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Related State-Funded Service Definition Policies

Refer to <https://www.ncdhhs.gov/providers/provider-information/mental-health-development-disabilities-and-substance-use-services/service-definitions> for the related policies listed below:

State-Funded Ambulatory Withdrawal Management With Extended On-Site Monitoring
State-Funded Clinically Managed Residential Withdrawal Services
State-Funded Medically Monitored Inpatient Withdrawal Management Services
State-Funded Inpatient Behavioral Health Services
State-Funded Enhanced Mental Health & Substance Use Services
State-Funded Diagnostic Assessment
State-Funded Outpatient Behavioral Health Services
State-Funded Opioid Treatment Program

1.0 Description of the Service

Ambulatory Withdrawal Management (WM) without Extended On-Site Monitoring is an organized outpatient service that provides medically supervised evaluation, withdrawal management, and referral in a licensed facility. Services are provided in regularly scheduled sessions to be delivered under a defined set of policies and procedures or medical protocols.

This is an American Society of Addiction Medicine (ASAM) Criteria, Third Edition Level 1-WM service for an individual who is assessed to be at minimal risk of severe withdrawal, free of severe physical and psychiatric complications and can be safely managed at this level. These services are designed to treat the individual's level of clinical severity and to achieve safe and comfortable withdrawal from alcohol and other substances to effectively facilitate the individual's transition into ongoing treatment and recovery.

1.1 Definitions

Clinical Institute Withdrawal Assessment of Alcohol Scale (CIWA-Ar):

Is a tool used to assess an individual's alcohol withdrawal.

The ASAM Criteria, Third Edition

The American Society of Addiction Medicine Criteria is a comprehensive set of treatment standards for addictive, substance-related, and co-occurring conditions. The ASAM Criteria uses six dimensions to create a holistic, biopsychosocial assessment to be used for service planning and treatment. The six dimensions are:

1. Acute Intoxication and Withdrawal Potential;
2. Biomedical Conditions and Complications;
3. Emotional, Behavioral, or Cognitive Conditions and Complications;
4. Readiness to Change;
5. Relapse, Continued Use, or Continued Problem Potential; and
6. Recovery and Living Environment.

2.0 Eligibility Requirements

2.1 Provisions

2.1.1 General

- a. An eligible individual shall be enrolled with the NC LME/MCO on or prior to the date of service, meet the criteria for a state-funded Benefit Plan and shall meet the criteria in Section 3.0 of this policy.
- b. Provider(s) shall verify each individual's eligibility each time a service is rendered.

2.1.2 Specific

(The term "Specific" found throughout this policy only applies to this policy)

State funds shall cover Ambulatory Withdrawal Management Without Extended On-Site Monitoring services for an individual who is 18 years of age and older and meets the criteria in **Section 3.0** of this policy.

3.0 When the Service Is Covered

3.1 General Criteria Covered

State funds shall cover the service related to this policy when medically necessary, and:

- a. the service is individualized, specific, and consistent with symptoms or confirmed diagnosis of the illness or injury under treatment, and not in excess of the individual's needs;
- b. the service can be safely furnished, and no equally effective and more conservative or less costly treatment is available statewide; and
- c. the service is furnished in a manner not primarily intended for the convenience of the individual, the individual's caretaker, or the provider.

3.2 Specific Criteria Covered

3.2.1 Specific criteria covered by State Funds

State funds shall cover Ambulatory Withdrawal Management without Extended On-site Monitoring services when the individual meets the following specific criteria:

- a. has a substance use disorder (SUD) diagnosis or co-occurring disorder as defined by the current DSM-5 edition, or any subsequent editions of this reference material; and
- b. meets the American Society of Addiction Medicine (ASAM) Level 1-WM Ambulatory Withdrawal Management without Extended On-Site Monitoring admission criteria as defined in The ASAM Criteria, Third Edition, 2013.

3.2.2 Admission Criteria

- a. Due to the nature of this crisis service, a Comprehensive Clinical Assessment (CCA) and Diagnostic Assessment (DA) is not required before admission for

Ambulatory Withdrawal Management without Extended On-Site Monitoring services.

- b. The physician or physician extender shall conduct an initial abbreviated assessment and physical exam, including a pregnancy test as indicated, to establish medical necessity for this service and the develop a service plan as part of the admission process.
- c. The initial abbreviated assessment (Reference 10A NCAC 27G .0205(a)) must consist of the following information:
 1. the individual's presenting problem;
 2. the individual's needs and strengths;
 3. a provisional or admitting diagnosis;
 4. a pertinent social, family, and medical history; and
 5. other evaluations or assessments.

