

SUBSTANCE USE BENEFIT PLAN

SERVICE	SERVICE CODE	REQUIRED DOCUMENTS	AUTHORIZATION GUIDELINES	FUNDING
Halfway House	H2034 1 unit = 1 day	TAR with entrance CNR 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
Opioid Treatment	H0020 1 unit = 1 dose	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 -Initial Auth 60 days; Reauth shall not exceed 180 days	State and Medicaid
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 Consumers: NPA for first 60 days ("Pass-through" available once per calendar year); Reauth for 60 days (contract variations) ASAM 2.5	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 Consumers: NPA for first 30 days ("Pass-through" available once per calendar year) Reauth: 60 days (contract variations) ASAM 2.1	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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Facility Based Crisis (FBC)	S9484 unit = 1 day	TAR, admission assessement (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) for first 112 units; Initial Auth: not to exceed 8 days/128 units LOCUS level 4 or above CALOCUS level 5 or above ASAM 3.1, 3.3, 3.5, 3.7, 4; "All Detox Levels" May not exceed 30 days in a 12 month period	State and Medicaid
Outpatient Therapy	Individual and Group codes vary depending upon length of visit	TAR, CCA, tx plan/updates, service orders, LOCUS/ASAM (PCP/updates w/signatures and checkboxes required if also receiving enhanced services)	24 unmanaged visits beginning 07/01/2015; TAR submission not needed until visit 22. LOCUS=1/2, ASAM=1 or lower (unless also receiving enhanced services)	State and Medicaid
E and M	Codes vary depending upon length of visit	NA-unmanaged	NA-unmanaged	State and Medicaid
Supervised Living Low, Moderate-No new admissions state	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

Please refer to UM notes on approvals and denials



MENTAL HEALTH CHILD BENEFIT PLAN

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B3 Respite	Individual Respite code:H0045 U4; Group Respite code:H0045HQ U4 1 unit=15 min	TAR, CCA, Tx plan, Service order	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
Day Treatment- No new admissions state	H2012HA 1 unit = 1 hour	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	Initial Auth: 60 days Reauth: 60 days Up to 6 hrs per day/5 days per wk = 30 hrs/120 units per wk CALOCUS=level 3 ASAM 2.1	Medicaid/State
Intensive In Home- No new admissions state	H2022 1 unit = 1 event (min 2 hours for 1 event)	TAR, CCA (for initial), PCP/Update w/signatures and checkboxes, CALOCUS, 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 IPRS Consumers limited to 6 mths per calendar year CALOCUS=level 3 ASAM 2.1	Medicaid/State



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MST	H2033 1 unit = 15 min	Currently, No Prior Auth (NPA) for Medicaid. For state submit CCA, TAR, PCP/Update w/signatures and checkboxes, LOC, Service Order	Currently NPA for Medicaid; state-funded: limited to one treatment episode per lifetime. Initial Auth: 30 days Reauth: 120 days Initial auth limited to 40 hrs per mth, should titrate. Service is typically limited to 5 mths in calendar year for IPRS and Medicaid. CALOCUS=level 3 ASAM 2.1	Medicaid/State
PRTF	911 1 unit = 1 day	PCP/update, TAR, CCA, completed Psychological Assessment 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



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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
Therapeutic Leave (TL)	RC183 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. Consumer 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
Community Respite-	YA213 1 Unit=1 day	TAR with PCP/updates w/signatures and checkboxes, service order, CALOCUS/ASAM, entrance criteria - used for hospital diversion- and clinical justification for respite	exception usually	State
Hourly Respite	YA125 1 unit=15 min	TAR, PCP, service order CALOCUS/ASAM and clinical justification for respite	up to 20 hours a month	State
Inpatient /ICF	100 1 unit = 1 day	TAR, service order, clinical documents (i.e. admission assessment, psych eval or Health and Physical); CON, CALOCUS	Initial: 3 days; reauth: 3 days (exception: Cherry initial: 7 days can be requested), CALOCUS=level 5 or above, ASAM 3.1, 3.3, 3.5, 3.7, 4	State/Medicaid

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PPP (Contract) Inpatient-Brynn Marr, Holly Hill, Halifax	100 1 unit = 1 day	TAR, service order, clinical documents (i.e. admission assessment, psych eval or Health and Physical), CALOCUS	Initial: 5 days; Reauth: 3 days, max 8 days. CALOCUS=level 5 or above, ASAM 3.1, 3.3, 3.5, 3.7, 4	State
3 way (contract)/ Inpatient-Vidant-Pitt Beaufort, Roanoke- Chowan, Strategic, Holly Hill, Carolina East	100 1 unit = 1 day	TAR, service order, clinical documents (i.e. admission assessment, psych eval or Health and Physical), CALOCUS	Initial: 7 days; Reauth: 4 days (can not exceed 11 days total), CALOCUS=level 5 or above, ASAM 3.1, 3.3, 3.5, 3.7, 4	State
Physician Consultation Brief	99241- U4	No prior auth; PCP, or treatment plan with documentation of need to work with primary care doctor	No prior auth	Medicaid B3
Physician Consultation Intermediate	99242-U4	No prior auth; PCP, or treatment plan with documentation of need to work with primary care doctor	No prior auth	Medicaid B3
Physician Consultation Extensive	99244-U4	No prior auth; PCP, or treatment plan with documentation of need to work with primary care doctor	No prior auth	Medicaid B3
Outpatient Therapy	Individual and Group codes vary depending upon length of visit	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	24 unmanaged visits beginning 07/01/2015; TAR submission not needed until visit 22. CALOCUS=1/2, ASAM=1 or lower	State/Medicaid
E and M	Codes vary depending upon length of visit	NA-unmanaged	NA-unmanaged	State/Medicaid

