



Medicaid MH, SU, I/DD Specialty Services Benefit Plan
Effective Date: July 1, 2019
Updated: July 1, 2022

****PLEASE NOTE: Specialty services can only be billed by providers who have current and valid Specialty Contracts with Partners****

Medicaid Mental Health (MH) Specialty Services				
Service Description	Benefit Limit	Level of Care	Source	Documentation Required for Authorization
Assertive Community Treatment Team for Youth (ages 12 –18): H0040 (HA) (U5) H0040 (HA) (U5) (EN) (Encounter)	Initial: 12 units for 3 months (1 unit/week) Concurrent: 12 units for 3 months Maximum of 24 units per rolling calendar year	CALOCUS: 3-5 ASAM: 1-2.5 Child	*In Lieu of Service Definition	Initial: CCA, PCP and CCP. Service Order signed by MD/DO/Doctoral level Psychologist/PA/NP Concurrent: Updated PCP
Assertive Community Treatment - Step Down (ACT-SD): H0040 (U5)	Initial: 2 units for 1 month for 180 days Concurrent: 2 units for 1 month for 180 days	LOCUS: 2-4 ASAM: 1-2.5	*In Lieu of Service Definition	Initial: CCA, PCP and CCP. Service Order signed by a Masters level behavioral health professional. Service Orders are valid for 1 year. Concurrent: Updated PCP
Behavioral Health Urgent Care: T2016 (U5) – BHUC Urgent Care	Unmanaged up to 3 admissions per month. Auth required after 3 rd admission. Up to 6 events per year 1 unit=1 event 1 event=1 admission	N/A	*In Lieu of Service Definition	Initial: Assessment; Discharge/Disposition Plan Concurrent: Updated Discharge/Disposition Plan

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Brief Psychotherapy: 90832 (BT): 30 minutes 90834 (BT): 45 minutes 90837 (BT): 60 minutes	No prior approval or authorization is required.	LOCUS/CALOCUS: ≥ 1 ASAM: $\geq .05$	8C	N/A
Case Support: T1016 (U5)	No prior approval required 15 minute = 1 unit	LOCUS/CALOCUS: ≥ 1 ASAM: $\geq .05$	*In Lieu of Service Definition	Clinical Assessment; Treatment Plan with updates on progress towards goals; Service Order (SO) signed by a master's level BH professional who has obtained full licensure. A SO must be completed by a QP in (ID/DD) when the member's primary diagnosis is IDD. Retro SO is allowed during COVID-19 flexibility period. After COVID-19, SO will be required within 30 days from start of service. For MH/SU, a full service note that meets the requirements per APSM 45-2. For IDD members, a service grid that meets the requirements per APSM 45-2.

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Critical Time Intervention (CTI): H0032 (U5) (DJ)	Pre-CTI: 12 units Phase I: 155 units for 90 days. Phase II: 8 units weekly; 104 units per 90 days. Phase III: 4 units weekly; 52 units per 90 days. Each of the 3 phases lasts 3 months. Service is not to exceed 312 units for 9-month duration.	LOCUS: 1-4 ASAM: 1-2.5	*In Lieu of Service Definition	Pre-CTI: Notification SAR only. Prior to Phase I: If a member has no history of a Serious and Persistent Mental Illness (SPMI) diagnosis, a full CCA is required. All TCLI members require a full CCA. Phase I: Phase Plan, Brief Assessment or full CCA, and Service Order signed by licensed clinician. Phase II/III: Updated Phase Plan and Signatures.
Enhanced Crisis Response (ECR) Child/Adolescent H2011 (U5) (U1) H2011 (U5) (TS) –Encounter subsequent 15-minute encounters after 12 weeks	Pass-through: 1 unit/week up to 8 weeks 1 unit=1 week; Two-hour minimum per week Initial: 1 unit/week up to 4 weeks Concurrent: 1 unit/week up to 4 weeks	LOCUS/CALOCUS: > 1 ASAM Level: >. 05 CANS	*In Lieu of Service Definition	Notification SAR is Required for Pass-through Initial: CCA. PCP & CCP. A service order must be completed by a MD/DO/Licensed Psychologist, PA, NP. Continued Stay: Updated PCP.

