

**Sandhills Center IPRS Benefit Plan effective December 2016**

Revised 11/2016

(Services and quantities are based on medical necessity and funding availability.)

Ledger	Level I
	Level II
	Level III
	Level IV

TARGET POPULATIONS													
LEVEL I - AMH	AMSRE (Stable Recovery Level)				LEVEL II - AMH	AMI (Moderate)			LEVEL III - AMH	AMI (Severe)			
	Description of Service	Auth	Code	Authorized		Unit	Code	Authorized		Unit	Code	Authorized	Unit
	Diagnostic Assessment	UM	T1023			1	session	T1023			1	session	T1023
Intake Evaluation (no medical)	CC	90791		2.00	session	90791		2.00	session	90791		2.00	session
Intake Evaluation (medical)	CC	90792		2.00	session	90792		2.00	session	90792		2.00	session
Individual Therapy 30 (16-37) minutes	UM	90832		8.00	session	90832		12.00	session	90832		12.00	session
Individual Therapy 45 (38-52) minutes	UM	90834		8.00	session	90834		12.00	session	90834		12.00	session
Individual Therapy 60 (53+) minutes	UM	90837		8.00	session	90837		12.00	session	90837		12.00	session
Psychotherapy with E/M (select E/M based on key components) 30 (16-37) minutes	UM	90833		8.00	hours	90833		12.00	hours	90833		12.00	hours
Psychotherapy with E/M (select E/M based on key components) (38-52) minutes	UM	90836		8.00	hours	90836		12.00	hours	90836		12.00	hours
Psychotherapy with E/M (select E/M based on key components) (53+) minutes	UM	90838		8.00	hours	90838		12.00	hours	90838		12.00	hours
Psychotherapy for Crisis	UM	90839			session	90839			session	90839			session
Psychotherapy for Crisis	UM	90840			session	90840			session	90840			session
Family Therapy w/o patient	UM	90846		8.00	session	90846		12.00	session	90846		12.00	session
Family Therapy w/patient	UM	90847		8.00	session	90847		12.00	session	90847		12.00	session
Group Therapy, Multiple Family	UM	90849		16.00	session	90849		24.00	session	90849		24.00	session
Group Therapy - Licensed Psychologist	UM	90853		16.00	session	90853		24.00	session	90853		24.00	session
E & M Problem Focused New Patient (10-19 min)	CC	99201		24.00	session	99201		24.00	session	99201		24.00	session
E & M Expanded, New Patient (20-29 min)	CC	99202		24.00	session	99202		24.00	session	99202		24.00	session
E & M Detailed, New Patient (30-44 min)	CC	99203		24.00	session	99203		24.00	session	99203		24.00	session
E & M Problem Focused Estab Patient (RN)	UM	99211		24.00	session	99211		24.00	session	99211		24.00	session
E & M Moderate, Estab Patient (25-39 min)	UM	99214		24.00	session	99214		24.00	session	99214		24.00	session
Assertive Community Treatment	UM	H0040		0.00	session	H0040		0.00	session	H0040		24.00	session
Mobile Crisis	UM	H2011		24.00	hours	H2011		24.00	hours	H2011		24.00	hours
Community Support Team(max. 6 months)	UM	H2015HT		0.00	hours	H2015HT		32.00	hours	H2015HT		32.00	hours
Psychosocial Rehabilitation	UM	H2017		0.00	hours	H2017		650.00	hours	H2017		650.00	hours
Facility-based Crisis Stabilization	UM	S9484		3.00	days	S9484		3.00	days	S9484		3.00	days
Supported Employment--L/T Follow-up	UM	YP630		24.00	hours	YP630		24.00	hours	YP630		24.00	hours
Supervised Living-Low*	UM	YP710		0.00	days	YP710		90.00	days	YP710		90.00	days
Group Living Moderate	UM	YP770		0.00	days	YP770		90.00	days	YP770		90.00	days
Group Living Low*	UM	YP760		0.00	days	YP760		90.00	days	YP760		90.00	days
Inpatient Psychiatric Hospitalization--state	UM	YP820		10.00	days	YP820		10.00	days	YP820		10.00	days
Inpatient Psychiatric Hospitalization--local	UM	YP820		3.00	days	YP820		3.00	days	YP820		3.00	days
Partial Hospitalization	UM	H0035		14.00	days	H0035		14.00	days	H0035		14.00	days
Short-term Crisis	UM	N/A		24.00	days	N/A		24.00	days	N/A		24.00	days
Assertive Engagement	CC	YA352/353		45.00	days	YA352/353		45.00	days	N/A		45.00	days
Family Psychoeducation	UM	N/A		60.00	days	N/A		60.00	days	N/A		60.00	days
Supported Housing	UM	N/A		0.00	days	N/A		125.00	days	N/A		125.00	days
Transition Management Services	UM	YM120		15.00	hrs/w	YM120		15.00	hrs/w	YM120		15.00	hrs/w
Peer Support Services	UM	YA308/309		15.00	hours	YA308/309		15.00	hours	YA308/309		15.00	hours
Peer-operated Recovery Education Center	UM	N/A		3.00	months	N/A		3.00	months	N/A		3.00	months

