

Sandhills Center UM Master Grid

Procedure Code	Service Names	Unmanaged Limits	Prospective (Urgent)	Prospective (Non-Urgent / Routine)	Concurrent (Urgent)	Concurrent (Non-Urgent / Routine)	COVID Modifier Codes	1 Unit =	Usual Requested Time Frames	Coverage Policy	Population
97153	Adaptive Behavior Treatment by Tech	No unmanaged units	N/A	SAR, ABA Assessment/Treatment Plan	N/A	SAR, ABA Assessment/Treatment Plan	Add CR when conducted telephonically, Add GT-CR when conducted by two-way video	15 minutes	6 months	8F	Autism Spectrum Disorder
97155	Adaptive Behavior Treatment Phys/QHP	No unmanaged units	N/A	SAR, ABA Assessment/Treatment Plan	N/A	SAR, ABA Assessment/Treatment Plan	Add CR when conducted telephonically, Add GT-CR when conducted by two-way video	15 minutes	6 months	8F	Autism Spectrum Disorder
H2022 U4 B3	Adolescent Transitional Living Program	No unmanaged units	N/A	SAR, CCA, PCP	N/A	SAR, PCP	N/A	1 week	90 days	(b)(3)	Child MH/SUD
H2022 U4 B3	Adolescent Transitional Living Program	No unmanaged units	N/A	SAR, CCA, PCP	N/A	SAR, PCP	N/A	1 week	90 days	(b)(3)	Child MH/SUD
H2022 U4 B3	Adolescent Transitional Living Program	No unmanaged units	N/A	SAR, CCA, PCP	N/A	SAR, PCP	N/A	1 week	90 days	(b)(3)	Child MH/SUD
YP 620	Adult Developmental Vocational Program (ADVP) (State-Funded)	No unmanaged units	N/A	SAR, ISP or TSP, NCSNAP/SIS, Psychological Evaluation	N/A	SAR, ISP or TSP, NCSNAP/SIS	YP620 GT	15 minutes	180 days	State-Funded Service Definition	I/DD
YP830	Alcohol and/or Drug Assessment	No unmanaged units	N/A	SAR	N/A	N/A	YP830 GT	15 minutes	90 days	8C	Adult SUD, Child SUD
YP835	Alcohol and/or Drug Counseling Group - Non-Licensed	No unmanaged units	N/A	SAR	N/A	SAR	YP835 GT YP835 CR	15 minutes	90 days	8C	Adult SUD, Child SUD
H0040	Assertive Community Treatment Team (ACTT)	No unmanaged units	SAR, CCA *	SAR, CCA *	N/A	SAR, PCP*	Add CR when conducted telephonically, Add GT-CR when conducted by two-way video	1 event/day	6 months	8A-1/ State-Funded Service Definition	Adult MH/SUD
97151	Behavior Identification Assessment	No unmanaged units	N/A	SAR, Psychological Evaluation	N/A	SAR, ABA Assessment/Treatment Plan	Add CR when conducted telephonically, Add GT-CR when conducted by two-way video	15 minutes	6 months	8F	Autism Spectrum Disorder
97152	Behavior Identification Supporting Assessment	No unmanaged units	N/A	SAR, Psychological Evaluation	N/A	SAR, ABA Assessment/Treatment Plan	Add CR when conducted telephonically, Add GT-CR when conducted by two-way video	15 minutes	6 months	8F	Autism Spectrum Disorder
YP831	Behavioral Health Counseling- Non-Licensed	No unmanaged units	N/A	SAR	N/A	SAR	YP831 GT YP831 CR	15 minutes	90 days	8C	Adult SUD

