

Integrated Payment & Reporting System (IPRS) Target Population Details – FY 2010-11

**Child Mental Health
Assessment Only (CMAO)**

<p>Client Eligibility Criteria</p>	<p>Child, starting on the third birthday until the 18th birthday, who:</p> <ul style="list-style-type: none"> • are seeking or needing services for a Mental Health problem or symptom, AND • have completed a current LME Screening/Triage/Referral (STR) process, AND • have received a current LME STR triage determination of "Urgent" or "Routine", AND • have been referred by the LME STR to the provider for assessment, AND • have been determined by the provider <u>not to be eligible for any other MH, DD, or SA Target Population</u>, AND • have been determined by the provider <u>not to be eligible for Medicaid services</u>. <p>The purpose of the Assessment Only target population is to provide a mechanism to reimburse a provider for a single service or assessment event that has been provided to a consumer, but for whom the provider determines that the consumer does not meet eligibility requirements for any other Target Population or for Medicaid services. Pending record requirements in APSM 45-2 apply.</p>
<p>ICD-9 Diagnosis Ranges</p>	<p>Any valid ICD-9</p> <p align="center">~~~~~</p> <p>For the most current list of specific diagnoses, refer to <i>IPRS Diagnosis / Target Population Crosswalk</i> on the IPRS website. (http://www.dhhs.state.nc.us/mhddsas/iprsmenu/index.htm)</p>
<p>Concurrency Issues</p>	<p>An individual cannot be enrolled in CMAO and any other MH, DD, or SA Target Population category at the same time.</p> <p align="center">~~~~~</p> <p>For full details, refer to <i>IPRS Eligibility Concurrency</i> on the IPRS website. (http://www.dhhs.state.nc.us/mhddsas/iprsmenu/index.htm)</p>
<p>Service Array</p>	<p align="center">Refer to <i>IPRS Service Array</i> on the IPRS website. (http://www.dhhs.state.nc.us/mhddsas/iprsmenu/index.htm)</p>
<p>Provider Restrictions</p>	<p>Billing Provider -- Area Program or LME</p> <p>Attending Provider – Multi-Service Provider or Enrolled MH Provider or Multi-Service w/SA Provider</p>
<p>Funding Source(s)</p>	<p>Child MH UCR State 536945 1290 220 00</p> <p align="center">~~~~~</p> <p>For full details, refer to <i>IPRS Budget Criteria</i> on the IPRS website. (http://www.dhhs.state.nc.us/mhddsas/iprsmenu/index.htm)</p>
<p>Utilization Management</p>	<p>Up to 1 periodic service event within a current episode of care, and up to 2 periodic service events within the fiscal year, after which prior approval is required or current eligibility enrollment in another Target Population category.</p>

**Child Mental Health
Crisis Services (CMCS)**

**Client
Eligibility
Criteria**

Children, starting on the third birthday until the 18th birthday, who:

are seeking or needing services for a current Mental Health problem or symptom,

AND

who is not eligible for Medicaid,

AND

who have completed a current Screening/Triage/Referral Interview and have received an "Emergent" triage determination, as defined below*, or are currently enrolled in an eligible Child Mental Health Target Population and are in need of crisis or emergency services beyond the capacity of the designated First Responder provider,

Note: An individual who is eligible for Medicaid is not eligible for the Crisis Services target population, nor is an individual who is eligible for both Medicaid and IPRS services. The Crisis Services target population is limited to only those individuals who either:

a) have no IPRS target population eligibility, or

b) have only IPRS target population eligibility, but not Medicaid eligibility.

The purpose of the Crisis Services Target Population is to provide a mechanism to reimburse a provider for crisis or emergency services that have been provided to a non-Medicaid Child Mental Health consumer. The consumer may or may not meet eligibility requirements for any other IPRS Target Population, but may not be eligible for Medicaid.

Eligibility for the Crisis Services target population requires LME admission of consumer into the CDW through completion of the Identifying Information (Record 10 or 30), Demographics (Record 11 or 31), and Substance Abuse (Drug of Choice) Details (Record 17 or 37).

The LME may establish the initial eligibility period in the Crisis Services (CMCS) population group for up to fourteen (14) days. After the initial eligibility period, the consumer must be reassessed and determined to continue to be in need of crisis and emergency services to be considered for another fourteen (14) day eligibility period.