<b>Notes:</b>	Auth Code: CC = Call Center, UM = Utilization Management
	Mobile Crisis requires authorization after eight unauthorized hours
	Inpatient Psychiatric Hospitalization--local includes MD services
	E&M codes (99201-99205 & 99211-99215) count towards the annual limit of 22 visits for adults during the State fiscal year. Children do not have an annual limit.
	CPT codes listed in Clinical Coverage Policy 8C count towards the unmanaged visits.
	E&M codes do not count towards the unmanaged visits as they are not behavioral health-specific codes
	Supervised Living Low is authorized for 180 days for HUD homes.
	<a href="#">Click here to reference webpage on Annual Limits</a>

**TARGET POPULATIONS**

LEVEL I - CMH	Description of Service	CMSED (Mild)				LEVEL II - CMH	CMSED (Moderate)			LEVEL III - CMH	CMSED (Severe)		
		Auth	Code	Authorized	Unit		Code	Authorized	Unit		Code	Authorized	Unit
		Intake Evaluation (no medical)	CC	90791	2.00		session	90791	2.00		session	90791	2.00
Intake Evaluation (medical)	CC	90792	2.00	session	90792	2.00	session	90792	2.00	session			
Diagnostic Assessment	UM	T1023	1.00	session	T1023	1.00	session	T1023	1.00	session			
Individual Therapy 30 (16-37) minutes	UM	90832	26.00	session	90832	26.00	session	90832	26.00	session			
Individual Therapy 45 (38-52) minutes	UM	90834	26.00	session	90834	26.00	session	90834	26.00	session			
Individual Therapy 60 (53+) minutes	UM	90837	26.00	session	90837	26.00	session	90837	26.00	session			
Psychotherapy with E/M (select E/M based on key components) 30 (16-37) minutes	UM	90833	26.00	hours	90833	26.00	hours	90833	26.00	hours			
Psychotherapy with E/M (select E/M based on key components) (38-52) minutes	UM	90836	26.00	hours	90836	26.00	hours	90836	26.00	hours			
Psychotherapy with E/M (select E/M based on key components) (53+) minutes	UM	90838	26.00	hours	90838	26.00	hours	90838	26.00	hours			
Psychotherapy for Crisis	UM	90839		session	90839		session	90839		session			
Psychotherapy for Crisis	UM	90840		session	90840		session	90840		session			
Family Therapy w/o patient	UM	90846	26.00	session	90846	26.00	session	90846	26.00	session			
Family Therapy w/patient	UM	90847	26.00	session	90847	26.00	session	90847	26.00	session			
Group Therapy, Multiple Family	UM	90849	52.00	session	90849	52.00	session	90849	52.00	session			
Group Therapy	UM	90853	52.00	session	90853	52.00	session	90853	52.00	session			
E & M Problem Focused New Patient (10-19 min)	CC	99201	24.00	session	99201	24.00	session	99201	24.00	session			
E & M Expanded, New Patient (20-29 min)	CC	99202	24.00	session	99202	24.00	session	99202	24.00	session			
E & M Detailed, New Patient (30-44 min)	CC	99203	24.00	session	99203	24.00	session	99203	24.00	session			
E & M Problem Focused Estab Patient (RN)	UM	99211	24.00	session	99211	24.00	session	99211	24.00	session			
E & M Moderate, Estab Patient (25-39 min)	UM	99214	24.00	session	99214	24.00	session	99214	24.00	session			
Mobile Crisis	UM	H2011	24.00	hours	H2011	24.00	hours	H2011	24.00	hours			
Inpatient Psychiatric Hospitalization--local	UM	YP820	3.00	days	YP820	3.00	days	YP820	3.00	days			
Partial Hospitalization	UM	H0035	14.00	days	H0035	14.00	days	H0035	14.00	days			
Intensive In-home Program	UM	H2022	0.00	days	H2022	30.00	days	H2022	30.00	days			
Multi-systemic Therapy	UM	H2033	0.00	hours	H2033	0.00	hours	H2033	120.00	hours			
Hourly Respite	UM	YA125	15.00	hours	YA125	30.00	hours	YA125	40.00	hours			
Community Respite	UM	YA213	6.00	days	YA213	48.00	days	YA213	48.00	days			
Therapeutic Leave *	UM	YA254-259	15.00	days	YA254-259	15.00	days	YA254-259	15.00	days			
Supported Employment--L/T Follow-up	UM	YM645/YP630	24.00	hours	YM645/YP630	24.00	hours	YM645/YP630	24.00	hours			
Psychological Evaluation	UM	N/A	5.00	hours	N/A	5.00	hours	N/A	5.00	hours			