The program physician or physician extender can bill Evaluation and Management codes separately for the admission assessment and physical exam.

Within three calendar days of the admission, a comprehensive clinical assessment must be completed by a licensed professional to determine an ASAM level of care for discharge planning. Information from the abbreviated assessment is utilized as a part of the current comprehensive clinical assessment. Relevant diagnostic information must be obtained and documented in the treatment or service plan.

3.2.3 Continued Stay and Discharge Criteria

- a. The individual meets the criteria for continued stay if any ONE of the following applies:
 1. The individual's withdrawal symptoms have not been sufficiently resolved to allow either discharge to a lower level of care or safe management in a less intensive environment; or
 2. The individual's CIWA-Ar score has not increased or decreased.
- b. The individual meets the criteria for discharge if any ONE of the following applies:
 1. The individual's withdrawal signs and symptoms are sufficiently resolved so that the individual can participate in self-directed recovery or ongoing treatment without the need for further medical or nursing withdrawal management monitoring;
 2. The individual's signs and symptoms of withdrawal have failed to respond to treatment and have intensified (as confirmed by higher scores on the Clinical Institute Withdrawal Assessment for Alcohol Scale Revised (CIWA-Ar) or other comparable standardized scoring system) indicating a need for transfer to a higher level of care;
 3. The individual is unable to complete withdrawal management at Level 1-WM indicating a need for more intensive services; or

4. The individual or person legally responsible for the individual requests a discharge from the service.

3.2.4 State Funds Additional Criteria Covered

None Apply.

4.0 When the Service Is Not Covered

4.1 General Criteria Not Covered

State funds shall not cover the procedure, product, or service related to this policy when:

- a. the individual does not meet the eligibility requirements listed in **Section 2.0**;
- b. the individual does not meet the criteria listed in **Section 3.0**;
- c. the service duplicates another provider's service; or
- d. the service is experimental, investigational, or part of a clinical trial.

4.2 Specific Criteria Not Covered

4.2.1 Specific Criteria Not Covered by State Funds

State funds shall not cover these activities:

- a. Transportation for the individual or family members;
- b. Any habilitation activities;
- c. Time spent doing, attending or participating in recreational activities unless tied to specific planned social skill assistance;
- d. Clinical and administrative supervision of Level 1-WM staff, which is covered as an indirect cost and part of the rate;
- e. Covered services that have not been rendered;
- f. Childcare services or services provided as a substitute for the parent or other individuals responsible for providing care and supervision;
- g. Services provided to teach academic subjects or as a substitute for education personnel;
- h. Interventions not identified on the individual's service plan;
- i. Services provided to children, spouse, parents, or siblings of the individual under treatment or others in the individual's life to address problems not directly related to the individual's needs and not listed on the service plan; and
- j. Payment for room and board.

4.2.2 State Funds Additional Criteria Not Covered

None Apply.

5.0 Requirements for and Limitations on Coverage

5.1 Prior Approval

State funds shall not require prior approval for Ambulatory Withdrawal Management Without Extended On-site Monitoring upon admission through the first three calendar days of services.

5.2 Prior Approval Requirements

5.2.1 General

None Apply.

5.2.2 Specific

None Apply.

5.3 Utilization Management and Additional Limitations or Requirements

5.3.1 Utilization Management

Utilization management of covered services is a part of the assurance of medically necessary service provision. Authorization, which is an aspect of utilization management, validates approval to provide a medically necessary covered service to an individual who is eligible for this service.

Services are based upon a finding of medical necessity, must be directly related to the individual's diagnostic and clinical needs, and are expected to achieve the specific rehabilitative goals detailed in the individual's service plan. Medical necessity is determined by North Carolina community practice standards, by 10A NCAC 25A .0201, and as verified by the LME/MCO or utilization management contractor who evaluates the request to determine if medical necessity supports intensive services.

Medically necessary services are authorized in the most cost-effective modes, if the treatment that is made available is similarly effective as services requested by the individual's physician, therapist, or another licensed practitioner. The medically necessary service must be recognized as an accepted method of medical practice or treatment.

5.3.2 Initial Authorization

To request an initial authorization, the CCA or DA, service order for medical necessity, the service plan, and the required LME/MCO authorization request form must be submitted to the LME/MCO or utilization management contractor within the first three calendar days of service initiation.

