

SUBSTANCE USE BENEFIT PLAN

This is current package of state, Medicaid Direct, B3 , Innovations, and 1915i benefits for Trillium Health Resources 2/1/2024. Codes / modifier combinations not mentioned within benefits for specialized services will be found within contracts.

SERVICE	SERVICE CODE	REQUIRED DOCUMENTS	AUTHORIZATION GUIDELINES	FUNDING
Ambulatory Detox	H0014 1 unit=15 min	Assessment, PCP/Update w/signatures and checkboxes, service order	Initial auth: 7 days, reauth: 3 days for max limit of 10 days	Medicaid and State
Community Transition	H0043 U4	1915i Assessment (For Tribal Members: Independent Assessment by TCM or CIHA); Care Plan	Community Transition has a limit of \$5,000 per individual during the five-year period	Medicaid 1915i
E and M (Evaluation and Management)	See Attachment A of Outpatient Clinical Coverage Policy or Service Definition	NA-unmanaged	NA-unmanaged. State funded must apply for Medicaid	State and Medicaid
Facility Based Crisis (FBC)	S9484	TAR, admission assessment (completed by LP, not QP) LOCUS/ASAM, tx plan/updates, service order (by MD, DO, PhD), progress notes documenting continued stay criteria	Currently No Prior Auth (NPA) Level of care criteria for member May not exceed 45 days in a 12 month period	State and Medicaid
Halfway House	H2034 1 unit = 1 day	TAR with entrance Criteria met and documented ASAM level 3.1 OR level 3.3 NC Modified A/ASAM provider to have plan in the record	State - no prior auth (NPA); Reauth after 90 days (contract variations) State funded must apply for Medicaid	State
Individual and Transitional Support (ITS)	T1019 U4; T1019 TS U4 (community)	1915i Assessment (For Tribal Members: Independent Assessment by TCM or CIHA); Care Plan	No more than 240 units per month; Initial auth 180 days; reauth 90 days. It is expected service intensity decreases as the beneficiary demonstrates improvement in targeted life domains.	Medicaid 1915i

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Opioid Treatment	H0020 1 unit = 1 week	TAR with clinical justification for entrance/continued stay criteria, CCA, PCP/update w/signatures and checkboxes, ASAM, service order	State - No Prior Auth (NPA) Medicaid -No Prior Auth (NPA) effective 07/01/2023	State and Medicaid
Outpatient Therapy	See Attachment A of Outpatient Clinical Coverage Policy or Service Definition	TAR, CCA, tx plan/updates, service orders, LOCUS/ASAM (PCP/updates w/signatures and checkboxes required if also receiving enhanced services)	Medicaid: 24 unmanaged visits July 1-June 30 (follows fiscal year); TAR submission not needed until visit 22. LOCUS=1/2, ASAM=1 or lower State funded: effective 07/01/2022 adults 12 unmanaged visits through June 30. State funded must apply for Medicaid	State and Medicaid
Outpatient Therapy Crisis Services	90839 (first 60 minutes) 90840 (each additional 30 minutes)	CCA or DA, service order, treatment plan or PCP	No Prior Auth (NPA)	State and Medicaid
SA Medically Monitored Community Residential Treatment	H0013 11 unit = 1 day	TAR, Regional Referral Form	Initial Auth: 10 days Reauth: Not to exceed 10 days No more than 30 days in 12 mth period; ASAM 3.7	State and Medicaid

