

OPC ADULT MENTAL HEALTH IPRS SERVICE BENEFIT PLAN

September 1, 2011

BASIC, CRISIS & LOW LEVEL SERVICES (“LEVEL I”)

If the consumer falls into the AMI target pop, OPC will only authorize these Level I services for consumers with at least one of the following diagnoses:

ICD-9 Diagnosis Range:

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|--------------------|---------------------|---------------|---------------|---------------|---------------|---------------|
| 290.0-290.9 | 295.0-295.99 | 298.9 | 300.21 | 301.83 | 307.1 | 312.30 |
| 293.83 | 296.0-296.99 | 300.01 | 300.3 | 302.2 | 307.51 | 312.33 |
| 294.11 | 297.0-297.99 | 300.14 | 301.20 | 302.4 | 309.81 | 312.34 |

For a list of these diagnoses and codes, go to the “Level I Diagnoses” spreadsheet on the OPC website:

<http://www.opcareaprogram.com/>

OPC IPRS Rules & Guidelines:

- IPRS funds are limited and IPRS coverage is not an entitlement.
- Authorizations do not guarantee payment. **Contract limits supersede authorizations.**
- **Consumers whose services are authorized under the Adult Substance Abuse Benefit Plan cannot receive duplicated MH services.**

| SERVICE | CODE | UNIT | To TAR or Not to TAR | BENEFITS |
|--|--|---------------------|----------------------|--|
| Clinical Assessment OR Mental Health Assessment | 90801 OR H0031 | Event | Unmanaged | <ul style="list-style-type: none"> • 1 event per year OR • Up to 6 <i>units</i> per year = one event |
| Psychiatric Eval | 90801 | Event | Unmanaged | <ul style="list-style-type: none"> • 1 <i>event</i> per year as a Psychiatric Evaluation |
| Med Check | 90862 And/Or 99213 | Event | Unmanaged | <ul style="list-style-type: none"> • 8 events per year TAR required for additional sessions** - see page 3. |
| Therapeutic, prophylactic or diagnostic injection | 96372 | Event | Unmanaged | <ul style="list-style-type: none"> • 26 events per year |
| Therapy – Ind/Family And/Or Beh. Health Couns.- Ind/Family | 90804/6 90846/7 And/Or H0004, H0004-HS H0004-HR | Event (=session) | Unmanaged | AMI, AMSRE, AMVET <ul style="list-style-type: none"> • 12 <u>sessions</u> of any combination of: 90804, 90806, 90846, 90847 H0004, H0004-HR or H0004-HS per year TAR required for additional sessions** - see page 3. A session = 4 <u>units</u> of the above H codes. A session = 1 <u>event</u> of a CPT-code service. |
| Group Therapy And/Or Beh. Health Couns. Group | 90853 And/Or H0004HQ | Event (=session) | Unmanaged | AMI, AMVET: <ul style="list-style-type: none"> • 52 <u>sessions</u> of 90853, 90849 and/or H0004HQ per yr. TAR required for additional sessions** - see page 3. AMSRE: <ul style="list-style-type: none"> • 12 <u>sessions</u> of 90853 and/or H0004HQ per year A session = 6 <u>units</u> of H0004HQ. A session = 1 <u>event</u> of 90853 or 90849. |
| PS Rehab (PSR) | H2017 | 15 min. | TAR | AMI only: <ul style="list-style-type: none"> • 160 <i>units</i> per week. Must be reauthorized every 6 months** - see page 3. Exclusion: Not to be authorized if consumer is receiving Medicaid or IPRS funded ACTT. Warning: This service is limited and consumers may have to be put on a “Registry of Unmet Needs”. High risk/high need consumers will receive priority. Do not start service prior to receiving authorization. |