Concurrent reviews determine the ongoing medical necessity for the service or a lower or higher level of care. Providers shall submit an updated service plan and any authorization or reauthorization forms required by the LME/MCO or utilization management contractor.

5.3.3 Additional Limitations or Requirements

An individual shall receive the Ambulatory Withdrawal Management without Extended On-Site Monitoring service from only one provider organization during any active authorization period.

Ambulatory Withdrawal Management without Extended On-Site Monitoring services may not be provided on the same day as Substance Use Disorder Withdrawal Management or Residential Services, except on day of admission or discharge.

5.4 Service Orders

A service order is a mechanism to demonstrate medical necessity for a service and is based upon an assessment of the individual's needs. A signed service order must be completed by a physician, physician assistant, or nurse practitioner, according to their scope of practice. A service order is valid for 12 months. Medical necessity must be revisited, and service must be ordered at least annually, based on the date of the original service order.

ALL of the following apply to a service order:

- a. Backdating of the service order 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; and
- c. A service order must be in place before or on the first day that the service is initially provided, to bill state funds for the service.

5.5 Documentation Requirements

The service record documents the nature and course of an individual's progress in treatment. To bill state funds, providers must ensure that their documentation is consistent with the requirements contained in this policy. The staff member who provides the service is responsible for accurately documenting the services billed to and reimbursed by the LME/MCO. Service notes must meet the requirements of the DHHS Records Management and Documentation Manual. Medication administration records (MAR) or electronic MARs must meet requirements of 10A NCAC 27G .0209 (c)(4).

6.0 Provider(s) Eligible to Bill for the Service

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

- a. meet State Funded Benefit Plan 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 services that are within the scope of their clinical practice, as defined by the appropriate licensing entity.

6.1 Provider Qualifications and Occupational Licensing Entity Regulations

Ambulatory Withdrawal Management Without Extended On-Site Monitoring services must be delivered by providers employed by substance abuse provider organizations that:

- a. meet the provider qualification policies, procedures, and standards established by the DMHDDSUS;
- b. meet the requirements of 10A NCAC 27G Rules for Mental Health, Developmental Disabilities, and Substance Abuse Facilities and Services;
- c. demonstrate that they meet these standards by being credentialed and contracted by the DHHS designated contractor;
- d. within one year of enrollment as a provider receiving state funds, achieve national accreditation with at least one of the designated accrediting agencies; and
- e. become established as a legally constituted entity capable of meeting all the requirements of the Provider Certification Enrollment Agreement, DMHDDSUS Bulletins and service implementation standards.

This service must be provided in a facility licensed by the [NC Division of Health Service Regulation Mental Health Licensure and Certification Section](#) under 10A NCAC 27G .3300 Outpatient Detoxification for Substance Abuse rules waiver. Refer to [Tribal & Urban Indian Health Centers | HRSA](#) when the service is provided by an Indian Health Service (IHS) or 638 contract or compact operated by a Federally Recognized Tribe as allowed in 25 USC Ch. 18: INDIAN HEALTH CARE §1621t Licensing and §1647a Nondiscrimination under Federal health care programs in qualifications for reimbursement services.

6.2 Provider Certifications

Staffing Requirements

Required Position	Minimum Qualifications	Responsibilities
Medical Director	<p>Medical Director shall be licensed physician and in good standing with the NC Medical Board.</p> <p>Medical Director shall have at least one year of SUD treatment experience.</p>	<p>The Medical Director is responsible for providing all medical services according to the policies and protocols of the Ambulatory Withdrawal Management without Extended On-Site Monitoring program. The medical director shall be available for emergency medical consultation services 24 hours a day, seven days a week, either for direct consultation or for consultation with the physician extender, in-person or virtually.</p> <p>In addition to the above, the Medical Director is responsible for the following:</p> <ul style="list-style-type: none"> • Perform a medical history and physical exam upon admission; • Determine diagnosis of substance use disorder per program eligibility requirements;