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SACOT	H2035 1 unit = 1 hour (billed at minimum of 4 hrs.)	TAR, CCA, PCP/Update w/signatures and checkboxes, ASAM, Service Order	State/Medicaid members: NPA for first 60 days ("Pass-through" available once per fiscal year, July 1-June 30); Reauth for 60 days (contract variations) ASAM 2.5 State funded must apply for Medicaid	State and Medicaid
SAIOP	H0015 1 unit = 1 event billed at minimum of 3 hrs.	TAR, CCA, PCP/Update w/signatures and checkboxes, ASAM, Service Order	State/Medicaid members: NPA for first 30 days ("Pass-through" available once per fiscal year, July 1-June 30) Reauth: 60 days (contract variations) ASAM 2.1 State funded must apply for Medicaid	State and Medicaid
Supervised Living Low, Moderate No new admissions effective 10/5/23	YP710 and YP720 1 unit = 1 day	TAR, CCA, PCP/Update w/signatures and checkboxes, LOC	Auth for 6 mths LOCUS=level 3/4. State funded must apply for Medicaid	State
Intensive Recovery Support	T1012 U4 T1012HQ U4 group	See B3 Service definitions	See B3 Service definitions	B3

TRILLIUM MENTAL HEALTH CHILD BENEFIT PLAN

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Criterion 5	Y2343 1 unit = 1 day	Hospital discharge plan	Utilization review up to 7 days	Medicaid
Day Treatment	H2012HA 1 unit = 1 hour	Currently, no prior authorization (NPA) required for Medicaid. For state funded: TAR, PCP/Update w/signatures and checkboxes, CALOCUS, Service Order, initial auth should also include: IEP/504 plan, Behavioral plan, CCA and suspension records, service order.	NA-unmanaged	Medicaid / State
E and M	See Attachment A of Outpatient Clinical Coverage Policy or Service Definition	NA-unmanaged	NA-unmanaged. State funded must apply for Medicaid	Medicaid / State
Child & Adolescent Facility Based Crisis (FBC)	S9484 HA 1 unit =1 hour	Initial: TAR required to be submitted within 2 business days of admission service order, pre-admission nursing screen, psychiatric evaluation (w/in 24 hrs. of admission), submission of all records that support the member has met the medical necessity criteria, CCA, treatment plan Continuation: TAR, complete treatment plan with updates/revisions, crisis plan	Prior authorization required Initial and concurrent: Up to 7 days Billing limits of up to 24 units/day Age 6-17 years Within 24-hrs of admission, provider must contact the MCO to determine if the member is enrolled with another service provider or if the member is receiving care coordination. If the member is not already linked with a care coordinator, a referral must be made.	Medicaid

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SERVICE	SERVICE CODE	REQUIRED DOCUMENTS	AUTHORIZATION GUIDELINES	FUNDING
Inpatient	100 1 unit = 1 day	TAR, For initial concurrent request after 72 hour pass through- H&P/Initial Psychiatric Evaluation/Intake Assessment, Service Order (if not on H&P/Initial Psychiatric Evaluation), CON, treatment plan/plan of care/service plan; For further concurrent review- documentation to support medical necessity for continued stay	Initial -No Prior Authorization first 72 hours Reauth - Medicaid 3 units/days; Reauth for State facilities and state funded can request 7 units/days	Medicaid / State
Intensive In Home	H2022 1 unit = 1 event (min 2 hours for 1 event)	Tar and CCA for initial and PCP update with signatures, checkboxes and service order	Initial Auth: 60 days Reauth: 60 days Requires at least 12 contacts for first mth, typical initial request is for 16 units/mth; should titrate with reauths State-funded members limited to 6 mths per calendar year CALOCUS=level 3 ASAM 2.1 State funded must apply for Medicaid	Medicaid / State
MST	H2033 HA 1 unit per episode of treatment H2033 HA UI shadow claim	Currently, No Prior Auth (NPA) for Medicaid. For state - submit CCA, TAR, PCP/Update w/signatures and checkboxes, LOC, Service Order.	Currently NPA (no prior auth) for Medicaid; state-funded: limited to one treatment episode per lifetime. Initial Auth: 5 months Service is typically limited to 5 mths in calendar year for state funds and Medicaid. CALOCUS=level 3 ASAM 2.1 State funded must apply for Medicaid	Medicaid / State