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YP831	Behavioral Health Counseling- Non-Licensed	No unmanaged units	N/A	SAR	N/A	SAR	YP831 GT YP831 CR	15 minutes	90 days	8C	Child SUD
T2016 US	Behavioral Health Urgent Care (BHUC)	4 visits per fiscal year	SAR	N/A	SAR	N/A	N/A	1 event	1 day	In-Lieu of Service Definition	Adult MH/SUD, Child MH/SUD, IDD
T1016 CR	Case Support - Special Circumstances	No limit but must justify medical necessity in clinical record	N/A	N/A	N/A	N/A	Service code is only to be used during COVID - CR is already the modifier to indicate this.	15 minutes	N/A	In-Lieu of Service Definition	Adult MH/SUD, Child MH/SUD, IDD
90791 90792	Clinical Evaluation/Intake/Interactive Evaluation	No limit but must justify medical necessity in clinical record if multiple per year	N/A	SAR ⁴	N/A	N/A	Add CR when conducted telephonically, Add GT-CR when conducted by two-way video	1 event	90 days	8A/State-Funded Service Definition	Adult MH/SUD, Child MH/SUD
T2041 U4	Community Guide (Medicaid)	No unmanaged units	N/A	SAR, ISP	N/A	SAR, ISP	T2041 U4 GT CR	1 month	1 year	(b)(3)	IDD
T2013 TF - Individual T2013 TF ER - Enhanced T2013 TF HQ - Group	Community Living & Supports	No unmanaged units	N/A	SAR, LOC, ISP, NCSNAP/SIS, Budget, Budget letter, Risk Assessment	N/A	SAR, LOC, ISP, NC SNAP/SIS, Budget, Budget letter, Risk Assessment	See Appendix K	15 minutes	1 year	8P	Innovations
T2041 T2041 U1 - Training	Community Navigator	No unmanaged units	N/A	SAR, LOC, ISP, NCSNAP/SIS, Budget, Budget letter, Risk Assessment	N/A	SAR, LOC, ISP, NC SNAP/SIS, Budget, Budget letter, Risk Assessment	See Appendix K	1 month	1 year	8P	Innovations
H2015 H2015 U1 H2015 ER H2015 HQ H2015 U2	Community Networking	No unmanaged units	N/A	SAR, LOC, ISP, NCSNAP/SIS Budget, Budget Letter, Invoice, Risk Assessment	N/A	SAR, LOC, ISP, NC SNAP/SIS, Budget, Budget letter, Risk Assessment	See Appendix K	15 minutes	1 year	8P	Innovations
H2015 HT	Community Support Team (CST)	30-calendar-day pass through - Available once per fiscal year - Thirty days begin on the service start date and must run concurrently. If the member discontinues service during the 30-day pass through, there are no more pass through days until the next fiscal year, even with a new provider.	SAR, PCT, CCA ⁴	SAR, PCT, CCA ⁴	N/A	SAR, PCT, DLS1 ⁵	Add CR when conducted telephonically, Add GT-CR when conducted by two-way video	15 minutes	60 days - Initial 90 days - Reauth	8A-6/State-Funded Service Definition	Adult MH/SUD
T2038	Community Transition	No unmanaged units	N/A	SAR, ISP, NC SNAP/SIS Budget, Budget Letter, Invoice, Risk Assessment,	N/A	SAR, ISP, NCSNAP/SIS, Budget, Budget Letter, Invoice, Risk Assessment	See Appendix K	15 minutes	1 year	8P	Innovations
H0045 U4	Crisis Respite (Medicaid)	No unmanaged units	SAR, LOC, ISP, NC SNAP/SIS, Psychological Evaluation	N/A	SAR	N/A	N/A	24 hours	6 months	(b)(3)	IDD
H2011 HI - Intervention T2025 U3 - Consultation T2034 - Out of Home	Crisis Services	No unmanaged units	N/A	SAR, LOC, ISP, NC SNAP/SIS, Budget, Budget Letter, Invoice, Risk Assessment	N/A	SAR, LOC, ISP, NCSNAP/SIS, Budget, Budget Letter, Invoice, Risk Assessment	See Appendix K	H2011 HI and T2025 U3 = 15 minutes, T2034 = 24 hours	Varies	8P	Innovations

Sandhills Center UM Master Grid

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T2021 - Individual T2021 HQ - Group T2021 ER - Enhanced	Day Supports	No unmanaged units	N/A	SAR, LOC, ISP, NC SNAP/SPS, Budget, Budget Letter, Invoice, Risk Assessment	N/A	SAR, LOC, ISP, NC SNAP/SPS, Budget, Budget Letter, Invoice, Risk Assessment	See Appendix K	1 hour	1 year	8P	Innovations
YM 580	Day Supports (State-Funded)	No unmanaged units	N/A	SAR, LOC, TSP or ISP, NC SNAP/SPS, Psychological Evaluation	N/A	SAR, TSP or ISP, NC SNAP/SPS	YMS80 GT	1 day	6 months	State-Funded Service Definition	I/DD
H2012 HA	Day Treatment	30-calendar-day pass through - Available once per fiscal year - Thirty days begin on the service start date and must run concurrently. If the member discontinues service during the 30-day pass through, there are no more pass through days until the next fiscal year, even with a new provider.	N/A	SAR, CCA, PCP, IEP, BIP, or 504 Plan	N/A	SAR, PCP	Add CR when conducted telephonically, Add GT-CR when conducted by two-way video	1 hour	30 days	8A	Child MH/SUD
YP660	Day/Evening Activity (State-Funded, I/DD)	No unmanaged units	N/A	SAR, LOC, TSP, NC SNAP/SPS, Psychological Evaluation	N/A	SAR, TSP, NC SNAP/SPS	YP660 GT	15 minutes	30 days - Initial 6 months - Reauth	State-Funded Service Definition	I/DD
YP610	Developmental Day - Child (State-Funded, I/DD)	No unmanaged units	N/A	SAR, LOC, ISP, NC SNAP/SPS, IEP, Psychological Evaluation	N/A	SAR, ISP or TSP, NC SNAP/SPS, IEP	YP610 GT T2027 U4 GT CR	15 minutes	60 days - Initial 90 days - Reauth	State-Funded Service Definition	I/DD
H2014 H2014 HQ H2014 HM H2014 U1	Developmental Therapies (State-Funded, I/DD)	No unmanaged units	N/A	SAR, LOC, ISP, NC SNAP/SPS, Psychological Evaluation	N/A	SAR, ISP, NC SNAP/SPS	N/A	15 minutes	60 days - Initial 90 days - Reauth	State-Funded Service Definition	I/DD
T1023 T1023 GT	Diagnostic Assessment	1 evaluation per fiscal year	N/A	SAR *	N/A	N/A	Add CR when conducted telephonically, Add GT-CR when conducted by two-way video	1 event	N/A	8A	Adult MH/SUD, Child MH/SUD
S9484	Facility-Based Crisis - Professional Treatment Service In (Medicaid and State-Funded)	Auth required after first 7 days per episode of care	SAR	N/A	SAR	N/A	N/A	1 hour	7 days	8A/State-Funded Service Definition	Adult MH/SUD
S9484 HA	Facility-Based Crisis for Children and Adolescents (Medicaid and State-Funded)	No unmanaged units	SAR	N/A	SAR	N/A	N/A	1 hour	7 days	8A/State-Funded Service Definition	Child MH/SUD
97156	Family Adaptive Behavior Treatment - Phys/QHP	No unmanaged units	N/A	SAR, ABA Assessment/Treatment Plan	N/A	SAR, ABA Assessment/Treatment Plan	97156 GT CR 97156 CR	15 minutes	6 months	8F	Autism Spectrum Disorder
90846 - with Member 90847 - without Member	Family Therapy	24 sessions Counts towards 24-session limit for all outpatient therapy services (individual, family, and group)	SAR *	SAR *	SAR †	SAR †	Add CR when conducted telephonically, Add GT-CR when conducted by two-way video	1 session	90 days	8A/State-Funded Service Definition	Adult MH/SUD, Child MH/SUD
H2022-22 HE H2022-22 Z1 H2022-22 Z2 H2022-22 Z3	Family-Centered Treatment (FCT)	No unmanaged units	N/A	SAR, CCA, PCP	N/A	SAR, PCP	N/A	H2022-22 HE = 1 month; H2022-22 Z1, H2022-22 Z2, and H2022-22 Z3 = 1 encounter	6 months - Initial 30 days - Reauth	In-Lieu of Service Definition	Child MH/SUD