Required Position	Minimum Qualifications	Responsibilities
		<ul style="list-style-type: none"> • Responsible for monitoring the Controlled Substance Reporting System (CSRS); • Develop service plans; • Evaluate medication or non-medication methods of withdrawal management; • Monitor signs and symptoms of alcohol and other drug intoxication and withdrawal as well as the treatment and monitoring of those conditions; • Evaluate, prescribe or monitor all medications currently being taken by the individual including coordination with other prescribers; • Provide education to an individual regarding prescribed medications, potential drug interactions and side effects; • Order medications as medically necessary; • Order medically necessary toxicology and laboratory tests; • Provide case consultation with interdisciplinary treatment team; • Assess for co-occurring medical and psychiatric disorders; • Make referrals and follow up for treatment of co-occurring medical and psychiatric disorders; and • Coordinate care with other medical or psychiatric providers.
<p>Physician Extender</p>	<p>Physician Assistant (PA) or Nurse Practitioner (NP)</p> <p>Licensed physician assistant or nurse practitioner in good standing with the NC Medical Board or NC Nursing Board respectively.</p> <p>Physician Extender shall have at least one year of SUD treatment experience.</p>	<p>The Physician Extender is responsible for providing medical services according to the physician approved policies and protocols of the Ambulatory Withdrawal Management without Extended On-Site Monitoring program. The physician extender may provide coverage for emergency medical consultation services 24 hours a day, seven days a week, in-person or virtually.</p> <p>In addition to the above, the Physician Extender is responsible for the following:</p> <ul style="list-style-type: none"> • Perform a medical history and physical exam upon admission; • Determine diagnosis of substance use disorder per program eligibility requirements; • Responsible for monitoring the Controlled Substance Reporting System (CSRS); • Develop service plans;

Required Position	Minimum Qualifications	Responsibilities
		<ul style="list-style-type: none"> • Evaluate medication or non-medication methods of withdrawal management; • Monitor signs and symptoms of alcohol and other drug intoxication and withdrawal as well as the treatment and monitoring of those conditions; • Evaluate, prescribe or monitor all medications currently being taken by the individual including coordination with other prescribers; • Provide education to an individual regarding prescribed medications, potential drug interactions and side effects; • Order medications as medically necessary; • Order medically necessary toxicology and laboratory tests; • Provide case consultation with interdisciplinary treatment team; • Assess for co-occurring medical and psychiatric disorders; • Make medically necessary referrals and follow up for treatment of co-occurring medical or psychiatric disorders; and • Coordinate care with other medical or psychiatric providers.
<p>Nursing Staff</p>	<p>Nursing Staff</p> <p>Registered Nurse (RN) and Licensed Practical Nurse (LPN) shall be registered and in good standing with the NC Board of Nursing.</p>	<p>The Nursing Staff shall be responsible for maintaining an adequate level of nursing for the program's dispensing and medical operations under the supervision of the program physician.</p> <p>In addition to the above, the Nursing Staff is responsible the following:</p> <ul style="list-style-type: none"> • Conduct a nursing evaluation upon admission in accordance with their scope of work; • Responsible for monitoring the Controlled Substance Reporting System (CSRS), when delegated by a physician; • Provide daily assessment (or less frequent, if the individual's withdrawal severity is mild or stable), planning and evaluation of the individual's progress during withdrawal management and any treatment changes; • Monitor signs and symptoms of alcohol and other drug intoxication and withdrawal

Required Position	Minimum Qualifications	Responsibilities
		<p>as well as the treatment and monitoring of those conditions.</p> <ul style="list-style-type: none"> • Prepare and dispense medication to the individual, maintaining medication inventory records and logs in compliance with state regulations; • Provide documentation in the individual's service record of all nursing activities performed related to an individual's care; • Ensure medical orders are being followed and carried out; • Provide psychoeducation, including HIV, AIDS, TB, Hepatitis C, pregnancy and other health education services; • Coordinate medical treatment and referral for biomedical problems; • Perform auxiliary testing based on medical orders; • Consult with the program physician for guidance in medical matters concerning the well-being of an individual; and • Participate in staff meetings and treatment team meetings.
<p>Clinical Staff</p>	<p>LCAS or LCAS-A shall be licensed and in good standing with the NC Addictions Specialist Professional Practice Board.</p>	<p>The Licensed Clinical Addictions Specialist (LCAS) or Licensed Clinical Addictions Specialist-Associate (LCAS-A) is responsible for providing substance use focused and co-occurring assessment services, developing an ASAM Level of Care determination and providing referral and coordination to appropriate substance use disorder treatment and recovery resources.</p> <p>In addition to the above, the LCAS or LCAS-A is responsible for the following:</p> <ul style="list-style-type: none"> • Develop individualized, person-centered service plan and its ongoing revisions in coordination with the individual and ensure its implementation; • Begin discharge planning upon admission; • Provide ongoing assessment and reassessment of the individual based on their service plan and goals; • Monitor signs and symptoms of alcohol and other drug intoxication and withdrawal as well as the treatment and monitoring of those conditions;