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Eye Movement Desensitization and Reprocessing (EMDR): 90837 (EM)	Prior authorization is required. <u>Initial:</u> 13 units per 90 days <u>Concurrent:</u> 13 units per 90 days	LOCUS/CALOCUS: ≥1 ASAM: ≥.05	8C	<u>Initial:</u> Must be evidence of trauma symptoms. Tx Plan and Service Order (valid for 1 year). <u>Concurrent:</u> Clinical information needs to address trauma symptoms. Updated Tx Plan/PCP.
Family Centered Treatment (FCT): H2022 (22) (HE): FCT Core H2022 (22) (ZI): FCT 3 month H2022 (22) (Z2): FCT 6 month H2022 (22) (Z3): Encounter	Prior authorization is required. <u>Initial:</u> 6 units for 6 months (1 unit per month). <u>Concurrent:</u> 1 unit for 1 month. Must meet EPSDT Criteria.	LOCUS/CALOCUS: 3-5 ASAM: 1-2.1	*In Lieu of Service Definition	<u>Initial:</u> CCA, PCP and CCP; Service Order. <u>Concurrent:</u> Updated PCP

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High Fidelity Wrap Around (HFWA): H0032 (HF) Bundled Service H0032 (HF) (FW) Utilized as transition while in residential placement	Bundled Team service. 1 unit/month. Max: 18 months <u>Initial:</u> 60 days=2 units <u>1st Concurrent:</u> up to 180 days =6 units. <u>2nd Concurrent:</u> 60 days= 2 units Same as above for H0032HF-FW while member is out of home	LOCUS/CALOCUS: > 2 ASAM: ≥2.1	*In Lieu of Service Definition	<u>Initial:</u> CCA, PCP/Comprehensive Crisis Plan or High-Fidelity Wrap (HFW) Around Plan of Care, and Service Order signed by a fully or associate licensed clinician. <u>Concurrent:</u> Updated PCP or HFW Plan of Care to include Phase 1, Phase 2 and Phase 3.
In Home Therapy Services (IHTS): H2022 (HE) (U5) (U1) H2022 (HE) (U5) (TS) - Encounter	Prior auth required 1 unit/week <u>Initial:</u> 24 units per 180 days. <u>Concurrent:</u> 24 units per 180 days.	LOCUS/CALOCUS: > 1 ASAM Level: >. 05 CANS	In Lieu of Service Definition	<u>Initial:</u> CCA; PCP; CCP; Service Order signed by a fully licensed clinician. <u>Concurrent:</u> Updated PCP with each request.

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Service Description	Benefit Limit	Level of Care	Source	Documentation Required for Authorization
Intensive Alternative Family Treatment (IAFT) Level II: S5145 (HA)	Initial: 90 units for 90 days (1unit per day) Concurrent: 180 units per 180 days.	CALOCUS: 3-5 ASAM: 1-2.5	8D-2	Initial: CCA, PCP and CCP, Service order. Concurrent: Updated PCP with each request.
Mobile Outreach Response Engagement and Stabilization (MORES): H2011 (AX): Crisis Assessment H2011 (HA): MORES Week 1 H2011 (HA) (TX): MORES Weeks 2-4 H2011 (HA) (TX) (U5): MORES Weeks 5-8	For: Pilot provider only. 1 unit/week Pass Through 1 st 4 weeks Authorization Required: 5-8 weeks	LOCUS/CALOCUS: > 1 ASAM Level: >. 05 CANS	EPSDT	Initial: Approval through ACCESS. Concurrent (5-8 Weeks): MORES Screening Tool, MORES Plan

