

## Behavioral Health Authorization Guidelines Medicaid MMA and FHK

Please refer to your Provider Agreement to identify services/procedure codes you are contracted and eligible to provide.

**BEHAVIOR ANALYSIS WILL BE PROVIDED BY HEALTH NETWORK ONE (HN1),  
PLEASE CONTACT HN1 AT 1-888-550-8800.**

**All non-participating providers require prior authorization.**

STANDARD SERVICES	REVENUE CODES H2	PROCEDURE CODES AND MODIFIERS	PRIOR AUTHORIZATION REQUIRED Y/N
<b>Hospitalization</b>			
Inpatient Psychiatric Care	0124		Y
Crisis Stabilization	0100, 0114, 0124, 0144, 0154, 0134		Y
Inpatient Detoxification	0126		Yes, PA Required
<b>Residential Treatment (MMA members only)</b>			
Statewide Inpatient Psychiatric Program Services Billing Codes	0100		Yes, PA Required
Residential Treatment Center-Substance Use Disorders and Rehabilitation Treatment	0101		Y
<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 (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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<b>Outpatient</b>			
<p>Medication Management</p> <p>Medication management is not reimbursable on the same day, for the same recipient, as brief group medical therapy or brief individual medical psychotherapy.</p>		<p>99211 – 99213 (with modifier or modifier GT)</p> <p>T1015 (with and without modifier)</p>	<p>N</p> <p>(For up to 11 follow-ups within the plan year, with or without add-on 90833)</p>
<p>Individual Psychotherapy</p> <p>Family Psychotherapy (without patient)</p> <p>Family Psychotherapy (with patient)</p> <p>Group Psychotherapy</p>		<p>90832 (60- minutes)</p> <p>90834 (45- minutes)</p> <p>90846</p> <p>90847</p> <p>90853</p>	<p>N</p> <p>(For up to 9 follow-up visits within the plan year)</p>
<p>Consults at Skilled Nursing Facility or Custodial Care-Follow-up</p>		99308	<p>N</p> <p>(For up to 6 visits in plan year)</p>
<p>Consults at ALF - Initial</p>		99325	N
<p>Consults at ALF - Follow-up</p>		99334	<p>N</p> <p>(For up to 6 visits in plan year)</p>
<p>Behavioral Health Day Services, mental health 1 unit = 1 hour</p> <p>Must provide a minimum of 2 hours to a max of 4 hours per day. Same-day hours do not have to be consistent. 190-hour units per member per fiscal year.</p>		H2012	<p>N</p> <p>(For 120 units/ 30 hours per fiscal year).</p> <p>Pre-authorization is required for additional units</p>
<p>Behavioral Health Day Services, substance abuse</p> <p>1 unit = 1 hour 190-hour units per member per fiscal year</p>		H2012 HF	<p>N</p> <p>(For 120 units/ 30 hours per fiscal year)</p> <p>Pre-authorization is required for additional unit.</p>

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<b>Outpatient</b>			
<p>Psychosocial Rehabilitation Services</p> <p>1 unit = 15 minutes 1,920 units = 20 days/480 hours per member per fiscal year</p>		H2017	<p>N (For 960 units/ 240 hours per fiscal year)</p> <p>Pre-authorization is required for additional units.</p>
<p>Therapeutic Behavioral On-Site Services, Therapy <i>(Child/Adolescent Services limited to recipients under age 21)</i></p> <p>1 unit = 15 minutes 36 Units per member per month, combined with H2019 HN</p>		H2019 HO	<p>N (For 960 units/ 240 hours per fiscal year)</p> <p>Pre-authorization is required for additional units</p>
<p>Comprehensive Behavioral Health Assessment <i>(0-20 years of age)</i></p> <p>1 per member per fiscal year 1 unit = 15 minutes 80 units (20 hours) per member per fiscal year</p>		H0031 HA	<p>N (For initial 15 hours)</p> <p>Pre-authorization is required for up to 5 additional hours</p>
<p>Targeted Case Management for Children <i>(Birth through age 17)</i></p> <p>1 unit = 15 minutes 344 units per month</p>		T1017 HA	<p>N (For 516 units / 129 hours per fiscal year)</p> <p>Pre-authorization is required for additional units</p>
<p>Targeted Case Management for Adults <i>(18 years or older)</i></p> <p>1 unit = 15 minutes 344 units per month</p>		T1017	<p>N For 516 units/ 129 hours) per fiscal year</p> <p>Pre-authorization is required for additional hours</p>

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<b>Outpatient</b>			
Intensive Team Targeted Case Management for Adults <i>(18 years or older)</i>  1 unit = 15 minutes 48 units per day		T1017 HK	N For 516 units/ 129 hours per fiscal year  Pre-authorization is required for additional hours

### **IMPORTANT LINKS**

- MMA
  - [MMA Provider Handbook](#)
  - Behavioral Health and Health Facilities:  
[Behavioral Health and Health Facilities | Florida Agency for Health Care Administration \(myflorida.com\)](#)
  - Behavioral Health Community Support Services Coverage Policy:  
[59G-4.031.pdf \(myflorida.com\)](#)
  - Provider Reimbursement Schedules and Billing Codes:  
[Rule 59G-4.002, Provider Reimbursement Schedules and Billing Codes | Florida Agency for Health Care Administration \(myflorida.com\)](#)
- FHK
  - [FHK Provider Handbook](#)