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T2025 U1 T2025 I2	Financial Support Services	No unmanaged units	N/A	SAR, LOC, ISP, NCSNAPSIS Budget, Budget Letter, Invoice, Risk Assessment	N/A	SAR, LOC, ISP, NCSNAPSIS, Budget, Budget Letter, Invoice, Risk Assessment	See Appendix K	1 month	1 year	8P	Innovations
T2025 U2	FM Supplies	No unmanaged units	N/A	SAR, ISP, NC SNAP/ SIS Budget, Budget Letter, Invoice, Risk Assessment	N/A	Budget, Budget Letter, Invoice, Risk Assessment, SAR, ISP, NC SNAP/ SIS	See Appendix K	1 invoice	Varies	8P	Innovations
91754	Group Adaptive Behavior Treatment by Tech	No unmanaged units	N/A	SAR, ABA Assessment/Treatment Plan	N/A	SAR, ABA Assessment/Treatment Plan	97154 GT CR 97154 CR	15 minutes	6 months	8P	Autism Spectrum Disorder
YP760	Group Living – Adults Group Low (State-Funded, IDD)	No unmanaged units	N/A	SAR, LOC, TSP, NCSNAPSIS, Psychological Evaluation	N/A	SAR, TSP, NCSNAPSIS	N/A	1 day	90 days	State-Funded Service Definition	IDD
YP780	Group Living – High Intensity (State-Funded, IDD)	No unmanaged units	N/A	SAR, LOC, ISP or TSP, NC SNAP/SIS, Psychological Evaluation	N/A	SAR, ISP or TSP, NC SNAP/SIS	N/A	1 day	90 days	State-Funded Service Definition	IDD
YP760	Group Living – Low Intensity (State-Funded, MHSUD)	No unmanaged units	N/A	SAR, TSP, ASAM Narrative	N/A	SAR, TSP	N/A	1 day	90 days	State-Funded Services Definition	Adult SUD, Child SUD
YP770	Group Living – Moderate Intensity (State-Funded, MHSUD)	No unmanaged units	N/A	SAR, TSP, ASAM Narrative	N/A	SAR, TSP	N/A	1 day	30 days	State-Funded Services Definition	Adult SUD, Child SUD
YP770	Group Living – Adults Group Moderate (State-Funded, IDD)	No unmanaged units	N/A	SAR, LOC TSP NCSNAPSIS/ Psychological Evaluation	N/A	SAR, TSP, NCSNAPSIS	N/A	1 day	90 days	State-Funded Service Definition	IDD
YP 770	Group Living-Adults Group Moderate (State-Funded SUD)	No unmanaged units	N/A	SAR, TSP, ASAM Narrative	N/A	SAR, TSP	N/A	1 day	30 days	State-Funded Service Definition	Adult SUD
YP 780	Group Living-High Intensity (State-Funded, MHSUD)	No unmanaged units	N/A	SAR, TSP, ASAM Narrative	N/A	SAR, TSP	N/A	1 day	14-30 days	State-Funded Service Definition	Adult SUD
90849 - Multi Family 90853 - non Multi Family	Group Therapy	24 sessions Counts towards 24-session limit for all outpatient therapy services (individual, family, and group)	N/A	SAR ¹	N/A	SAR ²	Add CR when conducted telephonically, Add GT-CR when conducted by two-way video	1 session	90 days	8A/State-Funded Service Definition	Adult MHSUD, Child MHSUD
55170	Home Delivered Meals	No unmanaged units	N/A	SAR, ISP, NC SNAP/ SIS Budget, Budget Letter, Invoice, Risk Assessment	N/A	SAR, ISP, NC SNAP/SIS, Budget, Budget Letter, Invoice, Risk Assessment	See Appendix K	2 meals per day	Varies	8P	Innovations