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Multi Systemic Therapy (MST) for Problem Sexual Behaviors (PSB): H2033 (M1) (PB)-Initial Passthrough H2033 (M2) (PB) H2033 (M3) (PB) H2033 (M4) (PB) H2033 (M5) (PB)	Initial: Pass through for 30 days/1unit Concurrent: M2: 30 days for 1 unit M3: 30 days for 1 unit M4: 30 days for 1 unit M5: 30 days for 1 unit	CALOCUS: 3-5 ASAM: 1-2.5	8A	Initial: Notification SAR required; CCA, PCP, CCP and Service Order on file and submit w/second request. Concurrent: Updated PCP
Outpatient Plus: 90837 (U5) (1 unit/month) 90837 (U5) (EN)-Licensed Professional Encounter – 1 per face to face session H0036 (U5) (EN) -QP Encounter submitted in 15 min increments	Initial: 3 units for 90 days (1 unit = 1 month) Concurrent: 3 units for 90 days maximum of 180 days of service per rolling calendar year	LOCUS/CALOCUS3 - 5 ASAM: 2.1 – 5 CANS	In Lieu of Service Definition	Initial: CCA; PCP; CCP; Service Order signed by MD/DO/Doctoral level Psychologist/PA/NP Concurrent: Updated PCP

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Psychiatric Diagnostic Evaluation: 90791 (BT)	No prior approval or authorization is required. 4 visits/year per member	LOCUS/CALOCUS: ≥ 1 ASAM: $\geq .05$	8C	N/A
Psychiatric Residential Treatment Facility (PRTF) Diversion and Assessment (DAP): 0911 (AD)	Prior approval by the Chief Medical Officer, Assistant Medical Director, or Chief Clinical Officer is required. <u>Initial:</u> 30 days, 30 units.	CALOCUS: 6 ASAM: 1-3.7	8D-1	<u>Initial:</u> CON within 30 days of submission, PCP, CCP, Service order. DAP referrals come through Care Coordination. Initial request does not require a CCA.

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Rapid Response Bed: S5145 (U5)	Referral through Access to Care is required. <u>Initial:</u> pass-through 10 days. <u>Concurrent:</u> needs to be approved under EPSDT if over 21 days. Concurrent authorizations are submitted every 10 days.	N/A	*In Lieu of Service Definition	<u>Initial:</u> UM creates SAR based on Access referral. <u>1st Concurrent:</u> Documentation of efforts to find alternative placement (i.e. residential or home setting). <u>2nd Concurrent:</u> Treatment Plan signed by guardian and licensed clinician. <u>3rd Concurrent and Beyond:</u> Discharge/transition plan.
Sex Offender Specific Evaluation (SOSE) Treatment Alternative for Sexualized Kids (TASK) Assessment: 90791 (TK)	Prior Authorization Required. 1 unit/per event 2 visits per year/member	LOCUS/CALOCUS: >1 ADAM: > .05	8C	Clinical information to justify need for TASK Assessment

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Sexual Harm Assessment: 90899	Prior Authorization Required 1 unit/per event 2 visits per year/member	LOCUS/CALOCUS: >1 ADAM: > .05	8C	Clinical information to justify need for Sexual Harm Assessment
Transitional Living: Adolescent & Adults MH/SU: H2022 (U4) (FT)	Ages: 16 to 21 Prior Authorization is required. 15 minute = 1 unit Initial: Initial authorization is 1,032 units for 90 days. Concurrent: Reauthorization for additional 1,032 units for 90 days can be requested for up to 3 times.	LOCUS/CALOCUS: Level 1 or greater ASAM: Level 1 or greater	(b)(3)	Initial: Tx Plan/Service order by a Masters level licensed behavioral health professional. Concurrent: Updated Tx Plan and Signature Page. Daily, full, service notes or grid on file.

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Service Description	Benefit Limit	Level of Care	Source	Documentation Required for Authorization
Transitional Therapeutic Foster Care (TTFC): S5145 TT – Transitional Therapeutic Foster Care	Initial: Pass-through of 30 units for 30 days only once per treatment episode. 1 unit = 1 day Concurrent: <u>30 units per 30 days.</u> Total length of stay = up to 60 days. Needs to be approved under EPSDT if over 60 days.	CALOCUS: 2-4 ASAM: 1-3.1	8D-2	Notification SAR is Required for Pass-through <u>1st Concurrent:</u> CCA, PCP, Comprehensive Crisis Plan, and Service Order. <u>2nd Concurrent:</u> Updated PCP with each request.
Trauma Focused Cognitive Behavioral Therapy (TF-CBT): 90837 (ZI) 60 Minutes 90846 (ZI) Family Therapy without Member 90847 (ZI) Family Therapy with Member	Prior authorization is required. Initial: 13 units per 90 days Concurrent: 13 units per 90 days.	LOCUS/CALOCUS: ≥ 1 ASAM: $>.05$	8C	Initial: Treatment (Tx) Plan/PCP and service order (valid for 1 year). Concurrent: Clinical information to justify medical necessity;