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Outpatient Therapy	See Attachment A of Outpatient Clinical Coverage Policy or Service Definition	TAR, CCA, tx plan/updates, service orders, CALOCUS/ASAM; Note: If also receiving an enhanced service, a PCP will be required w/signatures and checkboxes.	24 unmanaged visits beginning 07/01-06/30 of each year; TAR submission not needed until visit 22. CALOCUS=1/2, ASAM=1 or lower State funded must apply for Medicaid	Medicaid / State
Outpatient Therapy Crisis Services	90839 (first 60 minutes) 90840 (each additional 30 minutes)	CCA or DA, Service Order, Treatment Plan or PCP	No Prior Auth (NPA)	Medicaid/ State
Physician Consultation Extensive	Individual and group codes vary per length of visit	No prior auth; PCP, or treatment plan with documentation of need to work with primary care doctor	No prior auth	Medicaid B3
PPP (Contract)	100 1 unit = 1 day	TAR, For initial-H&P/Initial Psychiatric Evaluation/Intake Assessment, Service Order (if not on H&P/Initial Psychiatric Evaluation), treatment plan/plan of care/service plan; For concurrent-documentation to support medical necessity for continued stay.	Initial: 5 days; Reauth: 3 days, max 8 days, ASAM 3.1, 3.3, 3.5, 3.7, 4	State

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PRTF	911 1 unit = 1 day	PCP/update, TAR, current CCA, completed or Psychological Assessment recommending PRTF within the last year, CON (good for 15 days), out of state paperwork as needed, include evidence of family engagement, discharge plan, CALOCUS /ASAM score Reauth requires: PCP update w/signatures and checkboxes, TAR, includes family engagement plan, includes visiting resource if no family and discharge plan, CALOCUS/ASAM score	Initial Auth: 30 days Reauth: 30 days CALOCUS=level 5/6	Medicaid
RB-BHT (researched based behavioral health treatment)	97151,97152,97153, 97154, 97155, 97156, 97157 all 15 min units (08/01/22: GT telehealth modifier for all codes listed)	NPA	NPA	Medicaid

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Residential Level II	S5145 (Family) H2020 (Program) 1 unit = 1 day	PCP/update, CCA TAR including all items on entrance criteria or CNR and service order CALOCUS /ASAM Reauth Requires: PCP updates and TAR comments should address: Progress towards each of goals; Involvement in therapy, both ind and family - if reunification is the plan and family therapy not occurring please explain; must meet CNC Measurable step down/discharge plan, including tentative time frame for discharge and discharge plan	Initial Auth: 60 days Reauth: 60 days CALOCUS=level 3/4 ASAM 3.5	Medicaid
Residential Level III SAY program	H0019 1 unit= 1 day HQ=4 beds or less TJ=5 beds or more	TAR including all items on entrance criteria, CCA, PCP/update w/signatures and checkboxes, or CNR and service order, CALOCUS/ASAM score; a current Sex Offender Specific Evaluation (within last 3-6 months)-this should indicate an identified risk level. If there is a psychological done within past 30 days that addresses both MH and the SAY issues, this can be accepted without CCA. Also needed are service order, measurable step down and any active planning being done. Psychiatrist or psychologist must complete an assessment within 60 days of requested start date for auths beyond 180 days	Initial Auth: 60 days Reauth: 60 Days CALOCUS= 4.5 ASAM 3.5	Medicaid

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Residential Level III-IV	H0019 1 unit = 1 day HQ=4 beds or less TJ=5 beds or more IV: HK=4 beds or less UR=5 beds or more	TAR including all items on checklist, PCP, CCA completed within the last 30 days w/discharge plan, service order, and CALOCUS and/or ASAM Reauth Requires: PCP updates w/signatures and checkboxes, TAR comments should address: progress towards goals, measurable step down/discharge plan, and any active planning being done; a psychiatrist or psychologist must complete an assessment within 60 days of requested start date for auths beyond 180 days	All auths for level III: 60 days All auths for level IV: 30 days CALOCUS=level 4.5 ASAM 3.5	Medicaid
Respite	Individual Respite Code: H0045; Group Respite Code: H0045 HQ 1 Unit = 15 min	TAR, CCA, Tx Plan, Service Order. PCP required if receiving other enhanced service.	A maximum of 64 units (16 hours a day) can be provided in a 24-hour period. No more than 1536 units (384 hrs. or 24 days) can be provided per calendar year CALOCUS=level 3; Must live in non-licensed setting with non-paid caregivers	Medicaid B3
Therapeutic Leave (TL)	183 1 unit=1 day	Currently NPA (No Prior Auth) TAR and updated PCP. TL must be documented in PCP; requires a service order as it is Medicaid billable. Member must have a current residential auth to be eligible for TL.	Up to 45 days in any calendar year; limited to 15 days per quarter	Medicaid

