

January 1, 2011

IPRS funds are limited. IPRS is not an entitlement. Authorizations do not guarantee payment. Contract limits supersede authorizations. Please refer to your agency's contract.

SERVICE	CODE	UNIT	To TAR or not to TAR	COMMENTS
SA Assessment OR Clinical Eval./Intake	H0001 OR YP830 or 90801	15 min 15 min or Event	Unmanaged	All Child SA Target Pops: (MAJORS has special Benefit plan. See page 2) <ul style="list-style-type: none"> 6 15-min. <u>units</u> of H0001 per year OR <ul style="list-style-type: none"> 6 15-min. <u>units</u> of YP830 per year 1 <u>event</u> of 90801
Psychiatric Eval.	90801 (M.D.)	Event	Unmanaged	All Child SA Target Pops 1 <u>event</u> of 90801 by a psychiatrist per year
Therapy – Ind/family And/or Beh. Health Couns.- Ind/family	90804/6 90846/7 H0004- (HR,HS) YP831/3/4	Event 15 min	Unmanaged	CSSAD only <ul style="list-style-type: none"> 26 sessions per year of any combination of 90804, 90806, 90846, 90847, H0004 (HR, HS) and/or YP831, YP833, YP834 A session = <u>4 units</u> of the above H or YP codes. A session = <u>1 event</u> of a CPT-code service. TAR is required for additional sessions * - see pg 2.
Group Therapy OR Beh. Health Couns., Group	90853 OR H0004HQ OR YP835	Event 15 min	Unmanaged	CSSAD only <ul style="list-style-type: none"> 52 sessions per year of any combination of 90853, 90849, H0004HQ, H0005, and/or YP835 A session = <u>6 units</u> of the above H or YP codes. A session = <u>1 event</u> of a CPT-code service. TAR is required for additional sessions* -see pg 2.
Intensive In-Home	H2022	Per Diem	TAR	CSMAJ or CSSAD only: <ul style="list-style-type: none"> 16 contacts per month for first two months 12 contacts per month for final 4 months This service is limited to 6 months <u>Warning:</u> 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. <u>Required Documentation:</u> <ul style="list-style-type: none"> Detailed history of prior treatment Psychiatric Evaluation PCP must be submitted prior to end of initial authorization period *See page 2 for reauthorization requirements
MST	H2033	15 min	TAR	CSMAJ only: <ul style="list-style-type: none"> 480 units over 5 months <u>Warning:</u> 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. <u>Required Documentation:</u> <ul style="list-style-type: none"> Detailed history of prior treatment Psychiatric Evaluation PCP *See Page 2 for reauthorization requirements

Effective January 1, 2011

Mental Health/ Substance Abuse Targeted Case Management	H0032	Event (Weekly case rate)	TAR	CSMAJ or CSSAD only PCP & Comprehensive Clinical Assessment required Initial authorization may cover up to 90 days. Reauthorization every 60 days. Additional documentation may be required. Medicaid service definition requirements & limitations apply. Exclusion: Cannot be authorized at the same time as Day TX, Intensive In-home, MST, SAIOP or CSS.
MAJORS				See your agency contract. All MAJORS initiatives are Non-UCR for FY 10-11
<p>ROOM & BOARD:</p> <ul style="list-style-type: none"> • Child must be Medicaid eligible, not in DSS custody, family’s gross income is below 200% of federal poverty level and SSI has been denied. . • Submit “Letter Requesting Room & Board” This form letter can be found on the OPC website • Submit copies of consumer’s “Care Review Action Plan” and the Value Options notice of authorization for residential care with initial TAR (Treatment Authorization Request) for room & board and every three months thereafter or as requested by authorizer. 				

***To Request Reauthorization and/or Additional Sessions:**

- Please include pertinent information on TAR related to progress on each goal on PCP or Treatment Plan. Document progress toward goals or, if no progress is made, 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 out of home placement (for enhanced services).
- Further documentation may be requested.

Rules & Guidelines Pertaining to IPRS

- Youth must be under the age of 18 to qualify for Child Substance Abuse IPRS funds.
- OPC screens (STR) all consumers of IPRS funded services.
- IPRS funds are limited and IPRS is not an entitlement. Authorizations do not guarantee payment. Contract limits supersede authorizations. Please refer to your agency’s contract for details.
- 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/>
- Requests for quantities that exceed maximums will result in the parent or guardian receiving a denial letter.
- To verify eligibility for service based on Diagnosis and Target Population, please consult <http://www.dhhs.state.nc.us/mhddsas/iprsmenu/index.htm>

BILLING LIMITS: Please refer to “Billing Limits for Unmanaged Services” on OPC website for Daily, Weekly, Monthly and yearly billing limits. Claims exceeding the billing limits will be denied.