Required Position	Minimum Qualifications	Responsibilities
		<ul style="list-style-type: none"> • Provide individual therapy based on the individual's individualized, service plan; • Provide crisis interventions, when clinically necessary; • Arrange involvement of family members or significant others in the withdrawal management process; • Provide education to family members or significant others regarding the withdrawal management process; • Assist in accessing transportation services; • Provide substance use, health and community services education; • Provide coordination and consultation with medical, clinical, familial and ancillary relevant parties with the individual's consent; • Ensure linkage to the most clinically appropriate and effective services including arranging for psychological and psychiatric evaluations; • Provide linkage and referrals for recovery services and supports; • Provide linkage and coordination with care management or case management services; • Inform the individual about benefits, community resources, and services; • Advocate for and assist the individual in accessing benefits and services; • Monitor and document the status of the individual's progress and the effectiveness of the strategies and interventions outlined in the service plan; • Maintain accurate service notes and documentation for all interventions provided; and • Participate in staff meetings and treatment team meetings.

Note: To comply with NC General Assembly Session Law 2019-240 Senate Bill 537, certification name for Certified Substance Abuse Counselor (CSAC) is amended to Certified Alcohol and Drug Counselor (CADC). Policy amendment will be effective the date the related rule Change for 10A NCAC 27G is finalized.

Note: In accordance with 25 U.S.C. 1621t, licensed health professionals employed by a tribal health program are exempt, if licensed in any state, from the licensing requirements of the State (i.e. North Carolina) in which the tribal health program performs the services described in the

contract or compact of the tribal health program under the Indian Self-Determination and Education Assistance Act (25 U.S.C. 450 et seq.)

6.3 Program Requirements

Ambulatory Withdrawal Management without Extended On-Site Monitoring is an organized outpatient service that provides medically supervised evaluation, withdrawal management, and referral services according to a predetermined schedule. Services are provided in regularly scheduled sessions to be delivered under a defined set of policies and procedures or medical protocols.

Required components of this service must contain the following:

- a. A comprehensive clinical assessment within three (3) calendar days of admission;
- b. An initial assessment including an addiction focused history and physical examination, including a pregnancy test, as indicated, at admission by a physician or physician extender;
- c. A nursing evaluation upon admission;
- d. Individualized service plan;
- e. Daily assessment of progress during withdrawal management and any treatment changes;
- f. Ability to conduct or arrange for laboratory and toxicology tests, which can be point-of-care testing;
- g. Provide education to an individual regarding prescribed medications, potential drug interactions and side effects;
- h. Medically necessary clinical services including individual therapy, as indicated;
- i. Arranges involvement of family members or significant others in the withdrawal management process, and with informed consent;
- j. Availability of specialized psychological and psychiatric consultation and supervision for biomedical, emotional, behavioral, and cognitive problems, as indicated;
- k. Provide crisis interventions, when clinically appropriate;
- l. Provide 24-hour access to emergency medical consultation services;
- m. Provide education to family members or significant others regarding withdrawal management process;
- n. Ability to assist in accessing transportation services for an individual who lacks safe transportation;
- o. Provide linkage and coordination with care management or other case management service;
- p. Affiliation with other ASAM levels of care and behavioral health providers for linkage and referrals for counseling, medical, psychiatric, and continuing care; and
- q. Discharge planning beginning at admission.

Evaluation and Management CPT codes, the comprehensive clinical assessment, individual therapy, laboratory tests and toxicology tests are billed separate from the Ambulatory Withdrawal Management without Extended On-Site Monitoring service.

This facility must be in operation a minimum of eight hours per day, five days per week (Monday through Friday) and a minimum of four hours daily on the weekend (Saturday and Sunday). The hours of operation must be extended based on an individual’s need. This service must be available for admission seven days per week. Program medical staff shall be available to provide 24-hour access for emergency medical consultation services, in-person or virtually.

