



Florida Statewide Medicaid Managed Care (SMMC)

Includes Managed Medicaid Assistance (MMA) and Comprehensive MMA + Long-Term Care

Effective February 1, 2025

Overview

The table below outlines the behavioral health services that require prior authorization for the UnitedHealthcare Community Plan of Florida Statewide Medicaid Managed Care contract.

Please check this list before you provide services to UnitedHealthcare Community Plan members. Additional information about prior authorization for behavioral health services can be found in the Optum Behavioral Health [National Network Manual](#) (pages 38-43) and the UnitedHealthcare Community Plan of Florida [Care Provider Manual](#) (Chapter 7). If you have additional questions, please call the Customer Service number on the back of the member's ID card.

Note: All out-of-network (non-participating) providers must obtain prior authorization approval before providing behavioral health services. Prior authorization is not required when rendering emergency services.

Prior authorization is required for these codes

Service Description	Revenue Code	Additional Information
Statewide inpatient psychological program (SIPP)	100	
All-inclusive room and board	101	
Room and board (one bed) - Psychological	114	
Room and board (one bed) - Detoxification	116	
Room and board (one bed) - Rehabilitation	118	
Room and board (two beds) - Psychological	124	
Room and board (two beds) - Detoxification	126	
Room and board (two beds) - Rehabilitation	128	
Room and board (three and four beds) - Psychological	134	
Room and board (three and four beds) - Detoxification	136	
Room and board (three and four beds) - Rehabilitation	138	
Room and board (deluxe private) - Psychological	144	
Room and board (deluxe private) - Detoxification	146	
Room and board (deluxe private) - Rehabilitation	148	
Room and board ward - Psychological	154	
Room and board ward - Detoxification	156	
Room and board - Rehabilitation	158	
Psychiatric clinic	513	Network providers: This code should only be used when mandated by your contract. You must also include the appropriate CPT code for the services provided. All other providers should submit claims with just the appropriate CPT code for services provided.

Service Description	Revenue Code	Additional Information
Behavior health treatment/services - general classification	900	This code must be billed with an appropriate CPT code. If the CPT code you're billing with requires prior authorization, this revenue code will also require authorization before services are provided.
Substance use disorder intensive outpatient program (IOP)	906	
Psychiatric/Psychological services: Partial hospitalization - less intensive	912	
Testing	918	If the CPT code you are billing with requires prior authorization, this revenue code will also require authorization before services are provided.
Drug rehabilitation	944	
Alcohol rehabilitation	945	
Residential treatment-psychiatric	1001	
Substance use disorder-short-term residential (SRT)	1002	

Service Description	Procedure Code	Additional Information
Psychological testing evaluation	96130	
Psychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standardized test	96131	
Psychological or neuropsychological test administration and scoring by physician or other qualified health care professional, two or more tests, any method; first 30 minutes	96136	• Auth required – Only if the admin and scoring codes are submitted with psychological testing eval codes 96130 and 96131 • No auth required - If the admin and scoring codes are submitted with neuropsychological testing eval codes 96132 and 96133
Psychological or neuropsychological test administration and scoring by physician or other qualified health care professional, two or more tests, any method; each additional 30 minutes	96137	• Auth required – Only if the admin and scoring codes are submitted with psychological testing eval codes 96130 and 96131 • No auth required - If the admin and scoring codes are submitted with neuropsychological testing eval codes 96132 and 96133
Psychological or neuropsychological test administration and scoring by technician, two or more tests, any method; first 30 minutes	96138	• Auth required – Only if the admin and scoring codes are submitted with psychological testing eval codes 96130 and 96131 • No auth required - If the admin and scoring codes are submitted with neuropsychological testing eval codes 96132 and 96133

Service Description	Procedure Code	Additional Information
Psychological or neuropsychological test administration and scoring by technician, two or more tests, any method; each additional 30 minutes	96139	• Auth required – Only if the admin and scoring codes are submitted with psychological testing eval codes 96130 and 96131 • No auth required - If the admin and scoring codes are submitted with neuropsychological testing eval codes 96132 and 96133
Behavior identification assessment, administered by a physician or other qualified health care professional; each 15 minutes of the physician's or other qualified health care professional's time , face-to-face with patient and/or guardian(s)/caregiver(s) administering assessments and discussing findings and recommendations, and non-face-to-face analyzing past data, scoring/interpreting the assessment, and preparing the report/treatment plan	97151	
Behavior identification-supporting assessment, administered by one technician under the direction of a physician or other qualified health care professional, face-to-face with the patient; each 15 minutes	97152	
Adaptive behavior treatment by protocol, administered by technician under the direction of a physician or other qualified health care professional, face-to-face with one patient; each 15 minutes	97153	
Group adaptive behavior treatment by protocol, administered by technician under the direction of a physician or other qualified health care professional, face-to-face with two or more patients; each 15 minutes	97154	
Adaptive behavior treatment with protocol modification, administered by physician or other qualified health care professional, which may include simultaneous direction of technician, face-to-face with one patient; each 15 minutes	97155	
Family adaptive behavior treatment guidance, administered by physician or other qualified health care professional (with or without the patient present), face-to-face with guardian(s)/caregiver(s); each 15 minutes	97156	
Multiple-family group adaptive behavior treatment guidance, administered by physician or other qualified health care professional (without the patient present), face-to-face with multiple sets of guardians/caregivers; each 15 minutes	97157	
Group adaptive behavior treatment with protocol modification, administered by physician or other qualified health care professional, face-to-face with multiple patients; each 15 minutes	97158	
Behavior identification supporting assessment, each 15 minutes of technicians' time face-to-face with a patient , requiring the following components: administration by the physician or other qualified health care professional who is on site; with the assistance of two or more technicians; for a patient who exhibits destructive behavior; completion in an environment that is customized to the patient's behavior.	0362T	

Service Description	Procedure Code	Additional Information
Adaptive behavior treatment with protocol modification; each 15 minutes of technicians' time face-to-face with a patient , requiring the following components: administration by the physician or other qualified health care professional who is on site; with the assistance of two or more technicians; for a patient who exhibits destructive behavior; completion in an environment that is customized to the patient's behavior.	0373T	
Therapeutic group care services	H0019	
Homebuilders: Community psychiatric supportive treatment, face-to-face; per 15 minutes	H0036 HK, HO, HN	
Functional family therapy: Family psychotherapy (conjoint psychotherapy) (with patient present); 50 minutes	H0036 HA	
Psychological testing	H2019	
Community based wrap around services: An intensive level of community-based services provided by a mental health team to help members and prevent residential treatment. (ILOS SIPP)	H2022	
Multisystemic therapy for juveniles; per 15 minutes	H2033	
First episode psychosis program: Early intervention services for members experiencing first episode psychosis.	H2040	

The following home and community based services are generally not subject to prior authorization; however, outlier cases (i.e., those subject to higher utilization) identified by claims data are subject to clinical review to assess whether continued care is medically necessary.

Service Description	Procedure Code
Targeted case management for children (birth through age 17)	T1017 HA
Targeted case management for adults (18 years and older)	T1017
Psychosocial rehabilitation services	H2017