological testing administration/scoring	96136 when billed with 96130/96131
Psychological and Neuropsychological testing administration/scoring	96137 when billed with 96130/96131
Psychological and Neuropsychological testing administration/scoring	96138 when billed with 96130/96131
Psychological and Neuropsychological testing administration/scoring	96139 when billed with 96130/96131
Therapeutic Repetitive Transcranial magnetic stimulation treatment; planning 1 visit	90867
Therapeutic Repetitive Transcranial magnetic stimulation treatment; delivery and management, per session 1 visit	90868
Unlisted Psychiatric Service	90899