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1915i Respite	Individual Respite Code: H0045 U4; Group Respite Code: H0045 HQ U4	1915i Assessment (For Tribal Members: Independent Assessment by TCM or CIHA); Care Plan	There is a limit of 300 hours of Respite per member plan year.	Medicaid 1915i
1915i Individual and Transitional Support	T1019 U4 (Evv) T1019 U4 TF (community)	1915i Assessment (For Tribal Members: Independent Assessment by TCM or CIHA); Care Plan	No more than 240 Units per month; Initial auth 180 days; reauth 90 days. Service available to members ages 16+. It is expected service intensity decreases as the beneficiary demonstrates improvement in targeted life domains.	Medicaid 1915i
3 way (contract)	100 1 unit = 1 day	TAR, service order, clinical documents (i.e. admission assessment, psych eval or Health and Physical)	Initial - No prior authorization first 72 hours; Reauth - utilization review every 7 days; ASAM 3.1 or above if applicable	State
Respite	Respite-(hourly-crisis)	YPO14 Child ind YP015 Child group	No more than 1536 units= 384 in plan year See section 3.2.2	See State service definition for population served
Mobile Crisis	H2011 1 unit=15 min	TAR, provider note, LOCUS/ASAM, clinical documents	TAR required after 32 unmanaged units have been exhausted and within 48 hours of exhausting unmanaged units. Clinical documents required if TAR is for more than 8 additional units. LOCUS=level 4/5	Medicaid/ State

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ACTT	H0040 / H0040 U1(shadow claim) 1 unit=case rate per month	TAR, CCA (for initial request), PCP/Update w/signatures and checkboxes, Service Order, ASAM (if applicable), LOCUS, step-down plan; please refer to clinical communication 007 for additional requirements as of 07/01/16	Initial: 180 days for Medicaid State: 30 days for all auths; Medicaid app required within first 30 days; 5 month limit per rolling year beginning 04/28/17 Auth at 1 unit per mth LOCUS=3/4	Medicaid/ State
Community Transition	H0043		Community Transition has a limit of \$5,000 per individual during the five-year period	Medicaid B3
CST	code:H2015HT (modifiers: HO, HF, HN, U1, HM) Unit = 15 min	TAR, CCA (for initial request) PCP/Update w/signatures and checkboxes, Service Order, ASAM (if applicable), LOC, step-down plan	State: must be stepping down from/at risk of inpatient and must apply for Medicaid within first 30 days. One 3 month episode of CST per rolling year. State funded must apply for Medicaid Initial auth: no more than 128 units (32 hrs) per 60 days; Reauth: no more than 128 units (32 hrs) per 60 days; Medicaid: 36 units/30 day pass through once per fiscal year for admission; iniital auth 128 unit/60 days; reauth: 192 units/90 days. 6 mth limit per rolling year; for additional time must submit CCA, updated PCP. For additional units, refer to service defintion LOCUS=level 3	Medicaid/ State

