



## Behavioral Health Authorization Guidelines For Medicaid (MMA) and Florida Healthy Kids (FKH)

### **Services rendered by non-participating providers require prior authorization.**

Please refer to your Provider Agreement to confirm the services and procedure codes you are contracted and eligible to provide. This service guide is intended to assist providers by outlining Behavioral Health services and associated CPT codes that may or may not require prior authorization.

This guide does not guarantee coverage or payment. All services are subject to the specific terms, conditions, and limitations of the member's benefit plan. Providers are responsible for verifying member eligibility, benefits, and prior authorization requirements before rendering services. In all cases, the member's benefit plan governs.

| STANDARD SERVICES   | REVENUE CODES                                     | PROCEDURE CODES AND MODIFIERS | PRIOR AUTHORIZATION REQUIRED Y/N |
|---|---|-------------------------------|----------------------------------|
| <b>Hospitalization</b>  |   |                               |                                  |
| Inpatient Psychiatric Care  | 0124  |                               | Y                                |
| Crisis Stabilization  | 0100,<br>0114,<br>0124,<br>0144,<br>0154,<br>0134 |                               | Y                                |
| Inpatient Detoxification  | 0126  |                               | Y                                |
| <b>Residential Treatment – <i>This is not a Covered Benefit for FHK.</i></b>      |   |                               |                                  |
| Statewide Inpatient Psychiatric Program Services Billing Codes                    | 0100  |                               | Y                                |
| Residential Treatment Center-Substance Use Disorders and Rehabilitation Treatment | 0101  |                               | Y                                |



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|--|---------------|---|----------------------------------|
| <b>Partial Hospitalization</b>                                   |               |   |                                  |
| Partial Hospitalization, Psychiatric                             | 0912          | H0035   | Y                                |
| Partial Hospitalization, Psychiatric and Substance Use Disorders | 0912          | H0035   | Y                                |
| <b>Intensive Outpatient Treatment</b>                            |               |   |                                  |
| Behavioral Health Intensive Outpatient Treatment, Mental Health  | 0905          | S9480   | Y                                |
| Behavioral Health Intensive Outpatient Treatment                 | 0906          | H0015   | Y                                |
| <b>Outpatient</b>  |               |   |                                  |
| Psychiatric Diagnostic Evaluation                                |               | 90791<br>(with<br>modifier or<br>modifier GT) | N                                |
| Psychiatric Diagnostic Evaluation with Medical Services          |               | 90792<br>(with<br>modifier or<br>modifier GT) | N                                |
| Substance Abuse Treatment or Detoxification Services             |               | S9475<br>(Expanded Benefit)                   | Y                                |



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|---|---------------|---|---|
| <b>Outpatient</b>   |               |   |   |
| Medication Management   | H2            | 99211 – 99213<br>(with modifier or<br>modifier GT)<br><br>T1015<br>(with and without<br>modifier) | N<br>(For up to 11<br>follow-ups within<br>the plan year,<br>with or without<br>add-on 90833) |
| Individual Psychotherapy  |               | 90832<br>(30-minutes)<br>90837<br>(60-minutes)<br>90834<br>(45-minutes)                           | N<br>(For up to 9<br>follow-up visits<br>within the plan<br>year)                             |
| Family Psychotherapy<br>(without patient)                               |               | 90846   |   |
| Family Psychotherapy<br>(with patient)                                  |               | 90847   |   |
| Group Psychotherapy   |               | 90853   |   |
| Consults at Skilled<br>Nursing Facility or<br>Custodial Care- Follow-up |               | 99308   | N<br>(For up to 6 visits<br>in the plan year)   |
| Consults at ALF - Initial   |               | 99325   | N   |



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|--|---------------|-------------------------------|---|
| <b>Outpatient</b>  |               |                               |   |
| Consults at ALF - Follow-up  |               | 99334                         | N<br>(For up to 6 visits in the plan year)  |
| Behavioral Health Day Services, mental health<br>1 unit = 1 hour<br><br>Must provide a minimum of 2 hours to a maximum of 4 hours per day.<br>Same-day hours do not have to be consistent.<br>190-hour units per member per fiscal year. |               | H2012                         | N<br>(For 120 units/ 30 hours per fiscal year).<br><br>Pre-authorization is required for additional units |
| Behavioral Health Day Services, substance abuse<br><br>1 unit = 1 hour<br>190-hour units per member per fiscal year  |               | H2012<br>HF                   | N<br>(For 120 units/ 30 hours per fiscal year)<br>Pre-authorization is required for an additional unit.   |
| Psychosocial Rehabilitation Services   |               | H2017                         | Y   |



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|---|---------------|-------------------------------|---|
| <b>Outpatient</b>   |               |                               |   |
| Mental Health Clubhouse Services  |               | H2030                         | Y   |
| Therapeutic Behavioral On-Site Services, Therapy<br><i>(Child/Adolescent Services limited to recipients under age 21)</i> |               | H2019<br>HO                   | N<br>(For 960 units/ 240 hours per fiscal year)<br><br>Pre-authorization is required for additional units |
| 1 unit = 15 minutes<br>36 Units per member per month, combined with H2019 HN  |               |                               |   |
| Comprehensive Behavioral Health Assessment<br><i>(0-20 years of age)</i>  |               | H0031<br>HA                   | N<br>(For the initial 15 hours)<br><br>Pre-authorization is required for up to five (5) additional hours  |
| 1 per member per fiscal year<br>1 unit = 15 minutes<br>80 units (20 hours) per member per fiscal year                     |               |                               |   |



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|---|---------------|-------------------------------|----------------------------------|
| <b>Outpatient – <i>Targeted Case Management is not a Covered Benefit for FHK</i></b>  |               |                               |                                  |
| Targeted Case Management for Children<br><i>(Birth through age 17)</i><br><br>1 unit = 15 minutes<br>344 units per month        | H2            | T1017<br>HA                   | N                                |
| Targeted Case Management for Adults<br><i>(18 years or older)</i><br>1 unit = 15 minutes<br>344 units per month                 |               | T1017                         | Y                                |
| Intensive Team Targeted Case Management for Adults<br><i>(18 years or older)</i><br><br>1 unit = 15 minutes<br>48 units per day |               | T1017<br>HK                   | Y                                |



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| <b>Behavior Analysis (BA) – <i>BA is not a Covered Benefit for FHK</i></b>   |  |   |   |
|--|--|---|---|
| Behavior Identification-<br><b>Assessment</b> and<br><b>Re-assessment</b>  |  | 9715,<br>97151 TS                         | Y |
| Behavior Identification-<br>Supporting Assessment  |  | 97152                                     | Y |
| Assessment add-on<br>Practitioner  |  | 0362T                                     | Y |
| Behavior treatment <b>with</b><br>protocol modification  |  | 97155,<br>97155, HN, XP                   | Y |
| Behavior treatment <b>by</b><br>protocol   |  | 97153,<br>97153 XP                        | Y |
| Treatment ad-on<br>practitioner  |  | 0373T                                     | Y |
| Family training by Lead<br>Analyst and via<br>telemedicine   |  | 97156,<br>97156 GT                        | Y |
| Family training by an<br>assistant   |  | 97156 HN                                  |   |
| Group BA services by<br>protocol for <b>two, three,</b><br><b>four, five</b> , or <b>six</b> clients<br>in a group         |  | 97154 <b>UN, UP, UQ, UR,</b><br><b>US</b> | Y |
| Group BA services with<br>protocol modification for<br><b>two, three, four, five</b> , or<br><b>six</b> clients in a group |  | 97158 <b>UN, UP, UQ, UR,</b><br><b>US</b> | Y |