

Sandhills Center Care/Utilization Management
1-800-241-1073
Service Certification Request Reviews
Certification Review types, materials to submit & when
(July 2017)

Legend

CCA = Comprehensive Clinical Assessment	SAR = Service Authorization Request	ISP = Individual Support Plan
PA=Prior Approval	PCP = Person-Centered Plan	LOC = Level of Care Form
NCSNAP = North Carolina Support Needs Assessment Profile	SIS = Supports Intensity Scale	Certificate of Need = CON
TSP=Treatment/Service Plan	IEP=Individualized Education Plan	BIP=Behavior Intervention Plan

PLEASE NOTE:

* All **Concurrent Urgent** requests are to be submitted **at least 24 hours** prior to the expiration of the previous authorization.

** All **Concurrent Non-Urgent/Routine** requests are to be submitted **at least 14 days** prior to the expiration of the previous authorization.

*****Retrospective requests** are only to be conducted for retrospective **eligibility** dates.

Direct Bill Services (not initially requiring a SAR submission)

Sandhills Center Review Information	Service Names	Prospective (Urgent)	Prospective (Non-Urgent / Routine)	Concurrent (Urgent)	Concurrent (Non-Urgent / Routine)
90791 90791:GT 90792 1 Unit = 1 event	Clinical Evaluation / Intake / Interactive Evaluation	N/A	SAR (prior to limits being exhausted)	N/A	N/A
90846 90847	Family Therapy (With or Without Member)	N/A	SAR (prior to limits being exhausted)	N/A	SAR **
90849 90853	Group Therapy (Multiple Family or Non-Multiple Family)	N/A	SAR (prior to limits being exhausted)	N/A	SAR **
90832 90834 90837	Individual Therapy (30 minutes/45 minutes/60 minutes)	N/A	SAR (prior to limits being exhausted)	N/A	SAR **
E/M codes	Medication Check	N/A	SAR (prior to limits being exhausted for adults)	N/A	SAR **
96101 96110 96111 96116 96118 1 Unit = 1 hour	Psychological / Developmental / Neuropsychological Testing	N/A	SAR (prior to limits being exhausted)	N/A	SAR **

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Services requiring a SAR submission

Sandhills Center Utilization Management (UM) Certification Review Types	Service Names	Prospective (Urgent)	Prospective (Non-Urgent / Routine)	Concurrent (Urgent)	Concurrent (Non-Urgent / Routine)
H2036 1 Unit = 1 day	ADATC/Medically Supervised/Detox/Crisis Stabilization	SAR	N/A	SAR	N/A
YP 620 1 Unit = 15 minutes	Adult Developmental Vocational Program (ADVP) (IPRS only)	N/A	SAR ISP or TSP NCSNAP/SIS		SAR ISP or TSP NC SNAP/SIS
H0014 1 Unit = 15 minutes	Ambulatory Detox (PA required on first day of service)	SAR PCP	N/A	SAR PCP	N/A
H0040 1 Unit = 1 event/day	Assertive Community Treatment Team (ACTT) (PA required on first day of service)	N/A	SAR PCP (service auth must go through the end of the month – 14 th is the cut-off) CCA	N/A	SAR PCP (service auth must go through the end of the month – 14 th is the cut-off)
YA352 YA353 1 Unit = 15 minutes	Assertive Engagement (IPRS only)	N/A	SAR PCP	N/A	SAR PCP **
T2029 1 Unit = Invoice	Assistive Technology Equipment and Supplies (Medicaid only)	N/A	SAR LOC ISP NCSNAP/SIS	N/A	SAR LOC ISP NCSNAP/SIS
H2012:HA 1 Unit = 1 hour	Day Treatment (PA required on first day of service)	N/A	SAR PCP (IEP, BIP 504 Plan) CCA	N/A	SAR PCP **
YA382	CAET School to Work Transition	N/A	SAR PCP NC SNAP/SIS	N/A	SAR PCP NC SNAP/SIS
H2015:HT 1 Unit = 15 minutes	Community Support Team (CST) (PA required on first day of service)	N/A	SAR PCP CCA	N/A	SAR PCP **
H2015 H2015UI 1 Unit = 15 minutes	Community Networking (Medicaid only)	N/A	SAR LOC ISP NCSNAP/SIS	N/A	SAR LOC ISP NCSNAP/SIS
YP650 1 Unit = 15 minutes	Community Rehabilitation Program (Sheltered Workshop) (IPRS only) I/DD	N/A	SAR LOC ISP/TSP NCSNAP/SIS	N/A	SAR ISP/TSP NC SNAP/SIS
H2011 T2025-U3 1 Unit = 15 minutes T2034 1 Unit = 1 day	Crisis Services (Medicaid only)	N/A	SAR LOC ISP NCSNAP/SIS	N/A	SAR LOC ISP NCSNAP/SIS

