**Monroe County Community Mental Health Non-Medicaid Tables**

**Effective January 1, 2025 / EXHIBIT FCM3047-E1**

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| **Category** | **Covered Services** | **Service Code(s) & Units** | **Total Units** | **Authorization Time Frame** |
| **#1 – CCBHC** | CCBHC eligible services are those with mental illness (MI) or substance use (SUD) diagnosis codes. The service code itself must also be eligible and can be found in the CCBHC handbook. Individuals who have an MI, SED or SUD diagnosis cooccurring with intellectual or development disabilities are also eligible for CCBHC. All services are subject to evaluation of medical necessity and need based on the individual.  Staff can access the most updated versions of each document in the MCMHA general folder under CCBHC resources:  [​pdf icon CCBHC Access Decision Tree.pdf](https://mcmha.sharepoint.com/:b:/r/sites/MCMHA/Shared%20Documents/General/CCBHC%20Resources/CCBHC%20Access%20Decision%20Tree.pdf?csf=1&web=1&e=cejQEh)  [​pdf icon CCBHC Eligible Diagnosis and CPT Codes.pdf](https://mcmha.sharepoint.com/:b:/r/sites/MCMHA/Shared%20Documents/General/CCBHC%20Resources/CCBHC%20Eligible%20Diagnosis%20and%20CPT%20Codes.pdf?csf=1&web=1&e=YAIk66) | The core services areas and codes as presented in the most recent version of the CCBHC handbook. | See most recent version of the CCBHC handbook and State code chart. | **As needed/determined during the person-centered planning process.**  **IMPORTANT!**  Remember they do not need to be a resident of Monroe County to qualify for CCBHC services. For non-CCBHC services, you must be a Monroe County resident. |
| **#2 – New People**  Anyone new to MCMHA, that do not qualify or receive CCHBC eligible services (as noted in box 1 above), and do not have Medicaid will be placed on the waitlist for services. Authorization will not be given for services until approved by the non-Medicaid Committee or Medicaid eligibility is established. No matter the specific circumstance, the focus is on getting the person active Medicaid.  **Note:** Crisis Services, Crisis Residential, Crisis Stabilization, Partial Hospitalization and Inpatient Psychiatric stays are covered for everyone regardless of insurance type if medically necessary. See #4 below | Assessment by a non-physician  Peer Services  Targeted Case Management  Psychiatric Diagnostic Evaluation  Medication  Administration  Medication Review | **90791**  **H0038**  **T1017**  **9079X**  **96372**  **929XX** | One Encounter  10 units of either (not both)  10 units of either (not both)  One Unit  Two Units  Two Units | **60 days** |

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| **Category** | **Covered Services** | **Service Code(s) & Units** | **Total Units** | **Authorization Time Frame** |
| **#3 - People who had Medicaid**  People who had Medicaid, were receiving services, and then lost their Medicaid coverage | Varies | Can continue the current services described in their IPOS in the same amount, scope, and duration for up to 60 days from the date of Medicaid coverage loss. | Varies | **60 days**  The 60-day limitation does not apply to CCBHC eligible consumers receiving CCBHC services. |
| **#4 - People without Medicaid**  People without Medicaid and outside either of the 60-day periods described in #1 or #3 above; will be eligible for Crisis Services only as detailed in this table. Individuals who have primary insurance coverage or Medicare would be covered under Medicaid as a secondary payor. This box only applies to people no insurance coverage at all. | Crisis Intervention, Crisis Stabilization  Screening for an Inpatient Psychiatric Hospitalization & Inpatient Psychiatric Coverage – excludes individuals with primary coverage including Medicare.  Crisis Residential  Partial Hospitalization | **H2011 (GF)**  **T1023 (GF)**  **Inpatient Psychiatric Coverage**  **(GF)**  **H0018 (GF)**  **0912 (GF)** |  | No limit or prior authorization required.  **IMPORTANT!**  Remember they do not need to be a resident of Monroe County to qualify for CCBHC services.  If they prefer not to enter CCBHC services, they need to receive notice that they will be added to our Non-Medicaid Wait List which is reviewed monthly. |
| **#5 - Approved Exceptions**  Approved exceptions to these services or time restrictions listed above. Non-Medicaid exceptions will be reviewed on an individual basis with a focus on health/safety and the attempts being made to get Medicaid coverage in place. | The exception request must clearly state the requested services along with their amount, scope, and duration as well as all efforts actively being pursued to obtain active Medicaid. This request should be submitted to [NonMedicaid@MCMHA.org](mailto:NonMedicaid@MCMHA.org).   The Non-Medicaid review committee will collectively make a determination on authorization of services. | Whatever has been approved through the Exception Request process | Whatever has been approved through the Exception Request process | Typically, short term authorizations only- less than 60 days |
| **Special Notes** | Emergency Services Only (ESO) – This largely relates to individuals who have citizenship issues and is not to be confused with the emergency/crisis services noted in #4 above. If someone presents with an eligibility status of ESO, please consult a supervisor. | ESO - If someone presents with an eligibility status of ESO, please consult supervisor. | ESO - If someone presents with an eligibility status of ESO, please consult supervisor. | ESO - If someone presents with an eligibility status of ESO, please consult supervisor. |