

Sandhills Center IPRS Benefit Plan effective October 2018

Revised 10/2018

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

Ledger	Level I
	Level II
	Level III
	Level IV

TARGET POPULATIONS															
	Description of Service	AMSRE (Stable Recovery Level)					AMI (Moderate)				AMI (Severe)				
		Auth	Code	Authorized	Unit		Code	Authorized	Unit		Code	Authorized	Unit		
		LEVEL I - AMH	UM	T1023			1	session	LEVEL II - AMH		T1023		1	session	LEVEL III - AMH
	Intake Evaluation (no medical)	UM	90791	2.00	session		90791	2.00	session		90791	2.00	session		
	Intake Evaluation (medical)	UM	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)	UM	99201	24.00	session		99201	24.00	session		99201	24.00	session		
	E & M Expanded, New Patient (20-29 min)	UM	99202	24.00	session		99202	24.00	session		99202	24.00	session		
	E & M Detailed, New Patient (30-44 min)	UM	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	UM	YA352/353	45.00	days		YA352/353	45.00	days		YA352/353	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	H0038/H0038HQ	15.00	hours		H0038/H0038HQ	15.00	hours		H0038/H0038HQ	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:

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	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)	UM	90791	2.00	session		90791	2.00	session		90791	2.00	session		
		Intake Evaluation (medical)	UM	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)	UM	99201	24.00	session		99201	24.00	session		99201	24.00	session		
		E & M Expanded, New Patient (20-29 min)	UM	99202	24.00	session		99202	24.00	session		99202	24.00	session		
		E & M Detailed, New Patient (30-44 min)	UM	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/YP 630	24.00	hours		
		Psychological Evaluation	UM	N/A	5.00	hours		N/A	5.00	hours		N/A	5.00	hours		

Notes:

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

LEVEL I - A/I/DD	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
		UM	90791		2.00		session	90791			2.00	session	90791			2.00	session
UM	90792		2.00	session	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	T1023		1.00	session	
UM	90832		10.00	session	90832		10.00	session	90832		15.00	session	90832		25.00	session	
UM	90834		10.00	session	90834		10.00	session	90834		15.00	session	90834		25.00	session	
UM	90837		10.00	session	90837		10.00	session	90837		15.00	session	90837		25.00	session	
UM	90833		10.00	hours	90833		10.00	hours	90833		15.00	hours	90833		25.00	hours	
UM	90836		10.00	hours	90836		10.00	hours	90836		15.00	hours	90836		25.00	hours	
UM	90838		10.00	hours	90838		10.00	hours	90838		15.00	hours	90838		25.00	hours	
UM	90839			session	90839			session	90839			session	90839			session	
UM	90840			session	90840			session	90840			session	90840			session	
UM	90846		10.00	session	90846		10.00	session	90846		15.00	session	90846		25.00	session	
UM	90847		10.00	session	90847		10.00	session	90847		15.00	session	90847		25.00	session	
UM	90849		20.00	session	90849		20.00	session	90849		30.00	session	90849		50.00	session	
UM	90853		20.00	session	90853		20.00	session	90853		30.00	session	90853		50.00	session	
UM	99201		24.00	session	99201		24.00	session	99201		24.00	session	99201		24.00	session	
UM	99202		24.00	session	99202		24.00	session	99202		24.00	session	99202		24.00	session	
UM	99203		24.00	session	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	99211		24.00	session	
UM	99214		24.00	session	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	H2011		24.00	hours	
UM	YP010		10.00	hours	YP010		15.00	hours	YP010		30.00	hours	YP010		40.00	hours	
UM	H0035		14.00	days	H0035		14.00	days	H0035		14.00	days	H0035		14.00	days	
UM	YM811-816		180.00	days	YM811-816		180.00	days	YM811-816		180.00	days	YM811-816		180.00	days	
UM	YP 720		180.00	days	YP 720		180.00	days	YP 720		180.00	days	YP 720		180.00	days	
UM	YP740		90.00	days	YP740		90.00	days	YP740		90.00	days	YP740		90.00	days	
UM	YP 750		90.00	days	YP 750		90.00	days	YP 750		90.00	days	YP 750		90.00	days	
UM	YP760		90.00	days	YP760		90.00	days	YP760		90.00	days	YP760		90.00	days	
UM	YP770		90.00	days	YP770		90.00	days	YP770		90.00	days	YP770		90.00	days	
UM	YM686		1.00	month	YM686		1.00	month	YM686		1.00	month	YM686		1.00	month	
UM	YM 700		180.00	days	YM 700		180.00	days	YM 700		180.00	days	YM 700		180.00	days	
UM	YP730		5.00	days	YP730		8.00	days	YP730		48.00	days	YP730		48.00	days	
UM	YM580		0.00	session	YM580		1.00	session	YM580		1.00	session	YM580		1.00	session	
UM	YM580SS		0.00	hours	YM580SS		4.00	hours	YM580SS		4.00	hours	YM580SS		4.00	hours	
UM	YA389		3.00	hours	YA389		5.00	hours	YA389		6.00	hours	YA389		8.00	hours	
UM	YP020		2.00	hours	YP020		6.00	hours	YP020		8.00	hours	YP020		10.00	hours	
UM	YA390		5.00	hours	YA390		10.00	hours	YA390		12.00	hours	YA390		10.00	hours	
UM	YP640		0.00	hours	YP640		35.00	hours	YP640		35.00	hours	YP640		35.00	hours	
UM	YP660		5.00	days	YP660		5.00	days	YP660		5.00	days	YP660		5.00	days	
UM	H2014		6hrs/wk	5 mos.	H2014		6hrs/wk	5 mos.	H2014		6hrs/wk	5 mos.	H2014		6hrs/wk	5 mos.	
UM	YP 620		5.00	days	YP 620		5.00	days	YP 620		5.00	days	YP 620		5.00	days	
UM	N/A		5.00	hours	N/A		5.00	hours	N/A		5.00	hours	N/A		5.00	hours	
UM	YA382		6.00	hours	YA382		6.00	hours	YA382		6.00	hours	YA382		6.00	hours	
UM	N/A		0.00	days	N/A		5.00	days	N/A		5.00	days	N/A		5.00	days	
UM	N/A		0.00	days	N/A		0.00	days	N/A		5.00	days	N/A		5.00	days	
UM	N/A		0.00	hours	N/A		4.00	hours	N/A		4.00	hours	N/A		4.00	hours	
UM	N/A		0.00	days	N/A		5.00	days	N/A		5.00	days	N/A		5.00	days	

