

July 1, 2010

BASIC AND CRISIS SERVICES - 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:

| | | | | | | |
|-------------|--------------|--------|--------|--------|--------|--------|
| 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 15-min. units | Unmanaged | <ul style="list-style-type: none"> • 1 event per year OR • Up to 6 units per year |
| Psychiatric Eval | 90801 | Event | Unmanaged | <ul style="list-style-type: none"> • 1 event 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** |
| 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 – -HS,-HR | Event Or 15-min. Units | Unmanaged | AMI, AMSRE, AMVET <ul style="list-style-type: none"> • 12 sessions of any combination of 90804, 90806, 90846, 90847 H0004, H0004-HR or H0004-HS per year TAR required for additional sessions ** A session = 4 units of the above H codes. A session = 1 event of a CPT-code service. |
| Group Therapy And/Or Beh. Health Couns. Group | 90853 And/Or H0004HQ | Event 15 min. | Unmanaged | AMI, AMVET <ul style="list-style-type: none"> • 52 sessions of 90853, 90849 and/or H0004HQ per year TAR required for additional sessions ** AMSRE • 12 sessions of 90853 and/or H0004HQ per year A session = 6 units of H0004HQ. A session = 1 event of 90853 or 90849. |
| PS Rehab (PSR) | H2017 | 15 min. | TAR | AMI only: <ul style="list-style-type: none"> • 160 units per week. Must be reauthorized every 6 months** 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. |

| | | | | |
|--|---------|---------|-----------|--|
| 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 ** |
| 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** |
| 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** 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. |
| CSS Individual -- Case Management Component Only! | H0036HB | 15 min. | TAR | AMI or AMVET Only. Consumers recently <u>involuntarily</u> committed to Central Regional Hospital or a State Sponsored Hospital* receive priority. Requirement: In "Comment" section of TAR include pertinent information related to all of the following which apply: <ol 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 or ACTT Homeless <ul style="list-style-type: none"> 16 units for first month PCP and Comprehensive Clinical Assessment must be submitted and approved prior to the second authorization. <ul style="list-style-type: none"> 8 units a month - to be re-authorized every 3 months. |

* "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:

- List each goal on the PCP or Treatment Plan.
- Document progress toward each goal or if no progress, what you will be doing differently.
- Document what crisis services have been used since last authorization.
- Document how the consumer continues to be at risk for hospitalization or decompensation (for enhanced services).
- 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/>