



Clinical Policy: Enhanced Mental Health and Substance Abuse Services

Reference Number: WNC.CP.114

Last Review Date:

Coding Implications

Revision Log

See Important Reminder at the end of this policy for important regulatory and legal information.

Note: When state Medicaid coverage provisions conflict with the coverage provisions in this clinical policy, state Medicaid coverage provisions take precedence. Please refer to the state Medicaid manual for any coverage provisions pertaining to this clinical policy.

Description¹

This document describes policies and procedures that direct-enrolled providers shall follow to receive reimbursement for covered enhanced benefit behavioral health services provided to eligible WellCare of North Carolina members. It sets forth the basic requirements for qualified providers to bill mental health and substance abuse services. Members who utilize “Enhanced Services” under NC Medicaid Managed Care, paired with certain diagnoses, as outlined in [North Carolina Medicaid Managed Care BH & I/DD Tailored Plan Eligibility Criteria](#), may be transitioned to BH/I/DD Tailored Plan.

Select services within this clinical coverage policy may be provided via telehealth and telephonically. Services delivered via telehealth and telephonically must follow the requirements and guidance in clinical coverage policy *WNC.CP.193 Telehealth, Virtual Communications and Remote Patient Monitoring at [WellCare North Carolina Clinical Coverage Guidelines](#)*.

Policy/Criteria¹

- I. The following services are not typically covered under the NC Medicaid standard plans, but may be allowed when prior authorization is obtained for members eligible for EPSDT services: *Intensive In-Home Services, Multi-systemic Therapy Services, Child and Adolescent Day Treatment, Psychosocial Rehabilitation, Substance Abuse Non-Medical Community Residential Treatment and Substance Abuse Medically Monitored Community Residential Treatment.*
- II. **Service Orders**
 - A. Backdating of service orders is not allowed.
 - B. Each service order must be signed and dated by the authorizing professional and must indicate the **date** on which the service was ordered.
 - C. A service order must be in place **before or on the day** that the service is initially provided in order to bill for the service
 - D. Valid for one year from the date of plan entered on a Person-Centered Plan (PCP)
 - E. Medical necessity must be reviewed, and services must be ordered at least annually, based on the Date of Plan.

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- F. The following services **must be ordered** by an MD/DO, Licensed psychologist [that is, a Health Services Provider—Psychologist (HSP-P)], NP, or PA:
1. Day Treatment – Child Adolescent
 2. Intensive In-home Services
 3. Multisystemic Therapy
 4. Partial Hospitalization
 5. Professional Treatment Services in Facility-Based Crisis Programs
 6. Psychosocial Rehabilitation
 7. Substance Abuse Comprehensive Outpatient Treatment Program
 8. Substance Abuse Intensive Outpatient Service
 9. Substance Abuse Medically Monitored Community Residential Treatment
 10. Substance Abuse Non-Medical Community Residential Treatment

III. Person Centered Plan (PCP)

- A. Services covered by this policy require a PCP.
- B. Before any service can be billed to Medicaid, a written PCP for the delivery of medically necessary services must be in place. The PCP must be completed at the time the member is admitted to a service.
- C. If limited information is available at admission, staff shall document on the PCP whatever is known and update it when additional information becomes available.
- D. **PCP Reviews and Annual Rewriting**
1. All PCPs must be updated as needed and must be rewritten at least annually.
 2. At a minimum, the PCP must be reviewed by the responsible professional based upon the following:
 - a. Target date or expiration of each goal each goal on the PCP must be reviewed separately, based on the target date associated with it. Short-range goals in the PCP may never exceed 12 months from the Date of Plan;
 - b. Change in the member's needs;
 - c. Change in service provider; **AND**
 - d. Addition of a new service.
- E. Services that are billed must comply with WellCare of NC reimbursement guidelines, and all documentation must relate to goals in the member's PCP.

***Note:** For additional information related to requirements of the Person-Centered Plan, providers should refer to the state's person centered plan instruction manual and guidance document, which can be found at [NCDHHS MH-DD-SUS/person-centered-planning](#). As per the PCP guidance document, for services where a PCP is required, it should be signed by both the member (or legal guardian of the member) as well as the professional responsible for the service provided. Services may not be billed prior to the date of the signature on the PCP, by both the member and the designated professional.*

- IV. Documentation Requirements:** Please refer to North Carolina Medicaid State Policy site for Enhanced Mental Health and Substance Abuse Services Clinical Coverage Policy No: 8A at [Program Specific Clinical Coverage Policies | NC Medicaid \(ncdhhs.gov\)](#) and the

[DMHDDSAS Records Management and Documentation Manual](#) for a complete listing of documentation requirements for the enhanced mental health and substance use services. Documentation frequency and details may vary depending on specific service.

***Note:** Federally recognized Tribes or Indian Health Service Providers are required to follow substantially equivalent standards as required by their regulatory agencies and federal regulations.*

- V. Provider Qualifications and Occupational Licensing Entity Regulations, Staffing Requirements and Service Requirements:** For additional details, please refer to North Carolina Medicaid State Policy site for additional details, **please refer to** North Carolina Medicaid State Policy site for Enhanced Mental Health and Substance Abuse Services Clinical Coverage Policy No: 8A at: [Program Specific Clinical Coverage Policies| NC Medicaid \(ncdhhs.gov\)](#)

Background¹

Mental Health Services

I. Mobile Crisis Management

- A.** Mobile Crisis Management (MCM) involves all support, services, and treatments necessary to provide integrated crisis response, crisis stabilization interventions, and crisis prevention activities. Mobile Crisis Management services are available at all times, 24-hours-a-day, 7-days-a-week, 365-days-a-year. Crisis response provides an immediate evaluation, triage and access to acute mental health, intellectual/developmental disabilities, or substance abuse services, treatment, and supports to effect symptom reduction, harm reduction, or to safely transition persons in acute crises to appropriate crisis stabilization, and detoxification supports or services. These services include immediate telephonic or telehealth response to assess the crisis and determine the risk, mental status, medical stability, and appropriate response.

Mobile Crisis Management also includes crisis prevention and supports that are designed to reduce the incidence of recurring crises. These supports and services must be specified in a member's Crisis Plan, which is a component of all PCPs.

- B. Service Type and Setting** - Mobile Crisis Management is a direct and periodic service that is available at all times, 24-hours-a-day, 7-days-a-week, 365 days a year. It is a "second level" service, in that other services must be billed before Crisis Management, as appropriate and if there is a choice. For example, if the member's outpatient clinician stabilized his or her crisis, the outpatient billing code shall be used, not Mobile Crisis Management. If a Community Support Team worker responds and stabilizes his or her crisis, the Community Support Team billing code shall be used.
1. Units shall be billed in 15-minute increments.
 2. Mobile Crisis Management services are primarily delivered in-person with the member and in locations outside the agency's facility.

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3. Annually the aggregate services that have been delivered by the agency must be assessed for each provider agency using the following quality assurance benchmarks:
 - a. Team providing this service shall provide at least 80 percent of their units in-person with Members of this service.
 - b. If an in-person assessment is required, this assessment must be delivered in the least restrictive environment and provided in or as close as possible to a beneficiary's home, in the beneficiary's natural setting, school, work, local emergency room, etc. This response must be mobile. The result of this assessment must identify the appropriate crisis stabilization intervention.

Note: For all services, federal Medicaid regulations shall deny Medicaid payment for services delivered to inmates of public correctional institutions or for patients in facilities with more than 16 beds that are classified as Institutions of Mental Diseases.

C. Program Requirements

1. Mobile Crisis Management services shall be delivered in the least restrictive environment and provided in or as close as possible to a member's home and are expected to address psychiatric, substance use disorder, and intellectual and developmental disability crises for all ages to help restore (at a minimum) a member to his or her previous level of functioning.
2. Mobile Crisis Management shall develop a Crisis Plan before discharge, or revise existing crisis plan components in PCPs. This Crisis Plan shall be provided to the member, caregivers (if appropriate), and any agencies that may provide ongoing treatment and supports after the crisis has been stabilized.

D. Utilization Management

1. For Members enrolled with WellCare North Carolina®, the crisis management provider shall contact WellCare of North Carolina® to determine if the member is enrolled with a provider that should and can provide or be involved with the response. Mobile Crisis Management shall be provided to divert individuals from inpatient psychiatric services and detoxification services. These services are not used as "step down" services from inpatient hospitalization.

E. Entrance Eligibility Criteria Mobile Crisis Management:

1. The member is eligible for this service when the following criteria are met:
 - a. The member or family are experiencing an acute, immediate crisis as determined by a crisis rating scale specified by DMH; **AND**
 - b. The member or family has insufficient or severely limited resources or skills necessary to cope with the immediate crisis. **OR**
 - c. The member or family members evidence impairment of judgment, impulse control, cognitive or perceptual disabilities; **OR**
 - d. The member is intoxicated or in withdrawal, in need of substance use disorder treatment and unable to access services without immediate assistance.
2. Priority should be given to a member with a history of multiple crisis episodes or who are at substantial risk of future crises.

F. Continued Service Criteria Mobile Crisis Management:

1. The member is eligible to continue this service if the crisis has not been resolved **or** his or her crisis situation has not been stabilized, which may include placement in a facility-based crisis unit or other appropriate residential placement.

G. Discharge Criteria Mobile Crisis Management:

1. The member meets the criteria for discharge if **ANY ONE** of the following applies:
 - a. The member's crisis has been stabilized and his or her need for ongoing treatment or supports has been assessed **OR**
 - b. If the member has continuing treatment or support needs, linkage to ongoing treatment or supports has been made.

H. Expected Outcomes

1. This service includes a broad array of crisis prevention and intervention strategies which assist the member in managing, stabilizing, or minimizing clinical crisis or situations. This service is designed to rapidly assess crisis situations and a member's clinical condition, to triage the severity of the crisis, and to provide immediate, focused crisis intervention services which are mobilized based on the type and severity of crisis.

I. Service Exclusions

1. Services that may not be concurrently provided with Mobile Crisis Management, except on the day of admission, include the following:
 - a. Assertive Community Treatment Program;
 - b. Community Support Treatment;
 - c. Intensive In-Home Services;
 - d. Multisystemic Therapy;
 - e. Medical Community Substance Abuse Residential Treatment;
 - f. Non-Medical Community Substance Abuse Residential Treatment;
 - g. Detoxification Services;
 - h. Inpatient Substance Abuse Treatment; and
 - i. Inpatient Psychiatric Treatment, and Psychiatric Residential Treatment Facility except for the day of admission **AND**
 - j. Mobile Crisis Management services may be provided to an individual who receives inpatient psychiatric services on the same day of service.

