



State 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****

State Mental Health (MH), Substance Use (SU), and Intellectual/Developmental Disability (I/DD) Specialty Services				
Service Description	Benefit Limit	Level of Care	Source	Documentation Required for Authorization
Assertive Engagement: YA341	16 units per episode of care 1 unit = 15 min No prior authorization required.	LOCUS/CALOCUS: ≥1 ASAM: ≥.05	*Alternative Service Definition	Submit required documentation per contract.

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Service Description	Benefit Limit	Level of Care	Source	Documentation Required for Authorization
Critical Time Intervention (CTI): YP400	Pre-CTI phase: 40 units. Phase 1: 144 units/90days. Phase 2: 112 units/90 days. Phase 3: 56 units /90 days. Total units of CTI not to exceed 312.	LOCUS: 1-4 ASAM: 1-2.5	State	Pre-CTI phase: Notification SAR; no documentation Required. Prior to Phase I: If a member has no history of a serious and Persistent Mental Illness (SPMII) diagnosis, a full CCA is required. All TCLI members require a full CCA. Phase 1: Phase Plan, Brief Assessment or full CCA, Service Order signed by licensed clinician. Phase II/III: Updated Phase Plan and Signatures.

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Service Description	Benefit Limit	Level of Care	Source	Documentation Required for Authorization
Eye Movement Desensitization and Reprocessing (EMDR): 90837 (EM)	Prior authorization 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 have evidence of trauma. Tx Plan and Service Order (valid for 1 year). <u>Concurrent:</u> Clinical information needs to address trauma symptoms; new Tx Plan/PCP annually.
Hospital Diversion, Planning, and Treatment (HDPT): YA346	Up to 16 units/4 hours within one month. 1 unit = 15 minutes	LOCUS/CALOCUS: ≥1 ASAM: ≥.05	*Alternative Service Definition	N/A No prior authorization needed.

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State Mental Health (MH), Substance Use (SU), and Intellectual/Developmental Disability Services (I/DD)				
Service Description	Benefit Limit	Level of Care	Source	Documentation Required for Authorization
<p>Multi-Systemic Therapy (MST) for Problem Sexual Behaviors (PSB):</p> <p>H2033 (M1) (PB)- Initial pass-Through</p> <p>H2033 (M2) (PB)</p> <p>H2033 (M3) (PB)</p> <p>H2033 (M4) (PB)</p> <p>H2033 (M5) (PB)</p>	<p>Initial: Pass-through for 30 days=1 unit.</p> <p>Concurrent:</p> <p>M2: 30 days for 1 unit</p> <p>M3: 30 days for 1 unit</p> <p>M4: 30 days for 1 unit</p> <p>M5: 30 days for 1 unit</p>	<p>CALOCUS: 3-5</p> <p>ASAM: 1-2.5</p>	8A	<p>Initial: Notification SAR required; CCA, PCP, CCP and Service order on file and submit w/second request.</p> <p>Concurrent: Updated PCP w/each request.</p>

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Service Description	Benefit Limit	Level of Care	Source	Documentation Required for Authorization
<p>Office Based Opioid Treatment (OBOT) Bundle:</p> <p>YA396 (S3) – Assessment/ Induction Phase</p> <p>Stabilization Phase</p> <p>Maintenance Phase</p>	<p>No prior approval.</p> <p>YA 396 (S3) – Assessment/Induction Phase: 1 unit for 30 days.</p> <p>Stabilization: Up to 3 units for 90 days. 1 unit = 1 month.</p> <p>Maintenance: Up to 3 units for 90 days. 1 unit = 1 month.</p> <p>Maximum of 12 units (months) per year</p>	<p>LOCUS: ≥ 2</p> <p>ASAM: OTP</p>	<p>*Alternative Service Definition</p>	<p>CCA, Treatment Plan, Urine Drug Screen Results, and Service Order. Please include actual date of induction.</p> <p>Urine Drug Screen Results and updated Treatment Plan w/ each request.</p>
<p>Rapid Response Bed: S5145 (RR)</p>	<p>Referral through Access to Care is required.</p> <p>Initial: pass-through 10 days.</p> <p>Concurrent: Up to 21 days total per episode of care</p>	<p>N/A</p>	<p>*In Lieu of Service Definition</p>	<p>Initial: UM creates SAR based on Access referral.</p> <p>Concurrent: Notation of seeking alternative placement.</p>

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State Mental Health (MH), Substance Use (SU), and Intellectual/Developmental Disability (I/DD) Services				
Service Description	Benefit Limit	Level of Care	Source	Documentation Required for Authorization
Residential II: Trauma Focused: S5145 (TF): TFC-Trauma Care	<u>Initial:</u> 180 days <u>Concurrent:</u> 180 days Service authorized per specialty contract. 1 unit=1 day	CALOCUS: 3-5 ASAM: 1-2.5	8D-2	<u>Initial:</u> Must be referred by Care Coordination. CCA, PCP, Service order and CCP. <u>Concurrent:</u> Updated PCP w/each request.

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NOTES

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

+ 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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State Benefit Plan Revision Information		
Date of Change	Service and Section Revised	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
4/1/2019	Removed Specialty Services	Created Specialty Services Benefit Grid
7/1/2019	Office Based Opioid Treatment (OBOT) Bundle	Added Service
8/1/2019	Rapid Response	Clarified Concurrent Units
9/1/2019	Formatting	Formatting
10/1/2019	Crisis Evaluation and Observation	Corrected Code

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10/23/2019	Office Based Opioid Treatment (OBOT) Bundle	Include date of induction
2/1/2020	Behavioral Health Assessment and Observation	Added New Codes

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State Benefit Plan Revision Information (continued)		
Date of Change	Service and Section Revised	Change
5/20/2020	Critical Time Intervention	Clarification of benefit limits and Documentation
2/23/2022	Trauma Focused Cognitive Behavioral Therapy	Removed from State MH, SU, I/DD Specialty Services Benefit Plan
3/7/2022	Behavioral Health Urgent Care	Removed from State MH, SU, I/DD Specialty Services Benefit Plan
3/29/2022	Office Based Opioid Treatment (OBOT) Bundle	No prior approval required

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