

Medicaid (b)(3) Services				
Service Description	Benefit Limit	Level of Care	Source	Documentation Required for Authorization
<p>Community Navigator (I/DD Only):</p> <p>Monthly - T2041 (U4) (U5)</p> <p>Annual Information Session – T2041 (U4) (YI) or T2041 (U4) (YI) (EO)</p>	<p>Up to 1 unit per month (12 units) annually.</p> <p>Annual Information Session is two units per rolling calendar year</p> <p>I/DD only</p>	NC-SNAP or SIS	(b)(3)	No Service order or PCP is required. Service must be documented on an individualized Tx Plan and must have current psychological testing for initial requests.
<p>Community Overnight Respite:</p> <p>S5151(U4) (HA)- Individual-Child, MH/IDD</p> <p>S5151 (U4) (HB)- Individual-Adult, IDD</p> <p>S5151 (HQ) (U4) (HA)- Group-Child, MH/IDD</p> <p>S5151 (HQ) (U4) (HB)- Group-Adult, IDD</p>	<p>Prior Authorization Required</p> <p>Maximum of 64 units (16 hours) per day can be provided in a 24-hour period.</p> <p>All combined respite codes are limited to no more than 10 consecutive days. One community (overnight) stay is equal to 16 hours of service.</p> <p>Limit of 384 hours or 24 days per calendar year. Annual authorization combined is 1536 units.</p>	<p>CALOCUS: 3</p> <p>ASAM: 1-2.5</p> <p>NC-SNAP or SIS</p>	(b)(3)	No Service order or PCP is required for a member receiving only respite. Service must be documented on an individualized Tx Plan and must have current psychological testing for initial requests.

****Please Note: The following information is for authorization purposes only. Documentation requirements for ongoing service delivery and record keeping are contained in NC Clinical Coverage Policies, the Records and Documentation Manual (APSM 45-2), the Current Procedural Terminology (CPT®) Manual, and their subsequent updates****

Medicaid (b)(3) Services				
Service Description	Benefit Limit	Level of Care	Source	Documentation Required for Authorization
Community Transition (One-Time Transition Costs): H0043U4 MH 18+ T2038U4 I/DD	One-time lifetime maximum of \$5000. Service is available during the three-month period that begins one month in advance of an individual's move to an integrated living arrangement.	NC-SNAP or SIS	(b)(3)	Community Transition Checklist
Individual Support: MH Adult 18+: T1019U4 (DJ) (EP) – (b)(3) Individual Support T1019 U4 TS – (b)(3) Individual Support Community Only	Initial: Pass-through of 2,064 units up to 180 days, only once per treatment episode, once per fiscal year. 344 units maximum per month. 1st Concurrent and Beyond: Up to 2,064 units per 180 days.	LOCUS: 2	(b)(3)	Notification SAR is Required for Pass-through on Initial Service Authorization Request (SAR) 1st Concurrent and Beyond: Updated Tx Plan or PCP needed with each concurrent with Signature Page, Service Order, service and frequency. Service Order may be signed by a QP.

****Please Note: The following information is for authorization purposes only. Documentation requirements for ongoing service delivery and record keeping are contained in NC Clinical Coverage Policies, the Records and Documentation Manual (APSM 45-2), the Current Procedural Terminology (CPT®) Manual, and their subsequent updates****



Medicaid (b)(3) Adult and Child Services Benefit Plan
Effective July 1, 2019
Updated July 1, 2022

Medicaid (b)(3) Services				
Service Description	Benefit Limit	Level of Care	Source	Documentation Required for Authorization
<p>In-Home Skill Building- Children & Adults with I/DD:</p> <p>T2013 (U4) Individual</p>	<p>Initial: The unit of service is 15 min/unit. (Weeks are Sun-Sat) 32 units of service can be billed without prior authorization to allow the provider to complete assessments</p> <p>AFTER initial unit, prior authorization is required for this service.</p> <p>Initial: Max of 90-day authorization.</p> <p>Concurrent: 90-day authorization.</p> <p>Periodic, one-time service to last no more than 1 year.</p>	NC-SNAP or SIS	(b)(3)	<p>Must meet functional eligibility for I/DD, completion of standardized functional and preference assessment, and identified goals for member for entrance into service.</p> <p>Initial: Tx Plan/Service order</p> <p>Concurrent: Updated Tx Plan. Daily and Activity Service Grids. Monthly Progress Summary</p>

****Please Note: The following information is for authorization purposes only. Documentation requirements for ongoing service delivery and record keeping are contained in NC Clinical Coverage Policies, the Records and Documentation Manual (APSM 45-2), the Current Procedural Terminology (CPT®) Manual, and their subsequent updates****



