

Medicaid MH/SUD/IDD Acute Service Utilization Review Guidelines

Authorization Guidelines: LOCUS/CALOCUS Level

ASAM

Service	Service Code	Auth Submission Requirements	Service Definition Authorization Parameters	Clinical Policy reference	Age	1	2	3	4	5	6	
Ambulatory Detox	H0014	SAR, PCP w/ Service Order	Initial: 7 day initial auth. Reauth: 3 days on reauth. Max 10 day per episode	8A	Children & Adults							I-D
Criterion V	902	SAR	Initial and Reauth: up to 3 days	8B	Children				x	x		
Facility Based Crisis	S9484	SAR required when beyond initial Pass thru.	Auth required after initial 7 days of service. Initial: up to 8 days Max of 16 hours in 24-hour period. Max of 30 days in 12 month period	8A	Adults				x	x	x	
Facility Based Crisis for Children and Adolescents	S9484-HA	SAR required to be submitted within 2 business days of admission.	Prior Authorization Required Initial and Reauth: up to 7 days. Billing limits of up to 24 units/day Age 6-17 years	8A-2	Children & Adolescents				x	x	x	
Inpatient Hospital Substance Abuse Treatment	RC101	SAR	Initial: 7 day initial auth. Reauth: 3 days on reauth. Max 10 day per episode	8B	Children & Adults					x	x	IV
Mobile Crisis Management	H2011	SAR required when beyond initial Pass thru.	32 unit initial pass thru. Up to 24 hours per episode	8A	Children & Adults	x	x	x	x	x	x	

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Non-state Hospital: MHSA Inpatient	RC101	SAR, Certificate of Need (CON) if under 21 years old for free-standing psychiatric facility.	Prior approval required Initial: up to 7 days. 48 hours allowance for after hours emergency admissions. Reauth: every 3 days	8B	Children & Adults						x	
Acute and Subacute Services Provided in an Institute for Mental Disease	RC101	SAR	Prior approval required. Initial: up to 7 days Reauth: up to 4 days Auth may not exceed 15 days per admission AND no more than 15 days per calendar month.	Alternative Service Definition	Adults ages 21-64						x	
Psychotherapy for Crisis	90839 (1st 60 Min) 90840 (+ 30 min ea)	SAR required when beyond initial Pass thru.	No prior approval required. Up to 8 per year. Maximum of 2 events per week.	8C	Children & Adults				x	x		

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State Hospital: MHSA Inpatient	RC101	SAR, Certificate of Need (CON) if under 21 years old. I/DD exception form per Diversion Law, if applicable.	Prior approval required Initial: up to 7 days. 48 hours allowance for after hours emergency admissions. Reauth: every 7 days	8B	Children (under age 21) & Adults (65 and over)						x	
SA Medically monitored Community Residential Treatment	H0013	SAR, PCP w/ Service Order	Initial: up to 10 days on initial authorization. Reauth: up to 3 days Max per 12 month period is 30 days	8A	Adults							III.7
SA Non-Hospital Medical Detox	H0010	SAR, PCP w/ Service Order	No prior authorization required for initial 7 days. Max per 12 month period - 30 days	8A	Children & Adults							III.7-D
SA Medically Monitored Intensive Inpatient Detox	H2036	SAR	Authorization required beyond initial 8 hours of admission Initial - up to 5 days Reauth - up to 3 days	8A	Children & Adults							IV

