

Sandhills Center State-Funded Benefit Plan - Updated October 2021

Revised 10/2021

(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
		UM	T1023	1	session	T1023	1	session	T1023	1	session
LEVEL I - AMH	Diagnostic Assessment	UM	T1023	1	session	T1023	1	session	T1023	1	session
	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	UM	H2015	0.00	hours	H2015	32.00	hours	H2015	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/YM645	24.00	hours	YP630/YM645	24.00	hours	YP630/YM645	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
	Individual Placement and Support	UM	N/A			YP630	6.00	months	YP630	6.00	months
Behavioral Health Urgent Care	UM	T2016U5/T2016U8	1.00	event	T2016U5/T2016U8	1.00	event	T2016U5/T2016U8	1.00	event	

LEVEL II - AMH

LEVEL III - AMH

Notes:

Mobile Crisis requires authorization after eight unauthorized hours

Community Support Team may be authorized for up to 105 hours/60-day initial auth for recipients searching for stable housing.

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.

TARGET POPULATIONS

	Description of Service	CMSED (Mild)					CMSED (Moderate)				CMSED (Severe)		
		Auth	Code	Authorized	Unit		Code	Authorized	Unit		Code	Authorized	Unit
LEVEL I - CMH	Intake Evaluation (no medical)	UM	90791	2.00	session	LEVEL II - CMH	90791	2.00	session	LEVEL III - CMH	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
	Facility-Based Crisis for Children and Adolescents	UM	S9484HA	168.00	hours		S9484HA	168.00	hours		S9484HA	168.00	hours

Behavioral Health Urgent Care	UM	T2016U5/T2016U8	1.00	event	T2016U5/T2016U8	1.00	event	T2016U5/T2016U8	1.00	event
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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.

POPULATIONS

Description of Service	SNAP = 1				SNAP = 2			SNAP = 3			SNAP = 4 or 5		
	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	10.00	session	90832	10.00	session
Individual Therapy 45 (38-52) minutes	UM	90834	10.00	session	90834	10.00	session	90834	10.00	session	90834	10.00	session
Individual Therapy 60 (53+) minutes	UM	90837	10.00	session	90837	10.00	session	90837	10.00	session	90837	10.00	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	10.00	hours	90833	10.00	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	10.00	hours	90836	10.00	hours
Psychotherapy with E/M (select E/M based on key components) (53+) minutes	UM	90838	10.00	hours	90838	10.00	hours	90838	10.00	hours	90838	10.00	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	10.00	session	90846	10.00	session
Family Therapy w/patient	UM	90847	10.00	session	90847	10.00	session	90847	10.00	session	90847	10.00	session
Group Therapy, Multiple Family	UM	90849	20.00	session	90849	20.00	session	90849	20.00	session	90849	20.00	session
Group Therapy	UM	90853	20.00	session	90853	20.00	session	90853	20.00	session	90853	20.00	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
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	15.00	hours	YP010	15.00	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	8.00	days	YP730	8.00	days	YP730	8.00	days	YP730	8.00	days
Day Support	UM	YM580	1.00	session	YM580	1.00	session	YM580	1.00	session	YM580	1.00	session
Day Support (socialization skills)	UM	YM580SS	4.00	hours	YM580SS	4.00	hours	YM580SS	4.00	hours	YM580SS	4.00	hours
Supported Employment--L/T Follow-up	UM	YA389	5.00	hours	YA389	5.00	hours	YA389	5.00	hours	YA389	5.00	hours
Personal Assistance	UM	YP020	6.00	hours	YP020	6.00	hours	YP020	6.00	hours	YP020	6.00	hours
Supported Employment Individual	UM	YA390	10.00	hours	YA390	10.00	hours	YA390	10.00	hours	YA390	10.00	hours
Supported Employment Group	UM	YP640	35.00	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	4 hrs/day	90 days	H2014	4 hrs/day	90 days	H2014	4 hrs/day	90 days	H2014	4 hrs/day	90 days
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	5.00	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	0.00	days	N/A	-	days
Day Support (autism)	UM	N/A	4.00	hours	N/A	4.00	hours	N/A	4.00	hours	N/A	4.00	hours
Day Support--geriatric--non-facility	UM	N/A	5.00	days	N/A	5.00	days	N/A	5.00	days	N/A	5.00	days
Community Living and Support - Individual	UM	N/A			N/A			YM851	28 hrs/wk	6 mos.	YM851	28 hrs/wk	6 mos

LEVEL I - A/I/DD

LEVEL II - A/I/DD

LEVEL III - A/I/DD

LEVEL IV - A/I/DD

Community Living and Support - Group	UM	N/A			N/A	-	YM852	28 hrs/wk	6 mos.	YM852	28 hrs/wk	6 mos.
Behavioral Health Urgent Care	UM	T2016U5/T2016U8	1.00	event	T2016U5/T2016U8	1.00	T2016U5/T2016U8	1.00	event	T2016U5/T2016U8	1.00	event

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.

