

September 1, 2011

- IPRS funds are limited and IPRS coverage is not an entitlement.
- Authorizations do not guarantee payment. **Contract limits supersede authorizations.**
- Consumers whose services are authorized under the Adult Mental Health Benefit Plan cannot receive duplicated SA services.

SERVICE	CODE	UNIT	To TAR or Not to TAR	BENEFITS
Clinical Assessment <i>OR</i> Alcohol/Drug Assessment	90801 <i>OR</i> H0001 <i>or</i> YP830	Event	Unmanaged	<ul style="list-style-type: none"> <li>• 1 event of 90801 per year for Intake Assessment</li> <li><i>OR</i></li> <li>• 6 <i>units</i> of H0001 per year = one event</li> <li><i>or</i></li> <li>• 6 <i>units</i> of YP830 per year = one event</li> </ul>
Psychiatric Eval.	90801	Event	Unmanaged	<ul style="list-style-type: none"> <li>• 1 <i>event</i> of 90801 per year for Psychiatric Evaluation</li> </ul>
Med Check	90862	Event	Unmanaged	<ul style="list-style-type: none"> <li>• 8 <i>events</i> per year</li> </ul> Additional sessions will require a TAR* - <i>see page 3</i>
Therapeutic, prophylactic or diagnostic injection	96372	Event	Unmanaged	<ul style="list-style-type: none"> <li>• 26 <i>events</i> per year</li> </ul>
Therapy – Individual/Family <i>And / Or</i> Beh. Health Counseling – Individual/Family (YP codes if clinician is unlicensed)	<i>Any</i> combination of -- 90804/6, 90846/7 H0004- -HR, -HS (YP831) (YP833) (YP844)	Event (=session)	Unmanaged	<ul style="list-style-type: none"> <li>• 6 <u>sessions</u> yearly total of <u>any combination</u>: 90804, 90806, 90846, 90847 H0004, H0004-HR, H0004-HS <i>and/or</i> YP831, YP833, YP834</li> </ul> A session = 4 <u>units</u> of the above H or YP codes or <u>one event</u> of a CPT-code service. Additional sessions will require a TAR* - <i>see page 3</i>
Group Therapy <i>And / Or</i> Group, Alc/Drug (YP codes if clinician is unlicensed)	<i>Any</i> combination of 90853 H0005 (YP835)	Event (=session)	Unmanaged	<ul style="list-style-type: none"> <li>• 24 <u>sessions</u> of 90853, 90849, H0004-HQ, H0005, <i>and/or</i> YP835 per year</li> </ul> Additional sessions will require a TAR* - <i>see page 3</i> A session = 6 <u>units</u> of the above H- or YP- codes = 1 <u>event</u> of a CPT-code service.
CS Team	H2015HT	15 min	TAR plus other documents	This service is limited to <b>six months</b> Must meet Medicaid entrance criteria. Failure to clearly document how consumer meets Medicaid criteria will result in a denial. <ul style="list-style-type: none"> <li>• 48 <i>units</i> per month for the two months</li> <li>• 48 <i>units</i> per month for up to 90 days</li> </ul> <b>Required Documentation:</b> <ul style="list-style-type: none"> <li>• <b>Comprehensive Clinical Assessment</b></li> <li>• <b>PCP</b></li> <li>• <b>Summary of how consumer meets criteria</b> (this may be uploaded as a separate document or clearly outlined in “Comments” on TAR)</li> </ul> <b>Reauthorization:</b> See pg 4 for information on reauthorization * <b>Exclusion:</b> Cannot be authorized in conjunction with ACTT. <b>WARNING:</b> Do not start service prior to receiving authorization. Consumers recently <u>involuntarily</u> committed to Central Regional Hospital or ADATC receive priority.

Mental Health/ Substance Abuse Targeted Case Management	H0032	Event  (Weekly case rate)	TAR	<p>Consumers recently <u>involuntarily</u> committed to Central Regional Hospital or ADATC receive priority.</p> <p><b>Exclusion:</b> Cannot be authorized at the same time as CSS.</p> <p><b>Requirement:</b> In “Comment” section of TAR include pertinent information related to all of the following which apply:</p> <ul style="list-style-type: none"> <li>• Dates &amp; names of recent hospitalizations</li> <li>• Living in Shelter Plus Care or OPC housing</li> <li>• Involved with PATH</li> <li>• Stepping down from OPC supported housing or ACTT or CSTeam</li> <li>• Homeless</li> <li>• Dually diagnosed (w/ severe mental illness) and In need of linkage to financial, educational, vocational and/or housing supports</li> </ul> <p><b>Benefit:</b> The PCP and Comprehensive Clinical Assessment must be submitted and approved prior to the second authorization.</p> <ul style="list-style-type: none"> <li>• <b>8 events for first two months</b> <i>No more than 1 event may be billed per week.</i></li> <li>• <b>2 events a month subsequently – to be re-authorized every 3 months.</b> <i>No more than 1 event may be billed per week.</i></li> </ul> <p>Additional documentation may be required for reauths</p>
Peer Support Individual and/or Group  CABHA service only	YA308 And/or YA309	Event 15 min	TAR plus PCP & CCA	<p>ASTER, ASWOM, ASCJO Target Pops May only be provided by <b>CABHAs</b> Must meet <b>ENTRANCE CRITERIA</b> as outlined on “IPRS Approved Alternative Services”: <a href="http://www.ncdhhs.gov/mhddsas/iprsmenu/index.htm">http://www.ncdhhs.gov/mhddsas/iprsmenu/index.htm</a></p> <p><b>Exclusion:</b> Cannot be authorize at the same time as CST, ACTT, SAIOP or SACOT</p> <p><b>Requirement:</b> In “Comment” section of TAR include information related to the following:</p> <ul style="list-style-type: none"> <li>• Dates &amp; names of recent hospitalizations (past 6 mths)</li> <li>• Dates &amp; types of crisis services received in past 3 months</li> <li>• Justification for service <u>and</u> number of units being requested</li> </ul> <p>PCP and CCA must be submitted with initial TAR</p> <p><b>Benefit:</b> Up to 32 units a week for first 90 days No more than 24 units/week for next 90 days No more than 12 units/week for next 180 days</p>
SAIOP	H0015	Per Diem	TAR	<ul style="list-style-type: none"> <li>• Restricted to programs with CASP funds – See Contract</li> <li>• PCP is required for Authorization of this service</li> </ul>
SACOT	H2035	Hour	TAR	<ul style="list-style-type: none"> <li>• Restricted to programs with CASP funds – See Contract</li> </ul>
Group Living – Low <u>or</u> High	YP760 or YP770	Day	TAR	<p><u>Except ASCS</u></p> <ul style="list-style-type: none"> <li>• <u>Up to 90 days</u></li> </ul>