**Notes:** Auth Code: CC = Call Center, UM = Utilization Management  
 Mobile Crisis requires authorization after eight unauthorized hours  
 E&M codes (99201-99205 & 99211-99215) count towards the annual limit of 22 visits for adults during the State fiscal year. Children do not have an annual limit.  
 CPT codes listed in Clinical Coverage Policy 8C count towards the unmanaged visits.  
 Therapeutic Leave is authorized 15 days per 90 days with max. of 45 days per 12 months.  
[Click here to reference webpage on Annual Limits](#)

**TARGET POPULATIONS**

	SNAP = 1				SNAP = 2			SNAP = 3			SNAP = 4 or 5			
	Description of Service	Auth	Code	Authorized	Unit	Code	Authorized	Unit	Code	Authorized	Unit	Code	Authorized	Unit
LEVEL I - A/I/DD	Intake Evaluation (no medical)	CC	90791	2.00	session	90791	2.00	session	90791	2.00	session	90791	2.00	session
	Intake Evaluation (medical)	CC	90792	2.00	session	90792	2.00	session	90792	2.00	session	90792	2.00	session
	Diagnostic Assessment	UM	T1023	1.00	session	T1023	1.00	session	T1023	1.00	session	T1023	1.00	session
	Individual Therapy 30 (16-37) minutes	UM	90832	10.00	session	90832	10.00	session	90832	15.00	session	90832	25.00	session
	Individual Therapy 45 (38-52) minutes	UM	90834	10.00	session	90834	10.00	session	90834	15.00	session	90834	25.00	session
	Individual Therapy 60 (53+) minutes	UM	90837	10.00	session	90837	10.00	session	90837	15.00	session	90837	25.00	session
	Psychotherapy with E/M (select E/M based on key components) 30 (16-37) minutes	UM	90833	10.00	hours	90833	10.00	hours	90833	15.00	hours	90833	25.00	hours
	Psychotherapy with E/M (select E/M based on key components) (38-52) minutes	UM	90836	10.00	hours	90836	10.00	hours	90836	15.00	hours	90836	25.00	hours
	Psychotherapy with E/M (select E/M based on key components) (53+) minutes	UM	90838	10.00	hours	90838	10.00	hours	90838	15.00	hours	90838	25.00	hours
	Psychotherapy for Crisis	UM	90839		session	90839		session	90839		session	90839		session
	Psychotherapy for Crisis	UM	90840		session	90840		session	90840		session	90840		session
	Family Therapy w/o patient	UM	90846	10.00	session	90846	10.00	session	90846	15.00	session	90846	25.00	session
	Family Therapy w/patient	UM	90847	10.00	session	90847	10.00	session	90847	15.00	session	90847	25.00	session
	Group Therapy, Multiple Family	UM	90849	20.00	session	90849	20.00	session	90849	30.00	session	90849	50.00	session
	Group Therapy	UM	90853	20.00	session	90853	20.00	session	90853	30.00	session	90853	50.00	session
	E & M Problem Focused New Patient (10-19 min)	CC	99201	24.00	session	99201	24.00	session	99201	24.00	session	99201	24.00	session
	E & M Expanded, New Patient (20-29 min)	CC	99202	24.00	session	99202	24.00	session	99202	24.00	session	99202	24.00	session
	E & M Detailed, New Patient (30-44 min)	CC	99203	24.00	session	99203	24.00	session	99203	24.00	session	99203	24.00	session
	E & M Problem Focused Estab Patient (RN)	UM	99211	24.00	session	99211	24.00	session	99211	24.00	session	99211	24.00	session
	E & M Moderate, Estab Patient (25-39 min)	UM	99214	24.00	session	99214	24.00	session	99214	24.00	session	99214	24.00	session
	Mobile Crisis	UM	H2011	24.00	hours	H2011	24.00	hours	H2011	24.00	hours	H2011	24.00	hours