POPULATIONS

	Auth	SNAP = 1				SNAP = 2				SNAP = 3				SNAP = 4 or 5		
		Description of Service	Code	Authorized		Unit	Code	Authorized		Unit	Code	Authorized		Unit	Code	Authorized
LEVEL I - CI/DD	UM	Intake Evaluation (no medical)	90791	2.00	session	90791	2.00	session	90791	2.00	session	90791	2.00	session		
	UM	Intake Evaluation (medical)	90792	2.00	session	90792	2.00	session	90792	2.00	session	90792	2.00	session		
	UM	Diagnostic Assessment	T1023	1.00	session	T1023	1.00	session	T1023	1.00	session	T1023	1.00	session		
	UM	Individual Therapy 30 (16-37) minutes	90832	10.00	session	90832	10.00	session	90832	15.00	session	90832	15.00	session		
	UM	Individual Therapy 45 (38-52) minutes	90834	10.00	session	90834	10.00	session	90834	15.00	session	90834	15.00	session		
	UM	Individual Therapy 60 (53+) minutes	90837	10.00	session	90837	10.00	session	90837	15.00	hours	90837	15.00	hours		
	UM	Psychotherapy with E/M (select E/M based on key components) 30 (16-37) minutes	90833	10.00	hours	90833	10.00	hours	90833	15.00	hours	90833	15.00	hours		
	UM	Psychotherapy with E/M (select E/M based on key components) (38-52) minutes	90836	10.00	hours	90836	10.00	hours	90836	15.00	hours	90836	15.00	hours		
	UM	Psychotherapy with E/M (select E/M based on key components) (53+) minutes	90838	10.00	hours	90838	10.00	hours	90838	15.00	session	90838	15.00	session		
	UM	Psychotherapy for Crisis	90839		session	90839		session	90839		session	90839		session		
	UM	Psychotherapy for Crisis	90840		session	90840		session	90840		session	90840		session		
	UM	Family Therapy w/o patient	90846	10.00	session	90846	10.00	session	90846	15.00	session	90846	15.00	session		
	UM	Family Therapy w/patient	90847	10.00	session	90847	10.00	session	90847	15.00	session	90847	15.00	session		
	UM	Group Therapy, Multiple Family	90849	20.00	session	90849	20.00	session	90849	30.00	session	90849	30.00	session		
	UM	Group Therapy	90853	20.00	session	90853	20.00	session	90853	20.00	session	90853	20.00	session		
	UM	E & M Problem Focused New Patient (10-19 min)	99201	24.00	session	99201	24.00	session	99201	24.00	session	99201	24.00	session		
	UM	E & M Expanded, New Patient (20-29 min)	99202	24.00	session	99202	24.00	session	99202	24.00	session	99202	24.00	session		
	UM	E & M Detailed, New Patient (30-44 min)	99203	24.00	session	99203	24.00	session	99203	24.00	session	99203	24.00	session		
	UM	E & M Problem Focused Estab Patient (RN)	99211	24.00	session	99211	24.00	session	99211	24.00	session	99211	24.00	session		
	UM	E & M Moderate, Estab Patient (25-39 min)	99214	24.00	session	99214	24.00	session	99214	24.00	session	99214	24.00	session		
	UM	Partial Hospitalization	H0035	14.00	days	H0035	14.00	days	H0035	14.00	days	H0035	14.00	days		
	UM	Mobile Crisis	H2011	24.00	hours	H2011	24.00	hours	H2011	24.00	hours	H2011	24.00	hours		
	UM	Hourly Respite	YP010	15.00	hours	YP010	15.00	hours	YP010	15.00	hours	YP010	15.00	hours		
	UM	Community Respite	YP730	6.00	days	YP730	6.00	days	YP730	6.00	days	YP730	6.00	days		
	UM	Supported Employment--L/T Follow-up	YA389	2.00	hours	YA389	2.00	hours	YA389	2.00	hours	YA389	2.00	hours		
	UM	Personal Assistance Services	YP020	3.00	hours	YP020	3.00	hours	YP020	3.00	hours	YP020	3.00	hours		
	UM	CAET School to Work Transition	YA382	6.00	hours	YA382	6.00	hours	YA382	6.00	hours	YA382	6.00	hours		
	UM	Developmental Day (school year)	YP610	0.00	hours	YP610	0.00	hours	YP610	4.00	hours	YP610	4.00	hours		
	UM	Developmental Therapy*	H2014	4 hrs/day	90 days	H2014	4 hrs/day	90 days	H2014	4 hrs/day	90 days	H2014	4 hrs/day	90 days		
	UM	Day Activity (autism)	N/A	0.00	hours	N/A	4.00	hours	N/A	4.00	hours	N/A	4.00	hours		
UM	Developmental Day (summer)	N/A	0.00	hours	N/A	0.00	hours	N/A	9.00	hours	N/A	9.00	hours			
UM	Psychological Evaluation	N/A	5.00	hours	N/A	5.00	hours	N/A	5.00	hours	N/A	5.00	hours			
UM	Community Living and Support - Individual	N/A			N/A		-	YM851	28 hrs/wk	6 mos.	YM851	28 hrs/wk	6 mos			

LEVEL I - CI/DD

LEVEL II - CI/DD

LEVEL III - CI/DD

LEVEL IV - CI/DD

Community Living and Support - Group	UM	N/A			N/A	-	YM852	28 hrs/wk	6 mos.	YM852	28 hrs/wk	6 mos.
Behavioral Health Urgent Care	UM	T2016U5/T2016U8	1.00	event	T2016U5/T2016U8	1.00	T2016U5/T2016U8	1.00	event	T2016U5/T2016U8	1.00	event

Notes:

Mobile Crisis requires authorization after eight unauthorized hours

Community Living and Supports is only available for children ages 16 and older. For recipients in school, service may not exceed 3 hours/day on school days.