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YP660 1 Unit = 15 minutes	Day/Evening Activity (IPRS only) I/DD	N/A	SAR LOC TSP NCSNAP/SIS	N/A	SAR TSP NC SNAP/SIS
T2021-Individual T2021HQ-Group T2027 1 Unit = 15 minutes	Day Supports (Medicaid only)	N/A	SAR LOC ISP NCSNAP/SIS	N/A	SAR LOC ISP NCSNAP/SIS
YM 580 1 unit= 1 day	Day Supports (IPRS)	N/A	SAR LOC TSP or ISP NCSNAP/S	N/A	SAR TSP or ISP NC SNAP/SIS
H2014 H2014:HQ H2014:HM H2014:U1	Developmental Therapies (IPRS, I/DD only)	N/A	SAR LOC ISP NCSNAP/SIS	N/A	SAR ISP NC SNAP/SIS
YP610 1 Unit = 15 minutes	Developmental Day – Child (IPRS only)	N/A	SAR LOC ISP or TSP NCSNAP/SIS	N/A	SAR ISP or TSP NC SNAP/SIS
T1023 T1023:G T	Diagnostic Assessment (pass through event of 1 event per year)	N/A	SAR	N/A	N/A
YP690 YP692	Drop-In Center (IPRS only)	N/A	SAR	N/A	SAR **
YP485 1 Unit = 1 hour	Facility-Based Crisis Program	SAR	N/A	SAR *	N/A
YP740 1 Unit = 1 day	Family Living - Low Intensity (IPRS, I/DD only)	N/A	SAR LOC ISP NCSNAP/SIS	N/A	SAR ISP NC SNAP/SIS
YP750 1 Unit = 1 day	Family Living - Moderate Intensity (IPRS, I/DD only)	N/A	SAR LOC ISP NCSNAP/SIS	N/A	SAR ISP NC SNAP/SIS
T2025U or T2025U1 T2025U2 1 Unit = 15 minutes	Financial Support Services (Medicaid only)	N/A	SAR LOC ISP NCSNAP/SIS	N/A	SAR LOC ISP NCSNAP/SIS
YP760 1 Unit = 1 day	Group Living – Low Intensity (MH)	N/A	SAR	N/A	SAR TSP **
YP770 1 Unit = 1 day	Group Living – Moderate Intensity (MH)	N/A	SAR	N/A	SAR TSP **
YP780 1 Unit = 1 day	Group Living – High Intensity (IPRS, I/DD only)	N/A	SAR LOC ISP or TSP NCSNAP/SIS	N/A	SAR ISP or TSP NC SNAP/SIS
YP 780 1 Unit= 1 day	Group Living-High Intensity (IPRS, SA)	N/A	SAR TSP	N/A	SAR TSP

