



2022 Behavioral Health Authorization Guidelines Medicare MMA DSNP Plans

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

All Non-Participating providers require prior authorization.

All service codes not included in this table require prior authorization.

PROFESSIONAL BEHAVIORAL HEALTH SERVICES				
Service Description	Billable Provider Type(s)	Billing Codes & Add On(s)	Allowed Locations	Prior Authorization Required
Psychiatric Diagnostic Evaluation	MD, DO, PhD, PsyD, ARNP., LMHC, LCSW, LMFT	90791 (with modifier or without modifier GT)	03,04,11,12, 13,19,22,33, 50,71,72,99	No
Psychiatric Diagnostic Evaluation with Medical Services	MD, DO, ARNP	90792 (with modifier or without modifier GT)	03,04,11,12, 13,19,22,33, 50,71,72,99	No
Medication Management	MD, DO, ARNP	99211 - 99213 (with modifier or without modifier GT)	11,19, 22, 49, 50, 71, 72,	No



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PROFESSIONAL BEHAVIORAL HEALTH SERVICES				
Service Description	Billable Provider Type(s)	Billing Codes & Add On(s)	Allowed Locations	Prior Authorization Required
Individual Psychotherapy Family Psychotherapy (without patient) Family Psychotherapy (with patient) Group Psychotherapy	MD, DO, PhD, PsyD, ARNP, LCSW, LMFT, LMHC	90832,90834, 90846, 90847, 90853	03,04,11,12, 13,19,22,33, 50,71,72,99	No
Consults at Skilled Nursing Facility or Custodial Care - Assessment	MD, ARNP	99305	31, 32	No



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PROFESSIONAL BEHAVIORAL HEALTH SERVICES				
Service Description	Billable Provider Type(s)	Billing Codes & Add On(s)	Allowed Locations	Prior Authorization Required
Consults at Skilled Nursing Facility or Custodial Care - Follow-up	MD, ARNP	99308	31, 32	No
Consults at ALF - Initial	MD, ARNP	99325	12, 13	No
Consults at ALF - Follow-up	MD, ARNP	99334	12, 13	No



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COMMUNITY MENTAL HEALTH CENTER (CMHC) SERVICES				
Please note that Community Mental Health Centers must submit a roster of clinicians rendering services in order to avoid claim pends.				
Service Description	Billable Provider Type(s)	Billing Codes & Modifier(s)	Allowed Locations	Prior Authorization Required
Behavioral Health Day Services, mental health (for children ages 2 through 5 years) 1 unit = 1 hour	MD, PhD, PsyD, ARNP, LPC, LCSW, LMFT, LMHC, CAP-Masters Level	H2012*	53, 57	YES Pre-authorization is required for Medical Necessity at Unit 1



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Service Description	Billable Provider Type(s)	Billing Codes & Modifier(s)	Allowed Locations	Prior Authorization Required
Behavioral Health Day Services, mental health <i>1 unit = 1 hour</i>	MD, PhD, PsyD, ARNP, LPC, LCSW, LMFT, LMHC, CAP-Masters Level	H2012*	03, 04, 11, 12, 33, 53, 57, 99	YES Pre-authorization is required for Medical Necessity at Unit 1
Behavioral Health Day Services, substance abuse <i>1 Unit = 1 hour</i>	MD, PhD, PsyD, ARNP, LPC, LCSW, LMFT, LMHC, CAP-Masters Level	H2012* HF	03, 04, 11, 12, 33, 53, 57, 99	YES Pre-authorization is required for Medical Necessity at Unit 1



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Service Description	Billable Provider Type(s)	Billing Codes & Modifier(s)	Allowed Locations	Prior Authorization Required
Psychosocial Rehabilitation Services <i>1 unit = 15 minutes</i>	MD, PhD, PsyD, ARNP, LPC, LCSW, LMFT, LMHC, CAP- Masters Level	H2017*	02, 03, 04,10, 11, 12, 33, 53, 57, 99	YES Pre-authorization is required for Medical Necessity at Unit 1
Therapeutic Behavioral On-Site Services, Therapy <i>(Child/Adolescent) Services limited to recipients under age 21</i> <i>1 unit = 15 minutes</i>	MD, Psychologist, LCSW, LMFT, LMHC, CAP- Master Level	H2019* HO	03, 04,11, 12, 33, 53, 57, 99	YES Pre-authorization is required for Medical Necessity at Unit 1



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Service Description	Billable Provider Type(s)	Billing Codes & Modifier(s)	Allowed Locations	Prior Authorization Required
Comprehensive Behavioral Health Assessment <i>0-20 years of age</i> <i>1 unit = 15 minutes</i>	MD, DO, PhD, PsyD,, ARNP, LCSW, LMFT, LMHC	H0031* HA	03, 11, 12, 33, 53, 99	YES Pre-authorization is required for Medical Necessity at Unit 1



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COMMUNITY MENTAL HEALTH CENTER (CMHC) SERVICES				
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TARGETED CASE MANAGEMENT				
Service Description	Billable Provider Type(s)	Billing Codes & Modifier(s)	Allowed Locations	Prior Authorization Required
Children's Mental Health Target Group <i>Birth through age 17</i> <i>1 unit = 15 minutes</i>	Masters, some at Bachelor's with Masters Supervision	T1017*	03, 04,11,12, 53, 99	YES Pre-authorization is required for Medical Necessity at Unit 1
Adult Mental Target Group <i>18 years or older</i> <i>1 unit = 15 minutes</i>	Most Masters, some at Bachelor's with Masters Supervision	T1017*	03, 04,11,12, 53, 99	YES Pre-authorization is required for Medical Necessity at Unit 1



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TARGETED CASE MANAGEMENT				
Service Description	Billable Provider Type(s)	Billing Codes & Modifier(s)	Allowed Locations	Prior Authorization Required
Adult Mental Target Group 18 years or older 1 unit = 15 minutes	Most Masters, some at Bachelor's with Masters Supervision	T1017* HK	03, 04,11,12, 53, 99	YES Pre-authorization is required for Medical Necessity at Unit 1

*Per AHCA Memo dated 3/15/2022 Statewide Medicaid Managed Care (SMMC) Policy Transmittal: 2022-01
 Re: Community Behavioral Health Services and Targeted Case Management (TCM) Services

Effective immediately and until further notice, service limits (frequency and duration) for the following fee schedules for dates of service on or after July 1, 2021 are waived.

- Child Health Targeted Case Management Services Fee Schedule, Rule 59G-4.002, Florida Administrative Code (F.A.C.);
- Community Behavioral Health Services Fee Schedule, 59G-4.002, F.A.C.; and
- Mental Health Targeted Case Management Services Fee Schedule, Rule 59G-4.002, F.A.C.

However, the waiving of service limits **does not** remove a managed care plan's ability to require prior authorization for medical necessity for these services.