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.

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)	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	36.00	session	90832	60.00	session	90832	60.00	session	90832	60.00	session			
	Individual Therapy 45 (38-52) minutes	UM	90834	36.00	session	90834	60.00	session	90834	60.00	session	90834	60.00	session			
	Individual Therapy 60 (53+) minutes	UM	90837	36.00	session	90837	60.00	session	90837	60.00	session	90837	60.00	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	60.00	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	60.00	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	60.00	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	60.00	session			
	Family Therapy w/patient	UM	90847	36.00	session	90847	60.00	session	90847	60.00	session	90847	60.00	session			
	Group Therapy, Multiple Family	UM	90849	52.00	session	90849	60.00	session	90849	60.00	session	90849	60.00	session			
	Group Therapy	UM	90853	52.00	session	90853	60.00	session	90853	60.00	session	90853	60.00	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	days	99214	24.00	days			
	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	hours	H0010	3.00	hours			
	Intensive Out-patient	UM	H0015	0.00	hours	H0015	44.00	hours	H0015	44.00	days	H0015	44.00	days			
	Assertive Engagement	UM	YA 352/353	45.00	days	YA 352/353	45.00	days	YA 352/353	45.00	hours	YA 352/353	45.00	hours			
	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	days	H2015HT	4.00	days			
	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	0.00	days			
	Group Living-Moderate	UM	YP770	0.00	days	YP770	0.00	days	YP770	0.00	days	YP770	0.00	days			
	Group Living-High	UM	YP780	0.00	days	YP780	0.00	days	YP780	0.00	days	YP780	0.00	days			
	Social-setting Detoxification	UM	YP790	0.00	days	YP790	0.00	days	YP790	0.00	days	YP790	0.00	days			
	Inpatient Psychiatric Hospitalization--state	UM	YP820	10.00	days	YP820	10.00	days	YP820	2.00	days	YP820	2.00	days			
	Inpatient Psychiatric Hospitalization--local	UM	YP820	2.00	days	YP820	2.00	days	YP820	14.00	days	YP820	14.00	days			
	Partial Hospitalization	UM	H0035	14.00	days	H0035	14.00	days	H0035	14.00	hours	H0035	14.00	hours			
	Peer Support	UM	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	36.00	hours	YP830	60.00	hours			
	Behavioral Health Counseling, Individual (SA QP)	UM	YP831	36.00	hours	YP831	60.00	hours	YP831	60.00	hours	YP831	60.00	hours			
	Behavioral Health Counseling , Group (SA QP)	UM	YP832	52.00	hours	YP832	60.00	hours	YP832	60.00	hours	YP832	60.00	hours			
	Behavioral Health Counseling, Family with Client (SA QP)	UM	YP833	36.00	hours	YP833	60.00	hours	YP833	60.00	hours	YP833	60.00	hours			
	Behavioral Health Counseling, Family without Client (SA QP)	UM	YP834	36.00	hours	YP834	60.00	hours	YP834	60.00	hours	YP834	60.00	hours			

Alcohol and/or Drug Group Counseling (SA QP)	UM	YP835	52.00	hours	YP835	60.00	hours	YP835	60.00	hours	YP835	60.00	hours
Individual Placement and Support	UM	YP630	6.00	months	YP630	6.00	months	YP630	6.00	months	YP630	6.00	months
Behavioral Health Urgent Care	UM	T2016U5/T2016U8	1.00	event	T2016U5/T2016U8	1.00	event	T2016U5/T2016U8	1.00	event	T2016U5/T2016U8	1.00	event

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.

POPULATIONS																	
LEVEL I - CSA	Description of Service	ASAM I				LEVEL II - CSA	ASAM II			LEVEL III - CSA	ASAM II-IV		LEVEL IV - CSA	ASAM II-IV			
		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	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	days	99214	24.00	days			
	Partial Hospitalization	UM	H0035	14.00	days	H0035	14.00	days	H0035	14.00	hours	H0035	14.00	hours			
	Mobile Crisis	UM	H2011	24.00	hours	H2011	24.00	hours	H2011	24.00	days	H2011	24.00	days			
	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	hours	YA 254-259	15.00	hours			
	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	65.00	hours	YP830	65.00	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
Behavioral Health Urgent Care	UM	T2016U5/T2016U8	1.00	event		T2016U5/T2016U8	1.00	event		T2016U5/T2016U8	1.00	event

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.

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