	Hourly Respite	UM	YP010	10.00	hours	YP010	15.00	hours	YP010	30.00	hours	YP010	40.00	hours
	Partial Hospitalization	UM	H0035	14.00	days	H0035	14.00	days	H0035	14.00	days	H0035	14.00	days
	Supervised Living MR/MI I-VI	UM	YM811-816	180.00	days	YM811-816	180.00	days	YM811-816	180.00	days	YM811-816	180.00	days
	Supervised Living Moderate	UM	YP 720	180.00	days	YP 720	180.00	days	YP 720	180.00	days	YP 720	180.00	days
	Family Living Low	UM	YP740	90.00	days	YP740	90.00	days	YP740	90.00	days	YP740	90.00	days
	Family Living Moderate	UM	YP 750	90.00	days	YP 750	90.00	days	YP 750	90.00	days	YP 750	90.00	days
	Group Living Low	UM	YP760	90.00	days	YP760	90.00	days	YP760	90.00	days	YP760	90.00	days
	Group Living Moderate	UM	YP770	90.00	days	YP770	90.00	days	YP770	90.00	days	YP770	90.00	days
	Guardianship	UM	YM686	1.00	month	YM686	1.00	month	YM686	1.00	month	YM686	1.00	month
Independent Living	UM	YM 700	180.00	days	YM 700	180.00	days	YM 700	180.00	days	YM 700	180.00	days	
Community Respite	UM	YP730	5.00	days	YP730	8.00	days	YP730	48.00	days	YP730	48.00	days	
Day Support	UM	YM580	0.00	session	YM580	1.00	session	YM580	1.00	session	YM580	1.00	session	
Day Support (socialization skills)	UM	YM580SS	0.00	hours	YM580SS	4.00	hours	YM580SS	4.00	hours	YM580SS	4.00	hours	
Supported Employment--L/T Follow-up	UM	YA389	3.00	hours	YA389	5.00	hours	YA389	6.00	hours	YA389	8.00	hours	
Personal Assistance	UM	YP020	2.00	hours	YP020	6.00	hours	YP020	8.00	hours	YP020	10.00	hours	
Supported Employment Individual	UM	YA390	5.00	hours	YA390	10.00	hours	YA390	12.00	hours	YA390	10.00	hours	
Supported Employment Group	UM	YP640	0.00	hours	YP640	35.00	hours	YP640	35.00	hours	YP640	35.00	hours	
Day Activity	UM	YP660	5.00	days	YP660	5.00	days	YP660	5.00	days	YP660	5.00	days	
Developmental Therapy*	UM	H2014	6hrs/wk	5 mos.	H2014	6hrs/wk	5 mos.	H2014	6hrs/wk	5 mos.	H2014	6hrs/wk	5 mos.	
Adult Developmental Vocational Program(ADVP)	UM	YP 620	5.00	days	YP 620	5.00	days	YP 620	5.00	days	YP 620	5.00	days	
Psychological Evaluation	UM	N/A	5.00	hours	N/A	5.00	hours	N/A	5.00	hours	N/A	5.00	hours	
CAET School to Work Transition	UM	YA382	6.00	hours	YA382	6.00	hours	YA382	6.00	hours	YA382	6.00	hours	
Day Support--TBI	UM	N/A	0.00	days	N/A	5.00	days	N/A	5.00	days	N/A	5.00	days	
Day Support--Medically fragile (after Gateway)	UM	N/A	0.00	days	N/A	0.00	days	N/A	5.00	days	N/A	5.00	days	
Day Support (autism)	UM	N/A	0.00	hours	N/A	4.00	hours	N/A	4.00	hours	N/A	4.00	hours	
Day Support--geriatric-non-facility	UM	N/A	0.00	days	N/A	5.00	days	N/A	5.00	days	N/A	5.00	days	

LEVEL II - A/I/DD

LEVEL III - A/I/DD

LEVEL IV - A/I/DD

<b>Notes:</b>	Auth Code: CC = Call Center, UM = Utilization Management
	Mobile Crisis requires authorization after eight unauthorized hours
	E&M codes (99201-99205 & 99211-99215) count towards the annual limit of 22 visits for adults during the State fiscal year. Children do not have an annual limit.
	<a href="#">Developmental Therapy can be authorized for 12 hours per month after initial 5 months.</a>
	CPT codes listed in Clinical Coverage Policy 8C count towards the unmanaged visits.
	<a href="#">Click here to reference webpage on Annual Limits</a>