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YP770 1 Unit = 1 day	Group Living –Adults Group Moderate <i>(I/DD IPRS only)</i>	N/A	SAR LOC TSP NCSNAP/SIS	N/A	SAR TSP NC SNAP/SIS
YP 770 1unit =1 day	Group Living-Adults Group Moderate (SA/IPRS only)	N/A	SAR TSP	N/A	SAR TSP
YP760 1 Unit = 1 day	Group Living – Adults Group Low <i>(IPRS I/DD only)</i>	N/A	SAR LOC TSP NCSNAP/SIS	N/A	SAR TSP NC SNAP/SIS
YM686 1 Unit = 1 day	Guardianship <i>(IPRS, I/DD only)</i>	N/A	SAR	N/A	SAR
S5165 1 Unit = invoice	Home Modifications <i>(Medicaid only)</i>	N/A	SAR LOC ISP NCSNAP/SIS	N/A	N/A
YM700 1 Unit = 1 day	Independent Living <i>(IPRS, I/DD only)</i>	N/A	SAR LOC TSP NCSNAP/SIS	N/A	SAR TSP NC SNAP/SIS
T1999 1 Unit = invoice	Individual Goods and Services <i>(Medicaid only)</i>	N/A	SAR LOC ISP NCSNAP/SIS	N/A	SAR LOC ISP NCSNAP/SIS
T2013 T2013H Q 1 Unit = 15 minutes	In-Home Skill Building <i>(Medicaid only)</i>	N/A	SAR LOC ISP NCSNAP/SIS	N/A	SAR LOC ISP NCSNAP/SIS
T1015 1 Unit=15 minutes	In-Home Intensive Supports <i>(Medicaid only)</i>	N/A	SAR LOC ISP NCSNAP/SIS	N/A	SAR LOC ISP NCSNAP/SIS
YP821(3 WAY) YP820 (Non- Medicaid)	Inpatient Hospital *Psychiatric	SAR	N/A	SAR	N/A
YP821(3 WAY) YP820 (Non- Medicaid)	Inpatient Hospital *Detox	SAR	N/A	SAR	N/A
H2022 1 Unit = 1 day	Intensive In-Home (IIH) <i>(PA required on first day of service)</i>	N/A	SAR PCP CC A	N/A	SAR PCP
YA 389 1 Unit = 15 minutes	Long-Term Vocational Support Services <i>(IPRS, I/DD only)</i>	N/A	SAR LOC ISP or TSP NCSNAP/SIS	N/A	SAR TSP or ISP NC SNAP/SIS
H2011 1 Unit = 15 minutes	Mobile Crisis <i>(pass through of 8 hours- PA required prior to 9th hour of service delivered)</i>	SAR	N/A	SAR	N/A
H2033 1 Unit = 15 minutes	Multi-Systemic Therapy (MST) <i>(PA required on first day of service)</i>	N/A	SAR PCP CCA	N/A	SAR PCP
S5110 1 Unit = 15 minutes S5111 1 Unit = invoice	Natural Supports Education <i>(Medicaid only)</i>	N/A	SAR LOC ISP NCSNAP/SIS	N/A	SAR LOC ISP NCSNAP/SIS

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H0010 1 Unit = 1 day	Non-Hospital Medical Detox (PA required on first day of service)	SAR PCP	SAR PCP (Planned admit)	SAR PCP	SAR PCP
H0020 1 Unit = 1 event/1 day	Opioid Treatment (PA required on first day of service)	N/A	SAR PCP	N/A	SAR PCP
H0035 1 Unit = 1 event/1 day	Partial Hospitalization (PA required on first day of service)	SAR PCP	N/A	SAR PCP	N/A
YA308 YA309(Group)	Peer Support (IPRS only)	N/A	SAR PCP	NA	SAR PCP
YP020 YP021 1 Unit = 15 minutes	Personal Assistance (IPRS, I/DD only)	N/A	SAR LOC TSP NCSNAP/SIS	N/A	SAR TSP or ISP NC SNAP/SIS
YM050 1 Unit = 15 minutes	Personal Care Services (IPRS, I/DD only)	N/A	SAR LOC TSP NCSNAP/SIS	N/A	SAR TSP or ISP NC SNAP/SIS
S5125 1 Unit = 15 minutes	Personal Care Services (Medicaid only)	N/A	SAR LOC ISP NCSNAP/SIS	N/A	SAR LOC ISP NCSNAP/SIS
S9484 (adults) 1 Unit = 1 hour	Professional Treatment Services in Facility Based Crisis Program (7 day pass through, PA required prior to day 8)	SAR	N/A	SAR TSP	N/A
RC911 YA230 1 Unit = 1 day	Psychiatric Residential Treatment Facility (PRTF) (PA required on first day of service)	N/A	SAR PCP CON CCA	N/A	SAR PCP
H2017 1 Unit = 15 minutes	Psychosocial Rehabilitation (PSR) (PA required on first day of service)	N/A	SAR PCP	N/A	SAR PCP
H2016 T2014 T2020 H2016H1 1 Unit = 1 day	Residential Supports I-V (Medicaid only)	N/A	SAR LOC ISP NCSNAP/SIS	N/A	SAR LOC ISP NCSNAP/SIS
H0046 1 Unit = 1 day	Residential Treatment - Level I/Family Type (PA required on first day of service)	N/A	SAR PCP CCA	N/A	SAR PCP
H2020 Y2362 1 Unit = 1 day	Residential Treatment - Level II / Family (TFC) (PA required on first day of service)	N/A	SAR PCP CCA	N/A	SAR PCP
Y2363 1 Unit = 1 day	Residential Treatment - Level II / Group Home (PA required on first day of service)	N/A	SAR PCP CCA	N/A	SAR PCP

