

Florida Covered Services & Authorization Grid



An asterisk (*) denotes a service that always requires prior-authorization. Please call Cenpatico at 866-796-0530 to obtain an authorization or fax a completed Outpatient Treatment Request (OTR) form to 866-694-3649 to obtain prior-authorization or request additional sessions.

Acute Care & Step-Down Services

Cenpatico covers an array of acute care and step-down services; Inpatient Psych*, Inpatient Detoxification* (*detox is only covered for Members that are pregnant*), Inpatient Eating Disorder treatment*, Crisis Stabilization*, Observation*, Electroconvulsive Therapy (ECT*, Partial Hospitalization Program-Psych (PHP)*, and Intensive Outpatient Program-Psych (IOP)*.

Please refer to your Agreement with Cenpatico to determine the services and respective billing codes you are contracted to provide.

Inpatient Setting Professional Services

Service Description	Billable Provider Types	Billing Codes
<i>Diagnostic Interview:</i>	MD, PA, ARNP, PHD, LMHC, LPC, LCSW & LMFT	90801, 90802
<i>Insight Oriented/Behavior Modifying Therapy</i>	MD	90816, 90817, 90818, 90819, 90821, 90822 <i>(No auth required if billed in conjunction with authorized Inpatient, Crisis Stabilization or Partial Hospitalization Program care)</i>
<i>Interactive Psychotherapy:</i>	MD	90823, 90824, 90826, 90827, 90828, 90829 <i>(No auth required if billed in conjunction with authorized Inpatient, Crisis Stabilization or Partial Hospitalization Program care)</i>
<i>Initial Hospital Care:</i>	MD, PA, and ARNP	99221, 99222, 99223 <i>(No auth required if billed in conjunction with authorized Inpatient, Crisis Stabilization or Partial Hospitalization Program care)</i>
<i>Subsequent Hospital Care:</i>	MD, PA, and ARNP	99231, 99232 <i>(No auth required if billed in conjunction with authorized Inpatient, Crisis Stabilization or Partial Hospitalization Program care)</i>
	MD	99233 <i>(No auth required if billed in conjunction with authorized Inpatient, Crisis Stabilization or Partial Hospitalization Program care)</i>
<i>Hospital Discharge:</i>	MD, PA, and ARNP	99238, 99239 <i>(No auth required if billed in conjunction with authorized Inpatient, Crisis Stabilization or Partial Hospitalization Program care)</i>
<i>Inpatient Consultation:</i>	MD, PA, and ARNP	99251, 99252, 99253, 99254
	MD	99255
<i>Initial Observation Care:</i>	MD, PA, and ARNP	99218, 99219, 99234, 99235
	MD	99220, 99236
<i>ECT Services:</i>	MD	90870*

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Outpatient Setting Professional Services		
Service Description	Billable Provider Types	Billing Codes
<i>Diagnostic Interview:</i>	MD, PA, ARNP, PHD, LMHC, LPC, LCSW & LMFT	90801, 90802
<i>Insight Oriented/Behavior Modifying or Supportive Therapy:</i>	MD, PA, ARNP, PHD, LMHC, LPC, LCSW & LMFT	90804, 90806, 90808, 90810, 90812, 90814
<i>Insight Oriented/Behavior Modifying or Supportive Therapy With Med Management:</i>	MD, PA, and ARNP	90805, 90807, 90809, 90811, 90813, 90815
<i>Med Check:</i>	MD, PA, and ARNP	90862
<i>Other Psychotherapy:</i>	MD, PA, ARNP, PHD, LMHC, LPC, LCSW & LMFT	90846, 90847, 90853
	MD	90845
<i>Psych Testing:</i>	MD and PHD	96101*, 96102*, 96103*, 96105*
<i>Neuropsych Testing:</i>	MD and PHD <i>(MD must be a licensed Psychiatrist)</i>	96116*, 96118*, 96119*, 96120*
<i>Office Consults:</i>	MD, ARNP, and PHD	99241*, 99242*, 99243*, 99244*
	MD	99245*

Community Behavioral Health Services	
Service Description	Billing Codes
<i>Assessment Services:</i>	H0031 H0031, HN H0031, HO H0031, TS H2000 H2000, HO H2000, HP H2010, HO
<i>Treatment Plan:</i>	H0032 H0032, TS
<i>Medical & Psychiatric Services:</i>	H2010, HE H2010, HQ T1023, HE H0046 T1015 T1015, HE
<i>Therapy Services:</i>	H2019, HQ H2019, HR
<i>Psych Testing:</i>	H2019*
<i>Day Services:</i>	H2012*
<i>Support Services:</i>	H2017*
<i>On-Site Services:</i>	H2019, HM* H2019, HN* H2019, HO*

Targeted Case Management Services	
Service Description	Billing Codes
<i>Targeted Case Management:</i>	T1017* T1017, HA* T1017, HK*