**Medicaid (b)(3) Adult and Child Services Benefit Plan
Effective July 1, 2019
Updated July 1, 2022**

Medicaid (b)(3) Services				
Service Description	Benefit Limit	Level of Care	Source	Documentation Required for Authorization
Intensive Recovery Supports-Women: T1012 (U4) (individual) T1012 (HQ) (U4) (group)	Prior authorization required for service. Units provided in 15-minute increments. Initial: No more than 160 units per month/40 hours per month (combination of group and individual) for up to 90 days Concurrent: No more than 160 units per month/40 hours per month (combination of group and individual) for up to 90 days. Service is intended for short term, intensive intervention, anticipated length of stay of 90-120 days.	LOCUS: 1-4 ASAM: 1-2.5	(b)(3)	80% of contacts must be face to face with member. Initial: Tx Plan/Service order on file. Service Order may be signed by a Masters level behavioral health professional licensed by the state of NC with at least 2 years of post-Master’s Degree experience with the population served. Concurrent: Updated Tx Plan. Daily, Full Service Note or Grid on file.

****Please Note: The following information is for authorization purposes only. Documentation requirements for ongoing service delivery and record keeping are contained in NC Clinical Coverage Policies, the Records and Documentation Manual (APSM 45-2), the Current Procedural Terminology (CPT®) Manual, and their subsequent updates****



**Medicaid (b)(3) Adult and Child Services Benefit Plan
Effective July 1, 2019
Updated July 1, 2022**

Medicaid (b)(3) Services				
Service Description	Benefit Limit	Level of Care	Source	Documentation Required for Authorization
Respite (b)(3): H0045 (U4) (HA)- Individual-Child, MH/IDD H0045 (U4) (HB)- Individual-Adult, IDD H0045 (HQ) (U4) (HA)- Group-Child, MH/IDD H0045 (HQ) (U4) (HB)- Group-Adult, IDD	Prior Authorization Required Maximum of 64 units (16 hours) per day can be provided in a 24-hour period. All combined respite codes are limited to no more than 10 consecutive days. One community (overnight) stay is equal to 16 hours of service. Limit of 384 hours or 24 days per calendar year. Annual authorization combined is 1536 units.	CALOCUS: 3 ASAM: 1-2.5 NC SNAP or SIS	(b)(3)	No Service order or PCP is required for a consumer receiving only B3 Respite. Service must be documented on an individualized Tx Plan. IDD must have current psychological testing for initial requests. MH: PCP/Treatment Plan

****Please Note: The following information is for authorization purposes only. Documentation requirements for ongoing service delivery and record keeping are contained in NC Clinical Coverage Policies, the Records and Documentation Manual (APSM 45-2), the Current Procedural Terminology (CPT®) Manual, and their subsequent updates****



Medicaid (b)(3) Adult and Child Services Benefit Plan
Effective July 1, 2019
Updated July 1, 2022

Medicaid (b)(3) Services				
Service Description	Benefit Limit	Level of Care	Source	Documentation Required for Authorization
<p>Supported Employment:</p> <p>H2023 (U4) (HE) - MHSU Initial</p> <p>H2023 (U4) (HE) (DJ) - MHSU Initial for TCLI Member</p> <p>H2023 (U4) – Initial Individual – I/DD, 16+</p> <p>H2023 (HQ) (U4) – Initial Group Supported Employment – I/DD, 16+.</p>	<p>MH only: Pass-through of 64 units (16 hours); one per fiscal year.</p> <p>Initial: Up to 344 units/month (2064 units) for 180 days.</p> <p>Concurrent: MH-Up to 1550 units per 180 days.</p> <p>Intermediate: IDD- Maximum of 344 units/month for 180 days.</p> <p>Specific Authorization must be obtained to exceed these limits.</p>	<p>LOCUS: 1-4 ASAM: 1-2.5 NC SNAP or SIS</p>	<p>(b)(3)</p>	<p>Notification SAR is required for MH Pass-Through. No clinical information required to be uploaded with the Notification SAR.</p> <p>Initial: Tx Plan/Service order</p> <p>Concurrent: Updated Tx Plan. Daily, Full Service Notes or Grid on file. IDD must have current psychological testing for initial requests.</p>
<p>Supported Employment Maintenance:</p> <p>H2026(U4)- (LTVS) Individual, 16+, IDD.</p> <p>H2026 (HQ) (U4)- (LTVS) Group, 16+, IDD.</p> <p>H2026 (U4) (HE)-MHSU Maintenance.</p>	<p>Maximum of 43 units per month. Authorization can be up to 1 year</p> <p>Specific Authorization must be obtained to exceed these limits.</p>	<p>LOCUS: 1-4 ASAM: 1-2.5 NC-SNAP or SIS</p>	<p>(b)(3)</p>	<p>Tx Plan/Service order or Updated Tx Plan. Must have current psychological testing for initial requests.</p>

****Please Note: The following information is for authorization purposes only. Documentation requirements for ongoing service delivery and record keeping are contained in NC Clinical Coverage Policies, the Records and Documentation Manual (APSM 45-2), the Current Procedural Terminology (CPT®) Manual, and their subsequent updates****



Medicaid (b)(3) Adult and Child Services Benefit Plan
Effective July 1, 2019
Updated July 1, 2022

Medicaid (b)(3) Services				
Service Description	Benefit Limit	Level of Care	Source	Documentation Required for Authorization
Transitional Living: Adolescent & Adults MH/SU: H2022 (U4)	Ages: 16 to 21 Prior Authorization is required. Units are weekly. <u>Initial:</u> Initial authorization is for 90 days. <u>Concurrent:</u> Reauthorization for additional 90 days can be requested for up to 3 times.	LOCUS/CALOCUS: Level 1 or greater ASAM: Level 1 or greater	(b)(3)	<u>Initial:</u> Tx Plan/Service order by a Masters level licensed behavioral health professional. <u>Concurrent:</u> Updated Tx Plan and Signature Page. Daily, full, service notes or grid on file.