** STR Definition of "Emergent": An individual's need shall be categorized as "Emergent" when the individual presents a moderate or severe risk related to safety or supervision, or is at moderate or severe risk of substance abuse withdrawal symptoms, or presents a mild, moderate, or severe risk of harm to self or others, or has severe incapacitation in one or more area(s) of physical, cognitive, or behavioral functioning related to mental health, developmental disabilities or substance abuse problems.*

Continued on next page...

Integrated Payment & Reporting System (IPRS) Target Population Details – FY 2010-11

**Child Mental Health
Crisis Only (CMCS)
(Continued)**

ICD-9 Diagnosis Ranges	Any Valid ICD-9 For the most current list of specific diagnoses, refer to <i>IPRS Diagnosis / Target Population Crosswalk</i> on the IPRS website. (http://www.dhhs.state.nc.us/mhddsas/iprsmenu/index.htm)
Concurrency Issues	An individual cannot be enrolled in CMCS and any other MH, DD, or SA Target Population category at the same time. ~~~~~ For full details, refer to <i>IPRS Eligibility Concurrency</i> on the IPRS website. (http://www.dhhs.state.nc.us/mhddsas/iprsmenu/index.htm)
Service Array	Refer to <i>IPRS Service Array</i> on the IPRS website. (http://www.dhhs.state.nc.us/mhddsas/iprsmenu/index.htm)
Provider Restrictions	Billing Provider – LME Attending Provider - Multi-Service Provider or Multi-Service w/SA Provider or Enrolled MH Provider
Funding Source(s)	Child MH Crisis 536996003 1590 220 00 ~~~~~ For full details, refer to <i>IPRS Budget Criteria</i> on the IPRS website. (http://www.dhhs.state.nc.us/mhddsas/iprsmenu/index.htm)
Utilization Management	Each Local Management Entity is responsible for the development and implementation of crisis and emergency services delivery and authorization guidelines to ensure the prompt and efficient implementation of services to eligible “Crisis Services (CS)” consumers. This includes LME approved procedures for the authorization of 24 hour admissions to inpatient hospital, facility based crisis, and 24 hour detoxification programs. The Division recommends that the LME review and authorize Mobile Crisis services after the delivery of the initial 16 units (4 hours) of this service. During regular hours of operation, the Division recommends immediate notification of the LME by the crisis or emergency services provider for all 24 hour emergency admissions. Written notification regarding such emergency admissions is recommended to be provided to the LME within 24 hours in all circumstances.

**Child Mental Health
Early Childhood Disorder - (CMECD)**

Client Eligibility Criteria	<p>Child, starting on the third birthday until the 6th birthday, who demonstrates significantly atypical behavioral, socio-emotional, motor or sensory development such as:</p> <ol style="list-style-type: none">1. Diagnosed hyperactivity, attention deficit disorders, autism spectrum disorders, severe attachment disorders, other pervasive developmental disorders, or other behavioral disorders.2. Have indicators of emotional and behavioral disorders such as:<ol style="list-style-type: none">a. delay or abnormality in achieving emotional milestones, such as attachment, parent-child interaction, pleasurable interest in adults and peers, ability to communicate emotional needs, or ability to tolerate frustration;b. persistent failure to initiate or respond to most social interactions;c. fearfulness or other distress that does not respond to comforting by caregivers;d. indiscriminate sociability, for example, excessive familiarity with relative strangers, ore. self-injurious or other aggressive behavior.3. Have substantiated physical abuse, sexual abuse, or other environmental situations that raise significant concern regarding the child's emotional well being. <p>OR</p> <p>Have documented presence of one or more of the following indicators associated with patterns of development, which have a high probability of meeting the criteria for developmental delay or atypical development as the child matures:</p> <ol style="list-style-type: none">a. Parental Substance Abuse: Birth mother during pregnancy or primary care giving parent has been a habitual abuser of alcohol and/or drugs.b. Parental Mental Retardation: Either parent has been diagnosed with mental retardation or developmental disabilityc. Parental Mental Illness: Either parent has a diagnosed illness such as severe depression, bipolar illness, schizophrenia, or borderline psychotic conditions. <p>OPTIONAL for FY04-05: The child Has a documented risk assessment score on the ASQ-SE as follows 3 years of age ROC cutoff score of 59 4 years of age ROC cutoff score of 70 5 years of age ROC cutoff score of 70</p> <p>Eligibility Determination for this population group should be completed annually in conjunction with the Person Centered Plan process.</p>
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Integrated Payment & Reporting System (IPRS) Target Population Details – FY 2010-11

