

List of Services Effective May 10, 2008

<b>Table 1: Qualifying Services to Mental Health and Substance Abuse Consumers* For Which NC-TOPPS is Required</b>			
<b>Service Codes</b>	<b>Description of Services</b>	<b>Diagnosis</b>	
		<b>Mental Health</b>	<b>Substance Abuse*</b>
<b>Community-Based Periodic and Day/Night Services</b>			
90772	Medication Administration (Methadone)		X
90804--90807 (inc. GT codes)	Individual Therapy (20-30 minutes, 45-50 minutes; with or without MD)		X
90810--90815	Interactive Therapy (30 minutes, 50 minutes, 80 minutes; with or without MD)		X
90846	Family Therapy without Patient		X
90847	Family Therapy with Patient		X
90849	Group Therapy (multiple family group)		X
90853	Group Therapy (non-multiple family group)		X
H0004	Behavioral Health Counseling - Individual Therapy		X
H0004 HQ	Behavioral Health Counseling - Group Therapy		X
H0004 HR	Behavioral Health Counseling - Family Therapy with Consumer		X
H0004 HS	Behavioral Health Counseling - Family Therapy without Consumer		X
H0005	Alcohol and/or Drug Group Counseling		X
H0015	Substance Abuse Intensive Outpatient Program (SAIOP)		X
H0020	Opioid Treatment		X
H0035	Mental Health - Partial Hospitalization	X	X
H0036: HA, U3-U4	Community Support - Individual Child	X	X
H0036: HB, U3-U4	Community Support - Individual Adult	X	X
H0036: HQ, U3-U4	Community Support - Group	X	X
H0040	Assertive Community Treatment Team (ACTT)	X	X
H2012 HA	Child and Adolescent Day Treatment	X	X
H2015 HT	Community Support Team (CST)	X	X
H2022	Intensive In-Home Services (IIH)	X	X
H2033	Multisystemic Therapy Services (MST)	X	X
H2035	Substance Abuse Comprehensive Outpatient Treatment (SACOT)		X
YP831	Behavioral Health Counseling (non-licensed provider)		X
YP832	Behavioral Health Counseling - Group Therapy (non-licensed provider)		X
YP833	Behavioral Health Counseling - Family Therapy with Consumer (non-licensed provider)		X
YP834	Behavioral Health Counseling - Family Therapy without Consumer (non-licensed provider)		X
YP835	Alcohol and/or Drug Group Counseling (non-licensed provider)		X
<b>Residential Services</b>			
H0012 HB	SA Non-Medical Community Residential Treatment - Adult		X
H0013	SA Medically Monitored Community Residential Treatment	X	X
H0019	Behavioral Health - Long Term Residential	X	X
H2020	Residential Treatment - Level II - Program Type (Therapeutic Behavioral Services)	X	X
S5145	Residential Treatment - Level II - Family Type (Foster Care Therapeutic Child)	X	X
YA230	Psychiatric Residential Treatment Facility	X	X
YP780	Group Living - High	X	X

\*NOTE: All substance abuse consumers receiving the above services funded through the Integrated Payment and Reporting System (IPRS) must participate in NC-TOPPS in order to comply with federal block grant requirements. If the consumer is only receiving outpatient services funded through Medicaid Basic Benefits (8 visits for adults; 26 visits for children), the consumer is not expected to participate in NC-TOPPS.