Medicaid Adult MH/SUD Utilization Review Guidelines					Authorization Guidelines: LOCUS Level						ASAM
Service	Service Code	Auth Submission Requirements	Service Definition Authorization Parameters	Clinical Policy reference	1	2	3	4	5	6	
Assertive Community Treatment Team (ACTT)	H0040	Initial: SAR, Service Order, CCA Reauth: SAR, Updated PCP	Initial: 6 months/4 units per month Reauth: 12 months/4 units per month	8A-1				x	x		
Assertive Community Treatment Team Step-Down	H0040 TS	Initial: SAR, Service Order, CCA Reauth: SAR, Updated PCP	Initial: up to 6 months Reauth: up to 6 months Billing limits of 2 units per month. Service must go thru end of the month.	In-Lieu of Service Definition			x	x			
Clinical & Diagnostic Assessment	90791, 90792, T1023	No prior approval up to max. SAR required beyond max	Max of 1 per year of T1023 Max of 2 per year 90791, 90792	8A - T1023 8C - 90791	x	x	x	x	x		
Community Support Team (CST)	H2015HT	Initial: SAR, PCP w/ Service Order, CCA Reauth: SAR, Updated PCP	No prior auth required for initial 2 weeks Initial: up to 120 days/256 units. Reauth: up to 60 days/128 units. CCA required if LOS is beyond 6 months/calendar year	8A			x	x			II.1
Medication Assisted Treatment (MAT)	Revenue codes per contract	Prior auth required beyond benefit max	30 visits with no prior auth required.	Scope of Work							I
Evaluation & Management	Revenue codes per contract		22 Unmanaged visits per fiscal year service maximum.		x	x	x	x	x	x	ALL
Individual Therapy	90832, 90834, 90837	SAR required when over unmanaged visits. Provider to maintain	24 unmanaged sessions per state fiscal year of any combination of these codes	8C							
Family Therapy	90846, 90847				x	x	x	x			

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Group Therapy	90848, 90853, 90857	Service Order on file.	combination of these codes.								
Dialectical Behavior Therapy (DBT)	90837 22 Z3, 90853 22 Z3	Unmanaged benefit limited to scope in provider network contract	52 Individual sessions and 52 Group sessions annually	8C/Scope of Work		x	x	x			
Psychological & Developmental Testing	96112, 96113, 96116, 96121, 96130, 96131, 96132, 96133, 96136, 96137, 96146	SAR required when over unmanaged visits. Testing requires a list of test(s) to be administered.	Testing benefit has a maximum of 5 daily with up to 16 unit limit per fiscal year.	8C							
Individual Supports	T1019 U4	Initial: SAR, PCP w/ Service Order, IADL assessment Reauth: SAR, Updated PCP, IADL assessment update	<u>Requires referral from Care Coordination</u> No auth required for initial 7 days/up to 60 units. Initial & Reauth: up to 150 units per month for 3 months. This is not an entitlement service. Annual benefit maximum of 1080 units.	B3 Service Definition	x	x	x	x	x	x	
MH Partial Hospitalization	H0035	Initial: SAR, PCP w/ Service Order, CCA Reauth: SAR, Updated PCP	Max 7 days on initial and reauth	8A				x			
Opioid Treatment	H0020	Initial: SAR, PCP w/ Service Order, CCA Reauth: SAR, Updated PCP	No auth required for initial pass-through of 30 days Initial: up to 60 days Reauth: up to 180 days	8A							OMT or other as indicated

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Supported Employment Individual - Mental Health	H2023 U4 HE	Initial: SAR, PCP w/ Service Order. Reauth: SAR, Updated PCP	Initial job development, training and support: maximum of 86 hours (344 units) per month for the first 90 days Supported Employment – intermediate training and support: maximum of 43 hours (172 units) per month for the second 90 days. No prior authorization required for initial 14 days. This is not an entitlement service.	B3 Service Definition							
Maintenance Supported Employment - Mental Health	H2026 U4 HE	Initial: SAR, PCP w/ Service Order. Reauth: SAR, Updated PCP	Maximum of 10 hours (40 units) per month, requested annually. This is not an entitlement service.	B3 Service Definition							

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Clinical Assessment	90791, 90792, T1023	No prior approval up to max. SAR required beyond max	1 per year of T1023 2 per year 90791, 90792	8A - T1023 8C - 90791, 90792	x	x	x	x	x		
Day Treatment	H2012HA	Initial: SAR, PCP w/ Service Order, CCA Reauth: SAR, Updated PCP	60 day auth periods up to 129 units per month.	8A			x				II.1
Evaluation & Management	Revenue codes per contract		22 unmanaged visits per fiscal year for any combination of E&M codes.	8C	x	x	x	x	x	x	ALL
Individual Therapy	90832, 90834, 90837	SAR when over unmanaged visits. Provider to maintain Service Order on file.	24 unmanaged sessions per state fiscal year of any combination of these codes.	8C	x	x	x				
Family Therapy	90846, 90847										
Group Therapy	90848, 90853, 90857										
Dialectical Behavior Therapy (DBT)	90837 22 Z3, 90853 22 Z3	Unmanaged benefit limited to scope in provider network contract	52 Individual sessions and 52 Group sessions annually. Ages 12 and up	8C/Scope of Work		x	x				
Trauma Focused Assessment	90791 22 Z1	Unmanaged benefit limited to scope in provider network contract	1 Assessment Annually	8C		x	x				
Trauma-Focused Cognitive Behavior Therapy (TF-CBT)	90837 22 Z1	Unmanaged benefit limited to scope in provider network contract	30 sessions annually	8C		x	x				