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| Supported Employment, Individual | YP630 | 15 min. | TAR | AMI or AMVET only: <ul style="list-style-type: none"> Up to 18 units per week Must be reauthorized every 6 months ** - see page 3. |
| Supported Employment, Group | YP640 | 15 min. | TAR | AMI or AMVET only: <ul style="list-style-type: none"> Up to 72 units per week Must be reauthorized every 6 months ** - see page 3. |
| Group Living, Low | YP760 | Day | TAR | AMI only: Up to 31 days in 1 month Must be pre-authorized by OPC’s Resident Selection Team . Must be reauthorized every 6 months ** - see page 3. Submit PCP with every TAR. |
| Mobile Crisis | H2011 | 15 min. | Unmanaged | AMCS, AMI, or AMVET only: Limit: Up to 32 units in a 24-hour period. (Billed in 15 minute units). |
| Facility-Based Crisis | S9484 | Hour | Unmanaged | AMCS, AMI or AMVET only: Limit: Up to 16 hours in a 24-hour period. (Billed in 1-hour increments). This is a short-term service that cannot be provided for more than 30 days in a 12-month period. |
| Mental Health/ Substance Abuse Targeted Case Management | H0032 | Event (Weekly case rate) | TAR | <p><u>AMI or AMVET Only.</u> Consumers recently <u>involuntarily</u> committed to Central Regional Hospital or a State Sponsored Hospital* receive priority. Others may have to be placed on a waiting list for this service.</p> <p>Exclusion: Cannot be authorized at the same time as CSS.</p> <p>Requirement: In “Comment” section of TAR include pertinent information related to the following:</p> <ul style="list-style-type: none"> Dates & names of recent hospitalizations . Living in Shelter Plus Care or OPC housing Involved with PATH. Stepping down from OPC supported housing. ACTT or CSteam. Homeless. Severely and chronically mentally ill consumer at risk of hospitalization or decompensation as evidenced by..... <p>Benefit: PCP and Comprehensive Clinical Assessment must be submitted and approved prior to the second authorization.</p> <ul style="list-style-type: none"> 8 events for two months (no more than one event may be billed per week) 2 events a month subsequently - to be re-authorized every 3 months. (no more than one event may be billed per week) <p>Additional documentation may be required for reauthorizations .</p> |

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| Peer Support Individual and/or Group CABHA service only | YA308 <i>And/or</i> YA309 | 15 min | TAR plus PCP & CCA | AMI or AMSRE Only CABHAs may provide this service Must meet ENTRANCE CRITERIA as outlined on "IPRS Approved Alternative Services": http://www.ncdhhs.gov/mhddsas/iprsmenu/index.htm Exclusion: Cannot be authorized at the same time as CST, ACTT, SAIOP or SACOT. Cannot be provided at same time of day as Supported Employment or PSR. Can only be provided by a CABHA. Requirement: In "Comment" section of TAR document <ul style="list-style-type: none"> • Dates & names of recent hospitalizations (past 6 months) • Dates & types of crisis services received in past 3 months • Justification for service <u>and</u> for number of units requested PCP and CCA must be submitted with initial TAR Benefit: Up to 32 units a week for first 90 days No more than 24 units/week for next 90 days No more than 12 units/week for next 180 days |
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* "State Sponsored Hospitals" are those community hospitals holding a contract with the Division to admit Involuntarily Committed uninsured adult consumers. The hospitals in our area are Alamance Regional Medical Center, First Health of the Carolinas/Moore Regional, Duke University, Forsyth Medical Center.

**** Reauthorizations and/or Requests for Additional Sessions on TAR:**

Please include the following information as "Clinical Justification" on "Comments" page of TAR:

1. List each goal on the PCP or Treatment Plan.
2. Document progress toward each goal or if no progress, what you will be doing differently.
3. Document what crisis services have been used since last authorization.
4. Document how the consumer continues to be at risk for hospitalization or decompensation (for enhanced services).
5. Further documentation including service notes may be requested by Authorizer. You may copy and paste other records into the Comments section of TAR.

WARNING: This Benefit Plan may be adjusted at any time in response to utilization of service.

Please be sure to regularly check the OPC website for updates. <http://www.opcareaprogram.com/>

BILLING LIMITS: Please refer to the "Billing Limits for Unmanaged Services" on OPC Website for Daily, Weekly, Monthly, and Yearly limits for billing. For example the maximum billing limits for 90806 are one per day, two per week, 9 per month and 12 per year. Claims for services exceeding the billing limits will be denied.