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E and M Evaluation and Management	See Attachment A of Outpatient Clinical Coverage Policy or Service Definition	NA-unmanaged	NA-unmanaged	State and Medicaid
Facility Based Crisis (FBC)	S9484	TAR, admission assesment (completed by LP, not QP) LOCUS/ASAM, tx plan/updates, service order (by MD, DO, Phd), progress notes documenting continued stay criteria	Currently No Prior Auth units Level of care criteria for member May not exceed 45 days in a 12 month period	Medicaid/ State
Family Living low and moderate No new admissions effective 10/5/23	YP740 YP750	CCA, PCP/updates w/signatures and checkboxes, progress Information	365 units/year, up to one year (or expiration of PCP) State funded must apply for Medicaid	State
Group Living Low, Moderate, and High No new admissions effective 10/5/23	YP760-low YP770-moderate YP780-high 1 unit = 1 day	TAR, CCA (for initial request), PCP/update w/signatures and checkboxes, Service Order, LOC	New Admissions open to members stepping down from long term care (2 yrs or more) in a state operated facility. State funded must apply for Medicaid No prior auth (NPA) service for adolescents admitted to PORT SA Tx Program and women amitted to Robeson Village Perinatal Program. (some contract variations) LOCUS=level 4 ASAM 3.5	State

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SERVICE	SERVICE CODE	REQUIRED DOCUMENTS	AUTHORIZATION GUIDELINES	FUNDING
Individual Placement and Support	H2023 Z1 UA= milestone 1, H2023 Z2 UA=milestone 2, H2023 Z3 UA=milestone 3, H2023 Z4 UA=milestone 4, H2023 Z6 UA=milestone 5, H2023 Z7 UA=milestone 6, H2023 Z8 UA=milestone 7a, H2023 Z9 UA=milestone 7b H2023 Z5 UA=successful IPS closure For providers not offering core milestones use H2023 for B3	TAR, CCA, voc plan/updates, service order, LOCUS. Note: If also receiving an enhanced service, a PCP will be required w/signatures and checkboxes.	No prior authorization (NPA) for B3	Medicaid B3
Individual Support	code: T1019 HE, T1019 TS (community) 1 unit=15 min	TAR, CCA, tx plan/updates, service order. Note: If also receiving an enhanced service, a PCP will be required with signatures and checkboxes	No more than 240 units per month; the need for this service is expected to decrease over time. Population eligible: Adults with SPMI and a LOCUS of level II or greater. People aged 18-21 may not live in Residential Treatment Facility. All B3 auths: 90 day period	Medicaid B3

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Inpatient	100 1 unit = 1 day	TAR, For initial concurrent request after 72 hour pass through-H&P/Initial Psychiatric Evaluation/Intake Assessment, Service Order (if not on H&P/Initial Psychiatric Evaluation), treatment plan/plan of care/service plan; For further concurrent review- documentation to support medical necessity for continued stay.	Initial auth for state funded and Medicaid is no prior authorization first 72 hours; medicaid: reauth - 3 units/days state funded: reauth 7 units/days ASAM 3.1 or above if applicable	Medicaid/ State
Mobile Crisis	H2011 1 unit=15 min	TAR, provider note, LOCUS/ASAM, clinical documents	TAR required after 32 unmanaged units have been exhausted and within 48 hours of exhausting unmanaged units. Clinical documents required if TAR is for more than 8 additional units. LOCUS=level 4/5	Medicaid/ State
Outpatient Therapy	See Attachment A of Outpatient Clinical Coverage Policy or Service Definition	TAR, CCA, tx plan/updates, service orders, LOCUS/ASAM; Note: If also receiving an enhanced service, a PCP will be required w/signatures and checkboxes	Medicaid: 24 unmanaged visits July 1-June 30 (follows fiscal year); TAR submission not needed until visit 22. LOCUS=1/2, ASAM=1 or lower State funded: effective 07/01/22 adults 12 unmanaged visits through June 30.State funded must apply for Medicaid	Medicaid/ State