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85165	Home Modifications	No unmanaged units	N/A	SAR, LOC, ISP, NC SNAPSIS, Budget, Budget Letter, Risk Assessment, Quotes, Certificate of Medical Necessity, Recommendation, Proof of Home Ownership	N/A	SAR, LOC, ISP, NC SNAPSIS, Budget, Budget Letter, Risk Assessment, Quotes, Certificate of Medical Necessity, Recommendation	N/A	1 invoice	Varies	8P	Innovations
YM700	Independent Living (State-Funded, IDD)	No unmanaged units	N/A	SAR, LOC, TSP, NC SNAPSIS, Psychological Evaluation	N/A	SAR, TSP, NC SNAPSIS	N/A	1 day	90 days	State-Funded Service Definition	IDD
T1999	Individual Goods and Services	No unmanaged units	N/A	SAR, LOC, ISP, NC SNAPSIS, Budget, Budget Letter, Invoice, Risk Assessment	N/A	SAR, LOC, ISP, NC SNAPSIS, Budget, Budget Letter, Invoice, Risk Assessment	See Appendix K	1 invoice	1 year	8P	Innovations
T1019 U4	Individual Support (Medicaid)	No unmanaged units	N/A	SAR, TSP or PCP	N/A	SAR, TSP or PCP	Add CR when conducted telephonically, Add GT-CR when conducted by two-way video	15 minutes	90 days	(b)(3)	Adult MH
90832 - 30 minutes 90834 - 45 minutes 90837 - 60 minutes	Individual Therapy	24 sessions Counts towards 24-session limit for all outpatient therapy services (individual, family, and group)	N/A	SAR *	N/A	SAR *	Add CR when conducted telephonically, Add GT-CR when conducted by two-way video	1 session	90 days	8A/State-Funded Service Definition	Adult MH/SUD, Child MH/SUD
H2002 HE U5 U1	In-Home Therapy Services	No unmanaged units	N/A	SAR, CCA, PCP	N/A	SAR, PCP	N/A	1 week	6 months	In-Lieu of Service Definition	Child MH/SUD
H2023 U4 - Individual H2023 HQ U4 - Group	Initial Supported Employment IDD (Medicaid)	No unmanaged units	N/A	SAR, LOC, TSP, NC SNAPSIS	N/A	SAR, ISP, TSP, NC SNAP	H2023 U4 GT CR H2023 HQ U4 GT CR	15 minutes	6 months	(b)(3)	IDD
H2022	Intensive In-Home (IHI)	No unmanaged units	N/A	SAR, CCA, PCP	N/A	SAR, PCP	Add CR when conducted telephonically, Add GT-CR when conducted by two-way video	2 hours	30 days	8A	Child MH/SUD
T1012 U4	Intensive Recovery Supports	No unmanaged units	N/A	SAR	N/A	SAR	T1012 U4 GT CR T1012 U4 CR	15 minutes	N/A	(b)(3)	Adult SUD, Child SUD
H0036 HK	Intercept	No unmanaged units	N/A	SAR, CCA, PCP	N/A	SAR, PCP	H0036 HK GT CR	1 week	90 days	In-Lieu of Service Definition	Child MH/SUD
RC100	Intermediate Care Facilities ICF/IID	No unmanaged units	SAR, LOC Form, Medical Assessment, Psychological Evaluation	SAR, LOC Form, Medical Assessment, Psychological Evaluation	SAR, LOC Form, Medical Assessment	SAR, LOC Form, Medical Assessment	N/A	1 day	up to 180 days	8E	IDD
YA389	Long-Term Vocational Support Services (State-Funded, IDD)	No unmanaged units	N/A	SAR, LOC, ISP or TSP, NC SNAPSIS, Psychological Evaluation	N/A	SAR, TSP or ISP, NC SNAPSIS	YA389 GT	15 minutes	6 months	State-Funded Service Definition	IDD