Note: For Medicaid Members under the age of 21, additional products, services, or procedures may be requested even if they do not appear in the N.C. State Plan or when coverage is limited to those over 21 years of age. Service limitations on scope, amount, or frequency described in the coverage policy may not apply if the product, service, or procedure is medically necessary.

II. Intensive In-Home Services- This service is coverable under WellCare of North Carolina®, only for members under EPSDT.

- A. The Intensive In-Home (IIH) service is a team approach designed to address the identified needs of children and adolescents who, due to serious and chronic

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symptoms of an emotional, behavioral, or substance use disorder, are unable to remain stable in the community without intensive interventions. This service may only be provided to Members through age 20. This medically necessary service directly addresses the member's mental health or substance use disorder diagnostic and clinical needs. The needs are evidenced by the presence of a diagnosable mental, behavioral, or emotional disturbance (as defined by DSM-5, or any subsequent editions of this reference material), with documentation of symptoms and effects reflected in the Comprehensive Clinical Assessment and the Person-Centered Plan (PCP). This team provides a variety of clinical rehabilitative interventions available 24 hours per day, 7 days per week, 365 days per year.

- B.** This is a time-limited, intensive child and family intervention based on the clinical needs of the member. The service is intended to accomplish the following:

1. Reduce presenting psychiatric or substance use disorder symptoms;
2. Provide first responder intervention to diffuse current crisis;
3. Ensure linkage to community services and resources; **AND**
4. Prevent out of home placement for the member.

C. Program Requirements:

1. For IIH Members, all aspects of the delivery of this service occurring per date of service shall equal one per diem event of a two-hour minimum

D. Service Exclusions and Limitations:

1. A member may receive IIH services from only one provider during an episode of care. IIH services may not be billed for more than one member in the families private residence during the same episode of care.

E. Entrance Eligibility Criteria for Intensive In-Home Services:

1. The member is eligible for this service when **ALL** of the following criteria are met:
 - a. There is a mental health or substance use disorder diagnosis (as defined by the DSM-5, or any subsequent editions of this reference material), other than a sole diagnosis of intellectual and developmental disability;
 - b. Based on the current comprehensive clinical assessment, this service was indicated, and outpatient treatment services were considered or previously attempted, but were found to be inappropriate or not effective;
 - c. The member has current or past history of symptoms or behaviors indicating the need for a crisis intervention as evidenced by suicidal or homicidal ideation, physical aggression toward others, self-injurious behavior, serious risk-taking behavior (running away, sexual aggression, sexually reactive behavior, or substance use);
 - d. The member's symptoms and behaviors are unmanageable at home, school, or in other community settings due to the deterioration of the member's mental health or substance use disorder condition, requiring intensive, coordinated clinical interventions;
 - e. The member is at imminent risk of out-of-home placement based on the member's current mental health or substance use disorder clinical

symptomatology, or is currently in an out of home placement and a return home is imminent; **and**

- f. There is no evidence to support that alternative interventions would be equally or more effective, based on North Carolina community practice standards (Best Practice Guidelines of the American Academy of Child and Adolescent Psychiatry, American Psychiatric Association, American Society of Addiction Medicine)

F. Continued Service Criteria for Intensive In-Home Services:

1. The member is eligible to continue this service if:
 - a. The desired outcome or level of functioning has not been restored, improved, or sustained over the time frame outlined in the member's PCP; **OR**
 - b. The member continues to be at risk for out-of-home placement, based on current clinical assessment, history, and the tenuous nature of the functional gains. **AND**
 - c. **One** of the following applies:
 - i. The member has achieved current PCP goals, and additional goals are indicated as evidenced by documented symptoms;
 - ii. The member is making satisfactory progress toward meeting goals and there is documentation that supports that continuation of this service will be effective in addressing the goals outlined in the PCP;
 - iii. The member is making some progress, but the specific interventions in the PCP need to be modified so that greater gains, which are consistent with the member's premorbid level of functioning, are possible; **or**
 - iv. The member fails to make progress, or demonstrates regression, in meeting goals through the interventions outlined in the PCP. The member's diagnosis should be reassessed to identify any unrecognized co-occurring disorders, and interventions or treatment recommendations shall be revised based on the findings. This includes consideration of alternative or additional services.

G. Discharge Criteria for Intensive In-Home Services:

1. The member meets the criteria for discharge if any one of the following applies:
 - a. The member has achieved goals and is no longer in need of IIH services;
 - b. The member's level of functioning has improved with respect to the goals outlined in the PCP, inclusive of a transition plan to step down to a lower level of care;
 - c. The member is not making progress or is regressing, and all reasonable strategies and interventions have been exhausted, indicating a need for more intensive services;
 - d. The member or legally responsible person no longer wishes to receive IIH services; **or**
 - e. The member, based on presentation and failure to show improvement despite modifications in the PCP, requires a more appropriate best practice treatment modality based on North Carolina community practice standards (for example, National Institute of Drug Abuse, American Psychiatric Association).

III. Multisystemic Therapy (MST)- This service is coverable under WellCare of North Carolina®, only for members under EPSDT.

- A.** MST is a program designed for youth generally between the ages 7 through 17 who:
1. Have antisocial, aggressive, or violent behaviors;
 2. Are at risk of out-of-home placement due to delinquency;
 3. Adjudicated youth returning from out-of-home placement;
 4. Chronic or violent juvenile offenders; **or**
 5. Youth with serious emotional disturbances or a substance use disorder and their families.
- B. Program Requirements** - MST provides an intensive model of treatment based on empirical data and evidence-based interventions that target specific behaviors with individualized behavioral interventions. The purpose of this program is to keep youth in the home by delivering an intensive therapy to the family within the home. Services are provided through a team approach to Members and their families. Services include:
1. An initial assessment to identify the focus of the MST intervention
 2. Individual therapeutic interventions with the member and family;
 3. Peer intervention;
 4. Case management; **and**
 5. Crisis stabilization.
- C. Specialized therapeutic and rehabilitative interventions** are available to address special areas such as:
1. A substance use disorder;
 2. Sexual abuse;
 3. Sex offending; and
 4. Domestic violence.
 - i. Services are available in home, at school, and in other community settings. MST involves families and other systems such as the school, probation officers, extended families, and community connections.
 - ii. MST services are delivered in a team approach designed to address the identified needs of children and adolescents with significant behavioral problems who are transitioning from out of home placements or are at risk of out-of-home placement and need intensive interventions to remain stable in the community.
 - iii. This population has access to a variety of interventions 24-hours-a-day, 7-days-a-week, by staff that will maintain contact and intervene as one organizational unit.
- D. Entrance Eligibility Criteria Multisystemic Therapy (MST):**
1. The member is eligible for this service when **ALL** of the following criteria are met:
 - a. There is a mental health or substance use disorder diagnosis present, other than a sole diagnosis of intellectual and developmental disability;
 - b. The member must be between the ages of 7 through 17;

- c. The member displays willful behavioral misconduct (e.g., theft, property destruction, assault, truancy, or substance use or juvenile sex offense), when in conjunction with other adjudicated delinquent behaviors;
- d. The member is at imminent risk of out-of-home placement or is currently in out-of-home placement due to delinquency and reunification is imminent within 30 days of referral; **AND**
- e. The member has a caregiver that is willing to assume long term parenting role and caregiver who is willing to participate with service providers for the duration of the treatment.

E. Continued Service Criteria Multisystemic Therapy (MST):

- 1. The member is eligible to continue this service if:
 - a. The desired outcome or level of functioning has not been restored, improved, or sustained over the time frame outlined in the member's PCP **OR**
 - b. The member continues to be at risk for relapse based on history, or the tenuous nature of the functional gains, **OR**
 - c. Any **one** of the following apply:
 - i. Member continues to exhibit willful behavioral misconduct; **and** there is a reasonable expectation that the member shall continue to make progress in reaching overarching goals identified in MST in the first 4 weeks; **OR**
 - ii. Member is not making progress; the PCP must be modified to identify more effective interventions; **OR**
 - iii. Member is regressing; the PCP must be modified to identify more effective interventions.

F. Discharge Criteria Multisystemic Therapy (MST): -

- 1. The member meets the criteria for discharge if any **one** of the following applies:
 - a. The members' level of functioning has improved with respect to the goals outlined in the PCP, or no longer benefits from this service. The decision shall be based on **one** of the following:
 - i. Member has achieved 75 percent of the PCP goals, discharge to a lower level of care is indicated;
 - ii. Member is not making progress or is regressing, and all realistic treatment options within this modality have been exhausted;
 - iii. The member or family requests discharge and is not imminently dangerous to self or others; **or**
 - iv. The member requires a higher level of care (i.e., inpatient hospitalization or PRTF).

IV. Psychosocial Rehabilitation (PSR)- This service is coverable under WellCare of North Carolina®, only for members under EPSDT.

- A. Psychosocial rehabilitation is designed to help adults with psychiatric disabilities increase their functioning so that they can be successful and satisfied in the environments of their choice with the least amount of ongoing professional intervention. PSR focuses on skill and resource development related to life in the

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community and to increasing the participant's ability to live as independently as possible, to manage their illness and their lives with as little professional intervention as possible, and to participate in community opportunities related to functional, social, educational, and vocational goals. The service is based on the principles of recovery, including equipping Members with skills, emphasizing self-determination, using natural and community supports, providing individualized intervention, emphasizing employment, emphasizing the "here and now", providing early intervention, providing a caring environment, practicing dignity and respect, promoting member choice and involvement in the process, emphasizing functioning and support in real world environments, and allowing time for interventions to have an effect over the long term.

