



# Memorandum

FY0910-UM-11 Criteria for Enhanced Services

To: PBH Utilization Management, PBH Provider Network  
 From: PBH Utilization Management and ACCESS  
 Date: 6/16/2010  
 Re: Change in utilization management criteria for enhanced services

Effective July 1, 2010 Enhanced MH/SA service will be authorized as follows:

Service Definition	Prior Auth Required?	LME Response Time	Review Type	Initial Auth Guideline	Re-auth Frequency Guideline	Re-Auth Guidelines	Medicaid Max / Min Limits
Intensive In Home Services Child and Youth	Yes	14 calendar days	TAR	60 days for the initial authorization period	60 days	60 days - Monthly Max 60 units ( 1 unit = 1 day )- minimum of 12 contacts must occur in first month - An average of of 6 contacts per month must occur- service frequency will be titrated over the last 2 months.	365 maximum per year This service is billed per diem, with a 2- hour minimum.
Child and Adolescent Day Treatment (MH/SA)	Yes	14 calendar days	TAR	60 day Minimum 3hrs per day/ 2 days per week ( 6 hrs) Maximum 6 hours/day 5 days/week( 30 hours)	60 Days	60 days Minimum 3hrs per day/ 2 days per week ( 6 hrs) Maximum 6 hours/day 5 days/week( 30 hours)	Every 60 days

Service Definition	Prior Auth Required?	LME Response Time	Review Type	Initial Auth Guideline	Re-auth Frequency Guideline	Re-Auth Guidelines	Medicaid Max / Min Limits
Opioid Treatment	Yes	14 calendar days	TAR	180 DAYS	EVERY 180 DAYS	180	
Psychiatric Rehabilitation (PSR)	Yes	14 calendar days	TAR	Initial Authorization should not exceed 180 Days. Daily Max 32 units, Weekly Max 140 units, Monthly Max 832 units Service to be available 20 units ( 5 hours) per day at least 5 days per week	Re-auth should not exceed 180 days and be so documented in the service record	Services to be documented in the PCP. Service to be available 20 units ( 5 hours) per day at least 5 days per week	Must be reviewed at least every 6 months
Substance Abuse Intensive Outpatient-SAIOP	Yes	14 calendar days	TAR	Initial Auth 12 weeks	Re-auth up to two weeks more if exceptional circumstances	Can have up to two weeks extension with exceptional circumstances	
SA Halfway House Group Living – Low	Yes	14 calendar days	TAR	180	90	Substance Abuse Halfway House	State Funding Only
Assertive Community Treatment Team	Yes	14 calendar days	TAR	May not exceed 45 days (An additional 30 days may be approved in the event the provider has difficulty in completing the PCP due to the consumer not being available).	May not exceed 180 days	4 units for 30 days	Yearly Max 48 units
Substance Abuse Comprehensive Outpatient Treatment Program - SACOP	Yes	14 calendar days	TAR	Initial auth 60 days. PCP Initial /TAR reauthorization	60 days	60 days	60 days
Non Medical Community Residential Substance Abuse Treatment .	Yes	14 calendar days	TAR	10 Days	10 days	10 days	Re-Auth not to exceed 10days

If you have further questions regarding this or other matters please feel free to call PBH UM at 704-2100 or email [carroll.lytch@pbhsolutions.org](mailto:carroll.lytch@pbhsolutions.org)

**Note:** For Medicaid recipients 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