6.3.1 Staff Training Requirements

Time Frame	Training Required	Who
Prior to service delivery	<ul style="list-style-type: none"> ▪ Opioid Antagonist administration (Administering Naloxone or other Federal Food and Drug Administration approved opioid antagonist for drug overdose) ▪ Crisis Response* ▪ Harm Reduction ▪ Ambulatory Withdrawal Management without Extended On-Site Monitoring Service Definition Required Components 	All Staff
Within 90 calendar days of hire to provide service	<ul style="list-style-type: none"> ▪ ASAM Criteria 	All Staff
	<ul style="list-style-type: none"> ▪ Medically Supervised Withdrawal Management including Assessing and Managing Intoxication and Withdrawal States ▪ Pregnancy, Substance Use Disorder and Withdrawal Management ▪ MAR training 	Physician, Physician Extender, Nursing Staff
	<ul style="list-style-type: none"> ▪ Signs and Symptoms of Alcohol and Other Drug Intoxication and Withdrawal, Appropriate Treatment and Monitoring of the Condition and Facilitation into Ongoing Care ▪ Pregnancy, Substance Use Disorder and Withdrawal Management 	LCAS, LCAS-A
Within 180 calendar days of hire to provide this service	<ul style="list-style-type: none"> ▪ Introductory Motivational Interviewing* (MI) ▪ Trauma informed care * ▪ Co-occurring conditions* 	LCAS, LCAS-A, Nursing staff
Annually	<ul style="list-style-type: none"> ▪ Continuing education in evidence-based treatment practices, which must include crisis response training and cultural competency * 	All Staff

The initial training requirements may be waived by the hiring agency if the staff can produce documentation certifying that training appropriate for the population being served was completed no more than 48 months before the hire date.

Staff hired prior to the effective date of this policy shall complete the required training identified in the above Staff Training Requirements chart. Training must be completed within one (1) year

of the original effective date of this policy. **Refer to Section 8.0 of this policy for original effective date.**

*Training must be approved and certified by a nationally recognized program that issues continuing education for licensed or clinical professionals. Approved programs include North Carolina Addictions Specialist Professional Practice Board (NCASPPB), National Association for Addiction Professionals (NAADAC), National Board for Certified Counselors (NBCC), Approved Continuing Education Provider (ACEP), National Association of Social Work (NASW), and Motivational Interviewing Network of Trainers (MINT).

Documentation of training activities must be maintained by the program.

6.3.2 Expected Outcomes

The expected clinical outcomes for this service are specific to recommendations resulting from clinical assessments, medical evaluation and meeting the identified goals in the individual's service plan.

Expected outcomes are as follows:

- a. Reduction or elimination of withdrawal signs and symptomatology;
- b. Linkage to treatment services post discharge;
- c. Increased links to community-based resources to address unmet social determinants of health; and
- d. Reduction or elimination of psychiatric symptoms, if applicable.

7.0 Additional Requirements

7.1 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 DMHDDSUS's clinical policies, guidelines, policies, provider manuals, implementation updates, and bulletins published by DHHS, DHHS division(s) or fiscal contractor(s). All providers shall be in compliance with 42 CFR Part 2-Confidentiality of Substance Use Disorder Patient Records. Federally recognized tribal and IHS providers may be exempt to one or more of these items in accordance with Federal law and regulations.

8.0 Policy Implementation and History

Original Effective Date: February 1, 2024

History:

Date	Section or Subsection Amended	Change
2/1/24	All Sections and Attachment(s)	Ambulatory Withdrawal Management without Extended On-Site Monitoring is replacing the State-Funded Ambulatory Detoxification service definition in the State-Funded Enhanced Mental Health & Substance Use Services document as a stand-alone service. Ambulatory Detoxification service definition and all references have been removed from the document.

Attachment A: Claims-Related Information

Provider(s) shall comply with the, *NCTracks Provider Claims and Billing Assistance Guide*, DMHDDSUS bulletins, fee schedules, NC MHDDSUS's clinical policies and any other relevant documents for specific coverage and reimbursement for state funds:

A. Claim Type

Professional (CMS-1500/837P transaction)

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.

HCPCS Code(s)	Billing Unit
H0014	1 Unit = 15 Minutes

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

Provider(s) shall follow applicable modifier guidelines.

E. Billing Units

Provider(s) shall report the appropriate code(s) used which determines the billing unit(s).

F. Place of Service

Services are provided in an outpatient facility as identified in **Section 6.0**.

G. Co-payments

Not Applicable

H. Reimbursement

Provider(s) shall bill their usual and customary charges in accordance with LME/MCO policy.

Note: North Carolina Division of MHDDDSUS will not reimburse for conversion therapy.