

Wisconsin Medicaid Managed Care

Effective March 1, 2025

Overview

The table below outlines the behavioral health services that require prior authorization for the UnitedHealthcare Community Plan of 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 38-43) and the UnitedHealthcare Community Plan of Wisconsin [Care Provider Manual](#) (Chapter 7). 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 required for these codes

Service Description	Revenue Code
Psychiatric inpatient mental health - private room	114
Inpatient detoxification - private room	116
Psychiatric inpatient mental health - semiprivate room	124
Inpatient substance use detoxification - semiprivate room	126
Psychiatric inpatient mental health - 3-4 beds	134
Inpatient substance use detoxification - 3-4 beds	136
Psychiatric inpatient mental health - ward	154
Psychiatric inpatient mental health intensive care	204
Intensive outpatient services psychiatric (requires HCPC S9480)	905
Intensive outpatient services substance use disorder (SUD) (requires HCPC H0015)	906

Service Description	Procedure Code
In lieu of service (ILOS) – Sub-acute psychiatric community-based psychiatric and recovery center services	H0018
Day treatment - Mental health	H2012
Day treatment - SUD	H2012
Intensive Outpatient (IOP) – Mental health (non-hospital or non-psych hospital)	H2019
Intensive Outpatient (IOP) – SUD (non-hospital or non-psych hospital)	H2019
Psychological testing evaluation; first hour	96130
Psychological testing evaluation; each additional hour	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 (TMS) treatment; planning 1 visit	90867
Therapeutic repetitive TMS treatment; delivery and management; per session 1 visit	90868
Unlisted psychiatric service	90899