Notes:

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

LEVEL I - CI/DD	SNAP = 1				LEVEL II - CI/DD	SNAP = 2			LEVEL III - CI/DD	SNAP = 3			LEVEL IV - CI/DD	SNAP = 4 or 5			
	Description of Service	Auth	Code	Authorized		Unit	Code	Authorized		Unit	Code	Authorized		Unit	Code	Authorized	Unit
	Intake Evaluation (no medical)	UM	90791	2.00		session	90791	2.00		session	90791	2.00		session	90791	2.00	session
Intake Evaluation (medical)	UM	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)	UM	99201	24.00	session	99201	24.00	session	99201	24.00	session	99201	24.00	session				
E & M Expanded, New Patient (20-29 min)	UM	99202	24.00	session	99202	24.00	session	99202	24.00	session	99202	24.00	session				
E & M Detailed, New Patient (30-44 min)	UM	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				

Notes:	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	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			
		Description of Service	Auth	Code	Authorized		Unit	Code	Authorized		Unit	Code	Authorized		Unit	Code	Authorized	Unit
		Intake Evaluation (no medical)	UM	90791	2.00		session	90791	2.00		session	90791	2.00		session	90791	2.00	session
Intake Evaluation (medical)	UM	90792	2.00	session	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	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	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	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	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	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	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	90838	12.00	hours		
Psychotherapy for Crisis	UM	90839		session	90839		session	90839		session	90839		session	90839		session		
Psychotherapy for Crisis	UM	90840		session	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	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	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	90849	24.00	session		
Group Therapy	UM	90853	52.00	session	90853	60.00	session	90853	60.00	session	90853	24.00	session	90853	24.00	session		
E & M Problem Focused New Patient (10-19 min)	UM	99201	24.00	session	99201	24.00	session	99201	24.00	session	99201	24.00	session	99201	24.00	session		
E & M Expanded, New Patient (20-29 min)	UM	99202	24.00	session	99202	24.00	session	99202	24.00	session	99202	24.00	session	99202	24.00	session		
E & M Detailed, New Patient (30-44 min)	UM	99203	24.00	session	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	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	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	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	H0010	3.00	days		
Intensive Out-patient	UM	H0015	0.00	hours	H0015	44.00	hours	H0015	44.00	hours	H0015	44.00	hours	H0015	44.00	hours		
Assertive Engagement	UM	YA 352/353	45.00	days	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	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	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	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	YP710	0.00	days		
Group Living-Low	UM	YP760	0.00	days	YP760	0.00	days	YP760	0.00	days	YP760	30.00	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	YP770	30.00	days		
Group Living-High	UM	YP780	0.00	days	YP780	0.00	days	YP780	0.00	days	YP780	14.00	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	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	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	YP820	2.00	days		
Partial Hospitalization	UM	H0035	14.00	days	H0035	14.00	days	H0035	14.00	days	H0035	14.00	days	H0035	14.00	days		
Peer Support	UM	H0038/H0038HQ	15.00	hours	H0038/H0038HQ	15.00	hours	H0038/H0038HQ	15.00	hours	H0038/H0038HQ	15.00	hours	H0038/H0038HQ	15.00	hours		
Behavioral Health Counseling (SA QP) (Assessment)	UM	YP830	2.00	hours	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	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	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	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	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	YP835	24.00	hours		

