

Alliance Health IPRS Adult Mental Health and Substance Use Services Benefit Plan					Authorization Guidelines: LOCUS Level						ASAM
Service	Service Code	Auth Submission Requirements	Authorization Duration and Limits	Clinical Policy reference	1	2	3	4	5	6	
Assertive Community Treatment Team (ACTT)	H0040	<b>Initial:</b> SAR, record supporting SPMI and/or multiple hospitalizations/Crisis Authorizations, Comprehensive Clinical Assessment <b>Reauth:</b> SAR, PCP/PCP update	<b>Initial:</b> 6 months/4 units per month <b>Reauth:</b> 12 months/4 units per month <b>Effective 12/1/2019: No New Admissions</b>	State Funded Assertive Community Treatment (ACT)				x	x		
Assertive Engagement	YA323	SAR only, provider to have plan in the record	<b>ALL MH/SA:</b> 32 units for 30 days. Annual max 32 units. <b>CUMBERLAND</b> Referral from Care Coordination Required. <b>DURHAM SA Program:</b> 48 units/30 days No prior authorization required for the initial 14 calendar days. Unmanaged benefit eligible to IPRS members only.	Alternative service Def.	x	x	x	x	x	x	x
Clinical Assessment	90791, 90792	SAR	2 per year. No prior approval required. Cannot be provided w/in 6 months of most recent assessment	8C	x	x	x	x	x	x	x
Community Support Team (CST)	H2015HT	SAR, PCP/PCP update, Comprehensive Clinical Assessment	128 units over 60 days. 6 month service maximum <b>Effective 12/1/2019: No New Admissions</b>	State Funded Enhanced MH/SUD Service Def.			x	x			2.1

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Crisis Evaluation & Observation	YA324		No prior auth required. 23 hours per episode pass through. No annual limit. Provider required to contact STR at time of admit.	Alternative service Def.					x	x	3.1
Facility Based Crisis Services	S9484	SAR	Pass through: 7 days/112 units. Initial auth: every 4 days/64 units. Maximum of 30 days per fiscal year	State Funded Enhanced MH/SUD Service Def.					x	x	3.5
Group Living High	YP780	SAR, PCP, authorization requires prior budget approval from finance.	<p><b>Effective 12/1/2019 for new admissions</b></p> <p><b>Initial:</b> Up to 90 days</p> <p><b>Reauth:</b> Up to 30 days to finalize transition planning</p> <p><b>Maximum 120 days</b></p> <p><b>Admissions prior to 12/1/2019:</b></p> <p><b>Reauth:</b> Reauths not to extend beyond 6/30/2019</p> <p>Requires Care Coordination. Must have evidence of SPMI</p>	MH/DD/SA Service Def.				x	x		

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Group Living Low	YP760	SAR, PCP, authorization requires prior budget approval	<p><b>Effective 12/1/2019 for new admissions</b>  <b>Initial:</b>Up to 90 days  <b>Reauth:</b> Up to 30 days to finalize transition planning  <b>Maximum 120 days</b>            Authorizations not to extend beyond 6/30/2020</p> <p><b>Admissions prior to 12/1/2019:</b>  <b>Reauth:</b> Reauths not to extend beyond 6/30/2020</p> <p>Requires Care Coordination</p>	MH/DD/SA Service Def.			x	x			3.5
Group Living Moderate	YP770	SAR, PCP, authorization requires prior budget approval	<p><b>Effective 12/1/2019 for new admissions</b>  <b>Initial:</b>Up to 90 days  <b>Reauth:</b> Up to 30 days to finalize transition planning  <b>Maximum 120 days</b>            Authorizations not to extend beyond 6/30/2020</p> <p><b>Admissions prior to 12/1/2019:</b>  <b>Reauth:</b> Reauths not to extend beyond 6/30/2020</p> <p>Requires Care Coordination</p>	MH/DD/SA Service Def.			x	x			

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Group Living Moderate - Perinatal and maternal programs	YP770	SAR	Authorization 365 days	MH/DD/SA Service Def.							3.5
Group Living Moderate - Transitional Living	YP770	SAR	Initial: 30 days. 45 day maximum length of stay per episode	MH/DD/SA Service Def.							3.1
Halfway House - SA	H2034	SAR	Initial: 90 days, 180 day annual maximum	State Funded Enhanced MH/SUD Service Def.							3.1
Hospital Discharge Transition Service	YA346		<b>WAKE ONLY:</b> Up to 128 units for 30 days pass-thru	Alternative service Def.	X	X	X	X	X	X	X
Inpatient Hospitalization	YP820 YP821	SAR	<b>YP820:</b> No prior auth required. Wake Residents only <b>Three Way Contract beds:</b> 7 day initial auth - MH 4 day initial auth - Detox Reauth up to 3 days.	8B						x	4