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Service	Service Code	Auth Submission Requirements	Service Definition Authorization Parameters	Clinical Policy reference	1	2	3	4	5	6	
Parent-Child Interaction Therapy (PCIT)	90837 22 Z2	Unmanaged benefit limited to scope in provider network contract	30 sessions annually	8C		x	x				
Seven Challenges OPT		Unmanaged benefit limited to scope in provider network contract	24 sessions annually	8C		x	x				
Psychological & Developmental Testing	96112, 96113, 96116, 96121, 96130, 96131, 96132, 96133, 96136, 96137, 96146	SAR when over unmanaged visits. Testing requires a list of test(s) to be administered.	Testing benefit has a maximum of 5 daily with up to 16 unit limit per fiscal year.	8C							
Intensive In-Home (IIH)	H2022	Initial: SAR, PCP w/ Service Order, CCA Reauth: SAR, Updated PCP	Initial: 100 units/6 months	8A			x	x			
Intercept	H0036 U3 HK	Initial: SAR, PCP w/ Service Order, CCA Reauth: SAR, Updated PCP	Initial: 4 units for 4 months Reauth: 3 units for 3 months	Scope of Work			x	x			
Family Centered Treatment (FCT)	H2022 U3 HE	Initial: SAR, PCP w/ Service Order, CCA Reauth: SAR, Updated PCP	Initial: 6 units/6 months	In Lieu of Service Definition			x	x			

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Multisystemic Therapy (MST)	H2033 U3 HE	SAR, PCP w/ Service Order, CCA Requests to extend beyond 5 months must include documentation of consultation with MST consultant	Initial: 4 units for 4 months Reauth: 1 unit for 1 month Ages 7 - 17	8A			x	x			
Outpatient Therapy Plus (OPT Plus)	90837 U3 HE	Initial: SAR, PCP w/ Service Order, CCA Reauth: SAR, Updated PCP	Initial: up to 3 units/90 days Reauth: up to 3/90 days Maximum duration of 6 months/6 units	In Lieu-of Service Definition			X	X			II.1
MH Partial Hospitalization	H0035	Initial: SAR, PCP w/ Service Order, Psychiatric Assessment/CCA Reauth: SAR, Updated PCP, CCA (if not at initial)	Max 7 days on initial and reauth	8A				x	x		
Physician Consultation	99241 U4 - Brief 99242 U4 - Intermediate 99244 U4 - Extensive	No prior approval up to max.	Up to 5 units annually This is not an entitlement service	B3 Service Definition	x	x	x	x	x	x	
Psychiatric Residential Treatment Facility (PRTF) 30 Day Assessment	0919	Initial: SAR	Initial: up to 30 days	8D-1/Scope of Work						x	