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H2026 U4 - Individual H2026 HQ U4 - Group	Maintenance Supported Employment I/DD (Medicaid)	No unmanaged units	N/A	SAR, LOC, ISP, NC SNAP/SIS	N/A	SAR, ISP, NC SNAP	H2026 U4 GT CR	15 minutes	6 months	(b)(3)	I/DD
E/M codes	Medication Check	No limits but must justify medical necessity in clinical record	N/A	SAR ⁴	N/A	SAR ⁵	Add CR when conducted telephonically, Add GT-CR when conducted by two-way video	1 session	90 days	8A/State-Funded Service Definition	Adult MH/SUD
97157	Multiple-Family Group Adaptive Behavior	No unmanaged units	N/A	SAR, ABA Assessment/Treatment Plan	N/A	SAR, ABA Assessment/Treatment Plan	97157 GT CR 97157 CR	15 minutes	6 months	8F	ABA
H2033	Multi-Systemic Therapy (MST)	No unmanaged units	N/A	SAR, CCA, PCP	N/A	SAR, PCP	Add CR when conducted telephonically, Add GT-CR when conducted by two-way video	15 minutes	30 days - Initial 60 days - Reauth	8A	Child MH/SUD
SS110 SS111 - Conference	Natural Supports Education	No unmanaged units	N/A	SAR, LOC, ISP, NC SNAP/SIS, Budget, Budget Letter, Invoice, Risk Assessment	N/A	SAR, LOC, ISP, NC SNAP/SIS, Budget, Budget Letter, Invoice, Risk Assessment	N/A	SS110 = 15 minutes, SS111 = 1 invoice	Varies	8P	Innovations
H0020	Opioid Treatment	No unmanaged units	N/A	SAR, PCP, Crisis Plan	N/A	SAR, PCP, Crisis Plan	H0020 CR	1 event	60 days - Initial 180 days - Reauth	State-Funded Service Definition	Adult SUD
H0035	Partial Hospitalization	No unmanaged units	SAR, PCP	N/A	SAR	N/A	N/A	1 day	7 calendar days	8A/State-Funded Service Definition	Adult MH/SUD
H0038 - Individual H0038 HQ - Group	Peer Support	No unmanaged units	N/A	SAR, PCP CCA	NA	SAR, PCP	H0038 CR H0038 GT CR H0038 HQ CR H0038 HQ GT CR	15 minutes	90 days	8G/State-Funded Service Definition	Adult MH/SUD
YP020	Personal Assistance (State-Funded, I/DD)	No unmanaged units	N/A	SAR, LOC, TSP, NC SNAP/SIS, Psychological Evaluation	N/A	SAR, TSP or ISP, NC SNAP/SIS	YP020 GT	15 minutes	90 days - Initial 6 months - Reauth	State-Funded Service Definition	I/DD
YM050	Personal Care Services (State-Funded, I/DD)	No unmanaged units	N/A	SAR, LOC, TSP, NC SNAP/SIS, Psychological Evaluation	N/A	SAR, TSP or ISP, NC SNAP/SIS	YM050 GT	15 minutes	6 months	State-Funded Service Definition	I/DD
0911 HF	Psychiatric Residential Treatment Facility - Moderate to High-Function (PRTF-HF)	No unmanaged units	(See Urgent Request Criteria) ⁷ SAR, CON, CCA, PCP, I/DD dx, Discharge/Transition Plan	SAR, CON, CCA, PCP, I/DD dx, Discharge/Transition Plan	NA	SAR, PCP	NA	1 day	60 days	8D-1	Child MH/SUD

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RC911.0911	Psychiatric Residential Treatment Facility (PRTF)	No unmanaged units	(See Urgent Request Criteria) ¹ SAR, ² CON, CCA, PCP, IDD dx, Discharge/Transition Plan	SAR, ² CON, CCA, PCP, IDD dx, Discharge/Transition Plan	N/A	SAR, ² PCP	NA	1 day	60 days	SD-1	Child MH/SUD
919	Psychiatric Residential Treatment Facility (PRTF) Crisis Assessment Program	No unmanaged units	(See Urgent Request Criteria) ¹ SAR, ² CON, Discharge/Transition Plan	SAR, ² CON, Discharge/Transition Plan	N/A	SAR, ² PCP	NA	1 day	30 days	SD-1	Child MH/SUD
0911 LF	Psychiatric Residential Treatment Facility-Low Function (PRTF-LF)	No unmanaged units	(See Urgent Request Criteria) ¹ SAR, ² CON, CCA, PCP, IDD dx, Discharge/Transition Plan	SAR, ² CON, CCA, PCP, IDD dx, Discharge/Transition Plan	NA	SAR, ² PCP	NA	1 day	60 days	SD-1	Child MH/SUD
96101 96102 96103 96105 96110 96111 96116 96118 96119 96120 96125 96127	Psychological- Developmental/ Neuropsychological Testing	8 hours per fiscal year	N/A	SAR ³	N/A	SAR ³	Add CR when conducted telephonically, Add GT-CR when conducted by two-way video	96101 = 1 hour 96102 = 1 hour 96103 96105 = 1 hour 96110 = 1 instrument 96111 96116 = 1 hour 96118 = 1 hour 96119 = 1 hour 96120 96125 = 1 hour 96127 = 1 instrument	90 days	8C	Adult MH/SUD, Child MH/SUD, IDD
H2017	Psychosocial Rehabilitation (PSR)	No unmanaged units	N/A	SAR, PCP ⁴	N/A	SAR, PCP ⁵	H2017 GT CR H2017 CR	15 minutes	90 days - Initial 180 days - Reauth	8A	Adult MH/SUD
H2016 T2014 T2020 H2016.H1 H2016.H2 ER - Enhanced	Residential Supports LV	No unmanaged units	N/A	SAR, LOC, ISP, NC SNAP/SIS, Budget, Budget Letter, Risk Assessment	N/A	SAR, LOC, ISP, NC SNAP/SIS, Budget, Budget Letter, Risk Assessment	See Appendix K	1 day	1 year	8P	Innovations
H0046	Residential Treatment - Level I/Family-Type (Therapeutic Foster Care)	No unmanaged units	(See Urgent Request Criteria) ¹ SAR, ² CCA, PCP, ECSH ⁴	SAR, ² CCA, PCP, ECSH ⁴	N/A	SAR, ² PCP	NA	1 day	60 Days	SD-2	Child MH/SUD
SS145 TF	Residential Treatment - Level I/Family-Type TFC-Enhanced (Fostering Solutions)	No unmanaged units	(See Urgent Request Criteria) ¹ SAR, ² CCA, PCP, ECSH ⁴	SAR, ² CCA, PCP, IDD dx, ECSH ⁴	N/A	SAR, ² PCP, IDD dx	NA	1 day	60 days	Pilot Project	Child MH/SUD
SS145	Residential Treatment - Level I/Family-Type (Therapeutic Foster Care)	No unmanaged units	(See Urgent Request Criteria) ¹ SAR, ² CCA, PCP, ECSH ⁴	SAR, ² CCA, PCP, ECSH ⁴	N/A	SAR, ² PCP	NA	1 day	60 days	SD-2	Child MH/SUD
H2020	Residential Treatment - Level H/Group Home	No unmanaged units	(See Urgent Request Criteria) ¹ SAR, ² CCA, PCP	SAR, ² CCA, PCP	N/A	SAR, ² PCP	NA	1 day	60 days	SD-2	Child MH/SUD