**Child Mental Health
Early Childhood Disorder - (CMECD)
(continued)**

ICD-9 Diagnosis Ranges	<table border="0"> <tr> <td>291-2989</td> <td>31281-3149</td> <td></td> </tr> <tr> <td>299-2999</td> <td>3153</td> <td></td> </tr> <tr> <td>300-3019</td> <td>31531</td> <td></td> </tr> <tr> <td>3027</td> <td>3158</td> <td></td> </tr> <tr> <td>303-3124</td> <td>3159</td> <td></td> </tr> </table> <p align="center">~~~~~</p> <p>For the most current list of specific diagnoses, refer to <i>IPRS Diagnosis / Target Population Crosswalk</i> on the IPRS website. (http://www.dhhs.state.nc.us/mhddsas/iprsmenu/index.htm)</p>	291-2989	31281-3149		299-2999	3153		300-3019	31531		3027	3158		303-3124	3159	
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299-2999	3153															
300-3019	31531															
3027	3158															
303-3124	3159															
Concurrency Issues	<p>An individual cannot be enrolled in CMECD and any other MH, DD, or SA Target Population category at the same time.</p> <p align="center">~~~~~</p> <p>For full details, refer to <i>IPRS Eligibility Concurrency</i> on the IPRS website. (http://www.dhhs.state.nc.us/mhddsas/iprsmenu/index.htm)</p>															
Service Array	<p align="center">Refer to <i>IPRS Service Array</i> on the IPRS website. (http://www.dhhs.state.nc.us/mhddsas/iprsmenu/index.htm)</p>															
Provider Restrictions	<p>Billing Provider – Area Program or LME</p> <p>Attending Provider – Multi-Service Provider or Enrolled MH Provider or Multi-Service w/DD Provider</p> <p align="center">All providers staff shall have child mental health and early childhood development specific skills, education and experience.</p>															
Funding Source(s)	<table border="0"> <tr> <td>Child MH State Crisis</td> <td>536996003 1590 220 00</td> <td>(procedure code H0010, H2011, H2036, S9484, YP485, YP790, YP820)</td> </tr> <tr> <td>Child MH SSBG</td> <td>536945 1291 250 Q7</td> <td></td> </tr> <tr> <td>Child MH MHBG</td> <td>536945 1291 250 6W</td> <td>(procedure code NOT YP820)</td> </tr> <tr> <td>Child MH State UCR</td> <td>536945 1290 220 00</td> <td></td> </tr> <tr> <td>Child MH UCR CTSP</td> <td>536930 1290 220 39</td> <td></td> </tr> </table> <p align="center">~~~~~</p> <p>For full details, refer to <i>IPRS Budget Criteria</i> on the IPRS website. (http://www.dhhs.state.nc.us/mhddsas/iprsmenu/index.htm)</p>	Child MH State Crisis	536996003 1590 220 00	(procedure code H0010, H2011, H2036, S9484, YP485, YP790, YP820)	Child MH SSBG	536945 1291 250 Q7		Child MH MHBG	536945 1291 250 6W	(procedure code NOT YP820)	Child MH State UCR	536945 1290 220 00		Child MH UCR CTSP	536930 1290 220 39	
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Utilization Management																

