



State-Funded Adult MH/SU Services Benefit Grid
Effective July 1, 2019
Updated June 1, 2022

State-Funded Adult Mental Health (MH) Services				
Service Description	Benefit Limit	Level of Care	Source	Documentation Required for Authorization
Assertive Community Treatment Team: H0040 (DJ)	<p>Initial: 4 units for 30 days. If member enters treatment with less than 14 days left in calendar month, authorize 4 units for partial month + 4 units for 30 days.</p> <p>1st Concurrent: 16 units per 4 months. If member enters treatment with less than 14 days left in calendar month, authorize 4 units for partial month + 16 units per 4 months.</p> <p>2nd Concurrent and Beyond: 16 units per 4 months.</p> <p>Note: ACTT authorizations end on the last day of the month.</p>	LOCUS: 3-5 ASAM: 1-2.5	8A-1	<p>Initial: CCA and Service Order. Service Orders are valid for 1 year. Full PCP required by 1st concurrent authorization.</p> <p>1st Concurrent: PCP and CCP.</p> <p>2nd Concurrent and Beyond: Documentation that application has been made for Medicaid. Updated PCP.</p> <p>Note: If the provider submits the full PCP, CCP, CCA, and Service Order with the initial authorization— they may request 16 units per 4 months.</p> <p>Recommend a new CCA every 3 years</p>

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Assessment/Intake Codes: 90791 (DJ) (GT) (BT) 90792 (GT) +90785 (Interactive complexity add-on code) +90785 (KX) (Interactive complexity Add-On code telephonic) +90785 (GT) Telehealth	No prior approval or authorization is required. 4 visits/year per member.	LOCUS/CALOCUS: ≥1 ASAM: ≥.05	8C	N/A

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Service Description	Benefit Limit	Level of Care	Source	Documentation Required for Authorization
Behavioral Health Counseling: YP830 (Alcohol and Drug Assessment) YP831 (BH Individual) YP832 (BH Group) YP833 (BH Outpatient Family with member present) YP834 (BH Outpatient Family without member present) YP835 (Alcohol and Drug Group Counseling) YP836 (MH Assessment)	No prior approval or authorization is required. Up to 480 units per year. ***Only a Certified Substance Abuse Counselor (CSAC) may provide this service***	LOCUS/CALOCUS: ≥1 ASAM: ≥.05	State	N/A
Community Respite: YP730	Prior Authorization required <u>Crisis:</u> up to 7 days. Review based on medical necessity.	LOCUS/CALOCUS: 2	State	Treatment Plan and Signature Page.

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Service Description	Benefit Limit	Level of Care	Source	Documentation Required for Authorization
<p>Community Support Team:</p> <p>H2015 (HT) (U1) – CST Peer Support Specialist</p> <p>H2015 (HT) (HM) – CST Paraprofessional</p> <p>H2015 (HT) (HN) – CST Qualified Professional/Associate Professional</p> <p>H2015 (HT) (HF) – CST Substance Use Counselor (LCAS, LCAS-A, CCS, CSAC) *specific per service definition</p> <p>H2015 (HT) (HO) – CST Licensed Team Lead</p>	<p>Initial: Pass-through of 36 units for 30 days only once per treatment episode, once per fiscal year.</p> <p>1st Concurrent: Up to 128 units per 60 days. For those seeking permanent supportive housing, up to 420 units for 60 days.</p> <p>2nd Concurrent: Up to 192 units per 90 days. For those seeking permanent supportive housing, up to 630 units for 90 days. Service intensity titrates down as the member demonstrates improvement in targeted life domains.</p>	<p>LOCUS: 2-4 ASAM: 1-2.5</p>	<p>8A-6</p>	<p>Notification SAR is Required for Pass-through on Initial Service Authorization Request (SAR)</p> <p>1st Concurrent: CCA, PCP, and Comprehensive Crisis Plan. Service Order is also required and is due on or before the first date of service. For those seeking permanent supportive housing, a housing goal must be included on the PCP.</p> <p>2nd Concurrent: Updated PCP. New CCA or CCA Addendum needed if member has been in services 6 months or more per calendar year. For those seeking permanent supportive housing, a housing goal must be included on the PCP.</p>

