



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
<p>CBH 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)*.</p> <p style="text-align: center;">Please refer to your Agreement with CBH to determine the services and respective billing codes you are contracted to provide.</p>

Inpatient Setting Professional Services		
Service Description	Billable Provider Types	Billing Codes
Diagnostic Interview:	MD, PA, ARNP, PHD, LMHC, LPC, LCSW & LMFT	90801, 90802
Insight Oriented/Behavior Modifying Therapy	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>
Interactive Psychotherapy:	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>
Initial Hospital Care:	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>
Subsequent Hospital Care:	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>
Hospital Discharge:	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>
Inpatient Consultation:	MD, PA, and ARNP	99251, 99252, 99253, 99254
	MD	99255
Initial Observation Care:	MD, PA, and ARNP	99218, 99219, 99234, 99235
	MD	99220, 99236
ECT Services:	MD	90870*

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

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

Targeted Case Management Services	
Service Description	Billing Codes
Targeted Case Management:	T1017* T1017, HA* T1017, HK*