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SS145 HT IAFT	Residential Treatment - Level IIIAFT (Intensive Alternative Family Treatment)	No unmanaged units	(See Urgent Request Criteria) ⁷ SAR, ² CCA, PCP, ECSI ⁸	SAR, ² CCA, PCP, ECSI ⁸	N/A	SAR, ² PCP	NA	1 day	60 days	8D-2	Child MH/SUD
H0019 SAY	Residential Treatment - Level III (Sexually Aggressive Youth)	No unmanaged units	(See Urgent Request Criteria) ⁷ SAR, ² CCA, PCP, Discharge/Transition Plan	SAR, ² CCA, PCP, Discharge/Transition Plan	N/A	SAR, ² PCP, Discharge/Transition Plan, Psych Eval ⁷ completed between 120-180 days in placement	NA	1 day	60 days	8D-2	Child MH/SUD
H0019 HQ	Residential Treatment - Level III (4 beds or less)	No unmanaged units	(See Urgent Request Criteria) ⁷ SAR, ² CCA, PCP, Discharge/Transition Plan	SAR, ² CCA, PCP, Discharge/Transition Plan	N/A	SAR, ² PCP, Discharge/Transition Plan, Psych Eval ⁷ completed between 120-180 days in placement	NA	1 day	60 days	8D-2	Child MH/SUD
H0019 TJ	Residential Treatment - Level III (5+ beds)	No unmanaged units	(See Urgent Request Criteria) ⁷ SAR, ² CCA, PCP, Discharge/Transition Plan	SAR, ² CCA, PCP, Discharge/Transition Plan	N/A	SAR, ² PCP, Discharge/Transition Plan, Psych Eval ⁷ completed between 120-180 days in placement	NA	1 day	60 days	8D-2	Child MH/SUD
H0019 HK	Residential Treatment - Level IV (4 beds or less)	No unmanaged units	(See Urgent Request Criteria) ⁷ SAR, ² CCA, PCP, Discharge/Transition Plan	SAR, ² CCA, PCP, Discharge/Transition Plan	N/A	SAR, ² PCP, Discharge/Transition Plan, Psych Eval ⁷ completed between 120-180 days in placement	NA	1 day	60 days	8D-2	Child MH/SUD
H0019 UR	Residential Treatment - Level IV (5+ beds)	No unmanaged units	(See Urgent Request Criteria) ⁷ SAR, ² CCA, PCP, Discharge/Transition Plan	SAR, ² CCA, PCP, Discharge/Transition Plan	N/A	SAR, ² PCP, Discharge/Transition Plan, Psych Eval ⁷ completed between 120-180 days in placement	NA	1 day	60 days	8D-2	Child MH/SUD
SS150 - Individual SS150 HQ - Group T1005 TD - RN T1005 TE - LPN SS150 UR - Enhanced SS150 US - Facility H0018 U4 - Crisis	Respite	No unmanaged units	N/A	SAR, LOC, ISP, NC SNAP/SIS, Budget, Budget Letter, Risk Assessment	N/A	SAR, LOC, ISP, NC SNAP/SIS, Budget, Budget Letter, Risk Assessment	See Appendix K	H0018 UR = 24 hours, All other codes = 15 minutes	1 year	8P	Innovations
H0045 U4 - Individual H0045 U4 - Group	Respite I/DD (Medicaid)	No unmanaged units	N/A	SAR, ISP, Psychological Evaluation	N/A	SAR, ISP	NA	15 minutes	6 months	(b)(3)	I/DD
H0045 HA U4 - Individual H0045 HA HQ U4 - Group	Respite MH/SUD (Medicaid)	No unmanaged units	N/A	SAR, ² PCP	N/A	SAR, ² PCP	NA	15 minutes	180 days	(b)(3)	Child MH/SUD
YP010 - Hourly YP730 - Daily	Respite-Crisis (State-Funded, I/DD)	No unmanaged units	SAR, LOC, NC SNAP/SIS, Psychological Evaluation	N/A	SAR, NC SNAP/SIS	N/A	NA	15 minutes	6 months	State-Funded Service Definition	I/DD
YP010 - Hourly YP730 - Daily	Respite-Planned (I/DD)	No unmanaged units	N/A	SAR, LOC, NC SNAP/SIS, Psychological Evaluation	N/A	SAR, LOC, NC SNAP/SIS	NA	15 minutes	1 year	State-Funded Service Definition	I/DD
YP010 - Hourly	Respite-Planned (MH/SUD)	No unmanaged units	N/A	SAR, PCP if receiving other services	N/A	SAR, PCP if receiving other services	NA	15 minutes	1 year	State-Funded Service Definition	Child MH/SUD