- B.** There should be a supportive, therapeutic relationship between the providers, member, and family which addresses or implements interventions outlined in the Person-Centered Plan (PCP) in **ANY** of the following skills development, educational, and pre-vocational activities:
1. Community living, such as housekeeping, shopping, cooking, use of transportation facilities, money management;
 2. Personal care such as health care, medication self-management, grooming;
 3. Social relationships;
 4. Use of leisure time;
 5. Educational activities which include assisting the member in securing needed education services such as adult basic education and special interest courses; **or**
 6. Prevocational activities which focus on the development of positive work habits and participation in activities that would increase the participant's self-worth, purpose, and confidence (these activities are not to be job specific training)
- C. Entrance Eligibility Criteria Psychosocial Rehabilitation (PSR):**
1. An adult member is eligible for this service when **all** of the following criteria are met:
 - a. There is a DSM-5 mental health diagnosis present;
 - b. The member has impaired role functioning that adversely affects **at least two** of the following:
 - i. Employment;
 - ii. Management of financial affairs;
 - iii. Ability to procure needed public support services;
 - iv. Appropriateness of social behavior; **or**
 - v. Activities of daily living.
 - c. The member's level of functioning may indicate a need for psychosocial rehabilitation if the member has unmet needs related to recovery and regaining the skills and experience needed to maintain personal care, meal preparation, housing, or to access social, vocational, and recreational opportunities in the community.
- D. Continued Service Criteria Psychosocial Rehabilitation (PSR):**
1. The member is eligible to continue this service if:
 - a. The desired outcome or level of functioning has not been restored, improved, or sustained over the time frame outlined in the member's PCP **or**

- b. The member continues to be at risk for relapse based on history, or the tenuous nature of the functional gains, **or**
- c. Any **one** of the following apply:
 - i. Member has achieved initial rehabilitation goals in the PCP goals and continued services are needed in order to achieve additional goals;
 - ii. member is making satisfactory progress toward meeting rehabilitation goals;
 - iii. Member is making some progress, but the specific interventions need to be modified so that greater gains, which are consistent with the member's rehabilitation goals are possible or can be achieved;
 - iv. Member is not making progress; the rehabilitation goals must be modified to identify more effective interventions; or
 - v. Member is regressing; the PCP must be modified to identify more effective interventions.

E. Discharge Criteria Psychosocial Rehabilitation (PSR):

- 1. The member meets the criteria for discharge if any **one** of the following applies:
 - a. Member's level of functioning has improved with respect to the rehabilitation goals outlined in the PCP, inclusive of a transition plan to step down, or no longer benefits, or has the ability to function at this level of care **and ANY** of the following apply:
 - i. Member has achieved rehabilitation goals, discharge to a lower level of care is indicated;
 - ii. Member is not making progress, or is regressing and all realistic treatment options with this modality have been exhausted; **or**
 - iii. Member requires a more intensive level of care or service.

V. Child and Adolescent Day Treatment

A. This service is coverable under WellCare of North Carolina® only for members under EPSDT

- B.** Day Treatment is a structured treatment service in a licensed facility, for children or adolescents and their families, that builds on strengths and addresses identified needs. This medically necessary service directly addresses the member's diagnostic and clinical needs, which are evidenced by the presence of a diagnosable mental, behavioral, or emotional disturbance (as defined by the DSM-5, or any subsequent editions of this reference material), with symptoms and effects documented in a comprehensive clinical assessment and the PCP. This service is designed to serve children who, as a result of their mental health or substance use disorder treatment needs, are unable to benefit from participation in academic or vocational services at a developmentally appropriate level in a traditional school or work setting. The provider implements therapeutic interventions that are coordinated with the member's academic or vocational services available through enrollment in an educational

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setting. These interventions are designed to reduce symptoms, improve behavioral functioning, increase the individual's ability to cope with, and relate to others, promote recovery, and enhance the member's capacity to function in an educational setting, or to be maintained in community-based services. It is available for children 5 to 17 years of age (20 or younger for those who are eligible for Medicaid). Day Treatment must address the age, behavior, and developmental functioning of each member to ensure safety, health, and appropriate treatment interventions within the program milieu. Day Treatment provides mental health or substance use disorder interventions in the context of a therapeutic treatment milieu.

- C. This service is focused on providing clinical interventions and service to support the member in achieving functional gains that support the member's integration in educational or vocational settings, is developmentally appropriate, is culturally relevant and sensitive, and is child and family centered. Each Child and Adolescent Day Treatment provider must follow a clearly identified clinical model(s) or evidence-based treatment(s) consistent with best practice. The selected model(s) must be specified and described in the provider's program description. The clinical model(s) or Evidence-Based Practices (EBPs) should be expected to produce positive outcomes for this population.

D. Entrance Eligibility Criteria Child and Adolescent Day Treatment:

1. Children 5 through 20 are eligible for this service when **all** of the following criteria are met:
 - a. There is a mental health or substance use disorder diagnosis (as defined by the DSM-5, or any subsequent editions of this reference material), other than a sole diagnosis of an intellectual and developmental disability;
 - b. For children with a substance use disorder diagnosis, The ASAM Criteria are met for Level 2.1;
 - c. **Both** of the following shall apply:
 - i. Evidence that less restrictive mental health or substance abuse rehabilitative services in the educational setting have been unsuccessful as evidenced by documentation from the school (e.g., Functional Behavioral Assessment, Functional Behavioral Plan, Individual Education Plan, 504 Plan, behavior plans); **and**
 - ii. The member exhibits behavior resulting in significant school disruption or significant social withdrawal.
 - d. The member is experiencing mental health or substance use disorder symptoms (not solely those related to an individual's diagnosis of intellectual and developmental disability) related to his or her diagnosis that severely impair functional ability in an educational setting which may include vocational education; **and**
 - e. There is no evidence to support that alternative interventions would be equally or more effective, based on North Carolina community practice standards (Best Practice Guidelines of the American Academy of Child and Adolescent Psychiatry, American Psychiatric Association, American Society of Addiction Medicine).

E. Continued Service Criteria Child and Adolescent Day Treatment:

1. The member is eligible to continue this service if:
 - a. The desired outcome or level of functioning has not been restored, improved, or sustained over the time frame outlined in the member's PCP; **or**
 - b. The member continues to be unable to function in an appropriate educational setting, based on ongoing assessments, history, and the tenuous nature of the functional gains.
 - c. **AND One** of the following applies.
 - i. The member has achieved current PCP goals, and additional goals are indicated as evidenced by documented symptoms;
 - ii. The member is making satisfactory progress toward meeting goals and there is documentation that supports that continuation of this service will be effective in addressing the goals outlined in the PCP;
 - iii. The member is making some progress, but the specific interventions in the PCP need to be modified so that greater gains, which are consistent with the member's pre-morbid level of functioning, are possible; **or**
 - iv. The member fails to make progress, or demonstrates regression, in meeting goals through the interventions outlined in the PCP. The member's diagnosis shall be reassessed to identify any unrecognized co-occurring disorders, and interventions or treatment recommendations shall be revised based on the findings. This includes consideration of alternative or additional services.

F. Discharge Criteria Child and Adolescent Day Treatment

1. The member meets the criteria for discharge if any **one** of the following applies:
 - a. The member has achieved goals and is no longer in need of Day Treatment services;
 - b. The member's level of functioning has improved with respect to the goals outlined in the PCP, inclusive of a plan to transition to a lower level of care or appropriate educational setting;
 - c. The member is not making progress or is regressing, and all reasonable strategies and interventions have been exhausted, indicating a need for more intensive services;
 - d. The member or legally responsible person no longer wishes to receive Day Treatment services;
 - e. The member, based on presentation and failure to show improvement despite modifications in the PCP, requires a more appropriate best practice treatment modality based on North Carolina community practice standards (for example, National Institute of Drug Abuse, American Psychiatric Association, American Academy of Child, and Adolescent Psychiatry).

VI. Partial Hospitalization

- A. Partial Hospitalization (PH) is a short-term service for **acutely mentally ill** children or adults, which provides a broad range of intensive therapeutic

approaches which may include group activities or therapy, individual therapy, recreational therapy, community living skills or training, increases the individual's ability to relate to others and to function appropriately, coping skills, medical services. This service is designed to prevent hospitalization or to serve as an interim step for those leaving an inpatient facility.

- B. Physician involvement shall be one factor that distinguishes Partial Hospitalization from Day Treatment Services.** A physician shall participate in diagnosis, treatment planning, and admission or discharge decisions.
- C. Therapeutic Relationship and Interventions**
 - 1. Partial Hospitalization is designed to offer in-person therapeutic interventions to provide support and guidance in preventing, overcoming, or managing identified needs on the service plan to aid with improving the member's level of functioning in all domains, increasing coping abilities or skills, or sustaining the achieved level of functioning.
- D. Structure of Daily Living**
 - 1. Partial Hospitalization offers a variety of structured therapeutic activities including medication monitoring designed to support a member remaining in the community that are provided under the direction of a physician, although the program does not have to be hospital - based. Other identified providers shall carry out the identified individual or group interventions (under the direction of the physician). This service offers support and structure to assist the individual member with coping and functioning on a day-to-day basis to prevent hospitalization or to step down into a lower level of care from inpatient setting.
- E. Cognitive and Behavioral Skill Acquisition**
 - 1. Partial Hospitalization includes interventions that address functional deficits associated with affective or cognitive problems or the member's diagnostic conditions. This may include training in community living, and specific coping skills, and medication management. This assistance allows members to develop their strengths and establish peer and community relationships.
- F. Service Type**
 - 1. This is day or night service that shall be provided a minimum of 4 hours per day, 5 days per week, and 12 months a year (exclusive of transportation time), excluding legal or governing body designated holidays.
 - 2. Service standards and licensure requirements are outlined in 10A NCAC 27G .1100 or equivalent tribal code.
- G. Resiliency or Environmental Intervention**
 - 1. Partial Hospitalization assists the member in transitioning from one service to another (an inpatient setting to a community-based service) or preventing hospitalization. This service provides a broad array of intensive approaches, which may include group and individual activities.
- H. Service Delivery Setting**
 - 1. Partial Hospitalization is provided in a licensed facility that offers a structured, therapeutic program under the direction of a physician that may or may not be hospital based.
- I. Entrance Eligibility Criteria for Partial Hospitalization:**

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1. The member is eligible for this service when **all** of the following criteria are met:
 - a. Member must have a primary mental health diagnosis (**NOTE:** a substance use disorder is not an eligible diagnosis for partial hospitalization);
 - b. The member is experiencing difficulties in **at least one** of the following areas:
 - i. Functional impairment, crisis intervention, diversion, aftercare needs, or at risk for placement outside the natural home setting; **AND**
 - ii. The member's level of functioning has not been restored or improved and may indicate a need for clinical interventions in a natural setting if any **one** of the following apply:
 - a) Being unable to remain in family or community setting due to symptoms associated with diagnosis, therefore being at risk for out of home placement, hospitalizations, or institutionalization;
 - b) Presenting with intensive, verbal and limited physical aggression due to symptoms associated with diagnosis, which are sufficient to create functional problems in a community setting;
 - c) Being at risk of exclusion from services, placement, or significant community support system as a result of functional behavioral problems associated with diagnosis;
 - d) Requires a structured setting to monitor mental stability and symptomology, and foster successful integration into the community through individualized interventions and activities; **or**
 - e) Service is a part of an aftercare planning process (time limited or transitioning) and is required to avoid returning to a higher, or more restrictive level of service.