**TARGET POPULATIONS**

LEVEL I - CI/DD	Description of Service	Auth	SNAP = 1		LEVEL II - CI/DD	SNAP = 2			LEVEL III - CI/DD	SNAP = 3			LEVEL IV - CI/DD	SNAP = 4 or 5		
			Code	Authorized		Unit	Code	Authorized		Unit	Code	Authorized		Unit	Code	Authorized
	Intake Evaluation (no medical)	CC	90791	2.00	session	90791	2.00	session	90791	2.00	session	90791	2.00	session		
	Intake Evaluation (medical)	CC	90792	2.00	session	90792	2.00	session	90792	2.00	session	90792	2.00	session		
	Diagnostic Assessment	UM	T1023	1.00	session	T1023	1.00	session	T1023	1.00	session	T1023	1.00	session		
	Individual Therapy 30 (16-37) minutes	UM	90832	10.00	session	90832	10.00	session	90832	15.00	session	90832	25.00	session		
	Individual Therapy 45 (38-52) minutes	UM	90834	10.00	session	90834	10.00	session	90834	15.00	session	90834	25.00	session		
	Individual Therapy 60 (53+) minutes	UM	90837	10.00	session	90837	10.00	session	90837	15.00	session	90837	25.00	session		
	Psychotherapy with E/M (select E/M based on key components) 30 (16-37) minutes	UM	90833	10.00	hours	90833	10.00	hours	90833	15.00	hours	90833	25.00	hours		
	Psychotherapy with E/M (select E/M based on key components) (38-52) minutes	UM	90836	10.00	hours	90836	10.00	hours	90836	15.00	hours	90836	25.00	hours		
	Psychotherapy with E/M (select E/M based on key components) (53+) minutes	UM	90838	10.00	hours	90838	10.00	hours	90838	15.00	hours	90838	25.00	hours		
	Psychotherapy for Crisis	UM	90839		session	90839		session	90839		session	90839		session		
	Psychotherapy for Crisis	UM	90840		session	90840		session	90840		session	90840		session		
	Family Therapy w/o patient	UM	90846	10.00	session	90846	10.00	session	90846	15.00	session	90846	25.00	session		
	Family Therapy w/patient	UM	90847	10.00	session	90847	10.00	session	90847	15.00	session	90847	25.00	session		
	Group Therapy, Multiple Family	UM	90849	20.00	session	90849	20.00	session	90849	30.00	session	90849	50.00	session		
	Group Therapy	UM	90853	20.00	session	90853	20.00	session	90853	30.00	session	90853	50.00	session		
	E & M Problem Focused New Patient (10-19 min)	CC	99201	24.00	session	99201	24.00	session	99201	24.00	session	99201	24.00	session		
	E & M Expanded, New Patient (20-29 min)	CC	99202	24.00	session	99202	24.00	session	99202	24.00	session	99202	24.00	session		
	E & M Detailed, New Patient (30-44 min)	CC	99203	24.00	session	99203	24.00	session	99203	24.00	session	99203	24.00	session		
	E & M Problem Focused Estab Patient (RN)	UM	99211	24.00	session	99211	24.00	session	99211	24.00	session	99211	24.00	session		
	E & M Moderate, Estab Patient (25-39 min)	UM	99214	24.00	session	99214	24.00	session	99214	24.00	session	99214	24.00	session		
	Partial Hospitalization	UM	H0035	14.00	days	H0035	14.00	days	H0035	14.00	days	H0035	14.00	days		
	Mobile Crisis	UM	H2011	24.00	hours	H2011	24.00	hours	H2011	24.00	hours	H2011	24.00	hours		
	Hourly Respite	UM	YP010	15.00	hours	YP010	15.00	hours	YP010	30.00	hours	YP010	40.00	hours		
	Community Respite	UM	YP730	6.00	days	YP730	6.00	days	YP730	10.00	days	YP730	12.00	days		
	Supported Employment--L/T Follow-up	UM	YA389	2.00	hours	YA389	2.00	hours	YA389	4.00	hours	YA389	2.00	hours		
	Personal Assistance Services	UM	YP020	3.00	hours	YP020	3.00	hours	YP020	5.00	hours	YP020	8.00	hours		
	CAET School to Work Transition	UM	YA382	6.00	hours	YA382	6.00	hours	YA382	6.00	hours	YA382	6.00	hours		
	Developmental Day (school year)	UM	YP610	0.00	hours	YP610	0.00	hours	YP610	4.00	hours	YP610	4.00	hours		
	Developmental Therapy*	UM	H2014	5hrs/wk	5 mos.	H2014	5hrs/wk	5 mos.	H2014	5hrs/wk	5 mos.	H2014	5hrs/wk	5 mos.		
	Day Activity (autism)	UM	N/A	0.00	hours	N/A	4.00	hours	N/A	4.00	hours	N/A	4.00	hours		
	Developmental Day (summer)	UM	N/A	0.00	hours	N/A	0.00	hours	N/A	9.00	hours	N/A	9.00	hours		
	Psychological Evaluation	UM	N/A	5.00	hours	N/A	5.00	hours	N/A	5.00	hours	N/A	5.00	hours		