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Community Support Team (Continued): H2015 (HT) (U1) (DJ) – CST Peer Support Specialist (DOJ) H2015 (HT) (HM) (DJ) – CST Paraprofessional (DOJ) H2015 (HT) (HN) (DJ) – CST Qualified Professional/Associate Professional (DOJ) H2015 (HT) (HF) (DJ) – CST Substance Use Counselor (LCAS, LCAS-A, CCS, CSAC) *specific per service definition (DOJ) H2015 (HT) (HO) (DJ) – CST Licensed Team Lead (DOJ)				

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Service Description	Benefit Limit	Level of Care	Source	Documentation Required for Authorization
Developmental Testing: 96112, +96113, 96110	No prior approval or authorization is required up to and including 10 hours. One (1) episode of testing/year. Ten (10) hour limit for all codes/year.	NA	8C	N/A
Diagnostic Assessment: T1023 T1023 (GT)	No prior approval or authorization is required. 1 visit per year/member.	LOCUS/CALOCUS: ≥1 ASAM: ≥.05	8C	N/A
E/M Assessment Codes: 99201-99205 (GT)	E/M Codes have unlimited benefits. No prior approval or authorization is required.	LOCUS/CALOCUS: ≥1 ASAM: ≥.05	8C	N/A
E/M Established Patient Codes: 99211-99215 (GT)	E/M Codes have unlimited benefits. No prior approval or authorization is required.	LOCUS/CALOCUS: ≥1 ASAM: ≥.05	8C	N/A
Family Living: YP740 -Low YP750 -Moderate YM755 -High	Initial and Continuing Authorization: Per diem per 365 days.	LOCUS: 2-3 ASAM: 1-3.3	State	Treatment Plan and Signature Page. Updated yearly

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Service Description	Benefit Limit	Level of Care	Source	Documentation Required for Authorization
Family Therapy Codes: 90846-90847 (KX) (GT)	No prior approval or authorization is required.	LOCUS/CALOCUS: 1 ASAM: 1	8C	N/A
Group Living: YP760 -Low YP770 -Moderate YP780 -High	Initial and Continuing Authorization: Per diem per 365 days.	LOCUS: 2-3 ASAM: 1-3.3	State	Treatment Plan and Signature Page. Updated yearly
Group Therapy Codes: 90849; 90853 (KX) (GT)	No prior approval or authorization is required.	LOCUS/CALOCUS: 1 ASAM: 1	8C	N/A
Individual Placement and Support (IPS) - Supported Employment: YP630 (DJ) YP630 (BC) Benefits Counseling YP630 (BC) (DJ) Benefits Counseling and TCLI Member	Pass-through of 64 units (16 hours); one per fiscal year Initial: Up to 688 units/month (4,128 units) for 180 days. Concurrent: MH- Up to 8,256 units per 12 months.	LOCUS: 1-4 ASAM: 1-2.5	State	Notification SAR is required for Pass-through: No clinical information required to be uploaded with the Notification SAR. Initial: PCP with in-depth Employment Plan and/or Employment Plan Concurrent: Updated PCP and/or Employment Plan.

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Service Description	Benefit Limit	Level of Care	Source	Documentation Required for Authorization
Mobile Crisis Management: H2011	32 units (8 hours) per 24-hours unmanaged	N/A	8A	Crisis Plan after 32 units per 24-hour period.
Neurobehavioral Status Exam: 96116, +96121	No prior approval or authorization is required. One (1) episode of testing/year. Eight (8) hour limit for all codes/year.	NA	8C	N/A
Neuropsychological Testing: 96136, +96137, 96132, +96133,	No prior approval or authorization is required up to and including 10 hours. One (1) episode of testing/year. Ten (10) hour limit for all codes/year.	NA	8C	N/A
Outpatient Consultation Codes: 99241-99245	No prior auth required.	LOCUS/CALOCUS: ≥ 1 ASAM: ≥ 05	8C	N/A

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Service Description	Benefit Limit	Level of Care	Source	Documentation Required for Authorization
Outpatient Individual Therapy: 90832-(TU) (GT) (KX) 90834 (TU)(GT) (BT)(AH)(KX); 90839 – Psychotherapy for Crisis (30-74 minutes) 90839 (KX) – Crisis Therapy 60 Minute Telephonic 90839 (GT) - Telehealth +90840 – Psychotherapy for Crisis Beyond 74 Minutes (add on code). Add on codes for additional minutes. +90840 (KX) – 30 Minute Crisis Add on Telephonic +90840 (GT) - Telehealth 90833 (GT); 90836 (GT) and 90838 (GT) allow add-on codes when EM code occurs simultaneously *90837 is NOT covered by state benefits.	No prior approval or authorization is required.	LOCUS/CALOCUS: >1 ASAM: >05	8C	N/A