J. Continued Service Criteria for Partial Hospitalization:

1. The desired outcome or level of functioning has not been restored, improved, or sustained over the time frame outlined in the member's service plan **or** the member continues to be at risk for relapse based on history or the tenuous nature of the functional gains **or ANY** of the following applies:
 - a. Member has achieved initial service plan goals and additional goals are indicated;
 - b. Member is making satisfactory progress toward meeting goals;
 - c. Member is making some progress, but the service plan (specific interventions) need to be modified so that greater gains which are consistent with the member's premorbid level of functioning are possible or can be achieved;
 - d. Member is not making progress; the service plan must be modified to identify more effective interventions; **or**
 - e. Member is regressing; the service plan must be modified to identify more effective interventions.

K. Discharge Criteria for Partial Hospitalization:

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1. The member meets the criteria for discharge if any **one** of the following applies:
 - a. Member's level of functioning has improved with respect to the goals outlined in the service plan, inclusive of a transition plan to step down, **or** no longer benefits, **or** has the ability to function at this level of care **and** any of the following apply:
 - i. Member has achieved goals, discharged to a lower level of care is indicated; **or**
 - ii. Member is not making progress or is regressing and all realistic treatment options with this modality have been exhausted.

L. FOR AUTHORIZATION REQUIREMENTS, please refer to [WellCare of North Carolina Authorization Lookup Tool](#); [WellCare of North Carolina Medicaid Behavioral Health Authorization List](#); and [WellCare of North Carolina Medicaid Behavioral Health Authorization Guidelines and FAQ](#), for details.

VII. Professional Treatment Services in Facility-Based Crisis Program

- A.** This service provides an alternative to hospitalization for adults (ages 18 and over) who have a mental illness or substance use disorder. This is a 24-hour residential facility with 16 beds or less that provides support and crisis services in a community setting. This can be provided in a non-hospital setting for members in crisis who need short-term intensive evaluation, treatment intervention or behavioral management to stabilize acute or crisis situations.
- B. Therapeutic Relationship and Interventions**
 1. This service offers therapeutic interventions designed to support a member remaining in the community and alleviate acute or crisis situations that are provided under the direction of a physician, although the program does not have to be hospital based. Interventions are implemented by other staff under the direction of the physician. These supportive interventions assist the member with coping and functioning on a day-to-day basis to prevent hospitalization.
- C. Structure of Daily Living**
 1. This service is an intensified short-term, medically supervised service that is provided in certain 24-hour service sites. The objectives of the service include assessment and evaluation of the condition(s) that have resulted in acute psychiatric symptoms, disruptive or dangerous behaviors, or intoxication from alcohol or drugs; to implement intensive treatment, behavioral management interventions, or detoxification protocols; to stabilize the immediate problems that have resulted in the need for crisis intervention or detoxification; to ensure the safety of the member by closely monitoring his or her medical condition and response to the treatment protocol; and to arrange for linkage to services that will provide further treatment or rehabilitation upon discharge from the Facility Based Crisis Service.
- D. Cognitive and Behavioral Skill Acquisition**
 1. This service is designed to provide support and treatment in preventing, overcoming, or managing the identified crisis or acute situations on the service

plan to assist with improving the member's level of functioning in all documented domains, increasing coping abilities or skills, or sustaining the achieved level of functioning.

E. Service Type

1. This is a 24-hour service that is offered seven days a week.

F. Resiliency or Environmental Intervention

1. This service assists the member with remaining in the community and receiving treatment interventions at an intensive level without the structure of an inpatient setting. This structured program assesses, monitors, and stabilizes acute symptoms 24-hours-a-day.

G. Service Delivery Setting

1. This service can be provided in a licensed facility that meets 10A NCAC 27G .5000 licensure standards or be operated by a federally recognized tribal provider or an Indian Health Service provider.

H. Entrance Eligibility Criteria Professional Treatment Services in Facility-Based Crisis Program:

1. The member is eligible for this service when **all** of the following are met:
 - a. There is a mental health or substance use disorder diagnosis present or the member has a condition that may be defined as an intellectual and developmental disability as defined in GS 122C-3 (12a);
 - b. Level of Care Criteria, Level D NC-SNAP (NC Supports or Needs Assessment Profile) **or** The ASAM Criteria;
 - c. The member is experiencing difficulties in at least **one** of the following areas:
 - i. Functional impairment,
 - ii. Crisis intervention, diversion, or after-care needs, **or**
 - iii. At risk for placement outside of the natural home setting; **and**
 - d. The member's level of functioning has not been restored or improved and may indicate a need for clinical interventions in a natural setting if any **one** of the following apply:
 - i. Unable to remain in family or community setting due to symptoms associated with diagnosis, therefore being at risk for out of home placement, hospitalization, or institutionalization;
 - ii. Intensive, verbal and limited physical aggression due to symptoms associated with diagnosis, which are sufficient to create functional problems in a community setting; **or**
 - iii. At risk of exclusion from services, placement, or significant community support systems as a result of functional behavioral problems associated with diagnosis.

I. Continued Service Criteria Professional Treatment Services in Facility-Based Crisis Program:

1. The desired outcome or level of functioning has not been restored, improved, or sustained over the time frame outlined in the member's service plan **or** the member continues to be at risk for relapse based on history or the tenuous nature of the functional gains **or** any **one** of the following applies:

- a. Member has achieved initial service plan goals and additional goals are indicated;
- b. Member is making satisfactory progress toward meeting goals;
- c. Member is making some progress, but the service plan (specific interventions) need to be modified so that greater gains, which are consistent with the member's premorbid level of functioning, are possible or can be achieved;
- d. Member is not making progress; the service plan must be modified to identify more effective interventions; **or**
- e. Member is regressing; the service plan must be modified to identify more effective interventions. **AND**
- f. Units are billed in 1-hour increments up to 24 hours in a 24-hour period.
- g. When providing evaluation and management services to members, the psychiatrist or physician extender may bill additional psychiatric evaluations (excluding the initial evaluation) and other therapeutic services separately.

J. Discharge Criteria Professional Treatment Services in Facility-Based Crisis Program:

- 1. The member meets the criteria for discharge if any **one** of the following applies:
 - a. Member's level of functioning has improved with respect to the goals outlined in the service plan, inclusive of a transition plan to step-down **or** no longer benefits **or** has the ability to function at this level of care **and ANY** of the following apply:
 - b. Member has achieved goals, discharge to a lower level of care is indicated; **or**
 - c. Member is not making progress or is regressing and all realistic treatment options with this modality have been exhausted.

K. FOR AUTHORIZATION REQUIREMENTS, please refer to [WellCare of North Carolina Authorization Lookup Tool](#); [WellCare of North Carolina Medicaid Behavioral Health Authorization List](#); and [WellCare of North Carolina Medicaid Behavioral Health Authorization Guidelines and FAQ](#), for details.

BACKGROUND CONTINUED¹ - SUBSTANCE USE SERVICES

VIII. Substance Abuse Intensive Outpatient Program (SAIOP)

- A. SAIOP means structured individual and group addiction activities and services that are provided at an outpatient program designed to assist adult and adolescent members to begin recovery and learn skills for recovery maintenance. The program is offered at least 3 hours a day, at least 3 days a week, with no more than 2 consecutive days between offered services and distinguishes between those members needing no more than 19 hours of structured services per week (ASAM Level 2.1). The member must be in attendance for a minimum of 3 hours a day in order to bill this service. **SAIOP services shall include** a structured program consisting of, but not limited to, the following services:
 - 1. Individual counseling and support;

2. Group counseling and support;
 3. Family counseling, training, or support;
 4. Biochemical assays to identify recent drug use (e.g., urine drug screens);
 5. Strategies for relapse prevention to include community and social support systems in treatment;
 6. Life skills;
 7. Crisis contingency planning;
 8. Disease Management; **AND**
 9. Treatment support activities that have been adapted or specifically designed for members with physical disabilities; or members with co-occurring disorders of mental illness and substance use; or an intellectual and developmental disability and substance use disorder.
- B.** A service order for SAIOP must be completed by a physician, licensed psychologist, physician assistant or nurse practitioner according to their scope of practice prior to or on the day that the services are to be provided.
- C. Entrance Eligibility Criteria Substance Abuse Intensive Outpatient Program (SAIOP):**
1. The member is eligible for this service when **ALL** of the following criteria are met:
 - a. There is a substance use disorder diagnosis present; **and**
 - b. The member meets ASAM Level 2.1 criteria.
- D. Continued Service Criteria Substance Abuse Intensive Outpatient Program (SAIOP):**
1. The member is eligible to continue this service if:
 - a. The desired outcome or level of functioning has not been restored, improved, or sustained over the time frame outlined in the member's PCP **or**
 - b. The member continues to be at risk for relapse based on history or the tenuous nature of the functional gains **or**
 - c. Any **one** of the following applies.
 - i. The member has achieved positive life outcomes that support stable and ongoing recovery, and additional goals are indicated;
 - ii. The member is making satisfactory progress toward meeting goals;
 - iii. The member is making some progress, but the PCP (specific interventions) needs to be modified so that greater gains, which are consistent with the member's premorbid level of functioning, are possible or can be achieved;
 - iv. The member is not making progress; the PCP must be modified to identify more effective interventions; **or**
 - v. The member is regressing; the PCP must be modified to identify more effective interventions.
- E. Discharge Criteria Substance Abuse Intensive Outpatient Program (SAIOP):**
1. The member meets the criteria for discharge if any **one** of the following applies:
 - a. The member's level of functioning has improved with respect to the goals outlined in the PCP, inclusive of a transition plan to step down, or no longer

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benefits, or has the ability to function at this level of care **and** any of the following apply.

- i. The member has achieved positive life outcomes that support stable and ongoing recovery;
- ii. The member is not making progress, or is regressing and all realistic treatment options have been exhausted indicating a need for more intensive services; **or**
- iii. The member no longer wishes to receive SAIOP services.

F. Service Exclusions and Limitations

1. SAIOP cannot be billed during the same episode of care as SA Comprehensive Outpatient Treatment, all detoxification services levels, Non-Medical Community Residential Treatment or Medically Monitored Community Residential Treatment.