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(TASK) Treatment Alternative for Sexualized Kids: H2029	Prior authorization is required. Initial: 13 units per 90 days. Concurrent: 13 units per 90 days.1-year limit.	CALOCUS: 1-3 ASAM: .05-1	*In Lieu of Service Definition	Initial: Ages 10-20. PCP, Treatment Plan and Service Order. Completed TASK Assessment Concurrent: Reports of number of sessions and type. Updated treatment plan or PCP.
Trauma Focused Therapeutic Foster Care (TF-TFC): S5145 (TF)	Prior authorization is required. 1 unit=1 day Initial: 90 days Concurrent: 180 days. Service authorized per specialty contract.	CALOCUS: 3-5 ASAM: 1-2.5	8D-2	Initial: CCA, PCP and CCP, Service Order. Concurrent: Updated PCP with each request.

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Trauma Informed Comprehensive Clinical Assessment (TICCA) or Comprehensive Trauma Informed Assessment (CTIA): 90791 (TI)	Prior authorization is required. 1 hour= 1 unit. TICCA: Up to 10 hours of assessment for a 3-month duration by Specialty Contract only. Up to 3 units may be approved if a TICCA Addendum is necessary CTIA is 5 hours maximum.	LOCUS/CALOCUS: ≥1 ASAM: ≥.05	8C	Clinical information to justify medical necessity.

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Young Adults in Transition: H2022 (U5)	Prior Authorization is required. Min: average of 2- contact-hour weekly minimum 1 week = 1 unit <u>Initial:</u> 13 units for 90 days. <u>Concurrent:</u> Up to 2 additional authorizations for 13 units/90 days each. May be re-authorized up to 3 times for up to 6-8 months.	LOCUS/CALOCUS: >1 ASAM: > .05	*In Lieu of Service Definition	Ages: 16-24 <u>Initial:</u> CCA, Treatment Plan/PCP. Ansell Casey Life Skills Assessment demonstrates deficit in at least 2 ADLs. <u>Concurrent:</u> Updated Treatment Plan/PCP

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Medicaid Intellectual/Developmental Disability (I/DD) & Mental Health (MH) Specialty Services				
Service Description	Benefit Limit	Level of Care	Source	Documentation Required for Authorization
<p>Intercept (EPSDT Only):</p> <p>H0036 (U3) (IC) Initial Contact</p> <p>H0036 (EN) Encounter</p>	<p>Initial: The service will be authorized for an initial term of four months.</p> <p>Concurrent: Subsequent authorizations are for three months at a time.</p> <p>1 unit per month (H0036 U3HK) at first face to face.</p> <p>Length of Stay: Diversion/Stabilization (4-6 months)</p> <p>Reunification (6-9 months)</p>	<p>CALOCUS: 3-5 ASAM: 1-2.5</p>	<p>*EPSDT Only</p>	<p>Initial: SAR, CCA, PCP, CCP, Service Order, LOCUS/CALOCUS and/or ASAM</p> <p>Concurrent: Updated PCP with each subsequent request.</p>