**Child Mental Health
Seriously Emotionally Disturbed-(CMSED)**

Client Eligibility Criteria	<p>Child, starting on the third birthday until the 18th birthday, with atypical development (up to age 5) or Serious Emotional Disturbance (SED) as evidenced by the presence of a diagnosable mental, behavioral, or emotional disturbance that meets diagnostic criteria specified in ICD-9;</p> <p>AND</p> <p>Functional impairment that seriously interferes with or limits his/her role or functioning in family, school, or community activities</p> <p>This population should include clients who are assessed as deaf or as needing specialized mental health services due to social, linguistic or cultural needs associated with individual or familial deafness or hearing loss.</p> <p>The revised target population of Child Mental Health Seriously Emotionally Disturbed (CMSED) consolidates the following former target populations for consumer eligibility to services within IPRS: Child Mental Health Seriously Emotionally Disturbed with Out-of-Home Placement (CMSED), Child Mental Health Seriously Emotionally Disturbed (CMMED), Child Mental Health Deaf or Hard of Hearing (CMDEF), and Child Mental Health Homeless (PATH) - (CMPAT).</p> <p>It should also include those clients who are homeless or at imminent risk of homelessness. These are defined as:</p> <ul style="list-style-type: none">(1) Lacks a fixed, regular, adequate night-time residence; <p>OR</p> <ul style="list-style-type: none">(2) Has a primary night-time residence that is:<ul style="list-style-type: none">(a) temporary shelter;<p>or</p>(b) temporary residence for individuals who would otherwise be institutionalized; <p>or</p> (c) place not designed/used as a regular sleeping accommodations for human beings; <p>And</p> <ul style="list-style-type: none">(1) Due to be evicted or discharged from a stay of 30 days or less from a treatment facility <p>AND</p> <ul style="list-style-type: none">(2) Lacking resources to obtain and/or maintain housing <p>Eligibility Determination for this population group should be completed annually in conjunction with the Person Centered Plan process.</p> <p>~~~~~</p> <p>NOTES:</p> <p>This target population was designed to cross walk with Levels C and D in the Child Levels of Care Document (March 2002). For additional information please refer to this document.</p> <p>Also, for additional clarification regarding specific terminology used in eligibility determination, please refer to the Child Mental Health IPRS Eligibility Clarification document.</p>
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**Child Mental Health
Seriously Emotionally Disturbed (CMSED)
(continued)**

ICD-9 Diagnosis Ranges	<table border="0"> <tr> <td>293-29799</td> <td>3028-3029</td> <td>9958-99589</td> <td>V7102</td> </tr> <tr> <td>2988-2989</td> <td>306-30999</td> <td>V158-V1589</td> <td></td> </tr> <tr> <td>300-30099</td> <td>3101</td> <td>V61-V619</td> <td></td> </tr> <tr> <td>30113</td> <td>311-31499</td> <td>V623-V629</td> <td></td> </tr> <tr> <td>302-3026</td> <td>9955-99559</td> <td>V652</td> <td></td> </tr> </table> <p align="center">~~~~~</p> <p>For the most current list of specific diagnoses, refer to <i>IPRS Diagnosis / Target Population Crosswalk</i> on the IPRS website. (http://www.dhhs.state.nc.us/mhddsas/iprsmenu/index.htm)</p>	293-29799	3028-3029	9958-99589	V7102	2988-2989	306-30999	V158-V1589		300-30099	3101	V61-V619		30113	311-31499	V623-V629		302-3026	9955-99559	V652		
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302-3026	9955-99559	V652																				
Concurrency Issues	<p>An individual cannot be enrolled in CMSED and any other MH, DD, or SA Target Population category at the same time.</p> <p align="center">~~~~~</p> <p>For full details, refer to <i>IPRS Eligibility Concurrency</i> on the IPRS website. (http://www.dhhs.state.nc.us/mhddsas/iprsmenu/index.htm)</p>																					
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Utilization Management	<p>For Utilization Management information, refer to the <i>Child Levels of Care Criteria</i> document dated March 2002.</p>																					