G. FOR AUTHORIZATION REQUIREMENTS, please refer to [WellCare of North Carolina Authorization Lookup Tool](#); [WellCare of North Carolina Medicaid Behavioral Health Authorization List](#); and [WellCare of North Carolina Medicaid Behavioral Health Authorization Guidelines and FAQ](#), for details.**IX. Substance Abuse Comprehensive Outpatient Treatment Program (SACOT)**

- A.** The SACOT program means a periodic service that is a time-limited, multi-faceted approach treatment service for adults who require structure and support to achieve and sustain recovery.

SACOT Program is a service emphasizing:

1. Reduction in use of substances or continued abstinence;
2. The negative consequences of substance use;
3. Development of social support network and necessary lifestyle changes;
4. Educational skills;
5. Vocational skills leading to work activity by reducing substance use as a barrier to employment;
6. Social and interpersonal skills;
7. Improved family functioning;
8. The understanding of addictive disease; and
9. The continued commitment to a recovery and maintenance program.

These services are provided during day and evening hours to enable members to maintain residence in their community, continue to work or go to school, and to be a part of their family life.

- B.** The following types of services are included in the SACOT Program:

1. Individual counseling and support;
2. Group counseling and support;
3. Family counseling, training, or support;
4. Biochemical assays to identify recent drug use (e.g., urine drug screens);
5. Strategies for relapse prevention to include community and social support systems in treatment;
6. Life skills;

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7. Crisis contingency planning;
 8. Disease management; and
 9. Treatment support activities that have been adapted or specifically designed for members with physical disabilities; or members with co-occurring disorders of mental illness and substance use; or an intellectual and developmental disability and substance use disorder.
 10. Members may be residents of their own home, a substitute home, or a group care setting; however, the SACOT Program must be provided in a setting separate from the member's residence.
 11. This service must operate at least 20 hours per week and offer a minimum of 4 hours of scheduled services per day, with availability at least 5 days per week with no more than 2 consecutive days without services available. The member must be in attendance for a minimum of 4 hours a day in order to this for this service. Group counseling services must be offered each day the program operates. Services must be available during both day and evening hours.
- C. A service order for SACOT must be completed by a physician, licensed psychologist, physician assistant or nurse practitioner according to their scope of practice prior to or on the day that the services are to be provided.**
- D. Entrance Eligibility Criteria Substance Abuse Comprehensive Outpatient Treatment Program (SACOT):**
1. The member is eligible for this service when the following criteria are met:
 - a. There is a substance use disorder diagnosis present; **AND**
 - b. The member meets ASAM Level 2.5 criteria.
- E. Continued Service Criteria Substance Abuse Comprehensive Outpatient Treatment Program (SACOT):**
1. The member is eligible to continue this service if:
 - a. The desired outcome or level of functioning has not been restored, improved, or sustained over the time frame outlined in the member's PCP **or**
 - b. The member continues to be at risk for relapse based on history or the tenuous nature of the functional gains **or**
 - c. Any **one** of the following applies:
 - i. Member has achieved initial PCP goals and continued service at this level is needed to meet additional goals;
 - ii. Member is making satisfactory progress toward meeting goal;
 - iii. Member is making some progress, but the PCP (specific interventions) needs to be modified so that greater gains, which are consistent with the member's premorbid level of functioning, are possible or can be achieved;
 - iv. Member is not making progress; the PCP must be modified to identify more effective interventions; or
 - v. Member is regressing; the PCP must be modified to identify more effective interventions.
- F. Discharge Criteria Substance Abuse Comprehensive Outpatient Treatment Program (SACOT):**

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1. The member meets the criteria for discharge if any **one** of the following applies:
 - a. Member's level of functioning has improved with respect to the goals outlined in the PCP, inclusive of a transition plan to step down, **or**
 - b. No longer benefits, **or**
 - c. Has the ability to function at this level of care **and** any of the following apply:
 - i. Member has achieved positive life outcomes that support stable and ongoing recovery;
 - ii. Member is not making progress, or is regressing and all realistic treatment options have been exhausted indicating a need for more intensive services; **or**
 - iii. Member or family no longer wishes to receive SACOT services.

G. Service Exclusions and Limitations

1. SACOT cannot be billed during the same episode of care as SA Intensive Outpatient Program, all detoxification services levels (with the exceptions of Ambulatory Detoxification), or Non-Medical Community Residential Treatment or Medically Monitored Community Residential Treatment.

H. FOR AUTHORIZATION REQUIREMENTS, please refer to [WellCare of North Carolina Authorization Lookup Tool](#); [WellCare of North Carolina Medicaid Behavioral Health Authorization List](#); and [WellCare of North Carolina Medicaid Behavioral Health Authorization Guidelines and FAQ](#), for details.**X. Substance Abuse Non-Medical Community Residential Treatment (NMCRT)- *This service is coverable under WellCare of North Carolina®, only for members under EPSDT.***

- A.** Substance Abuse NMCRT is a 24-hour residential recovery program professionally supervised residential facility that provides trained staff who:
 1. Work intensively with adults with substance use disorders; and
 2. Provide or have the potential to provide primary care for their minor children.
- B.** This is a rehabilitation facility, without 24 hour per day medical nursing or monitoring, where a planned program of professionally directed evaluation, care, and treatment for the restoration of functioning for Members with an addiction disorder. These programs shall include:
 1. Assessment;
 2. Referral;
 3. Individual and group therapy;
 4. Family therapy;
 5. Recovery skills training;
 6. Disease management;
 7. Symptom monitoring;
 8. Monitoring medications and self-management of symptoms;
 9. Aftercare; and
 10. Follow-up and access to preventive and primary health care including psychiatric care.

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- C. The facility may utilize services from another facility providing psychiatric or medical services.

Services shall:

1. Promote development of a social network supportive of recovery;
2. Enhance the understanding of addiction;
3. Promote successful involvement in regular productive activity (such as school or work);
4. Enhance personal responsibility; and
5. Promote successful reintegration into community living.

- D. Services shall be designed to provide a safe and healthy environment for Members and their children.

Program staff shall:

1. Arrange, link, or integrate multiple services as well as assessment and reassessment of the member's need for services;
2. Inform the member about benefits, community resources, and services;
3. Assist the member in accessing benefits and services;
4. Arrange for the member to receive benefits and services; and
5. Monitor the provision of services.

- E. A service order for Substance Abuse NMCRT must be completed by a physician, licensed psychologist, physician assistant or nurse practitioner according to their scope of practice prior to or on the day that the services are to be provided.

- F. For programs providing services to beneficiaries with their children in residence or pregnant women: Each adult shall also receive in accordance with their PCP:

1. Training in therapeutic parenting skills;
2. Basic independent living skills;
3. Child supervision;
4. One-on-one interventions with the community to develop interpersonal and community coping skills, including adaptation to school and work environments;
- and**
5. Therapeutic mentoring.

- G. Entrance Eligibility Criteria Substance Abuse Non-Medical Community Residential Treatment (NMCRT): -**

1. The member is eligible for this service when **ALL** of the following criteria are met:
 - a. There is a substance use disorder diagnosis present; **and**
 - b. Meets ASAM Level 3.5 criteria.

- H. Continued Service Criteria Substance Abuse Non-Medical Community Residential Treatment (NMCRT):**

1. The member is eligible to continue this service if:
 - a. The desired outcome or level of functioning has not been restored, improved, or sustained over the time frame outlined in the member's PCP, **or**
 - b. The member continues to be at risk for relapse based on history or the tenuous nature of the functional gains, **or**
 - c. **ANY one** of the following applies:

- i. Member has achieved initial PCP goals and requires this service in order to meet additional goals;
- ii. Member is making satisfactory progress toward meeting goals;
- iii. Member is making some progress, but the PCP (specific interventions) needs to be modified so that greater gains, which are consistent with the member's pre-morbid level of functioning, are possible or can be achieved;
- iv. Member is not making progress; the PCP must be modified to identify more effective interventions; **or**
- v. Member is regressing; the PCP must be modified to identify more effective interventions.

I. Discharge Criteria Substance Abuse Non-Medical Community Residential Treatment (NMCRT):

- 1. The member meets the criteria for discharge if any **one** of the following applies:
 - a. Member's level of functioning has improved with respect to the goals outlined in the PCP, inclusive of a transition plan to step down, **or**
 - b. No longer benefits, **or**
 - c. Has the ability to function at this level of care **and**
 - d. Any of the following apply:
 - i. Member has achieved positive life outcomes that support stable and ongoing recovery; (and parenting skills, if applicable);
 - ii. Member is not making progress, or is regressing and all realistic treatment options have been exhausted indicating a need for more intensive services; **or**
 - iii. Member or family no longer wishes to receive NMCRT services.

XI. Substance Abuse Medically Monitored Community Residential Treatment (MMCRT)-

A. This service is coverable under WellCare of North Carolina® only for members under EPSDT.

- B.** Substance Abuse MMCRT is a non-hospital rehabilitation facility for adults, with 24-hour-a-day medical or nursing monitoring, where a planned program of professionally directed evaluation, care, and treatment for the restoration of functioning for Members with alcohol and other drug problems or addiction occurs.
- C.** MMCRT is staffed by physicians who are available 24- hours-a-day by telephone to provide consultation. The physician's assessment must be conducted within 24 hours of admission. A service order for MMCRT must be completed by a physician, licensed psychologist, physician assistant or nurse practitioner according to their scope of practice prior to or on the day that the services are to be provided.

D. Entrance Eligibility Criteria Substance Abuse Medically Monitored Community Residential Treatment (MMCRT):

- 1. The member is eligible for this service when **ALL** of the following criteria are met:
 - a. There is a substance use disorder diagnosis present; **and**

- b. The member meets ASAM Level 3.7 criteria.

E. Continued Service Criteria Substance Abuse Medically Monitored Community Residential Treatment (MMCRT):

- 1. The member is eligible to continue this service if:
 - a. The desired outcome or level of functioning has not been restored, improved, or sustained over the time frame outlined in the member's PCP **or**
 - b. The member continues to be at risk for relapse based on history or the tenuous nature of the functional gains **or**
 - c. **ANY** of the following applies:
 - i. Member has achieved positive life outcomes that supports stable and ongoing recovery and services need to be continued to meet additional goals;
 - ii. Member is making satisfactory progress toward meeting treatment goals;
 - iii. Member is making some progress, but the PCP (specific interventions) needs to be modified so that greater gains, which are consistent with the member's premorbid level of functioning, are possible or can be achieved;
 - iv. Member is not making progress; the PCP must be modified to identify more effective interventions; **or**
 - v. Member is regressing; the PCP must be modified to identify more effective interventions.

