



Aetna Better Health[®] of Florida

In Lieu of Services Resource Guide

For our Aetna Medicaid members there are behavioral health treatment options. They are considered in lieu of services that may be medically appropriate alternate treatments for our members.

Members have the choice to receive the Medicaid covered service or an in lieu of service. We ask that providers document in the enrollee record the members choice in the members' record.

For the services outlined below, medical necessity applies.

Description of Service	In lieu of:	Procedure Code	Modifier	PA Required?	Limitations
Crisis Stabilization Unit (CSU)	Inpatient Psychiatric Hospital Care	129		Notification is required within 24 hours of admission. Authorization is provided for the first 3 days of an emergency involuntary (Baker Act) admission. Prior authorization is required for continued stay.	No limits
Addiction Receiving Facilities	Inpatient Detoxification Hospital Care	169		Yes	No limits

Intensive Outpatient (IOP)- Substance use disorder (SUD)	Inpatient Detoxification Hospital Care	906 H0015		Yes	No limits
Intensive Outpatient (IOP)- Mental Health (MH)	Inpatient Hospital	905 S9480		Yes	No limits
Partial Hospitalization Program (PHP)	Inpatient Psychiatric Hospital Care	Half Day 912 Full Day 913		Yes	No limits
Ambulatory Detox- Substance use disorder (SUD)	Inpatient Detoxification Hospital Care	944		Yes	No limits
Ambulatory Detox-Alcohol	Inpatient Detoxification Hospital Care	945		Yes	No limits
Ambulatory Detox	Inpatient Detoxification Hospital Care	S9475 H0014		Yes	No limits
Substance Abuse Short- Term Residential Treatment (SRT)	Inpatient Detoxification Hospital Care	H0018		Yes	No limits
Self-Help/Peer Support	Psychosocial Rehabilitation	H0038		No	Up to 4 hours (16 units) per day
Community-Based Wrap Around Services	Therapeutic Group Care services or Statewide Inpatient Psychiatric Program (SIPP) services	H2022		Yes	No limits
Drop-In Center	Clubhouse Services	S5102	HE	No	Up to 20 days per year
Mobile Crisis Assessment and Intervention	Emergency Behavioral Health Care	S9484 H2011		No	S9484: Up to 2 hours per day (32 units) H2011: No limits

Infant Mental Health Pre & Post Testing Services	Psychological Testing services	T1023	HA	Yes	No limits
Family Training/Counseling for Child Development	Therapeutic Behavioral On-Site Services	T1027		No	Up to 9 hours (36 units) per month
Behavioral Health Services-Child Welfare	Therapeutic Group Care services or Statewide Inpatient Psychiatric Program services	T2023	HA	Yes	No limits
Nursing Facility Services	Inpatient Hospital Services	0101 0190 0191 0192 0193 0194 0199 0655 0658		Yes	No limits

*1 unit=15 minutes