**Child Mental Health
Veteran and Family (CMVET)**

<p>Client Eligibility Criteria</p>	<p>Designated CMH Veteran* (Military Service Member), under age 18, who has served in Operation Enduring Freedom (OEF)¹ or Operation Iraqi Freedom (OIF)², as defined below, or a Child Family Member**, under age 18, of a designated AMH or CMH Veteran who has served in Operation Enduring Freedom (OEF) or Operation Iraqi Freedom (OIF), and who:</p> <ul style="list-style-type: none"> • has a Division covered diagnosis of an ICD-9 Mental Disorder as evidenced by a principal or primary mental health diagnosis as listed below; OR • has a Division covered V Code of an ICD-9 Supplementary Classification of Factors Influencing Health Status and Contact with Health Services (V-Code) as listed below; <p>AND</p> <ul style="list-style-type: none"> • has completed a current Screening/Triage/Referral (STR) process, and, as appropriate, provided the individual with information about federal, state, and local resources available to Military Services Members and their families; AND • has received a current STR triage determination of "Urgent" or "Routine" (A consumer screened with a STR triage determination of "Emergent" should be immediately placed in an appropriate Child Crisis Target Population and provided such services until such time as they can be properly linked with a provider offering urgent or routine care services); AND • has been referred by STR to a provider for assessment; AND • has been determined by the provider <u>not to be eligible for any other child MH, DD, or SA Target Population</u> (A developmental disabilities consumer or a substance abuse consumer should be immediately placed in an appropriate child DD or child SA Target Population. A child mental health consumer meeting the CMSED or CMECD target population should be placed in one of these target populations); AND • has been determined by the provider <u>not to be eligible for Medicaid or Health Choice Program benefits</u>; AND • has been determined by the provider not to be eligible for presenting diagnosis(es) for medically necessary services under any program directly or indirectly provided or sponsored by the Department of Veterans Affairs, the CHAMPVA Program, the Department of Defense TRICARE/CHAMPUS Program, or any other public or private health insurance program. An individual's lack of eligibility for presenting diagnosis(es) for medically necessary services includes a denial or lack of eligibility due to Military Service Member or Family Member diagnostic status, type of service(s) needed, exhausted or inadequate services coverage for medically necessary MH, DD, SA services, including TBI-related services, or a delay of 14 days or more in confirming eligibility for such coverage through other resources. <p>An eligible diagnosis of an ICD-9 Mental Disorder or an eligible V Code of a ICD-9 Supplementary Classification may be accompanied by a Traumatic Brain Injury (TBI) or intracranial injury and accompanying medical necessity for MH/DD/SA services to address TBI-related psychiatric disorders, emotional problems, behavioral symptoms, and changes in mood or personality. These include such conditions as emotional instability, depression, anxiety, hypomania, mania, apathy, irritability, anger, obsessive compulsive disorder, bipolar disorder, phobias, panic disorder, disinhibition, inability to control anger, impulsiveness, lack of initiative, inappropriate sexual activity, aggression, and trouble with memory, concentration, attention, language, thinking, and learning.</p> <p>*Designated CMH Veteran (Military Service Member) is defined as a Military Service Member, under age 18, who has served in Operation Enduring Freedom (OEF) or Operation Iraqi Freedom (OIF), and includes the following:</p> <ul style="list-style-type: none"> • Active Duty Service Member (Discharged) • National Guard or Reserve Member (Activated) • National Guard or Reserve Member (Not Activated) • National Guard or Reserve Member (Discharged) • Active Duty Service Member (Deceased) (Deceased Military Service Member has been defined only for eligibility purposes for family members designated below to be assured access to services) • Activated, Not Activated, or Discharged National Guard or Reserve Member (Deceased) (Deceased Military Service Member has been defined only for eligibility purposes for family members designated below to be assured access to services)
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**Child Mental Health
Veteran and Family (CMVET)
(continued)**