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Service Description	Benefit Limit	Level of Care	Source	Documentation Required for Authorization
Peer Support Services: H0038 – Peer Support Individual H0038 (TY) – Peer Support Services Individual Timely Follow-Up H0038 (HQ) – Peer Supports Group	<u>No prior approval required.</u> 270 units per 90 days. Includes both individual and group.	LOCUS: 1 ASAM: 1	8G	Service Order is required and is due on or before the first date of service. Service Order is valid for 1 year. CCA, PCP, Service Order, and Comprehensive Crisis Plan. Updated PCP and Signature Page.
Psychosocial Rehabilitation: H2017	No authorization required for members who receive 32 hours or less per week. For over 32 hours, initial and concurrent authorization is for up to one year. 32 hours = 128 units per week = 512 units per month	LOCUS: 2-5 ASAM: 1-2.5	8A	If exceeding 32 hours per week: <u>Initial:</u> CCA, PCP, CCP, Service order <u>Concurrent:</u> Updated PCP

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Psychological Testing: 96105, 96136, +96137, 96130, +96131	No prior approval or authorization is required up to and including 10 hours One (1) episode of testing/year. Ten (10) hour limit for all codes/year.	NA	8C	N/A
Supervised Living: YP710 -Low YP720 -Moderate	Authorization will be for one year.	LOCUS: 2-3 ASAM: 1-3.3	State	Treatment Plan and Signature Page Updated yearly.
Therapeutic Injection: 96372-96375	Up to 52 units per year. Does not require authorization.	LOCUS/CALOCUS: ≥1 ASAM: ≥.05	8C	N/A
Transition Management Services: YM120	180-day authorizations. Up to 1560 units (cannot use more 60units per week). Expected to titrate over the course of treatment.	LOCUS/CALOCUS: ≥1 ASAM: ≥.05	State	PCP, CCP, and Signature Page. Updated yearly.

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State-Funded Adult Substance Use (SU) Services				
Service Description	Benefit Limit	Level of Care	Source	Documentation Required for Authorization
Ambulatory Detox: H0014	<p>Initial: Pass-Through of 3 days, 72 units, maximum.</p> <p>Concurrent: Up to 3 days, 24 units/day, for 10 days maximum per episode of care.</p>	LOCUS: 4 ASAM: Level 1 - WM	8A	<p>Notification SAR is required for the pass-through.</p> <p>No clinical documentation required to be uploaded with the Notification SAR.</p> <p>Concurrent: SAR with clinical information is required along with PCP/Tx Plan and Service Order (dated on or prior the first day the service was provided).</p> <p>Suggested but not required: CIWA or COWS score.</p>

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Service Description	Benefit Limit	Level of Care	Source	Documentation Required for Authorization
Detox Social Setting: YP790	Initial: Pass-through of 3 days. 1st Concurrent: Up to 7 days, maximum.	LOCUS/CALOCUS: 4 ASAM: 3.2 WM	8A	Notification SAR is required for the pass-through. No clinical documentation required to be uploaded with the Notification SAR Concurrent: SAR with clinical information is required along with PCP/Tx Plan. Suggested but not required: CIWA or COWS score.

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Service Description	Benefit Limit	Level of Care	Source	Documentation Required for Authorization
Non-Hospital Medical Detox: H0010	<u>Initial:</u> Pass-Through of 3 days <u>Concurrent:</u> Up to 7 days, 1 unit/day, for 10 days maximum per episode of care.	LOCUS: 3-5 ASAM: 3.7 WM	8A	<p>Notification SAR is required for the pass-through.</p> <p>No clinical documentation required to be uploaded with the Notification SAR.</p> <p><u>Concurrent:</u> SAR with clinical information is required along with PCP/Tx Plan and Service Order (dated on or prior the first day the service was provided).</p> <p>Suggested but not required: CIWA or COWS score.</p>

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Service Description	Benefit Limit	Level of Care	Source	Documentation Required for Authorization
Outpatient Opioid Treatment: H0020 (U3) (OU)-Weekly	No prior approval. 1 unit = 1 week 5 units = 1 month 53 units = 1 year	LOCUS: ≥2 ASAM: OTP	Alternative Service Definition	No authorization required. Service Order must be signed by a physician (MD or DO) on or before the first date of service. CCA, MAR, UDS Results, Service Notes, LME-MCO Consumer Admission and Discharge Form, & discharge plan are required for this service. A Treatment Plan must be developed in the first 30 days of service. Treatment Plan must be updated every 90 days. After 2 years of continuous service provision, Treatment Plan must be updated every 6 months.