F. Discharge Criteria Substance Abuse Medically Monitored Community Residential Treatment (MMCRT):

- 1. The member meets the criteria for discharge if any **one** of the following applies:
 - a. Member's level of functioning has improved with respect to the goals outlined in the PCP, inclusive of a transition plan to step down, **or**
 - b. No longer benefits, **or**
 - c. Has the ability to function at this level of care **and ANY** of the following apply:
 - i. Member has achieved positive life outcomes that support stable and ongoing recovery;
 - ii. Member is not making progress, or is regressing and all realistic treatment options have been exhausted indicating a need for more intensive services; **or**
 - iii. Member no longer wishes to receive MMCRT services. (**Note** that although a member may no longer wish to receive MMCRT services, the member must still be provided with discharge recommendations that are intended to help the member meet expected outcomes).

XII. Outpatient Opioid Treatment

- A. Please refer to WellCare North Carolina® Medicaid Policy Site for WNC.CP.277 Outpatient Opioid Treatment Program Service Clinical Coverage Policy at [WellCare Clinical Coverage Guidelines](#).

Coding Implications

This clinical policy references Current Procedural Terminology (CPT®). CPT® is a registered trademark of the American Medical Association. All CPT codes and descriptions are copyrighted 2025, American Medical Association. All rights reserved. CPT codes and CPT descriptions are from the current manuals and those included herein are not intended to be all-inclusive and are included for informational purposes only. Codes referenced in this clinical policy are for informational purposes only. Inclusion or exclusion of any codes does not guarantee coverage. Providers should reference the most up-to-date sources of professional coding guidance prior to the submission of claims for reimbursement of covered services.

HCPCS ®* Codes	Description	Billing Unit	Triage and Screening Telehealth Eligible	Triage and Screening Use GT Modifier for Telehealth
H2011	Mobile Crisis Management	1 unit =15 minutes	YES	NO

HCPCS ®* Codes	Description	Billing Unit	Telehealth Eligible
H0012	Substance Abuse Non-Medical Community Residential Treatment - ADULT	1 unit= 1 day (Bill W/Modifier HB)	No
H0013	Substance Abuse Medically Monitored Community Residential Treatment	1 unit = 1 day	No
H0015	Substance Abuse Intensive Outpatient Program	1 unit= 1 event per day (3 hours minimum)	No
H0035	Partial Hospitalization	1 unit =1 event	No
H2012	Child and Adolescent Day Treatment	1 unit =1 hour Bill W/Modifier HA	No
H2017	Psychosocial Rehabilitation	1 unit=15 minutes	No
H2022	Intensive In-Home Services	1 unit =1 day	No
H2033	Multisystemic Therapy	1 unit =15 minutes	No
H2035	Substance Abuse Comprehensive Outpatient Treatment	1 unit =1 hour	No
S9484	Professional Treatment Services in Facility-Based Crisis Programs – Adult	1 unit = 1 hour	No

PLEASE NOTE THE FOLLOWING:

1. **Telehealth Claims:** Modifier GT must be appended to the CPT or HCPCS code to indicate that a service has been provided via interactive audio-visual communication.
2. **Modifier HT** must be appended to HCPCS to indicate that a service has been provided as a team (more than one team member).
3. **Telehealth claims** should be filed with the provider's usual place of service code(s) and not place of service 02 (Telehealth).
4. **Telephonic Claims:** Modifier KX must be appended to the CPT or HCPCS code to indicate that a service has been provided via telephonic, audio-only communication.
5. **Places of service** shall vary depending on the specific service rendered. They include the following: community settings such as primary private residence, school, shelters, work locations, and hospital emergency rooms; licensed substance abuse settings; and licensed crisis settings.

Reviews, Revisions, and Approvals	Reviewed Date	Approval Date
Original approval date	01/21	05/21
Added criteria for services available only to EPSDT members.	07/21	08/21
Added telehealth information in Description. Revised I.F.2.b.iii. Updated Provider Qualifications in Section I.G.1. Added telehealth column in HCPCS code grid. Deleted HCPCS code T1023. Updated "face-to-face" to "in-person" in multiple Background sections. Added physician assessment information in MMCRT and Background sections II.D., II.E.2, and II.F.2. Revised "Payment Unit" criteria in Background Section II.H.3.a.	05/22	08/22
Section I.B. Verbiage updated, HCPCS H0012, H2011, H2012 modifier verbiage added, HCPCS H0014 H0020 H0035 H2011 H2022 2035 H2036 S9484 Descriptions updated, HCPCS H2012 Child and Adolescent Day Treatment AND H2033 Multisystemic Therapy ADDED. Under HCPCS, NOTES added: "components of service...", "telehealth claims: Modifier GT..." and "telehealth claims, usual place of service codes..."	08/22	08/22
Annual review. HCPCS Codes reviewed. NCHC verbiage removed from NC Guidance Verbiage. DESCRIPTION added "Telephonically" CRITERIA Added I.A.1. "for all Enhanced services," I.C.6. The following services must be ordered by an MD/DO, Licensed psychologist [that is, a Health Services Provider—Psychologist (HSP-P)], NP PA: a. Day Treatment – Child Adolescent. b. Intensive In-home Services c. Mobile Crisis Management d. Multisystemic Therapy. e. Partial Hospitalization f. Professional Treatment Services in Facility-Based Crisis Programs g. Psychosocial Rehabilitation h. Substance Abuse Comprehensive Outpatient Treatment Program i. Substance Abuse Intensive Outpatient Service j. Substance Abuse Medically Monitored Community Residential Treatment k. Substance Abuse Non-Medical Community Residential Treatment l. Ambulatory Detoxification m. Non-hospital Medical Detoxification n. Medically Supervised or ADATC Detoxification Crisis Stabilization. I.C.7. The following services must be ordered by an MD/DO: a. Outpatient Opioid Treatment. BACKGROUND Additions: I.A.1. "withdrawal." "Crisis response services include screening and assessment; stabilization and de-escalation; and coordination with, and referrals to, health, social, and other services and supports as needed." 1.A.2 Provider Requirements, 1.A.3. Staffing Requirements, 1.A.4. Psychiatrist & competencies, I.A.5. Service Type and Setting, , I.A.6. Program Requirements, I.A.7 Utilization Management, I.A.11. Expected Outcomes, I.A.12. Documentation Requirements, I.A.13 Service Exclusions." II.A.2 & II.B.3, "A service order for SACOT must be completed by a physician, licensed psychologist, physician	05/23	05/23

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Reviews, Revisions, and Approvals	Reviewed Date	Approval Date
<p>assistant or nurse practitioner according to their scope of practice prior to or on the day that the services are to be provided.” II.C.5 “A service order for Substance Abuse NMCRT must be completed by a physician, licensed psychologist, physician assistant or nurse practitioner according to their scope of practice prior to or on the day that the services are to be provided.” II.F.3. “A service order for Non-hospital medical detoxification must be completed by a physician, licensed psychologist, physician assistant or nurse practitioner according to their scope of practice prior to or on the day that the services are to be provided.” II.H.8. “(MD or DO)” BACKGROUND Adjusted: I.A.1.”MCM is provided 24-hours -a-day, 7-days a week.” BACKGROUND Deleted: I.A.1. “detoxification supports” “These services include immediate telephonic or telehealth response to assess the crisis and determine the risk, mental status, medical stability, and appropriate response.” I.A.4.”Mobile Crisis Management also includes crisis prevention and supports that are designed to reduce the incidence of recurring crises. These supports and services must be specified in a Member’s Crisis Plan, which is a component of all PCPs.” I.A.8.a.i. “as determined by a crisis rating specified by DMH” Mobile Crisis Management: Added HCPCS table for Mobil Crisis Management, which included: “Triage and Screening” language for Mobile Crisis Management; “Telephonic Eligible” and “Use KX Modifier for Telephonic” for Mobile Crisis Management; Deleted “No” and added “Yes” for Use GT Modifier for Telehealth for Mobile Crisis Management.” “Multidisciplinary team: Modifier HT must be appended to HCPCS to indicate that a service has been provided as a team (more than one team member).” Under HCPCS table added the following NOTES: “Telephonic Claims: Modifier KX must be appended to the CPT or HCPCS code to indicate that a service has been provided via telephonic, audio-only communication.” “Places of service shall vary depending on the specific service rendered. They include the following: community settings such as primary private residence, school, shelters, work locations, and hospital emergency rooms; licensed substance abuse settings; and licensed crisis settings.” Deleted “This modifier is not appropriate for virtual communications or remote monitoring.”</p>		
<p>Criteria I.C.7. Service Orders: Deleted “The following services must be ordered by an MD/DO: Outpatient Opioid Treatment.” Criteria I.D. Clinical or Professional Supervision, moved to Criteria I.G. with verbiage deleted & added Reference and link to NC Medicaid State policy website,” Criteria I.E.,1 became I.D. Person Centered Plan, Adjusted verbiage in I.E.,1, I.E.,2, I.E.3. Reference with link to NC Medicaid State policy website. Criteria I.E. Documentation Requirements, Criteria Deleted. Added Reference and link to NC Medicaid State policy website. Criteria I.F. became Other Service Documentation Requirements. Criteria I.G. Criteria deleted. Added Reference and link to NC Medicaid State policy website for “Provider Qualifications, Provider Requirements, Clinical/Professional Supervision, and Staffing Requirements” Background I.A.1. Mobile Crisis Management: Added “is provided by a team of individuals, and” “365-days-a-year.” “detoxification supports,” “These services include immediate telephonic or telehealth response to assess the crisis and determine the risk, mental status, medical stability, and appropriate response.” “Mobile Crisis Management also includes crisis prevention and supports that are designed to reduce the incidence of recurring crises. These supports and services must be specified in a Member’s Crisis Plan, which is a component of all PCPs.” Background I.A.1. MCM: Removed: “Withdrawal” and “Crisis response services include screening and assessment; stabilization and de-escalation; and coordination with, and referrals to, health, social, and other services and supports as needed.” Deleted Background I.A.2. Provider Requirements; I.A.3. Staffing Requirements; I.A.12 Documentation Requirements, and information added in Criteria I.G., for link & reference to the NC Medicaid State Policy Website. Background I.A.5 became I.A.2, I.A.6 became I.A.3, I.A.7 became I.A.4, I.A.8 became I.A.5, I.A.9 became I.A.6, I.A.10 became I.A.7, I.A.11 became I.A.8, I.A.13 became I.A.9, Background I.A.2. MCM Service Type & Setting: Added “at all times” and “365 days a year” Background I.A.2.c.,and I.A.2.c.i.. MCM Service Type & Setting: Added “c. Annually the</p>	11/23	11/23