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Psychiatric Residential Treatment Facility (PRTF)	RC911	<p><u>Mandatory referral to Care Coordination</u></p> <p>Initial: SAR, Certificate of Need (CON), PCP w/ Service Order, CCA completed w/in past 30 days</p> <p>Reauth: SAR, Updated PCP</p> <p>For length of stay beyond 180 days: updated Psychiatric or Psychological</p>	<p>Initial and Reauth: up to 30 days</p>	8D-1						x	
Residential Treatment - Level I/Family Type	H0046	<p>Initial: SAR, PCP w/ Service Order, CCA</p> <p>Reauth: SAR, PCP/PCP updates</p>	<p>Initial and Reauth: up to 90 day auth periods</p>	8D-2		x	x				
Residential Treatment - Level II/Family Program Type	S5145 (TFC) H2020 (group home)	<p>Initial: SAR, PCP w/ Service Order, CCA</p> <p>Reauth: SAR, updated PCP, CCA w/in prior 60 days for continued stay beyond 12 months.</p>	<p>Initial: up to 90 day</p> <p>Reauth: up to 90 days</p>	8D-2			x	x			
Enhanced Residential Treatment Level II Family Type	S5145 22 Z1	<p><u>Mandatory referral to Care Coordination</u></p> <p>Initial: SAR, PCP, CCA</p> <p>Reauth: SAR, Updated PCP</p>	<p>Initial: up to 6 months</p> <p>Reauth: up to 3 months</p>	8D-2			x	x			
Co-Occurring IDD/MHSUD Residential Treatment Level II Family Type	S5145 22 Z2	<p><u>Mandatory referral to Care Coordination</u></p> <p>Initial: SAR, PCP, CCA</p> <p>Reauth: SAR, Updated PCP</p>	<p>Initial: up to 6 months</p> <p>Reauth: up to 3 months</p>	8D-2/Scope of Work			x	x			

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Rapid Response	S5145 22 Z3	SAR beyond unmanaged benefit	No auth required for initial 7 days. Reauth up to 7 days. Episode of care not to exceed 21 days.	In Lieu-of Service Definition				x	x		
Residential Treatment - Level III (<= 4 beds)	H0019 HQ	<p><u>Mandatory referral to Care Coordination</u></p> <p>Initial: SAR, PCP w/ Service Order, CCA or CCA addendum completed within 30 days prior to admission, Transition/ Discharge Plan</p> <p>Reauth: SAR, Updated PCP, Transition/Discharge Plan</p> <p>For length of stay beyond 180 days: Independent updated Psychiatric or Psychological (If CABHA, this is not required to be independent).</p>	Initial and Reauth: up to 30 days	8D-2			x	x	x		

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Residential Treatment - Level III (5+ beds)	H0019 TJ	<p><u>Mandatory referral to Care Coordination</u> Initial: SAR, PCP w/ Service Order, CCA or CCA addendum completed within 30 days prior to admission, Transition/ Discharge Plan Reauth: SAR, Updated PCP, Transition/Discharge Plan For length of stay beyond 180 days: Independent updated Psychiatric or Psychological. CABHA agencies are not required to be independent.</p>	<p>Initial and Reauth: up to 30 days</p>	8D-2				x	x		

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Service	Service Code	Auth Submission Requirements	Service Definition Authorization Parameters	Clinical Policy reference	1	2	3	4	5	6	
Residential Treatment - Level IV/Secure	H0019 HK	<p><u>Mandatory referral to Care Coordination</u></p> <p>Initial - SAR, PCP w/ Service Order, CCA or CCA addendum completed within 30 days prior to admission, Transition/ Discharge Plan</p> <p>Reauth - SAR, updated PCP, Transition/Discharge Plan</p> <p>For length of stay beyond 180 days: Independent updated Psychiatric or Psychological. (If CABHA, this is not required to be independent).</p>	Initial and Reauth: up to 30 days	8D-2					x	x	
Respite - B3	H0045 U4 (indiv) H0045 HQ U4 (group)	SAR, PCP w/ Service Order, CCA	Up to maximum of 90 day auth period, no more than 5 hours/week billing limit. Limited funding, not an entitlement service	B3 Service Definition		x	x	x			

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Service	Service Code	Auth Submission Requirements	Service Definition Authorization Parameters	Clinical Policy reference	1	2	3	4	5	6	
Supported Employment Individual - Mental Health	H2023 U4 HE	Initial: SAR, PCP w/ Service Order. Reauth SAR, Updated PCP	Initial job development, training and support: maximum of 86 hours (344 units) per month for the first 90 days Supported Employment – intermediate training and support: maximum of 43 hours (172 units) per month for the second 90 days. No prior authorization required for initial 14 days. This is not an entitlement service. Eligible for children age 16 and up.	B3 Service Definition							
Maintenance Supported Employment - Mental Health	H2026 U4 HE	Initial: SAR, PCP w/ Service Order. Reauth SAR, Updated PCP	Long Term Vocational Support: a maximum of 10 hours (40 units) per month, requested annually. This is not an entitlement service. Eligible for children age 16 and up.	B3 Service Definition							