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Service Description	Benefit Limit	Level of Care	Source	Documentation Required for Authorization
Substance Abuse Comprehensive Outpatient Treatment Program (SACOT): H2035	<u>Initial:</u> 180 hours for 60 days. <u>Concurrent:</u> Additional units authorized per medical necessity, minimum is 4 hours, per day. <u>HARD LIMIT:</u> 4 months NO PASS-THROUGH	LOCUS: 3-5 ASAM: 2.5	8A	<u>Initial:</u> PCP and CCP, Service Order. Urine drug screen results, if available. <u>Concurrent:</u> Updated PCP w/each additional request. Urine drug screen results.
Substance Abuse Halfway House: H2034	<u>Initial and Continuing Authorization:</u> Per diem per 180 days.	LOCUS: 3-5 ASAM: 3.1	State	<u>Initial:</u> Treatment Plan and Signature Page. <u>Concurrent:</u> Updated Treatment Plan w/ each additional request.
Substance Abuse Intensive Outpatient (SAIOP): H0015	<u>Initial:</u> 13 units for 30 days. <u>Concurrent:</u> Up to 26 units for 60 days. <u>HARD LIMIT:</u> 3 Months. No Pass Through	LOCUS: 3-5 ASAM: 2.1	8A	<u>Initial:</u> PCP and CCP, Service order. Urine drug screen results recommended, if available. <u>Concurrent:</u> Updated PCP w/each additional request. Urine drug screen results recommended.

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Substance Abuse Non-Medically Monitored Community Residential Treatment: H0012	<u>Initial:</u> Up to 10 days. <u>Concurrent:</u> Up to 10 days; no more than 30 days per 12 months.	LOCUS: 3-5 ASAM: 3.5	8A	<u>Initial:</u> PCP and CCP, Service order. <u>Concurrent:</u> Updated PCP w/each request.
Substance Abuse Medically Monitored Community Residential Treatment: H0013	<u>Initial:</u> Up to 10 days <u>Concurrent:</u> Up to 10 days; no more than 30 days per 12 months.	LOCUS: 3-5 ASAM: 3.7	8A	<u>Initial:</u> PCP, CCP, Service order. <u>Concurrent:</u> Updated PCP w/each request.

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NOTES

KX indicates telephonic. GT indicates telehealth.

+ 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 includes the service order. A separate service order is indicated for those services for which a treatment plan and service order is required.
- Evaluation/Management services may be delivered by an MD, PA or NP.
- Evaluation/Management service for adults and children are not limited and do not require authorization.
- **“Report 90785** When at least one of the following communication factors is present during the visit:
 1. The need to manage maladaptive communication (related to, e.g., high anxiety, high reactivity, repeated questions, or disagreement) among participants that complicates delivery of care.
 2. Caregiver emotions/behavior that interfere with implementation of the treatment plan.
 3. Evidence/disclosure of a sentinel event and mandated report to a third party (e.g., abuse or neglect with report to state agency) with initiation of discussion of the sentinel event and/or report with patient and other visit participants.
 4. Use of play equipment, physical devices, interpreter or translator to overcome barriers to diagnostic or therapeutic interaction with a patient who is not fluent in the same language or who has not developed or lost expressive or receptive language skills to use or understand typical language.

May Not Report With: Psychotherapy for crisis (90839,90840); E/M alone, i.e., E/M service not reported in conjunction with a psychotherapy add-on service; Family psychotherapy (90846, 990847, 90849).” CPT® five-digit codes, descriptions, and other data only are copyright 2012 by the American Medical Association (AMA). All Rights Reserved. No fee schedules, basic units, relative values or related listings are included in CPT®. CPT® is a registered trademark of the American Medical Association (AMA).