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<p>aggregate services that have been delivered by the agency must be assessed for each provider agency using the following quality assurance benchmarks: i. Team providing this service shall provide at least 80 percent of their units in-person with Members of this service.” Background I.A.2.c. MCM Service Type & Setting: Removed “Triage and screening services provided to a member by a mobile crisis provider may be provided via telehealth or telephonically. Providers shall bill the MCM HCPCS with modifier GT for services provided via telehealth or modifier KX for services provided via telephonic, audio-only communication.” Background I.A.2.d. MCM Service Type & Setting: Removed verbiage regarding “triage for an in-person assessment is medically necessary...and in the least restrictive environment...” “HCPCS with the HT modifier for in-person response.” And “not billing separately for multiple team members responding to same member.” Background I.A.3.a. MCM Program Requirements: Added “MCM services shall be delivered in the least restrictive environment and provided in or as close as possible to a member’s home, in the member’s natural setting, when possible. The response must be mobile.” And Removed “Mobile Crisis Management services providers shall notify the WellCare of North Carolina when contacted directly to provide services.” Background I.A.3.c., MCM Program Requirements: Added “MCM services may be delivered by one or more individual practitioners on the team.” And Removed “MCM requires a multidisciplinary team response that shall consist of at least two team members...within their scope of practice” Background I.A.3.d. MCM Program Requirements: Removed “MCM relationships with community partners.” Background I.A.4. MCM Utilization Management: Added “For Members enrolled with WellCare North Carolina®, the crisis management provider shall contact the WellCare North Carolina® to determine if the member is enrolled with a provider that should and can provide or be involved with the response.” Added “and detoxification services.” Deleted “when medically necessary.” Deleted “Concurrent review may occur after 32 units have been rendered to determine ongoing medical necessity.” Background I.A.5.a.i. MCM Eligibility Criteria: Added “as determined by a crisis rating scale specified by DMH;” Background I.A.9.g. MCM Service Exclusions: Changed “Withdrawal” to “Detoxification” Background I.A.9.i. MCM Service Exclusions: Changed “Inpatient Psychiatric Treatment, Facility-based Crisis and Psychiatric Residential” to “Inpatient Psychiatric Treatment and Psychiatric Residential Treatment Facility except for the day of admission and.” Background I.A.9.j. MCM Service Exclusions: Added “Mobile Crisis Management services may be provided to an individual who receives inpatient psychiatric services on the same day of service.” And Removed “Substance abuse Intensive Outpatient Program.” Background I.A.9.k. MCM Service Exclusions: Deleted “Substance Abuse Comprehensive Outpatient Treatment Program.” And Deleted “Services must not be provided in conjunction with or at a facility-based crisis or other facilities that provide crisis services, hospitals, emergency departments, inpatient hospitals, or institutions for mental disease.” Background I.B.3.b. Intensive In-Home, Program Requirements: Removed “The IHH team works together as an organized, coordinated unit under the direct supervision of the team leader. The team meets at least weekly to ensure that the planned interventions are implemented by the appropriate staff members and to discuss member’s progress toward goals as identified in the PCP.” Background I.D. 3.b. Intensive In-Home, Program Requirements: Removed “Level of Care Criteria are met.” Background I.F.1. Partial Hospitalization: moved “Physician involvement shall be one factor that distinguishes Partial Hospitalization from Day Treatment Services.” And “A physician shall participate in diagnosis, treatment planning, and admission or discharge decisions.” To I.F.2. Background I.F. 2 became 3, 3 became 4, 4 became 5, etc. through 10 became 11. Background I.F.9. Partial Hospitalization, Eligibility Criteria, Removed: a. “substance use disorder” as an eligible diagnosis. AND Removed: b. meeting “Level of Care Criteria.” Background II.H. Outpatient Opioid Treatment: - Added “Please refer to WellCare North Carolina® Medicaid Policy Site for WNC.CP.277 Outpatient</p>		

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Opioid Treatment Program Service Clinical Coverage Policy at WellCare Clinical Coverage Guidelines” and Removed all criteria. HCPCS CODE H2011, Changed “Triage Screening-use GT Modifier for Telehealth” from “Yes” to “NO” removed “triage screening & telephonic eligible” and “Triage and screening-use KX modifier for telephonic” HCPCS Code H0012 – Added “Adult” to description for “Substance Abuse Non-Medical Community Residential Treatment – ADULT”; Removed HCPCS Code H0020 Opioid Treatment from HCPCS table. Removed: 3. NOTE: “Telephonic Claims: Modifier KX must be appended to the CPT or HCPCS code to indicate that a service has been provided via telephonic, audio-only communication.” Removed: 4. NOTE “Multidisciplinary team: Modifier HT must be appended to HCPCS to indicate that a service has been provided as a team (more than one team member).” Removed ICD-10-PCS code table.		
Annual Review. Criteria I.B. Deleted ‘SAIOP’ and ‘SACOT’ Criteria I.G. added Note, “ NOTE: Services noted in this policy must be delivered by practitioners employed by a mental health or substance use provider organization that meets the provider qualification policies, procedures, and standards established by DMH and the requirements of 10A NCAC 27G.” Background I.B. Intensive Home Services, I.C. Multisystemic Therapy, I.D. Psychosocial Rehabilitation (PSR), Background II.C. Substance Abuse Non-Medical Community Residential Treatment (NMCRT), II.D., Substance Abuse Medically Monitored Community Residential Treatment (MMCRT),” Added “This service is coverable under WellCare of North Carolina®, only for members under EPSDT.” Background I.F.9.a. added, “primary, & Note.” “Member must have a primary mental health diagnosis (NOTE: a substance use disorder is not an eligible diagnosis for partial hospitalization). Background I.G.9.f. added, “Prior Authorization: The first 7 days (168 units) are subject to a passthrough. Utilization review by WellCare of North Carolina is required for all units beyond the initial 7 days of service.” And “Units are billed in 1-hour increments up to 24 hours in a 24-hour period.” Background I.G.9.g. added, “When providing evaluation and management services to beneficiaries, the psychiatrist or physician extender may bill additional psychiatric evaluations (excluding the initial evaluation) and other therapeutic services separately.”	05/24	05/24
Deleted Background II.E. Ambulatory Detoxification (ASAM Level I WM) and II.F. Non-Hospital Medical Detoxification (ASAM Level 3.7 WM). Deleted HCPCS codes H0010, H0014 and comment regarding “HCPCS codes H0014 H0010...” Removed CPT table. Changed beneficiary to member. Removed ‘Medicaid and health choice’ verbiage from References.	08/24	08/24
Annual Review. Removed text from Criteria I.C.3. “Even if the beneficiary is retroactively eligible for Medicaid the provider shall not be able to bill Medicaid without a valid service order and Criteria I.C.6. “ambulatory detox and non-hospital medical detox.” Deleted Criteria I.C.6.l, Background II.E. and CPT H2036 Medically Supervised or ADATC Detoxification Crisis Stabilization. Criteria I.G. Note, text deleted.	11/24	11/24
Criteria I. deleted “It is the policy of WellCare of North Carolina that Enhanced Mental Health and Substance Abuse Services meet criteria for coverage as follows:” and changed Criteria I.B to Criteria I, and rearranged text with no effect on criteria. “The following services are not typically covered under the NC Medicaid standard plans, but may be allowed when prior authorization is obtained for members eligible for EPSDT services: Intensive In-Home Services, Multi-systemic Therapy Services, Child and Adolescent Day Treatment, Psychosocial Rehabilitation, Substance Abuse Non-Medical Community Residential Treatment and Substance Abuse Medically Monitored Community Residential Treatment.” And Deleted I.A. Prior Approval. Criteria I.C. Service Orders became Criteria II. And deleted I.F.3. Mobile Crisis Management text and ‘4’ became ‘3’ etc. Criteria I.D. PCP became Criteria III. And moved old Criteria I.F. to III.4.E, then deleted I.F. Beneath Criteria IV. Documentation Requirements: added “Federally recognized Tribes or Indian Health Service Providers are required to follow substantially equivalent standards as	12/24	12/24

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<p>required by their regulatory agencies and federal regulations.” Criteria V. Provider Requirements...etc.” text updated. Background I.A. changed text to “Mobile Crisis Management (MCM) involves all support, services, and treatments necessary to provide integrated crisis response, crisis stabilization interventions, and crisis prevention activities. Mobile Crisis Management services are available at all times,” Background I.B.3.b., “If an in-person assessment is required, this assessment must be delivered in the least restrictive environment and provided in or as close as possible to a beneficiary’s home, in the beneficiary’s natural setting, school, work, local emergency room, etc. This response must be mobile. The result of this assessment must identify the appropriate crisis stabilization intervention. Background I.C.1 states “Mobile Crisis Management services shall be delivered in the least restrictive environment and provided in or as close as possible to a member’s home and are expected to address psychiatric, substance use disorder, and intellectual and developmental disability crises for all ages to help restore (at a minimum) a member to his or her previous level of functioning.” Background I.C.2. update to “Mobile Crisis Management shall develop a Crisis Plan before discharge, or revise existing crisis plan components in PCPs. This Crisis Plan shall be provided to the member, caregivers (if appropriate), and any agencies that may provide ongoing treatment and supports after the crisis has been stabilized.” Previous Background I.A.4. deleted “utilization management,” and “There is no prior authorization for crisis services.” And remainder of text became new Background I.D.1. Background I.E., added “Entrance” and “The member is eligible for this service when the following criteria are met:” Background I.F. Continued Service Criteria, I.G. Discharge Criteria, I.H. Expected Outcomes, I.I. Service Plan. Background II.C. Program Requirements now states “For IIH Members, all aspects of the delivery of this service occurring per date of service shall equal one per diem event of a two-hour minimum.” Background II.D. added Service exclusions, “A member may receive IIH services from only one provider during an episode of care. IIH services may not be billed for more than one beneficiary in the families private residence during the same episode of care.” Background III.C.4.i. deleted “The duration of MST intervention is 3 to 5 months.” Background V.A. added “This service is coverable under WellCare of North Carolina®, only for members under EPSDT.” Background VII.G. added “or be operated by a federally recognized tribal provider or an Indian Health Service provider.” Background VII.I. deleted “Prior authorization: the first 7 days (168 units) are subject to a pass-through Utilization review by WellCare of North Carolina is required for all units beyond the initial 7 days of service.” Background VIII.F. changed ‘authorization’ to ‘episode of care.’ Background IX.E. deleted “Utilization review must be conducted every 30 days and is so documented in the PCP and the service record.” Background IX.G. added “Service Exclusions and Limitations.” Background X.F. “For programs providing services to beneficiaries with their children in residence or pregnant women: Each adult shall also receive in accordance with their PCP:” and 1.Training in therapeutic parenting skills; 2.Basic independent living skills; 3.Child supervision; 4.One-on-one interventions with the community to develop interpersonal and community coping skills, including adaptation to school and work environments; and 5.Therapeutic mentoring. Background X.H.d. deleted “Utilization review must be conducted every 90 calendar days (after the initial 30 calendar day UR) for the parents with children programs and is so documented in the PCP and the service record.” Background X.I. added Discharge Criteria. Background XII. Is Outpatient Opioid Treatment. Background I.E. II.E. III.D IV.C V.D VI.I VII.H. VIII.C. IX.D. X.G. XI.D added “entrance.” Background VI.L VII.K VIII.G IX.H, added “For Authorization Requirements.” HCPCS H0012 H0013 deleted ‘not to exceed more than 45 days in a 12-month period.’ Under HCPCS table, deleted “Telephonic Claims: Modifier KX must be appended to the CPT or HCPCS code to indicate that a service has been provided via telephonic, audio-only communication.”</p>		

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Background VI.F. added “or equivalent tribal code.” Under CPT code box, added text, “Telephonic Claims: Modifier KX must be appended to the CPT or HCPCS code to indicate that a service has been provided via telephonic, audio-only communication.”	02/25	02/25
Annual Review. Under NC Guidance/Claims related information, updated state web address.		