DETOX – All ASA Target Pops:				
Ambulatory	H0014	15 min.	Unmanaged	<ul style="list-style-type: none"> <li>ASAM Level I-D</li> <li>1 unit per day up to 6 days. Maximum 30 days in 12 months</li> </ul> <u>Exclusion:</u> Cannot be billed the same day as any other service except for SA-COT.
Social Setting	YP790	Day	Unmanaged	<ul style="list-style-type: none"> <li>ASAM Level III.2-D</li> <li>Up to 7 days in 1 week – 7 / wk. Maximum 30 days in 12 months</li> </ul> <u>Exclusion:</u> Cannot be billed the same day as any other MH/SA service except CST and ACTT.
NH Medical	H0010	Per Diem	Unmanaged	<ul style="list-style-type: none"> <li>ASAM Level III.7-D</li> <li>Up to 7 days in 1 week – 7/wk. Maximum 30 days in 12 months.</li> </ul> <u>Exclusion:</u> Cannot be billed the same day as any other MH/SA service except CST and ACTT.
CRISIS – All ASA Target Pops:				
Facility-Based Crisis	S9484	Hour	Unmanaged	<u>Limit:</u> Up to 16 hours in a 24-hour period. (Billed in 1-hour increments). This is a short-term service that cannot be provided for more than 30 days in a 12-month period.

ASCJO Target Pop Group: To qualify for ASCJO, services must be approved by a TASC Program Care Manager				
Therapy – Individual/Family  <i>And / Or</i>  Beh. Health Counseling – Individual/Family (Unlicensed clinician)	<u>Any</u> combination of -- 90804 90806, 90846 90847 H0004 H0004 HR H0004 HS (YP831) (YP833) (YP844)	Event (=session)	Unmanaged	<ul style="list-style-type: none"> <li>Up to <u>6 sessions</u> yearly total of <u>any combination</u>:                90804, 90806, 90846, 90847                H0004, H0004-HS, H0004-HR                and/or YP831, YP833, YP834</li> </ul> A session = <u>4 units</u> of the above H or YP codes OR = <u>1 event</u> of a CPT-code service.  (Billing Limits for H or YP codes: No more than 4 units per day, 8 units per week or 20 units per month )  <u>Warning:</u> Must be screened and referred by OPC TASC
Group Therapy  <i>And / Or</i>  Group, Alc/Drug (Unlicensed)	90853  <i>And / Or</i> H0005 (YP835)	Event (=session)	Unmanaged	<ul style="list-style-type: none"> <li>Up to 98 sessions of 90853, H0005 and/or YP835 per year</li> </ul> A session = <u>6 units</u> of the above H or YP codes = <u>1 event</u> of a CPT-code service.  (Billing Limits for H or YP codes: No more than 6 units per day, 18 units per week and 78 units per month)  <u>Warning:</u> Must be screened and referred by OPC TASC

SAIOP	H0015	Per Diem	TAR	<ul style="list-style-type: none"> <li>• ASAM Level II.I</li> <li>• Services to be delivered in accordance with Service Definition.</li> <li>• PCP and Comprehensive Clinical Assessment must be submitted and approved prior to second authorization.</li> </ul> <p><b>Exclusions:</b> SAIOP cannot be billed on the same day as SACOT, Detox or Residential services.</p>
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**\* Reauthorizations and/or Requests for Additional Sessions on TAR**

Please include the following information on “Comments” page of TAR:

1. List each goal on the PCP or Treatment Plan.
2. Document progress toward each goal or if no progress, what you will be doing differently.
3. Document what crisis services have been used since last authorization.
4. Document how the consumer continues to be at risk for hospitalization or decompensation (for enhanced services).

Further documentation including service notes and or psychiatric evaluations may be requested by Authorizer.

**IPRS Guidelines:**

- Requests for quantities that exceed maximums may result in the consumer receiving a denial letter.
- Authorizations do not guarantee payment. **Contract limits supersede authorizations.**
- Consumers whose services are authorized under the **Adult Mental Health Benefit Plan cannot receive duplicated SA services.**

**BILLING LIMITS:** Please refer to the “Billing Limits for Unmanaged Services” on OPC website for Daily, Weekly, Monthly, and Yearly limits for billing. For example the maximum billing limits for 90806 are one per day, two per week, 6 per month or year. Claims exceeding the billing limits will be denied.