

Behavioral Health Authorization Guidelines For Medicaid (MMA) and Florida Healthy Kids (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
Hospitalization			
Inpatient Psychiatric Care	0124		Y
Crisis Stabilization	0100, 0114, 0124, 0144, 0154, 0134		Y
Inpatient Detoxification	0126		Y
Residential Treatment (MMA only)			
Statewide Inpatient Psychiatric Program Services Billing Codes	0100		Y
Residential Treatment Center- Substance Use Disorders and Rehabilitation Treatment	0101		Y

As of September 15, 2025

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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

As of September 15, 2025

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Outpatient			
Medication Management		99211 – 99213 (with modifier or modifier GT) T1015 (with or 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

As of September 15, 2025

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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.

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Outpatient			
Psychosocial Rehabilitation Services		H2017	Y
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 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

As of September 15, 2025