References

1. State of North Carolina Medicaid Clinical Coverage Policy No: 8A Enhanced Mental Health and Substance Abuse Services. [Program Specific Clinical Coverage Policies | NC Medicaid \(ncdhhs.gov\)](https://www.ncdhhs.gov/Program-Specific-Clinical-Coverage-Policies-NC-Medicaid) . Published January 1, 2025. Accessed August 1, 2025.

North Carolina Guidance

Eligibility Requirements

- a. An eligible beneficiary shall be enrolled in the NC Medicaid Program (Medicaid is NC Medicaid program, unless context clearly indicates otherwise);
- b. Provider(s) shall verify each Medicaid beneficiary’s eligibility each time a service is rendered.
- c. The Medicaid beneficiary may have service restrictions due to their eligibility category that would make them ineligible for this service.

EPSDT Special Provision: Exception to Policy Limitations for a Medicaid Beneficiary under 21 Years of Age

- a. 42 U.S.C. § 1396d(r) [1905(r) of the Social Security Act]
Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) is a federal Medicaid requirement that requires the state Medicaid agency to cover services, products, or procedures for Medicaid beneficiary under 21 years of age if the service is medically necessary health care to correct or ameliorate a defect, physical or mental illness, or a condition [health problem] identified through a screening examination (includes any evaluation by a physician or other licensed practitioner).

This means EPSDT covers most of the medical or remedial care a child needs to improve or maintain his or her health in the best condition possible, compensate for a health problem, prevent it from worsening, or prevent the development of additional health problems.

Medically necessary services will be provided in the most economic mode, as long as the treatment made available is similarly efficacious to the service requested by the beneficiary’s physician, therapist, or other licensed practitioner; the determination process does not delay the delivery of the needed service; and the determination does not limit the beneficiary’s right to a free choice of providers.

EPSDT does not require the state Medicaid agency to provide any service, product, or procedure:

1. that is unsafe, ineffective, or experimental or investigational.

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2. that is not medical in nature or not generally recognized as an accepted method of medical practice or treatment.

Service limitations on scope, amount, duration, frequency, location of service, and other specific criteria described in clinical coverage policies may be exceeded or may not apply as long as the provider's documentation shows that the requested service is medically necessary "to correct or ameliorate a defect, physical or mental illness, or a condition" [health problem]; that is, provider documentation shows how the service, product, or procedure meets all EPSDT criteria, including to correct or improve or maintain the beneficiary's health in the best condition possible, compensate for a health problem, prevent it from worsening, or prevent the development of additional health problems.

EPSDT and Prior Approval Requirements

1. If the service, product, or procedure requires prior approval, the fact that the beneficiary is under 21 years of age does NOT eliminate the requirement for prior approval.
2. **IMPORTANT ADDITIONAL INFORMATION** about EPSDT and prior approval is found in the *NCTracks Provider Claims and Billing Assistance Guide*, and on the EPSDT provider page. The Web addresses are specified below:

NCTracks Provider Claims and Billing Assistance Guide:

<https://www.nctracks.nc.gov/content/public/providers/provider-manuals.html>

EPSDT provider page: <https://medicaid.ncdhhs.gov/>

Provider(s) Eligible to Bill for the Procedure, Product, or Service

To be eligible to bill for the procedure, product, or service related to this policy, the provider(s) shall:

- a. meet Medicaid qualifications for participation;
- b. have a current and signed Department of Health and Human Services (DHHS) Provider Administrative Participation Agreement; and
- c. bill only for procedures, products, and services that are within the scope of their clinical practice, as defined by the appropriate licensing entity.

Compliance

Provider(s) shall comply with the following in effect at the time the service is rendered:

- a. All applicable agreements, federal, state, and local laws and regulations including the Health Insurance Portability and Accountability Act (HIPAA) and record retention requirements; and
- b. All NC Medicaid's clinical (medical) coverage policies, guidelines, policies, provider manuals, implementation updates, and bulletins published by the Centers for Medicare and Medicaid Services (CMS), DHHS, DHHS division(s) or fiscal contractor(s).

Claims-Related Information

Provider(s) shall comply with the NC Tracks Provider Claims and Billing Assistance Guide, Medicaid bulletins, fee schedules, NC Medicaid's clinical coverage policies and any other relevant documents for specific coverage and reimbursement for Medicaid:

- a. Claim Type - as applicable to the service provided:

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Professional (CMS-1500/837P transaction)

Institutional (UB-04/837I transaction)

Unless directed otherwise, Institutional Claims must be billed according to the National Uniform Billing Guidelines. All claims must comply with National Coding Guidelines.

- b. International Classification of Diseases and Related Health Problems, Tenth Revisions, Clinical Modification (ICD-10-CM) and Procedural Coding System (PCS) - Provider(s) shall report the ICD-10-CM and Procedural Coding System (PCS) to the highest level of specificity that supports medical necessity. Provider(s) shall use the current ICD-10 edition and any subsequent editions in effect at the time of service. Provider(s) shall refer to the applicable edition for code description, as it is no longer documented in the policy.
- c. Code(s) - Provider(s) shall report the most specific billing code that accurately and completely describes the procedure, product or service provided. Provider(s) shall use the Current Procedural Terminology (CPT), Health Care Procedure Coding System (HCPCS), and UB-04 Data Specifications Manual (for a complete listing of valid revenue codes) and any subsequent editions in effect at the time of service. Provider(s) shall refer to the applicable edition for the code description, as it is no longer documented in the policy. If no such specific CPT or HCPCS code exists, then the provider(s) shall report the procedure, product or service using the appropriate unlisted procedure or service code.

Unlisted Procedure or Service

CPT: The provider(s) shall refer to and comply with the Instructions for Use of the CPT Codebook, Unlisted Procedure or Service, and Special Report as documented in the current CPT in effect at the time of service.

HCPCS: The provider(s) shall refer to and comply with the Instructions For Use of HCPCS National Level II codes, Unlisted Procedure or Service and Special Report as documented in the current HCPCS edition in effect at the time of service

- d. Modifiers - Providers shall follow applicable modifier guidelines.
- e. Billing Units - Provider(s) shall report the appropriate code(s) used which determines the billing unit(s).
- f. Co-payments -
For Medicaid refer to Medicaid State Plan:
<https://medicaid.ncdhhs.gov/meetingsnotices/medicaid-state-plan-public-notices>
- g. Reimbursement - Provider(s) shall bill their usual and customary charges. For a schedule of rates, refer to: <https://medicaid.ncdhhs.gov/>.

Important Reminder

This clinical policy has been developed by appropriately experienced and licensed health care professionals based on a review and consideration of currently available generally accepted standards of medical practice; peer-reviewed medical literature; government agency/program approval status; evidence-based guidelines and positions of leading national health professional organizations; views of physicians practicing in relevant clinical areas affected by this clinical policy; and other available clinical information. The Health Plan makes no representations and accepts no liability with respect to the content of any external information used or relied upon in

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developing this clinical policy. This clinical policy is consistent with standards of medical practice current at the time that this clinical policy was approved. “Health Plan” means a health plan that has adopted this clinical policy and that is operated or administered, in whole or in part, by Centene Management Company, LLC, or any of such health plan’s affiliates, as applicable.

The purpose of this clinical policy is to provide a guide to medical necessity, which is a component of the guidelines used to assist in making coverage decisions and administering benefits. It does not constitute a contract or guarantee regarding payment or results. Coverage decisions and the administration of benefits are subject to all terms, conditions, exclusions, and limitations of the coverage documents (e.g., evidence of coverage, certificate of coverage, policy, contract of insurance, etc.), as well as to state and federal requirements and applicable Health Plan-level administrative policies and procedures.

This clinical policy is effective as of the date determined by the Health Plan. The date of posting may not be the effective date of this clinical policy. This clinical policy may be subject to applicable legal and regulatory requirements relating to provider notification. If there is a discrepancy between the effective date of this clinical policy and any applicable legal or regulatory requirement, the requirements of law and regulation shall govern. The Health Plan retains the right to change, amend or withdraw this clinical policy, and additional clinical policies may be developed and adopted as needed, at any time.

This clinical policy does not constitute medical advice, medical treatment, or medical care. It is not intended to dictate to providers how to practice medicine. Providers are expected to exercise professional medical judgment in providing the most appropriate care, and are solely responsible for the medical advice and treatment of members/enrollees. This clinical policy is not intended to recommend treatment for members/enrollees. Members/enrollees should consult with their treating physician in connection with diagnosis and treatment decisions.

Providers referred to in this clinical policy are independent contractors who exercise independent judgment and over whom the Health Plan has no control or right of control. Providers are not agents or employees of the Health Plan.

This clinical policy is the property of the Health Plan. Unauthorized copying, use, and distribution of this clinical policy or any information contained herein are strictly prohibited. Providers, members/enrollees, and their representatives are bound to the terms and conditions expressed herein through the terms of their contracts. Where no such contract exists, providers, members/enrollees and their representatives agree to be bound by such terms and conditions by providing services to members/enrollees and/or submitting claims for payment for such services.

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