Sandhills Center UM Master Grid

Procedure Code	Service Names	Unmanaged Limits	Prospective (Urgent)	Prospective (Non-Urgent / Routine)	Concurrent (Urgent)	Concurrent (Non-Urgent / Routine)	COVID Modifier Codes	1 Unit =	Usual Requested Time Frames	Coverage Policy	Population
T2025 T2025 HQ - BCBA T2025 ER - PHS	Specialized Consultative Services	No unmanaged units	N/A	SAR, LOC, ISP, NC SNAP/SIS, Budget, Budget Letter, Risk Assessment, Behavior Plan	N/A	SAR, LOC, ISP NC SNAP/SIS, Budget, Budget Letter, Risk Assessment Behavior Plan	See Appendix K	15 minutes	1 year	8P	Innovations
H2035	Substance Abuse Comprehensive Outpatient Treatment (SACOT)	60-calendar-day pass through - Available once per fiscal year - Sixty days begin on the service start date and must run concurrently. If the member discontinues service during the 60-day pass through, there are no more pass through days until the next fiscal year, even with a new provider.	N/A	SAR, PCP, CCA, ASAM Narrative Crisis Plan	N/A	SAR, PCP, Crisis Plan	H2035 CR H2035 GT CR	1 hour	30 days	8A/State-Funded Service Definition	Adult SUD
H0015	Substance Abuse Intensive Outpatient (SAIOP)	30-calendar-day pass through - Available once per fiscal year - Thirty days begin on the service start date and must run concurrently. If the member discontinues service during the 30-day pass through, there are no more pass through days until the next fiscal year, even with a new provider.	N/A	SAR, PCP, CCA, ASAM Narrative, Crisis Plan	N/A	SAR, PCP	H0015 CR H0015 GT CR	1 event	30 days	8A/State-Funded Service Definition	Adult SUD, Child SUD
YP710	Supervised Living - Low Intensity (State-Funded, I/DD)	No unmanaged units	N/A	SAR, LOC, TSP or ISP, NC SNAP/SIS, Psychological Evaluation	N/A	SAR, TSP or ISP, NC SNAP/SIS	N/A	1 day	180 days	State-Funded Service Definition	I/DD
YP710	Supervised Living - Low Intensity (State-Funded, MH/SUD)	No unmanaged units	N/A	SAR, TSP, ASAM Narrative	N/A	SAR, TSP	NA	1 day	30-60 days	State-Funded Service Definition	Adult SUD
YMB11 - I YMB12 - II YMB13 - III YMB14 - IV YMB15 - V YMB16 - VI	Supervised Living - I/DD/MH I-VI Residents (I/DD)	No unmanaged units	N/A	SAR, LOC, TSP or ISP, NC SNAP/SIS, Psychological Evaluation	N/A	SAR, TSP or ISP, NC SNAP/SIS	N/A	1 day	180 days	State-Funded Service Definition	I/DD
YP720	Supervised Living - Moderate Intensity (State-Funded)	No unmanaged units	N/A	SAR, LOC, TSP or ISP, NC SNAP/SIS, Psychological Evaluation	N/A	SAR, TSP or ISP, NC SNAP/SIS	N/A	1 day	180 days	State-Funded Service Definition	I/DD
H2025 - Individual H2025 HQ - Group H2025 I2 - Transportation H2025 TS - Long-Term Follow Up H2025 TS HQ - Group Follow Up	Supported Employment	No unmanaged units	N/A	SAR, LOC, ISP, NC SNAP/SIS, Budget, Budget Letter, Risk Assessment	N/A	SAR, LOC, ISP, NC SNAP/SIS, Budget, Budget Letter, Risk Assessment	See Appendix K	15 minutes	1 year	8P	Innovations
YA390 - Individual YP640 - Group	Supported Employment (State-Funded, I/DD)	No unmanaged units	N/A	SAR, TSP or ISP, NC SNAP/SIS, Psychological Evaluation	N/A	SAR, TSP or ISP, NC SNAP/SIS	YP640 GT	15 minutes	6 months	State-Funded Service Definition	I/DD
T2033 - Level 1 T2033 HI - Level 2 T2033 TF - Periodic T2033 U1 - Transition T2033 U2 - Special Needs Level 1 T2033 SA - Special Needs Level 2 T2033 HI SA - Special Needs Level 3 T2033 TF SA	Supported Living 1-3	No unmanaged units	N/A	SAR, LOC, ISP, NC SNAP/SIS, Budget, Budget Letter, Risk Assessment	N/A	SAR, LOC, ISP, NC SNAP/SIS, Budget, Budget Letter, Risk Assessment	See Appendix K	1 day	1 year	8P	Innovations
183	Therapeutic Leave for Residential Levels 1-4*	No unmanaged units	N/A	SAR, PCP	N/A	SAR, PCP	N/A	1 day	90 days*	8D-1/8D-2	Child MH/SUD