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MENTAL HEALTH ADULT BENEFIT PLAN

SERVICE	SERVICE CODE	REQUIRED DOCUMENTS	AUTHORIZATION GUIDELINES	FUNDING
ACTT	H0040 1 unit=per diem	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 max 8 units per mth LOCUS=3/4	Medicaid/State
CST (state-funded: open only to those stepping down from state-funded ACTT)	H2015HT 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. Initial auth: no more than 128 units (32 hrs) per 60 days; Reauth: no more than 128 units (32 hrs) per 60 days; Medicaid: 6 mth limit per rolling year; For additional units beyond posted limits, must submit independent CCA, new service order, updated PCP LOCUS=level 3	Medicaid/State
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: Limited to 320 units/month starting 07/01/17; 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

MENTAL HEALTH ADULT BENEFIT PLAN

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Group Living Low, Moderate, and High	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 consumers stepping down from long term care (2 yrs or more) in a state operated facility. No prior auth (NPA) service for adolescents admitted to PORT SA Tx Program and women admitted to Robeson Village Perinatal Program. (some contract variations) LOCUS=level 4 ASAM 3.5	State
Supervised Living Low, Moderate-No new admissions state	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
Inpatient /ICF	100 1 unit = 1 day	TAR, service order, clinical documents, LOC	Initial: 3 days Reauth: 3 days LOCUS 4 CALOCUS 5 ASAM 3.1 or above	Medicaid/State
PPP (Contract) Inpatient	100 1 unit = 1 day	TAR, service order, clinical documents , LOC	Initial: 5 days; Reauth: 3 days LOCUS =level 4; ASAM 3.1 or above	State
3 way (contract) Inpatient (NHRMC BHH,Vidant--Roanoke-Chowan, Pitt, Beaufort, Carolina East)	100 1 unit = 1 day	TAR, service order, clinical documents, LOC	Initial: 7 days; Reauth: 4 days (can not exceed 11 days total) LOCUS Level 4 CALOCUS level 5 ASAM 3.1 or above	State
Facility Based Crisis (FBC)	S9484 1unit= 1 hour	TAR, admission assesement (completed by LP, not QP) LOCUS/ASAM, txplan/updates, service order (by MD, DO, Phd), progress notes documenting continued stay criteria	Currently No Prior Auth (NPA) for first 112 units; Initial Auth: not to exceed 8 days/128 units LOCUS level 4 or above CALOCUS level 5 or above ASAM 3.1, 3.3, 3.5, 3.7, 4; "All Detox Levels" May not exceed 30 days in a 12 month period	Medicaid/State

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Outpatient Therapy	Individual and Group codes vary depending upon length of visit	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	24 unmanaged visits beginning 07/01/2016; TAR submission not needed until visit 22. LOCUS=1/2, ASAM=1 or lower	Medicaid/State
Partial Hospitalization- No new admissions state	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. LOCUS=level 4	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. Clinical documents required if TAR is for more than 8 additional units. LOCUS=level 4/5	Medicaid/State
B3 Supported Employment/Long-Term Vocational Supports (LTVS)	Initial and intermediate code: H2023U2U4-B3; LTVS code: H2026U2U4-B3; TCLI code:H2023U6U4 1 unit=15 min	TAR, CCA, voc plan/updates, service order, LOCUS. Note: If also receiving an enhanced service, a PCP will be required w/signatures and checkboxes. For TCLI code, IAR checklist must be complete and accurate	Initial: max 344 units/month for first 90 days. Intermediate: max 172 units/month for second 90 days, then Long-Term Vocational Support (LTVS): Max 40 units/month All B3 auths: 90 day period	Medicaid B3
B3 Peer Support-	Peer support individual code:H0038U4 phase 2 code: H0038U2; phase 3 code: H0038U3; Group code: H0038HQU4 1 unit=15 min	TAR, CCA, tx plan/updates, service order, LOCUS. Note: If also receiving an enhanced service, a PCP will be required w/signatures and checkboxes	Initial 90 days: max 20 hours per week, next 90 days: max 15 hours per week, after 180 days: max 10 hours per week of individual and/or group All B3 auths: 90 day period	Medicaid B3

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B3 Individual Supports-	code: T1019 U4 1 unit=15 min	TAR, CCA, tx plan/updates, service order, LOCUS. 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
Supported Employment-TCLI (11/17/16: open only to those in priority population "In or At Risk" of placement in Adult Care Home or referred by TCLI coordinator)	YP630-U6 (SE TCLI) 1 unit=15 min	TAR, CCA, voc plan/updates, service order, LOCUS, complete and accurate IAR checklist . Note: If also receiving an enhanced service, a PCP will be required w/signatures and checkboxes	Unmanaged for the first 64 units. TAR and supporting documentation required after unmanaged units used. State funded must apply for Medicaid. Auth: 90 days ; follow B3 Supported Employment unit limits posted above	State
E and M Evaluation and Management	codes vary depending upon length of visit	NA-unmanaged	NA-unmanaged	State and Medicaid
Family Living low and moderate	YP740 YP750	CCA, PCP/updates w/signatures and checkboxes, progress Information	365 units/year, up to one year (or expiration of PCP)	State

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