<b>Notes:</b>	Auth Code: CC = Call Center, UM = Utilization Management
	Mobile Crisis requires authorization after eight unauthorized hours
	<a href="#">Developmental Therapy can be authorized for 12 hours per month after initial 5 months.</a>
	E&M codes (99201-99205 & 99211-99215) count towards the annual limit of 22 visits for adults during the State fiscal year. Children do not have an annual limit.
	CPT codes listed in Clinical Coverage Policy 8C count towards the unmanaged visits.
	<a href="#">Click here to reference webpage on Annual Limits</a>

TARGET POPULATIONS

LEVEL I - ASA	Description of Service	ASAM 1.0				LEVEL II - ASA	ASAM II.1			LEVEL III - ASA	ASAM II.5			LEVEL IV - ASA	ASAM III.1, III.3, III.5, III.7		
		Auth	Code	Authorized	Unit		Code	Authorized	Unit		Code	Authorized	Unit		Code	Authorized	Unit
		Intake Evaluation (no medical)	CC	90791	2.00		session	90791	2.00		session	90791	2.00		session	90791	2.00
Intake Evaluation (medical)	CC	90792	2.00	session	90792	2.00	session	90792	2.00	session	90792	2.00	session				
Diagnostic Assessment	UM	T1023	1.00	session	T1023	1.00	session	T1023	1.00	session	T1023	1.00	session				
Individual Therapy 30 (16-37) minutes	UM	90832	36.00	session	90832	60.00	session	90832	60.00	session	90832	12.00	session				
Individual Therapy 45 (38-52) minutes	UM	90834	36.00	session	90834	60.00	session	90834	60.00	session	90834	12.00	session				
Individual Therapy 60 (53+) minutes	UM	90837	36.00	session	90837	60.00	session	90837	60.00	session	90837	12.00	session				
Psychotherapy with E/M (select E/M based on key components) 30 (16-37) minutes	UM	90833	36.00	hours	90833	60.00	hours	90833	60.00	hours	90833	12.00	hours				
Psychotherapy with E/M (select E/M based on key components) (38-52) minutes	UM	90836	36.00	hours	90836	60.00	hours	90836	60.00	hours	90836	12.00	hours				
Psychotherapy with E/M (select E/M based on key components) (53+) minutes	UM	90838	36.00	hours	90838	60.00	hours	90838	60.00	hours	90838	12.00	hours				
Psychotherapy for Crisis	UM	90839		session	90839		session	90839		session	90839		session				
Psychotherapy for Crisis	UM	90840		session	90840		session	90840		session	90840		session				
Family Therapy w/o patient	UM	90846	36.00	session	90846	60.00	session	90846	60.00	session	90846	12.00	session				
Family Therapy w/patient	UM	90847	36.00	session	90847	60.00	session	90847	60.00	session	90847	12.00	session				
Group Therapy, Multiple Family	UM	90849	52.00	session	90849	60.00	session	90849	60.00	session	90849	24.00	session				
Group Therapy	UM	90853	52.00	session	90853	60.00	session	90853	60.00	session	90853	24.00	session				
E & M Problem Focused New Patient (10-19 min)	CC	99201	24.00	session	99201	24.00	session	99201	24.00	session	99201	24.00	session				
E & M Expanded, New Patient (20-29 min)	CC	99202	24.00	session	99202	24.00	session	99202	24.00	session	99202	24.00	session				