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Research Based Behavioral Health Treatment for Children/Adolescents with Autism Spectrum Disorders (RB-BHT) -- Assessment and Treatment Plan Development	0359T, 0360T, 0361T	Initial: SAR and Assessment with Diagnosis of ASD using scientifically validated tool or tools for diagnosis of ASD Reauth: SAR and Current/Previous RB-BHT Assessment/Treatment Plan	Initial: 1 unit 0359T, 4 units of 0360T/0361T (60 day auth period) Reauth: 1 unit of 0359T, 2 units of 0360T/0361T (6 month auth period)	SPA Attachment 3.1-A.1, Pages 15-A.1-15-A.5	x	x	x	x	x		
Research Based Behavioral Health Treatment for Children/Adolescents with Autism Spectrum Disorders (RB-BHT) -- Service Implementation, Modification and Caregiver Training	0360T, 0361T, 0364T, 0365T, 0368T, 0369T, 0370T	Initial: SAR, Behavioral/Adaptive/Functional Assessment and RB-BHT Treatment Plan with baseline functional data (from standardized metrics) and implementation schedule Reauth: SAR, Behavioral/Adaptive/Functional Assessment and updated RB-BHT Treatment Plan with current functional data compared to baseline (from standardized metrics) and implementation schedule	Initial: 20-26 units/week of implementation supports with 10% of implementation observed by LQASP or BCBA and 1 unit/week Caregiver Training (6 month auth period) Reauth: 20-26 units/week of implementation supports with 10% of implementation observed by LQASP or BCBA and 1 unit/week Caregiver Training (6 month auth period)	SPA Attachment 3.1-A.1, Pages 15-A.1-15-A.5	x	x	x	x	x		

Medicaid Child and Adult Non-Innovations I/DD Utilization Review Guidelines

Authorization Guidelines: NC SNAP Index

Service	Service Code	Auth Submission Requirements	Service Definition Authorization Parameters	Clinical Policy reference	Authorization Guidelines: NC SNAP Index			
					A (11-44)	B (75-78)	C (79-92)	D (93-230)
Community Guide (B3)	T2041 U4	SAR, PCP w/ Service Order, Meets ICF/MR criteria	Up to 180 days/6 units per auth, Limited funding, Not an entitlement service	B3 Service Definition		x	x	x
ICF-MR State	RC 100	LOC Form, Meet ICF/MR criteria	Max 180 days	8E				x
ICF-MR Non-State	RC 100	LOC Form, Meet ICF/MR criteria	Max 180 days	8E				x
Therapeutic Leave ICF/MR	RC183	No authorization required	Max 60 days per calendar year	8E				x
Innovations (B3) De-Institutionalization	Revenue codes per contract	Requires slot allocation. All services require prior authorization	Up to available service delivery limits per clinical coverage policy. Limited funding, not an entitlement service	1915(b) Waiver and 8P				x
Respite (B3)	H0045 U4 (indiv, Child HB U4 (ind. Adult) H00045 HQ U4 (group child) H0045 HQ HB U4 (group adult)	SAR, PCP	Up to maximum of 90 day auth period, no more than 5 hours/week billing limit. Limited funding, not an entitlement service	B3 Service Definition		x	x	x
Supported Employment - Group	H2023 HQ U4	Initial: SAR, PCP w/ Service Order. Reauth SAR, PCP/PCP updates	Up to 480 units authorized annually. Limited funding, not an entitlement service. Eligible for children age 16 and up.	1915(b) Waiver and 8P			x	x
Supported Employment - Individual	H2023 U4	Initial: SAR, PCP w/ Service Order. Reauth SAR, PCP/PCP updates	Initial: Up to 180 days, 360 units Reauth: Up to 180 days, 1000 units. Limited funding, not an entitlement service. Eligible for children age 16 and up. No prior authorization required for initial 14 days.	1915(b) Waiver and 8P	x			
Maintenance Supported Employment	H2026 U4	Initial: SAR, PCP w/ Service Order. Reauth SAR, PCP/PCP updates	Up to 208 units annually. Limited funding, not an entitlement. Eligible for children age 16 and up.	1915(b) Waiver and 8P	x	x	x	x