

Effective July 1, 2010

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SERVICE	CODE	UNIT	To TAR or Not to TAR	BENEFITS
Clinical Assessment OR Alcohol/Drug Assessment	90801 OR H0001 or YP830	Event 15 min. 15 min.	Unmanaged	<ul style="list-style-type: none"> • 1 event of 90801 per year for Intake Assessment OR • 6 <i>15-min. units</i> of H0001 per year or • 6 <i>15-min. units</i> of YP830 per year
Psychiatric Eval.	90801	Event	Unmanaged	<ul style="list-style-type: none"> • 1 <i>event</i> of 90801 per year for Psychiatric Evaluation
Med Check	90862	Event	Unmanaged	<ul style="list-style-type: none"> • 8 <i>events</i> per year Additional sessions will require a TAR* - see page 2
Therapeutic, prophylactic or diagnostic injection	96372	Event	Unmanaged	<ul style="list-style-type: none"> • 26 <i>events</i> per year
Therapy – Individual/Family And / Or Beh. Health Counseling – Individual/Family (YP codes if clinician is unlicensed)	Any combination of -- 90804/6, 90846/7 H0004- -HR, -HS (YP831) (YP833) (YP844)	Event 15 min.	Unmanaged	<ul style="list-style-type: none"> • 6 <i>sessions</i> of any combination of 90804, 90806, 90846, 90847, H0004, H0004-HR, H0004-HS, and/or YP831, YP833, YP834 per year Additional sessions will require a TAR* - see page 2. A session = 4 <i>units</i> of the above H or YP codes. A session = 1 <i>event</i> of a CPT-code service.
Group Therapy And / Or Group, Alc/Drug (YP codes if clinician is unlicensed)	Any combination of 90853 H0005 (YP835)	Event 15 min.	Unmanaged	<ul style="list-style-type: none"> • 24 <i>sessions</i> of 90853, 90849, H0004-HQ, H0005 and/or YP835 per year Additional sessions will require a TAR* - see page 2 A session = 6 <i>units</i> of the above H or YP codes. A session = 1 <i>event</i> of a CPT-code service.
CSS Individual -- Case Management Component Only!	H0036HB	15 min	TAR	Consumers recently <u>involuntarily</u> committed to Central Regional Hospital or ADATC 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"> 1. Dates & names of recent hospitalizations 2. Living in Shelter Plus Care or OPC housing 3. Involved with PATH 4. Stepping down from OPC supported housing or ACTT 5. Homeless <ul style="list-style-type: none"> • If approved, new consumers will be authorized for 16 units (4 hours) for one month. • Following submission and approval of PCP, the Second authorization will be limited to 8 units per month (2 hours) to be reauthorized every 3 months

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SAIOP	H0015	Per Diem	TAR	<ul style="list-style-type: none"> • Restricted to programs with CASP funds – See Contract
SACOT	H2035	Hour	TAR	<ul style="list-style-type: none"> • Restricted to programs with CASP funds – See Contract
Group Living – Low or High	YP760 or YP770	Day	TAR	<u>Except ASCS</u> <ul style="list-style-type: none"> • Up to 90 days
DETOX – All ASA Target Pops:				
Ambulatory	H0014	15 min.	Unmanaged	<ul style="list-style-type: none"> • ASAM Level I-D • 1 unit per day up to 6 days. Maximum 30 days in 12 months <u>Exclusion:</u> Cannot be billed the same day as any other service except for SA-COT.
Social Setting	YP790	Day	Unmanaged	<ul style="list-style-type: none"> • ASAM Level III.2-D • Up to 7 days in 1 week – 7 / wk. Maximum 30 days in 12 months <u>Exclusion:</u> Cannot be billed the same day as any other MH/SA service except CST and ACTT.
NH Medical	H0010	Per Diem	Unmanaged	<ul style="list-style-type: none"> • ASAM Level III.7-D • Up to 7 days in 1 week – 7/wk. Maximum 30 days in 12 months. <u>Exclusion:</u> Cannot be billed the same day as any other MH/SA service except CST and ACTT.
CRISIS – All ASA Target Pops:				
Facility-Based Crisis	S9484	Hour	Unmanaged	<u>Limit:</u> 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.

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ASCJO Target Pop Group:

To qualify for ASCJO, services must be approved by a TASC Program Care Manager

Therapy – Individual/Family <i>And / Or</i> Beh. Health Counseling – Individual/Family (Unlicensed clinician)	Any combination of -- 90804 90806, 90846 90847 H0004 H0004 HR H0004 HS (YP831) (YP833) (YP844)	Event 15 min.	Unmanaged	<ul style="list-style-type: none"> • Up to 6 sessions of 90804, 90806, 90846, 90847 H0004 (HS, HR) and/or YP831, YP833, YP834 per year (Billing Limits for H or YP codes: No more than 4 units per day, 8 units per week or 20 units per month) <u>Warning:</u> Must be screened and referred by OPC TASC
Group Therapy <i>And / Or</i> Group, Alc/Drug (Unlicensed)	90853 <i>And / Or</i> H0005 (YP835)	Event 15 min.	Unmanaged	<ul style="list-style-type: none"> • Up to 98 sessions of 90853, H0005 and/or YP835 per year (Billing Limits for H or YP codes: No more than 6 units per day, 18 units per week and 78 units per month) <u>Warning:</u> Must be screened and referred by OPC TASC

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

Please include the following information 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).

Further documentation including service notes may be requested by Authorizer.

IPRS Guidelines:

- Requests for quantities that exceed maximums may result in the consumer receiving a denial letter.
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