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<p style="text-align: center;">Y2348 H0019:A H0019:B 1 Unit = 1 day</p>	<p style="text-align: center;">Residential Treatment Level III (4 beds or less) (PA required on first day of service)</p>	N/A	<p style="text-align: center;">SAR CCA PCP Discharge / Transition Plan</p>	N/A	<p style="text-align: center;">SAR PCP CCA Discharge / Transition Plan - Psych Eval for requests exceeding a 120 days **</p>
<p>Y2349-Level III GH (5+ beds) Y2360-Level IV GH (4 beds or less) Y2361-Level IV GH (5+ beds) 1 Unit = 1 day</p>	<p style="text-align: center;">Residential Treatment Level III-IV (PA required on first day of service) <i>Placement must be transition from PRTF/inpatient setting; MST or IHH within last 6 months and severe/functional impairment consists – CFT reviewed alternatives</i></p>	N/A	<p style="text-align: center;">SAR CCA PCP Discharge / Transition Plan</p>	N/A	<p style="text-align: center;">SAR PCP CCA Discharge / Transition Plan - Psych Eval for requests exceeding a 120 days **</p>
<p style="text-align: center;">H0019:C H0019:D H0019:CTL H0019:DTL 1 Unit = 1 day</p>	<p>Residential Treatment Level IV</p>	N/A	<p style="text-align: center;">SAR CCA PCP Discharge / Transition Plan</p>	N/A	<p style="text-align: center;">SAR PCP CCA Discharge / Transition Plan **</p>
<p>S5150 Individual S5150HQ Group T1005TD (RN) T1005TE (LPN) 1 Unit = 15 minutes S5150US (Facility) 1 Unit = 1 day</p>	<p>Respite <i>(Medicaid only)</i></p>	N/A	<p style="text-align: center;">SAR LOC ISP NCSNAP/SIS</p>	N/A	<p style="text-align: center;">SAR LOC ISP NCSNAP/SIS **</p>
<p>YP010-Hourly YP730-Daily 1 Unit = 15 minutes</p>	<p>Respite-Crisis <i>(IPRS, I/DD only)</i></p>	<p>SAR LOC NCSNAP/SIS</p>	N/A	<p>SAR NCSNAP/SIS</p>	N/A
<p>YP010-Hourly YP730-Daily 1 Unit = 15 minutes</p>	<p>Respite-Planned <i>(I/DD only)</i></p>	N/A	<p>SAR LOC NCSNAP/SIS</p>	N/A	<p>SAR LOC NCSNAP/SIS</p>
<p>YP790 1 Unit = 15 minutes</p>	<p>Social Detox <i>(IPRS only)</i></p>	<p>SAR PCP</p>	N/A	<p>SAR PCP</p>	N/A
<p style="text-align: center;">T2025 T2025HO 1 Unit = 15 minutes</p>	<p>Specialized Consultative Services <i>(Medicaid only)</i></p>	N/A	<p>SAR LOC ISP NCSNAP/SIS</p>	N/A	<p>SAR LOC ISP NCSNAP/SIS</p>