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Revisions to State Benefit Plan		
Date of Change	Service and Section Revised	Change
7/1/2017	Changes to various State service limits	See communication bulletin
7/7/2017	Ambulatory Detox	Added a pass-through period
7/27/2017	Non-Hospital Detox	Added a pass-through period
8/30/2017	Ambulatory Detox	Corrected pass-through information
10/20/2017	Transition Management Services	Extended auth period to 180 days
12/18/2017	Supported Employment & Peer Support	Standardized auth limits with Medicaid limits
2/2/2018	Peer Support	Clarified Benefit Limit
3/23/2018	HDPT, AE, PSS	Removed notification SAR requirement
4/1/2018	IDD Services: ADVP, DA, DS, Dev Day, FL, GL, SL,	Extended auth period to 1 year/365 days.
7/1/2018	Update in Formatting	Organized by Age and Disability
11/1/2018	EMDR	Added Service
1/1/2019	Developmental, Psychological, and Neuropsychological Testing, FCT	Added updated service codes
4/1/2019	Specialty Services	Deleted from this grid and added to the Specialty Services Grid.
7/1/2019	Partial Hospitalization	Relocated to State Inpatient Benefit Plan.
8/1/2019	Peer Support	Added codes per new State Service Definition
8/1/2019	Office Based Opioid Treatment; Outpatient Opioid Treatment	Added Service; Updated benefit limit for Opioid Treatment Services
9/19/2019	Outpatient Opioid Treatment	Updated benefit limit for Opioid Treatment Services
10/1/2019	Outpatient Services	Added all modifiers
10/25/2019	Individual Placement &	Added BC Modifier, changed limits
12/1/2019	Community Support Team	Updated benefit grid to reflect changes to the service definition

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Revisions to State Benefit Plan (continued)		
Date of Change	Service	Change
2/1/2020	Community Support Team	CST New Modifiers and PSH units
3/1/2020	Peer Support Services	Updated benefit limit for State-funded PSS
3/1/2020	ACTT	Clarified benefit limit for initial authorizations
3/1/2020	Outpatient Opioid	New service code and benefit limit for State OOT
4/1/2020	ACTT	Clarified benefit limit for initial authorizations
4/9/2020	CST	Clarified benefit limit for concurrent authorizations
4/9/2020	PSS	Clarified documentation requirements and benefit limit
4/9/2020	IPS-SE	Added DJ modifier for YP630 BC code
4/9/2020	Group and Family Living Codes	Clarified documentation requirements
4/9/2020	TMS	Clarified documentation requirements
4/9/2020	Ambulatory Detox	Clarified documentation requirements
4/9/2020	Non-Hospital Medical Detox	Clarified documentation requirements and benefit limit
4/9/2020	OOT	Clarified documentation requirements
5/1/2020	Interactive Complexity 90785	Clarified use of code
5/11/2020	Behavioral Health Counseling	Added YP836 (MH Assessment) code. Clarified description of service for YP830
5/20/2020	Ambulatory Detox	Clarified benefit limit

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Date of Change	Service	Change
5/20/2020	Non-Hospital Medical Detox	Clarified benefit limit
5/20/2020	Transition Management Services	Clarified documentation requirements
7/29/2020	Diagnostic Assessment T1023	Clarified benefit limit
8/5/2020	ACTT	Clarified documentation requirements
8/24/2020	YM811-YM816 (Supervised Living)	Deleted this service from the Adult MH/SU Benefit Grid
7/1/2021	Psychological Testing	Added 96105
7/15/2021	Substance Abuse Medically Monitored Community Residential Treatment	Added H0013
8/16/21	Detox Social Setting	Added to benefit grid
9/3/21	Detox Social Setting	Clarified documentation requirements
11/2/21	Outpatient Behavioral Health	Added KX codes to the benefit grid
11/18/21	Peer Support Services	Peer Support Services no longer require prior authorization
12/1/21	Substance Abuse Halfway House	Added to benefit grid
12/30/21	Community Support Team	Clarified documentation requirements

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Date of Change	Service	Change
1/28/22	Assertive Community Treatment Team	Clarified benefit limit
2/15/2022	Substance Abuse Intensive Outpatient	Clarified documentation requirements
2/15/2022	Substance Abuse Comprehensive Outpatient	Clarified documentation requirements
3/7/2022	Supervised Living and Family Living	Added level of care
3/7/2022	Outpatient Consultation Codes	Corrected service code from 99214 to 99241. No prior auth needed. Removed limits.
3/29/2022	Outpatient Opioid Treatment	No prior approval needed.
5/1/2022	Ambulatory Detox	Updated level of care.
5/12/2022	Non-Hospital Medical Detox	Updated level of care
6/7/22	Substance Abuse Intensive Outpatient & Substance Abuse Comprehensive Outpatient	Clarified documentation requirements

****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****