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Medicaid Intellectual/Developmental Disability (I/DD) & Mental Health (MH) Specialty Services				
Service Description	Benefit Limit	Level of Care	Source	Documentation Required for Authorization
<p>Long Term Community Supports (LTCS) (I/DD only):</p> <p>T2016U5 (L1) T2016U5 (L2) T2016U5 (L3) T2016U5 (L4) T2016U5 (L5)</p>	<p>Initial: Up to 6 months authorization</p> <p>1st Concurrent: Up to 6 months.</p> <p>2nd Concurrent: Up to 1-year authorization.</p> <p>1 (one) unit per day</p> <p>Level 1 – Up to 5 units per week. Level 2 to Level 5 – up to 7 units per week.</p>	NC SNAP or SIS	*In Lieu of Service Definition	<p>Initial: PCP, Psychological Evaluation, NC SNAP or SIS, Behavioral Support Plan (As needed), Service Order.</p> <p>Concurrent: Revision/Update PCP (if needed), Progress Summary, Behavioral Tracking Data (if applicable), Service Order annually.</p>

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Medicaid Intellectual/Developmental Disability (I/DD) & Mental Health (MH) Specialty Services				
Service Description	Service Description	Service Description	Service Description	Service Description
Residential Services- Complex Needs H0018	<u>Initial:</u> Up to 30 days <u>Concurrent:</u> Up to 60 days Total up to 120 days Per Diem	NC-SNAP or SIS	*In Lieu of Service Definition	<u>Initial:</u> PCP, Psychological Evaluation, NC SNAP or SIS, Behavioral Support Plan (As needed), Service Order. <u>Concurrent:</u> Revision/Update PCP, Progress Summary, Behavioral Tracking Data (if applicable), Service Order annually. Preference Assessment needed for every 30 days. CALS assessment needed with 1 st concurrent request then annually. If no progress is made submit Functional Behavior Assessment to UM for review

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NOTES

* Indicates Partners “In Lieu of Service Definition” or Alternative Payment Agreement.

***Need attestation letter that supervision is received from a LQASP or C-QP

+ Indicates an add-on code. Add-on codes cannot be billed separately and should be billed as an addition to a primary procedure code when applicable.

Please consult the American Medical Association’s CPT® Code Book for complete details.

- 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.

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Medicaid Benefit Plan Revision Information		
Date of Change	Service and Section Revised	Actual Change
7/7/17	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
7/1/18	Update in Formatting	Separated by Age and Disability
11/9/18	Electroconvulsive Therapy (ECT)	Added information re: unmanaged visits.
11/26/18	Eye Movement Desensitization and Reprocessing	Added Service
1/1/19	Developmental, Psychological, Neuropsychological Testing, FCT	Updated Code Changes
7/1/2019	Research Based Behavioral Health Treatment	Added New Codes
8/1/2019	Removed Research Based Adaptive Behavioral Treatment Services; RBHT	Added to Medicaid Child Benefit Grid; Codes Changed per Service Definition.
11/1/2019	Child ACTT; Outpatient Plus	Added New Codes

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Date of Change	Service and Section Revised	Actual Change
1/14/2020	Young Adults in Transition	Changed units from monthly to weekly
4/9/2020	EMDR	Clarified documentation requirements
5/20/2020	Critical Time Intervention	Clarification of benefit limits and documentation.
3/22/2021	High Fidelity Wrap Around (HFWA)	Clarified documentation requirements
3/26/2021	Rapid Response Bed	Clarified documentation requirements & updated benefit limit
4/23/2021	Rapid Response Bed	Clarified documentation requirements.
5/25/2021	Trauma Focused - Cognitive Behavioral Therapy (TF-CBT)	Corrected Clinical Coverage Policy
8/11/2021	Sexual Harm Assessment	Added service to grid
9/8/21	Intercept	Clarified Benefit Limit
10/1/2021	Residential Services–Complex Needs	Added code and requirements to grid
11/23/2021	Case Support	Added service to grid
12/1/2021	Transitional Living for Adolescents	Added service to grid
1/12/2022	Case Support	Benefit limit clarified
1/20/2022	Rapid Response Bed	Clarified documentation requirements
1/21/2022	Transitional Therapeutic Foster Care	Added service to grid
1/21/2022	High Fidelity Wrap Around (HFWA)	Clarified documentation requirements
2/9/2022	Trauma Focused Therapeutic Foster Care (TF-TFC)	Clarified benefit limit
3/15/2022	Behavioral Health Urgent Care	Added service to grid
4/19/2022	Behavioral Health Urgent Care	Corrected Service Code

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