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H2035 1 Unit = 1 hour	Substance Abuse Comprehensive Outpatient Treatment (SACOT) (pass through 60 days of service – avail. 1x/cal. year)	N/A	SAR PCP CCA	N/A	SAR PCP
H2034 YP760 YP710	Substance Abuse Halfway House(IPRS only)	N/A	SAR PCP	N/A	SAR PCP
H0015 1 Unit = 1 event	Substance Abuse Intensive Outpatient (SAIOP) (pass through for 30 days of service – available 1x/ calendar year)	N/A	SAR PCP CCA	N/A	SAR PCP
H0013 1 Unit = 1 day	Substance Abuse Medically Monitored Community Residential (PA required on first day of service)	N/A	SAR PCP	N/A	SAR PCP
H0012:HB 1 Unit = 1 day	Substance Abuse Non-Medically Monitored Community Residential (PA required on first day of service)	N/A	SAR PCP	N/A	SAR PCP
YP710 1 Unit = 1 day	Supervised Living – Low Intensity (IPRS MH)	N/A	SAR TSP	N/A	SAR TSP
YP710 1 Unit = 1 day	Supervised Living – Low Intensity (IPRS I/DD)	N/A	SAR LOC TSP or ISP NCSNAP/SIS	N/A	SAR TSP or ISP NC SNAP/SIS
YP720 1 Unit = 1 day	Supervised Living –Moderate Intensity (IPRS only)	N/A	SAR LOC TSP or ISP NCSNAP/SIS	N/A	SAR TSP or ISP NC SNAP/SIS
YM811-I YM812-II YM813-III YM814-IV YM815-V YM816-VI 1 Unit = 1 day	Supervised Living - MR/MI I-VI Residents (I/DD only)	N/A	SAR LOC TSP or ISP NCSNAP/SIS	N/A	SAR TSP or ISP NC SNAP/SIS
YP630 Individual 1 Unit = 15 minutes	Supported Employment (IPRS)(MH/SA)	N/A	SAR TSP or PCP	N/A	SAR TSP or PCP
YA 390 Individual YP640 Group	Supported Employment (IPRS)(I/DD)	N/A	SAR TSP or ISP NCSNAP/SIS	N/A	SAR TSP or ISP NC SNAP/SIS
H2025-Individual H2025HQ-Group 1 Unit=15 minutes	Supported Employment (Medicaid Only)	N/A	SAR LOC ISP NCSNAP/SIS	N/A	SAR LOC ISP NCSNAP/SIS
YM 120 1 unit = 15 minutes	Transition Management Services(TMS) (IPRS/Adult MH) Pass through for 5 hours for 30 days	N/A	SAR PCP	N/A	SAR PCP
YA254 YA255 YA256 YA257 YA258 YA259	Therapeutic Leave Level I-IV	N/A	N/A	N/A	N/A

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T2039 1 Unit = invoice	Vehicle Modifications/Adaptations <i>(Medicaid only)</i>	N/A	SAR LOC ISP NCSNAP/SIS	N/A	SAR LOC ISP NCSNAP/SIS
THE FOLLOWING ARE <u>B-3 SERVICES</u> THAT ALSO REQUIRE THE IDENTIFIED DOCUMENTATION					
T2041 U4 1 Unit = 1 month	Community Guide <i>(Medicaid only)</i>	N/A	SAR ISP	N/A	SAR ISP
H0018 U4 1 Unit = 24 hours	Crisis Respite <i>(Medicaid only)</i>	SAR LOC ISP NCSNAP/SIS	N/A	SAR	N/A
T1019 U4 1 Unit = 15 minutes	Individual Support <i>(Medicaid only)</i>	N/A	SAR TSP or PCP	N/A	SAR TSP or PCP
H2023U4-Individual H2023HQU4-Group 1 Unit = 15 minutes	Initial Supported Employment I/DD <i>(Medicaid Only)</i>	N/A	SAR LOC ISP NCSNAP/SIS	N/A	SAR ISP
H2026U4-Individual H2026HQU4-Group 1 Unit = 15 minutes	Maintenance Supported Employment I/DD <i>(Medicaid Only)</i>	N/A	SAR LOC ISP NCSNAP/SIS	N/A	SAR ISP
H2023U4HE	Initial Supported Employment MH/SA <i>(Medicaid Only)</i>	N/A	SAR PCP	N/A	SAR PCP
H2026U4HE	Maintenance Supported Employment MH/SA <i>(Medicaid Only)</i>	N/A	SAR PCP	N/A	SAR PCP
H0038U4 H0038HQU4 1 Unit = 15 minutes	Peer Support <i>(Medicaid Only)</i>	N/A	SAR PCP or TSP	N/A	SAR PCP or TSP
H0045U4-Individual H0045U4-Group 1 Unit = 15 minutes	Respite I/DD <i>(Medicaid Only)</i>	N/A	SAR ISP	N/A	SAR ISP
H0045U4-Individual H0045U4-Group 1 Unit = 15 minutes	Respite MH/SA <i>(Medicaid Only)</i>	N/A	SAR		SAR