Notes:

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)	UM	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)	UM	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)	UM	99201	24.00	session		99201	24.00	session		99201	24.00	session		99201	24.00	session
	E & M Expanded, New Patient (20-29 min)	UM	99202	24.00	session		99202	24.00	session		99202	24.00	session		99202	24.00	session
	E & M Detailed, New Patient (30-44 min)	UM	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)	UM	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:

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](#)

Sandhills Center Benefit Design and Priority Populations

Sandhills Center will authorize non-Medicaid funds for medically necessary services for DMH/DD/SAS-specified priority populations with mental health, intellectual or developmental disabilities or substance abuse disorders. The priority populations are as follows:

- Individuals who are at risk of harming self or others;
- High Risk* children, adolescents and adults; (high risk consumer” means a person who has been assessed as needing emergent crisis services three or more times in the previous 12 months)
- Children and adolescents who are high risk, especially young children who exhibit atypical patterns of social-emotional and behavioral development;
- Children and adolescents with or at risk for serious emotional disturbance (SED);
- Children and adolescents with serious emotional disturbance, who are not stable;
- Children with Co-occurring MI/SU or MI/DD
- Individuals with a Serious Mental Illness or Substance Abuse Disorder who are transitioning from an inpatient, facility-based crisis, detoxification or withdrawal management service, or residential care service setting to the community;
- Youth and young adults (ages 16 to30) who experience a first episode psychosis (FEP);
- Individuals with Severe and Persistent Mental Illness, who are not stable;
- Individuals with Co-occurring MI/SU or MI/DD;
- Individuals who are Homeless or at Risk of Homelessness;
- Individuals with Traumatic Brain Injury (TBI);
- Individuals who are Criminal or Juvenile Justice System involved;
- Individuals who are Deaf or Hard of Hearing;
- Veterans, military service members and their families;
- Individuals with complex medical disorders;
- Individuals who are part of the TCLI target population of individuals with SMI or SMPI who are in or at risk of entry into adult care homes or who are discharged from a state psychiatric hospital with unstable housing;
- Department of Social Services (DSS) involved adults (includes individuals receiving Work First cash assistance, individuals who are involved with Child Protective Services or individuals who have been convicted of a Class H or I controlled substance felony in NC and who are applicants for or recipients of Food Stamps); adult caregivers and children involved with CPS; children in DSS custody who have had more than two disrupted placements (due to behavioral issues) in therapeutic residential settings in a 12 month period; adult caregivers of children in DSS custody who are engaged in reunification efforts;
- Individuals assessed with an American Society of Addiction Medicine (ASAM) level indicating the need for Residential or Inpatient level (Level 3.1 to 4.0) including detoxification or Withdrawal Management (Level 3.2-WM to 4.0 WM);
- Individuals with an opioid use disorder;

- Individuals who inject drugs;
- Pregnant women who use alcohol and/or other drugs;
- Individuals with Communicable Disease Risk/HIV;
- Children and adolescents with a mental health disorder and who are living with an adult with a MI or SUD;
- Individuals with I/DD who are at risk of abuse, neglect or exploitation;
- Individuals with I/DD who are transitioning from institutions and residential placements; and
- Individuals with I/DD who are transitional age youth who are moving from school to employment and/or other community involvement.
- Individuals with I/DD and co-occurring MH disorders requiring psychiatric treatment and are at risk of losing I/DD habilitation services as a result of MH rehabilitation services