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Outpatient Therapy Crisis Services	90839 (first 60 minutes) 90840 (each additional 30 minutes)	CCA or DA, service order, treatment plan or PCP	No Prior Auth (NPA)	Medicaid/ State
Partial Hospital	H0035 per diem	TAR, CCA, PCP/update w/signatures and checkboxes, service order, LOCUS	First 7 days unmanaged. Reauth 7 days; Max length of service is 30 days in a 12 month period for state funded. State funded must apply for Medicaid. LOCUS=level 4	Medicaid/ State
Peer Support	Peer support individual code:H0038, 08/01/22: H0038GT (telehealth) H0038 KX (telephonic) Peer Support Group code: H0038HQ 1 unit=15 min	TAR, CCA, PCP/updates, service order, LOCUS	24 unmanaged units per state fiscal year All auths: max of 270 units of individual and/or group All auths: 90 day period. State funded must apply for Medicaid ASAM=1 if applicable	Medicaid/ State
PPP (Contract) Inpatient	100 1 unit = 1 day	TAR, For initial-H&P/Initial Psychiatric Evaluation/Intake Assessment, Service Order (if not on H&P/Initial Psychiatric Evaluation), treatment plan/plan of care/service plan; For concurrent-documentation to support medical necessity for continued stay.	Initial: 5 days; Reauth: 3 days ASAM 3.1 or above	State

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Psychosocial Rehabilitation (PSR)	H2017 Unit = 15 min	TAR, CCA (for initial request), PCP/update w/signatures and checkboxes, LOC, Service Order, step-down plan	Initial Auth: 90 days Reauth: 180 days State-funded: must apply for Medicaid within first 30 days; limited to 6 months of authorization per rolling year. All members must have step-down plan. LOCUS= level 2/3	Medicaid/ State
State Funded Individual Placement and Support	H2023 Z1 = milestone 1 H2023 Z2 =milestone 2 H2023 Z3 =milestone 3 H2023 Z4 =milestone 4 H2023 Z6 =milestone 5 H2023 Z7 =milestone 6 H2023 Z8 =milestone 7a H2023 Z9 =milestone 7b H2023 Z5 successful State funded providers not offering core indicators should use YP630 and for TCL YP630 U6	NPA	No prior authorization (NPA) for state	State
Supervised Living Low, Moderate No new admissions effective 10/5/23	YP710 and YP720 1 unit = 1 day	TAR, CCA, PCP/Update w/signatures and checkboxes, LOC	Auth for 6 mths LOCUS=level 3/4; State funded must apply for Medicaid	State

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3 way (contract) Inpatient	100 1 unit = 1 day	TAR, For initial-H&P/Initial Psychiatric Evaluation/Intake Assessment, Service Order (if not on H&P/Initial Psychiatric Evaluation), treatment plan/plan of care/service plan; For concurrent-documentation to support medical necessity for continued stay.	Initial - No prior authorization first 72 hours; Reauth - utilization review every 7 days; ASAM 3.1 or above if applicable	State
1915i Individual and Transitional Support	T1019 U4 T1019 U4 TS (community)	1915i Assessment (For Tribal Members: Independent Assessment by TCM or CIHA); Care Plan	No more than 240 Units per month; Initial auth 180 days; reauth 90 days. It is expected service intensity decreases as the beneficiary demonstrates improvement in targeted life domains.	Medicaid 1915i
1915i Community Transition	H0043 U4	1915i Assessment (For Tribal Members: Independent Assessment by TCM or CIHA); Care Plan	Community Transition has a limit of \$5,000 per individual during the five-year period	Medicaid 1915i

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1915i Individual Placement and Support	H2023 Z1 U4= milestone 1, H2023 Z2 U4=milestone 2 H2023 Z3 U4=milestone 3 H2023 Z4 U4=milestone 4 H2023 Z6 U4=milestone 5 H2023 Z7 U4=milestone 6 H2023 Z8 U4=milestone 7a H2023 Z9 U4=milestone 7b H2023 Z5 U4=successful IPS closure providers not using core indicators H2023 U4	NPA	NPA	Medicaid 1915i
RB-BHT (researched based behavioral health treatment)	97151,97152,97153,97154, 97155, 97156, 97157 all 15 min units (08/01/22: GT telehealth modifier for all codes listed)	NPA	NPA	Medicaid