E & M Detailed, New Patient (30-44 min)	CC	99203	24.00	session	99203	24.00	session	99203	24.00	session	99203	24.00	session				
E & M Problem Focused Estab Patient (RN)	UM	99211	24.00	session	99211	24.00	session	99211	24.00	session	99211	24.00	session				
E & M Moderate, Estab Patient (25-39 min)	UM	99214	24.00	session	99214	24.00	session	99214	24.00	session	99214	24.00	session				
Alcohol and Drug Services/Methadone	UM	H0020	5.00	days	H0020	5.00	days	H0020	5.00	days	H0020	5.00	days				
Non-hospital Medical Detoxification	UM	H0010	3.00	days	H0010	3.00	days	H0010	3.00	days	H0010	3.00	days				
Intensive Out-patient	UM	H0015	0.00	hours	H0015	44.00	hours	H0015	44.00	hours	H0015	44.00	hours				
Assertive Engagement	CC	YA 352/353	45.00	days	YA 352/353	45.00	days	YA 352/353	45.00	days	YA 352/353	45.00	days				
Mobile Crisis	UM	H2011	24.00	hours	H2011	24.00	hours	H2011	24.00	hours	H2011	24.00	hours				
Community Support Team(max. 6 months)	UM	H2015HT	0.00	hours	H2015HT	0.00	hours	H2015HT	4.00	hours	H2015HT	4.00	hours				
Facility-based Crisis Stabilization	UM	YP485	4.00	days	YP485	4.00	days	YP485	4.00	days	YP485	4.00	days				
Supervised Living-Low(Halfway House)	UM	YP710	90.00	days	YP710	90.00	days	YP710	0.00	days	YP710	0.00	days				
Group Living-Low	UM	YP760	0.00	days	YP760	0.00	days	YP760	0.00	days	YP760	30.00	days				
Group Living-Moderate	UM	YP770	0.00	days	YP770	0.00	days	YP770	0.00	days	YP770	30.00	days				
Group Living-High	UM	YP780	0.00	days	YP780	0.00	days	YP780	0.00	days	YP780	14.00	days				
Social-setting Detoxification	UM	YP790	0.00	days	YP790	0.00	days	YP790	0.00	days	YP790	7.00	days				
Inpatient Psychiatric Hospitalization--state	UM	YP820	10.00	days	YP820	10.00	days	YP820	10.00	days	YP820	10.00	days				
Inpatient Psychiatric Hospitalization--local	UM	YP820	2.00	days	YP820	2.00	days	YP820	2.00	days	YP820	2.00	days				
Partial Hospitalization	UM	H0035	14.00	days	H0035	14.00	days	H0035	14.00	days	H0035	14.00	days				
Peer Support	UM	YA308/309	15.00	hours	YA308/309	15.00	hours	YA308/309	15.00	hours	YA308/309	15.00	hours				
Behavioral Health Counseling (SA QP) (Assessment)	CC	YP830	2.00	hours	YP830	2.00	hours	YP830	2.00	hours	YP830	2.00	hours				
Behavioral Health Counseling, Individual (SA QP)	UM	YP831	36.00	hours	YP831	60.00	hours	YP831	60.00	hours	YP831	12.00	hours				
Behavioral Health Counseling, Group (SA QP)	UM	YP832	52.00	hours	YP832	60.00	hours	YP832	60.00	hours	YP832	24.00	hours				
Behavioral Health Counseling, Family with Client (SA QP)	UM	YP833	36.00	hours	YP833	60.00	hours	YP833	60.00	hours	YP833	12.00	hours				
Behavioral Health Counseling, Family without Client (SA QP)	UM	YP834	36.00	hours	YP834	60.00	hours	YP834	60.00	hours	YP834	12.00	hours				
Alcohol and/or Drug Group Counseling (SA QP)	UM	YP835	52.00	hours	YP835	60.00	hours	YP835	60.00	hours	YP835	24.00	hours				