	<p>** Child Family Member of a Designated AMH or CMH Veteran is defined as a family member, under age 18, of a living or deceased designated AMH or CMH Veteran who has served in Operation Enduring Freedom (OEF) or Operation Iraqi Freedom (OIF), and includes the following:</p> <ul style="list-style-type: none"> • Spouse or Domestic Household Partner (under age 18) • Unremarried Former Spouse or Unremarried Widow or Widower (under age 18) • Dependent Child, including SSI-Related Disabled Child (under age 18) • Family Member currently providing Dependent Care for Designated Veteran (under age 18) <p>Noncovered Undesignated CMH Veterans and Child Family Members</p> <p>It is anticipated that noncovered undesignated CMH Veterans (under age 18), and child Family Members (under age 18) of a living or deceased undesignated Veteran, will maintain continuing federal benefits eligibility and will not require services eligibility through IPRS for the following individuals:</p> <ul style="list-style-type: none"> • Active Duty Service Member and Dependent Family Members • Member of Armed Forces Service Academy and Dependent Family Members <p>¹Operation Enduring Freedom (OEF): Operation Enduring Freedom (OEF) is the official name used by the U.S. Government for its contribution to the War in Afghanistan, together with three smaller military actions, under the umbrella of its Global War on Terrorism (GWOT). The Operation comprises several subordinate operations: Operation Enduring Freedom - Afghanistan (OEF-A), Operation Enduring Freedom - Philippines (OEF-P) (formerly Operation Freedom Eagle), Operation Enduring Freedom - Horn of Africa (OEF-HOA), Operation Enduring Freedom - Trans Sahara (OEF-TS), Operation Enduring Freedom - Kyrgyzstan (completed in 2004), Operation Enduring Freedom - Pankisi Gorge (completed in 2004). Reference sourced 12-31-08 at: http://en.wikipedia.org</p> <p>²Operation Iraqi Freedom (OIF): Operation Iraqi Freedom (OIF) is the official name used by the U.S. Government for the military invasion of Iraq on March 20, 2003 and the deployment of American troops in Iraq to the present day. Reference sourced 12-31-08 at: http://en.wikipedia.org</p>												
<p>ICD-9 Diagnosis Ranges</p>	<table border="0"> <tr> <td>2900-2949</td> <td>3060-316</td> <td>V6101-V619</td> <td>V673</td> </tr> <tr> <td>29500-29991</td> <td>V400-V409</td> <td>V620-V629</td> <td>V690-V699</td> </tr> <tr> <td>30000-3029</td> <td>V600-602</td> <td>V650-V659</td> <td></td> </tr> </table> <p>For the most current list of specific diagnoses, refer to <i>IPRS Diagnosis / Target Population Crosswalk</i> +on the IPRS website. (http://www.dhhs.state.nc.us/mhddsas/iprsmenu/index.htm)</p>	2900-2949	3060-316	V6101-V619	V673	29500-29991	V400-V409	V620-V629	V690-V699	30000-3029	V600-602	V650-V659	
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30000-3029	V600-602	V650-V659											
<p>Concurrency Issues</p>	<p>An individual cannot be enrolled in AMVET and any other MH, DD, or SA Target Population category at the same time.</p> <p>~~~~~</p> <p>For full details, refer to <i>IPRS Eligibility Concurrency</i> on the IPRS website. (http://www.dhhs.state.nc.us/mhddsas/iprsmenu/index.htm)</p>												

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**Child Mental Health
Veteran and Family (CMVET)
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Service Array	Refer to <i>IPRS Service Array</i> on the IPRS website. http://www.dhhs.state.nc.us/mhddsas/iprsmenu/index.htm																		
Provider Restrictions	Billing Provider – Area Program or LME Attending Provider – Multi-Service Provider or Enrolled MH Provider or Multi-Service w/ SA Provider																		
Funding Source(s)	<table border="0"> <tr> <td>Cross Disability State Crisis</td> <td>536996003 1590 220 00</td> <td>(procedure code H0010, H2011, H2036, S9484, YP485, YP790, YP820)</td> </tr> <tr> <td>Child MH Homeless PATH (Special Categorical)</td> <td>536923 1291 250 5F</td> <td>(procedure code NOT YP820)</td> </tr> <tr> <td>Child MH SSBG</td> <td>536945 1291 250 Q7</td> <td></td> </tr> <tr> <td>Child MH MHBG</td> <td>536945 1291 250 6W</td> <td>(procedure code NOT YP820)</td> </tr> <tr> <td>Child MH State UCR</td> <td>536945 1290 220 00</td> <td></td> </tr> <tr> <td>Child MH UCR CTSP</td> <td>536930 1290 220 39</td> <td></td> </tr> </table> <p align="center">~~~~~</p> <p align="center">For full details, refer to <i>IPRS Budget Criteria</i> on the IPRS website. http://www.dhhs.state.nc.us/mhddsas/iprsmenu/index.htm</p>	Cross Disability State Crisis	536996003 1590 220 00	(procedure code H0010, H2011, H2036, S9484, YP485, YP790, YP820)	Child MH Homeless PATH (Special Categorical)	536923 1291 250 5F	(procedure code NOT YP820)	Child MH SSBG	536945 1291 250 Q7		Child MH MHBG	536945 1291 250 6W	(procedure code NOT YP820)	Child MH State UCR	536945 1290 220 00		Child MH UCR CTSP	536930 1290 220 39	
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Utilization Management	Individualized service plan with annual review. Plan may be revised during the year, with authorization, if service needs change.																		