NOTES

- Services requiring a PCP include the service order. A separate service order is indicated for those services for which a treatment plan and service order is required.
- Innovations Service codes are allowed to be used as B3 services if the individual is functionally eligible for Innovations but not assigned a slot and are stepping down from an ICF/IID facility. Provider must be certified as Innovations provider. To access these services, contact the Access to Care line at 1-888-235-HOPE (4673).

****Please Note: The following information is for authorization purposes only. Documentation requirements for ongoing service delivery and record keeping are contained in NC Clinical Coverage Policies, the Records and Documentation Manual (APSM 45-2), the Current Procedural Terminology (CPT®) Manual, and their subsequent updates****



Medicaid (b)(3) Adult and Child Services Benefit Plan
Effective July 1, 2019
Updated July 1, 2022

Medicaid Benefit Plan Revision Information		
Date of Change	Service and Section Revised	Change
7/7/2017	Ambulatory Detox	Added a pass-through period
7/27/17	Non-Hospital Detox	Added a pass-through period
8/1/17	Psychological Testing	Replaced codes that were deleted from the grid in error
8/2/17	B3 Supported Employment (MH)	Replaced pass-through that was deleted from the grid in error
8/14/17	B3 Supported Employment (MH)	Extended authorization limit to 6 months
8/30/17	Ambulatory Detox	Corrected pass-through information
9/6/17	B3 Individual Supports	Clarified notification SAR requirement
11/13/17	TICCA	Clarified hourly unit
2/2/18	Peer Support	Clarified benefit limit
2/15/18	Residential Level III	Shortened continued stay auth limit to 60 days
2/15/18	FCT	Clarified option to group codes on one SAR
2/15/18	Facility Based Crisis for Children	Added Service
3/23/18	Peer Support	Removed notification SAR requirement
7/1/19	In-Home Skill Building (IHSB); Young Adults in Transition (YAT); Intensive Recovery Supports for Women	Added Services
8/1/2019	Peer Support	Unmanaged Service
9/1/2019	Updated Formatting	Updated Formatting
10/1/2019	Updated Formatting	Updated Formatting
11/6/2019	Peer Support	Removed Peer Support from Medicaid B3 Benefit Grid
4/9/2020	Supported Employment	DJ modifier added to H2023 (U4) (HE) and H2026 (U4) (HE) to distinguish DOJ settlement members. Clarification of benefit limit.
6/4/2020	Intensive Recovery Supports	Corrected the Service Description code from T2012 to T1012.

****Please Note: The following information is for authorization purposes only. Documentation requirements for ongoing service delivery and record keeping are contained in NC Clinical Coverage Policies, the Records and Documentation Manual (APSM 45-2), the Current Procedural Terminology (CPT®) Manual, and their subsequent updates****



**Medicaid (b)(3) Adult and Child Services Benefit Plan
Effective July 1, 2019
Updated July 1, 2022**

Medicaid Benefit Plan Revision Information (Continued)		
Date of Change	Service and Section Revised	Change
6/26/2020	B3 Individual Supports	Clarified documentation requirements: No Notification SAR required
11/23/2020	B3 Community Transition	Added B3 Community Transition code T2038U4 for I/DD to Service Description.
8/19/2021	B3 Community Navigator and Annual Information Session	Changed B3 Community Guide to B3 Community Navigator – name change. Added T2041U4YI and T2041U4HIEO for Annual Information sessions. Added benefit limit for Annual Information Session
9/3/2021	(b)(3) Intensive Recovery Supports-Women	Updated Benefit limit, Level of Care, and Documentation Requirements
9/10/2021	(b)(3) Individual Support	Added T1019 U4 TS Service Code
10/1/2021	(b)(3) Transitional Living for Adolescents	Clarified documentation requirements
1/28/2022	(b)(3) Individual Support	Updated benefit limit and documentation requirements
3/7/2022	(b)(3) Supported Employment Maintenance	Added level of care
3/29/2022	(b)(3) Individual Support	Clarified benefit limit

****Please Note: The following information is for authorization purposes only. Documentation requirements for ongoing service delivery and record keeping are contained in NC Clinical Coverage Policies, the Records and Documentation Manual (APSM 45-2), the Current Procedural Terminology (CPT®) Manual, and their subsequent updates****