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Medication Management Services	99201-99204 (initial) and 99211-99214 (established) 96372	SAR after initial pass through of 10 sessions	Pass through for the first 10 visits: 1 New patient visit and 16 established patient visits annually. Established patients are not eligible for a New Patient Evaluation. 52 event limit for 96372		x	x	x	x	x	x	ALL
Mobile Crisis Management	H2011	SAR	No prior auth required: Billing limits: 32 units per day, 64 units per week, 320 per month, 640 per year	State Funded Enhanced MH/SUD Service Def.			x	x	x	x	
Non-Hospital Medical Detoxification	H0010	SAR	No Prior auth required, no annual maximum	State Funded Enhanced MH/SUD Service Def.							3.7D
Opioid Treatment	H0020	SAR, provider maintains copy of service plan	No auth required for initial pass through of 30 days <b>Reauth:</b> up to 180 days	State Funded Enhanced MH/SUD Service Def.							1
Outpatient DBT	YA387 (Indiv.) YA386 (group)	Unmanaged benefit limited to scope in provider network contract	52 Individual sessions and 52 Group sessions annually  <b>Effective 12/1/2019: No New Admissions</b>	8C			x				

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Outpatient Services Group	90853	SAR	No Prior Auth required: <u>Billing limits:</u> <b>MH:</b> 52 sessions fiscal year limit, 2 sessions per week, 9 per month when provided using a promising practice or evidenced based approach. <b>SUD:</b> 180 sessions fiscal year limit, 3 per week, 15 per month.	8C	x	x	x	x			1
Outpatient Services Individual & Family	90832, 90834 90846, 90847, 90837	SAR	Unmanaged 8 sessions. Prior authorization required for 4 additional session for an fiscal year maximum of 12 sessions.	8C	x	x	x	x			1
Peer Support Center	YA348	No SAR required	<b>Johnston ONLY</b> - Unmanaged service	LME Alternative Service Definition	x	x	x				
Psychosocial Rehabilitation (PSR)	H2017	SAR, provider maintains copy of service plan, if in other enhanced service, PCP/PCP update is required. Comprehensive Clinical Assessment	Initial + Re-auth: 180 days, up to 120 units per week. (3120 units per 180 days)	State Funded Enhanced MH/SUD Service Def.			x	x			

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SA Medically Managed Intensive Inpatient Detoxification (ADATC)		Regional Referral Form SAR submission not required - Call Customer Service	Initial authorization 14 days; concurrent 7 days up to 28 days total	State Funded Enhanced MH/SUD Service Def.							4
State Inpatient Hospitalization		Regional Referral Form. SAR submission not required - Call Customer Service	<b>All counties</b>	8B							
Substance Abuse Comprehensive Outpatient Treatment (SACOT)	H2035	SAR, PCP/PCP update with Step-Down plan, Comprehensive Clinical Assessment	<b>Wake &amp; Durham</b> - Authorized monthly, maximum of 4 months. Frequency of 4 hrs/day X 5 days per week <b>All counties under ASOUD</b> <b>Effective 12/1/2019: No New Admissions</b>	State Funded Enhanced MH/SUD Service Def.							2.5
Substance Abuse Intensive Outpatient Program (SAIOP)	H0015	SAR, PCP/PCP update, Comprehensive Clinical Assessment	Initial: 36 units annually No Reauth  Minimum. 3 hrs./day X 3 days per week required per service definition.	State Funded Enhanced MH/SUD Service Def.							2.1

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Supervised Living Low	YP710	SAR, PCP/PCP update Authorization requires prior budget approval	Initial auth: up to 6 months	MH/DD/SA Service Def.			x	x	x		
Supervised Living Moderate	YP720	SAR, PCP/PCP update Authorization requires prior budget approval through finance	Initial: 90 days. Reauth 180 day	MH/DD/SA Service Def.			X	X	X		
Supported Employment - Individual MH	YP630	SAR, provider to have plan in the record. Copy of Checklist meeting In or At-Risk for TCLI.	<b>Initial:</b> Up to 400 units for 6 months. <b>Reauth:</b> Up to 184 units for 6 months. Annual benefit max of 584 units. Initial 14 days do not require prior authorization.	State Funded IPS-SE for AMH-SAS							
Transition Management Services (TMS)	YM120	Must be participating in the Transitions to Community Living Initiative and approved for a housing slot.	<b>No Prior Auth Required All counties</b> Unmanaged Benefit of 60 units/week maximum billing	Alternative service Def.	x	x	x	x	x	x	