Sandhills Center UM Master Grid

Procedure Code	Service Names	Unmanaged Limits	Prospective (Urgent)	Prospective (Non-Urgent / Routine)	Concurrent (Urgent)	Concurrent (Non-Urgent / Routine)	COVID Modifier Codes	1 Unit =	Usual Requested Time Frames	Coverage Policy	Population
90791 TT	Trauma-Informed Comprehensive Clinical Assessment	No limit but must justify medical necessity in clinical record if more than one per fiscal year	N/A	N/A	N/A	N/A	N/A	1 event	N/A	In-Lieu of Service Definition	Child MHSUD
G2021 CR	Treatment in Place (TIP) Comprehensive Clinical Support Services	No limit but must justify medical necessity in clinical record	N/A	N/A	N/A	N/A	Service code is only to be used during COVID - CR is already the modifier to indicate this.	1 day	N/A	In-Lieu of Service Definition	Adult MHSUD, Child MHSUD, IDD
T2039	Vehicle Modifications/Adaptations	No unmanaged units	N/A	SAR, LOC, ISP, NC SNAP/SIS Budget, Budget letter, Risk Assessment, Quotes, Certificate of Medical Necessity, Recommendation, Vehicle Insurance	N/A	SAR, LOC, ISP, NC SNAP/SIS Budget, Budget letter, Risk Assessment, Quotes, Certificate of Medical Necessity, Recommendation, Vehicle Insurance	N/A	1 invoice	Varies	8P	Innovations

Sadhills Center UM Master Grid

LEGEND

ASAM = American Society of Addiction Medicine	BIP = Behavior Intervention Plan	CCA = Comprehensive Clinical Assessment
CON = Certificate of Need	DLI = Daily Living Skills Inventory	Dx = Diagnosis
ECSII = Early Childhood Service Intensity Instrument (required for requests to treat 3-5 year-old clients)	EPSDT = Early and Periodic Screening, Diagnostic, and Treatment (criteria for Medicaid requests to treat Members under 21 years old)	IEP = Individualized Education Plan
ISP = Individual Support Plan	LOC = Level of Care	N/A = Not applicable
NCSNAP = North Carolina Support Needs Assessment Profile	PA = Prior Approval	PCP = Person-Centered Plan
SAR = Service Authorization Request	SIS = Supports Intensity Scale	TSP = Treatment/Service Plan

PLEASE NOTE

Retrospective requests are only conducted for retrospective eligibility dates.
See website for COVID flexibilities on prior authorization requirements
EPSDT: Early and Periodic Screening Diagnostic, and Treatment criteria are assessed for Medicaid requests to treat members under 21 years old when it is indicated a service is medically necessary to correct or improve a defect, physical or mental illness, or a condition diagnosed by the recipient's physician, therapist, or other licensed practitioner.
¹ All Concurrent Urgent requests are to be submitted on or before the effective date being requested.
² All Concurrent Non-Urgent/Routine requests are to be submitted 14 days prior to the expiration of the previous authorization.
³ URGENT REQUEST CRITERIA: A request for care or services where application of the time for making routine or non-life threatening care determinations: Could seriously jeopardize the life or health of the member or the member's ability to regain maximum function, based on a prudent layperson's judgment, or Could seriously jeopardize the life, health or safety of the member or others, due to the member's psychological state, or In the opinion of a practitioner with knowledge of the member's medical or behavioral condition, would subject the member to adverse health consequences without the care or treatment that is the subject of the request.
⁴ SARs for an INITIAL REQUEST should be completed in full, to include ICD-10 diagnosis codes, current medications (if applicable), LOCUS/CALOCUS, and justification for services.
⁵ SARs for a CONCURRENT REQUEST should be completed in full, to include ICD-10 diagnosis codes, current medications (if applicable), LOCUS/CALOCUS, and justification for continued services that includes progress or lack of progress during the most recent authorization period.
⁶ Completed Early Childhood Service Intensity Instrument(ECSII) is required for requests to provide treatment for 3-5 year-old clients.
⁷ Per DHHS guidelines, a Level III or Level IV residential concurrent authorization that extends episode of care beyond 180 days, a new psychiatric or psychological assessment is required to provide clinical justification for continued stay at this level of care. This assessment may be performed by a psychiatrist (MD or DO), PhD psychologist, a psychiatric physician assistant who is working under a psychiatrist's protocol, an advance practice psychiatric clinical nurse specialist, or an advanced practice psychiatric nurse practitioner. The evaluation must have been completed between 120-180 days in placement.
⁸ Authorization not required. Therapeutic Leave (TL) must be included on PCP for children in residential services. TL cannot exceed 5 consecutive days; no more than 15 days per quarter; and no more than 45 days per calendar year.