



State Funded Acute Services Benefit Grid
Effective July 1, 2019
Updated July 1, 2022

State Funded Acute Services				
Service Description	Benefit limit	Level of Care	Source	Documentation Required for Authorization
Facility Based Crisis: S9484 18 years and older	Initial: Pass through of up to 7 days. One day equals 16 hours (maximum 112 units). Concurrent: Prior Authorization required. Up to 8 days (maximum 128 units). Annual limit is maximum of 45 days in a 12-month period.	LOCUS: 3-5 ASAM: 3.5 NC SNAP	8A	Initial: Notification SAR submission within the 7-day pass through period (or on the first day of the 1 st concurrent review) required for Pass through. Concurrent: Service Order and clinical information to support medical necessity.
Facility Based Crisis for Children: S9484 (HA) Ages 6 up to 18	Initial: Prior Authorization required. 24 units per day for up to 7 days (maximum 168 units). Concurrent: 24 units per day for up to 7 days (maximum 168 units). Annual limit is maximum of 45 days in a 12-month period.	CALOCUS: 3-5 LOCUS: 0.5+ ASAM: > 3.5 NC SNAP	8A-2	Initial: SAR submission within 72 hours of admission accompanied by; treatment plan/PCP including Clinical Crisis Plan, psychiatric assessment, pre-admission nursing screening, Comprehensive Clinical Assessment, Service Order, and discharge plan. Concurrent: Clinical information to support medical necessity.
Medically Supervised Detoxification Crisis Stabilization: H2036	Initial: 5 days-day Concurrent: 3 days Cannot be billed for more than 30 days in a 12-month period	LOCUS/CALOCUS:5 ASAM: 3.9-WM	8A	Initial: SAR with justification after eight hours of admission, PCP, CIWA/COWS scores, vitals, & discharge plan. Concurrent: Clinical updates w/ progress notes. CIWA/COWS scores & vitals.

****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****



State Funded Acute Services Benefit Grid
Effective July 1, 2019
Updated July 1, 2022

State Funded Acute Services				
Service Description	Benefit limit	Level of Care	Source	Documentation Required for Authorization
Partial Hospitalization: H0035	Initial: 7-day Concurrent: 7 days	LOCUS/CALOCUS: 4-5 ASAM: 1-2.5	8A	Initial: SAR with justification on day of admission; PCP, CCP, Service order w/in two business days of admission. ASAM as needed. Concurrent: Clinical updates w/progress notes
State-Funded Inpatient: YP820	Initial: 1-7 days maximum request; must be submitted w/in 48 hours of admission. Concurrent: 1-7 days maximum request; must be submitted on the last day of the current authorized timeframe or on the 1 st day of the current request.	N/A	8B	**Preferred Request Method** is Electronic Submission. Alternative methods, Manual SAR or Live Review. Initial: Complete <u>Inpatient Review Form</u> and attach form to SAR or document all information requested on the form in the SAR. Concurrent: Updated <u>Inpatient Review Form</u> and attach form to SAR or update all information requested on the form in the SAR.

****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****

State Funded Acute Services				
Service Description	Benefit limit	Level of Care	Source	Documentation Required for Authorization
Three-Way Inpatient: YP821 YP821 (SA)	<p><u>Mental Health Initial:</u> 1-7 days maximum request; must be submitted up to three calendar days, after midnight of the day of admission</p> <p><u>Substance Use Initial:</u> 1-4 days maximum request; must be submitted up to three calendar days, after midnight of the day of admission</p> <p><u>Mental Health and Substance Use Concurrent:</u> 1-7 days maximum request; must be submitted on the last day of the current authorized timeframe or on the 1st day of the concurrent request.</p>	N/A	8B	<p>**Preferred Request Method** is Electronic Submission. Alternative methods, Manual SAR or Live Review.</p> <p><u>Initial:</u> Complete <u>Inpatient Review Form</u> and attach form to SAR or document all information requested on the form in the SAR.</p> <p><u>Concurrent:</u> Updated <u>Inpatient Review Form</u> and attach form to SAR or update all information requested on the form in the SAR.</p>
Three-way Inpatient (Enhanced): YP822 YP822 (SA)	<p><u>Initial:</u> 1-3 days maximum request; must be submitted up to 3 calendar days, after midnight of the day of admission.</p> <p><u>Concurrent:</u> 1-3 days maximum request; must be submitted on the last day of the current authorized timeframe or on the 1st day of the concurrent request.</p>	N/A	8B	<p>**Preferred Request Method** is Electronic Submission. Alternative methods, Manual SAR or Live Review.</p> <p><u>Initial:</u> Complete <u>Inpatient Review Form</u> and attach form to SAR or document all information requested on the form in the SAR.</p> <p><u>Concurrent:</u> Updated <u>Inpatient Review Form</u> and attach form to SAR or update all information requested on the form in the SAR.</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****



State Funded Acute Services Benefit Grid
Effective July 1, 2019
Updated July 1, 2022

NOTES

- **Effective 6/20/2018**, Partners began allowing an exception for SARs with a length of stay covering weekend days. Specifically, hospitals submitting SARs with a start date of Thursday can request an additional day to extend the maximum allowed days requested to 4 (allowing a request for Thursday, Friday, Saturday and Sunday). A continued stay SAR must be submitted **on or** by end of Inpatient business day hours on Monday.
- **Effective 4/24/2019**, Partners has begun a similar exception for Holidays that are on a Monday. Hospitals can submit a SAR for up to 4 days if the SAR is submitted with a start day of Friday (requesting Friday, Saturday, Sunday and Monday-holiday). A continued stay SAR must be submitted **on or** by end of Inpatient business day hours on Tuesday.

****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****



State Funded Acute Services Benefit Grid
Effective July 1, 2019
Updated July 1, 2022

Revisions to State Benefit Plan		
Date of Change	Service and Section Revised	Change
2/1/2020	Facility Based Crisis for Children S9484 (HA)	Corrected units to 168
7/1/2020	Facility Based Crisis for Adults S9484	Notification SAR required for pass through
8/16/21	Medically Supervised Detoxification Crisis Stabilization	Added to benefit grid
12/14/21	Facility Based Crisis for Adults S9484	Notification SAR submission within 72 hours of admission required for Pass through.
2/19/22	Facility Based Crisis for Children S9484 (HA)	Revised from 30 to 45 days in a 12-month period
2/28/22	Facility Based Crisis for Adults S9484	Notification SAR submission within the 7-day pass through period (or on the first day of the 1 st concurrent review) required for Pass through.
6/7/22	Facility Based Crisis for Adults S9484	Revised from 30 to 45 days in a 12-month period

****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****