



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	126, 136, 146, 156		Yes	No limits

Description of Service	In lieu of:	Procedure Code	Modifier	PA Required?	Limitations
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
Mental Health Partial Hospitalization Program (PHP)- in a hospital	Inpatient Psychiatric Hospital Care	Half Day 912 Full Day 913 H0035		Yes	No limits
Ambulatory Detox-	Inpatient Detoxification Hospital Care	944 945 S9475 H0014		Yes	No limits
Substance Abuse Short-Term Residential Treatment (SRT)	Inpatient Detoxification Hospital Care	H0018, 1002		Yes	No limits
Self-Help/Peer Support	Psychosocial Rehabilitation	H0038		No	No limits
Community-Based Wrap Around Services	Statewide Inpatient Psychiatric Program (SIPP) services	H2022		Yes	No limits
Drop-In Center	Clubhouse Services	S5102	HE	No	No limits

Description of Service	In lieu of:	Procedure Code	Modifier	PA Required?	Limitations
Mobile Crisis Assessment and Intervention	Emergency Behavioral Health Care	H2011		No	H2011: Up to 3 hours per day/or 12 units
Housing Assistance and TCM for people experiencing homelessness	Emergency department visit or inpatient hospitalization for SMI/SUD	H0044		Yes	Per month, limit of 6 months
Multisystemic Therapy	Inpatient psychiatric hospital care, residential stay, or SIPP	H2033		Initial prior authorization not required. If the service exceeds 104 units, prior authorization is required.	104 total units or 26 hours per fiscal year. If provider would like to exceed 104 total units for service, prior authorization is required.
Functional Family Therapy	Emergency department visit or inpatient hospitalization	H0036		Initial prior authorization not required. If the service exceeds 104 units, prior authorization is required.	104 total units or 26 hours per fiscal year. If provider would like to exceed 104 total units for service, prior authorization is required.
Infant Mental Health Pre & Post Testing Services	Psychological Testing services	T1023	HA	Yes	No limits

Description of Service	In lieu of:	Procedure Code	Modifier	PA Required?	Limitations
Family Training/Counseling for Child Development	Therapeutic Behavioral On-Site Services	T1027		No	No limits
Structured Family Caregiving	Nursing Facility Services	S5140 U7, U1 S5140 U7, U2 S5140 U7, U3		Yes	No limits
Nursing Facility Services	Inpatient Hospital Services	101, 0190-0199		Yes	No limits

*1 unit=15 minutes