

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	Description of Service	AMSRE (Stable Recovery Level)				LEVEL II - AMH	AMI (Moderate)			LEVEL III - AMH	AMI (Severe)		
		Auth	Code	Authorized	Unit		Code	Authorized	Unit		Code	Authorized	Unit
		Diagnostic Assessment	UM	T1023	1		session	T1023	1		session	T1023	1
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	N/A	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	N/A	15.00	hours	N/A	15.00	hours			
Peer-operated Recovery Education Center	UM	N/A	3.00	months	N/A	3.00	months	N/A	3.00	months			

Notes:	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.
	Click here to reference webpage on Annual Limits

TARGET POPULATIONS

	LEVEL I - CMH	CMSED (Mild)				LEVEL II - CMH	CMSED (Moderate)			LEVEL III - CMH	CMSED (Severe)					
		Description of Service					Code	Authorized	Unit		Code	Authorized	Unit	Code	Authorized	Unit
		Auth	Code	Authorized	Unit		Code	Authorized	Unit		Code	Authorized	Unit			
		CC	90791	2.00	session	90791	2.00	session	90791	2.00	session					
		CC	90792	2.00	session	90792	2.00	session	90792	2.00	session					
		UM	T1023	1.00	session	T1023	1.00	session	T1023	1.00	session					
		UM	90832	26.00	session	90832	26.00	session	90832	26.00	session					
		UM	90834	26.00	session	90834	26.00	session	90834	26.00	session					
		UM	90837	26.00	session	90837	26.00	session	90837	26.00	session					
		UM	90833	26.00	hours	90833	26.00	hours	90833	26.00	hours					
		UM	90836	26.00	hours	90836	26.00	hours	90836	26.00	hours					
		UM	90838	26.00	hours	90838	26.00	hours	90838	26.00	hours					
		UM	90839		session	90839		session	90839		session					
		UM	90840		session	90840		session	90840		session					
		UM	90846	26.00	session	90846	26.00	session	90846	26.00	session					
		UM	90847	26.00	session	90847	26.00	session	90847	26.00	session					
		UM	90849	52.00	session	90849	52.00	session	90849	52.00	session					
		UM	90853	52.00	session	90853	52.00	session	90853	52.00	session					
		CC	99201	24.00	session	99201	24.00	session	99201	24.00	session					
		CC	99202	24.00	session	99202	24.00	session	99202	24.00	session					
		CC	99203	24.00	session	99203	24.00	session	99203	24.00	session					
		UM	99211	24.00	session	99211	24.00	session	99211	24.00	session					
		UM	99214	24.00	session	99214	24.00	session	99214	24.00	session					
		UM	H2011	24.00	hours	H2011	24.00	hours	H2011	24.00	hours					
		UM	YP820	3.00	days	YP820	3.00	days	YP820	3.00	days					
		UM	H0035	14.00	days	H0035	14.00	days	H0035	14.00	days					
		UM	H2022	0.00	days	H2022	30.00	days	H2022	30.00	days					
		UM	H2033	0.00	hours	H2033	0.00	hours	H2033	120.00	hours					
		UM	YA125	15.00	hours	YA125	30.00	hours	YA125	40.00	hours					
		UM	YA213	6.00	days	YA213	48.00	days	YA213	48.00	days					
		UM	YA254-259	15.00	days	YA254-259	15.00	days	YA254-259	15.00	days					
		UM	YM645/YP630	24.00	hours	YM645/YP630	24.00	hours	YM645/YP630	24.00	hours					
		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																
Description of Service	SNAP = 1				LEVEL II - A/I/DD	SNAP = 2			LEVEL III - A/I/DD	SNAP = 3			LEVEL IV - A/I/DD	SNAP = 4 or 5		
	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	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

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.
	Developmental Therapy can be authorized for 12 hours per month after initial 5 months.
	CPT codes listed in Clinical Coverage Policy 8C count towards the unmanaged visits.
	Click here to reference webpage on Annual Limits

TARGET POPULATIONS

	Description of Service	Auth	SNAP = 1			SNAP = 2			SNAP = 3			SNAP = 4 or 5		
			Code	Authorized		Unit	Code		Authorized	Unit		Code	Authorized	Unit
LEVEL I - CI/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
	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	

LEVEL II - CI/DD

LEVEL III - CI/DD

LEVEL IV - CI/DD

Notes:	Auth Code: CC = Call Center, UM = Utilization Management
	Mobile Crisis requires authorization after eight unauthorized hours
	Developmental Therapy can be authorized for 12 hours per month after initial 5 months.
	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.
	Click here to reference webpage on Annual Limits

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.I, 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	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	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			

Notes:	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.
	Click here to reference webpage on Annual Limits

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		H2034-250	15.00	days		H2034-250	15.00	days		H2034-250	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				

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.
Therapeutic Leave is authorized 15 days per 90 days with max. of 45 days per 12 months
CPT codes listed in Clinical Coverage Policy 8C count towards the unmanaged visits.
Click here to reference webpage on Annual Limits