

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

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 H2	PROCEDURE CODES AND MODIFIERS	PRIOR AUTHORIZATION REQUIRED Y/N
Hospitalization			
Inpatient Psychiatric Care	0124		Y
Crisis Stabilization	0100, 0114, 0124, 0144, 0154, 0134		Y
Inpatient Detoxification	0126		Y
Residential Treatment – <i>This is not a Covered Benefit for FHK.</i>			
Statewide Inpatient Psychiatric Program Services Billing Codes	0100		Y
Residential Treatment Center-Substance Use Disorders and Rehabilitation Treatment	0101		Y

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STANDARD SERVICES	REVENUE CODES H2	PROCEDURE CODES AND MODIFIERS	PRIOR AUTHORIZATION REQUIRED Y/N
Partial Hospitalization			
Partial Hospitalization, Psychiatric	0912	H0035	Y
Partial Hospitalization, Psychiatric and Substance Use Disorders	0912	H0035	Y
Intensive Outpatient Treatment			
Behavioral Health Intensive Outpatient Treatment, Mental Health	0905	S9480	Y
Behavioral Health Intensive Outpatient Treatment	0906	H0015	Y
Outpatient			
Psychiatric Diagnostic Evaluation		90791 (with modifier or modifier GT)	N
Psychiatric Diagnostic Evaluation with Medical Services		90792 (with modifier or modifier GT)	N
Substance Abuse Treatment or Detoxification Services		S9475 (Expanded Benefit)	Y

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

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

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

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

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