<b>Notes:</b>	Auth Code: CC = Call Center, UM = Utilization Management
	Mobile Crisis requires authorization after eight unauthorized hours
	Inpatient Psychiatric Hospitalization--local includes MD services
	E&M codes (99201-99205 & 99211-99215) count towards the annual limit of 22 visits for adults during the State fiscal year. Children do not have an annual limit.
	CPT codes listed in Clinical Coverage Policy 8C count towards the unmanaged visits.
	<a href="#">Click here to reference webpage on Annual Limits</a>

**TARGET POPULATIONS**

	Description of Service	ASAM I				ASAM II				ASAM II-IV				ASAM II-IV			
		Auth	Code	Authorized		Unit	Code	Authorized		Unit	Code	Authorized		Unit	Code	Authorized	Unit
LEVEL I - CSA	Intake Evaluation (no medical)	CC	90791	2.00	session	LEVEL II - CSA	90791	2.00	session	LEVEL III - CSA	90791	2.00	session	LEVEL IV - CSA	90791	2.00	session
	Intake Evaluation (medical)	CC	90792	2.00	session		90792	2.00	session		90792	2.00	session		90792	2.00	session
	Diagnostic Assessment	UM	T1023	1.00	session		T1023	1.00	session		T1023	1.00	session		T1023	1.00	session
	Individual Therapy 30 (16-37) minutes	UM	90832	65.00	session		90832	65.00	session		90832	65.00	session		90832	65.00	session
	Individual Therapy 45 (38-52) minutes	UM	90834	65.00	session		90834	65.00	session		90834	65.00	session		90834	65.00	session
	Individual Therapy 60 (53+) minutes	UM	90837	65.00	session		90837	65.00	session		90837	65.00	session		90837	65.00	session
	Psychotherapy with E/M (select E/M based on key components) 30 (16-37) minutes	UM	90833	65.00	hours		90833	65.00	hours		90833	65.00	hours		90833	65.00	hours
	Psychotherapy with E/M (select E/M based on key components) (38-52) minutes	UM	90836	65.00	hours		90836	65.00	hours		90836	65.00	hours		90836	65.00	hours
	Psychotherapy with E/M (select E/M based on key components) (53+) minutes	UM	90838	65.00	hours		90838	65.00	hours		90838	65.00	hours		90838	65.00	hours
	Psychotherapy for Crisis	UM	90839		session		90839		session		90839		session		90839		session
	Psychotherapy for Crisis	UM	90840		session		90840		session		90840		session		90840		session
	Family Therapy w/o patient	UM	90846	65.00	session		90846	65.00	session		90846	65.00	session		90846	65.00	session
	Family Therapy w/patient	UM	90847	65.00	session		90847	65.00	session		90847	65.00	session		90847	65.00	session
	Group Therapy, Multiple Family	UM	90849	65.00	session		90849	65.00	session		90849	65.00	session		90849	65.00	session
	Group Therapy	UM	90853	65.00	session		90853	65.00	session		90853	65.00	session		90853	65.00	session
	E & M Problem Focused New Patient (10-19 min)	CC	99201	24.00	session		99201	24.00	session		99201	24.00	session		99201	24.00	session
	E & M Expanded, New Patient (20-29 min)	CC	99202	24.00	session		99202	24.00	session		99202	24.00	session		99202	24.00	session
	E & M Detailed, New Patient (30-44 min)	CC	99203	24.00	session		99203	24.00	session		99203	24.00	session		99203	24.00	session
	E & M Problem Focused Estab Patient (RN)	UM	99211	24.00	session		99211	24.00	session		99211	24.00	session		99211	24.00	session
	E & M Moderate, Estab Patient (25-39 min)	UM	99214	24.00	session		99214	24.00	session		99214	24.00	session		99214	24.00	session
	Partial Hospitalization	UM	H0035	14.00	days		H0035	14.00	days		H0035	14.00	days		H0035	14.00	days
	Mobile Crisis	UM	H2011	24.00	hours		H2011	24.00	hours		H2011	24.00	hours		H2011	24.00	hours
	Intensive In-home Program	UM	H2022	0.00	days		H2022	30.00	days		H2022	30.00	days		H2022	30.00	days
	Therapeutic Leave*	UM	YA 254-259	15.00	days		YA 254-259	15.00	days		YA 254-259	15.00	days		YA 254-259	15.00	days
	Multi-systemic Therapy	UM	H2033	0.00	hours		H2033	0.00	hours		H2033	120.00	hours		H2033	120.00	hours
	Behavioral Health Counseling (SA QP) (Assessment)	CC	YP830	2.00	hours		YP830	2.00	hours		YP830	2.00	hours		YP830	2.00	hours
	Behavioral Health Counseling, Individual (SA QP)	UM	YP831	65.00	hours		YP831	65.00	hours		YP831	65.00	hours		YP831	65.00	hours
	Behavioral Health Counseling, Group (SA QP)	UM	YP832	65.00	hours		YP832	65.00	hours		YP832	65.00	hours		YP832	65.00	hours
	Behavioral Health Counseling, Family with Client (SA QP)	UM	YP833	65.00	hours		YP833	65.00	hours		YP833	65.00	hours		YP833	65.00	hours
	Behavioral Health Counseling, Family without Client (SA QP)	UM	YP834	65.00	hours		YP834	65.00	hours		YP834	65.00	hours		YP834	65.00	hours
	Alcohol and/or Drug Group Counseling (SA QP)	UM	YP835	65.00	hours		YP835	65.00	hours		YP835	65.00	hours		YP835	65.00	hours

<b>Notes:</b>	Auth Code: CC = Call Center, UM = Utilization Management
	Mobile Crisis requires authorization after eight unauthorized hours
	E&M codes (99201-99205 & 99211-99215) count towards the annual limit of 22 visits for adults during the State fiscal year. Children do not have an annual limit.
	<a href="#">Therapeutic Leave is authorized 15 days per 90 days with max. of 45 days per 12 months</a>
	CPT codes listed in Clinical Coverage Policy 8C count towards the unmanaged visits.
	<a href="#">Click here to reference webpage on Annual Limits</a>