

<b>Outpatient Treatment (SA YP Codes)</b>	
Outpatient Treatment is a service designed to meet the clinically significant behavioral or psychological symptoms or patterns that have been identified as treatment needs of the recipient. This service is provided through scheduled therapeutic treatment sessions. The service may be provided to an individual, families, or groups. This service includes: assessment, individual, group and/or family counseling with and without the consumer.	
<b>Therapeutic Relationship and Interventions</b>	
There should be a supportive and therapeutic relationship between the provider and service recipient or primary caregiver which addresses and/or implements the substance use disorder interventions outlined in the service plan in any one of the following:	
A. behavioral health assessment, B. individual counseling, C. group counseling, D. family therapy with consumer and E. family counseling without consumer.	
<b>Structure of Daily Living</b>	
This service is designed as a structured face-to-face therapeutic intervention to provide support and guidance in preventing, overcoming, or managing identified needs on the service plan to aid with improving level of functioning, increasing coping abilities or skills, or sustaining a successful level of functioning on an outpatient basis.	
<b>Cognitive and Behavioral Skill Acquisition</b>	
This service includes interventions that:	
A. address functional problems associated with affective or cognitive problems and/or the recipient's diagnostic conditions; B. are strength-based and focused on improving the quality of the recipient's life and/or providing assistance to the caregiver in better meeting the needs of the recipient in the most natural environment; C. prescribe to alleviating the identified need(s) as well as assistance with skill acquisition/or enhancement and support of functional gains.	
<b>Service Type</b>	
This is a periodic service that may be offered on an individual, group or family basis. This service is not a Medicaid billable service. (See DMA Clinical Coverage Policy 8C Outpatient Behavioral Health Services Provided by Direct Enrolled Providers (for Licensed and Associate Level professionals)).	
<b>Resiliency/Environmental Intervention</b>	
This service may focus on assisting the individual, family or group to meet the substance use disorder treatment needs of the recipient in any location. This structured treatment modality targets developing, improving, or maintaining naturally occurring supports and relationships in the recipient's natural environment, both formal and informal.	
<b>Service Delivery Setting</b>	
This service provides direct, face-to-face contact with the individual, the family or group in any location.	
<b>Medical Necessity</b>	
The recipient is eligible for this service when:	
A. A substance use disorder diagnosis is present.	
<b>AND</b>	
B. ASAM Level 1.0	

Service Order Requirement
Service order is recommended.
Continuation/Utilization Review Criteria
<p>The desired outcome or level of functioning has not been restored, improved, or sustained over the time frame outlined in the recipient's service plan, or the recipient continues to be at risk for relapse based on history or the tenuous nature of the functional gains or any one of the following apply:</p> <p>A. Recipient has achieved initial service plan goals and additional goals are indicated.</p> <p>B. Recipient is making satisfactory progress toward meeting goals.</p> <p>C. Recipient is making some progress, but the service plan (specific interventions) needs to be modified so that greater gains, which are consistent with the recipient's premorbid level of functioning, are possible or can be achieved.</p> <p>D. Recipient is not making progress; the service plan must be modified to identify more effective interventions.</p> <p>E. Recipient is regressing; the service plan must be modified to identify more effective interventions.</p>
Discharge Criteria
<p>Recipient's level of functioning has improved with respect to the goals outlined in the service plan, inclusive of a transition plan to step down; or no longer benefits; or has the ability to function at this level of care and any of the following apply:</p> <p>A. Recipient has achieved goals; discharge to a lower level of care is indicated.</p> <p>B. Recipient is not making progress, or is regressing and all realistic treatment options have been exhausted.</p> <p><i>*Note: Any denial, reduction, suspension, or termination of service requires notification to the recipient and/or legal guardian about their appeal rights.</i></p>
Service Maintenance Criteria
<p>If the recipient is functioning effectively with this service and discharge would otherwise be indicated, outpatient services should be maintained when it can be reasonably anticipated that regression is likely to occur if the service is withdrawn. The decision should be based on any one of the following:</p> <p>A. Past history of regression in the absence of outpatient services is documented in the service record.</p> <p style="text-align: center;"><b>OR</b></p> <p>B. In the event there are epidemiologically sound expectations that symptoms will persist and that ongoing treatment interventions are needed to sustain functional gains, the presence of a DSM-5 (or any subsequent editions of this reference material) diagnosis would necessitate a disability management approach.</p> <p><i>*Note: Any denial, reduction, suspension, or termination of service requires notification to the recipient and/or legal guardian about their appeal rights.</i></p>
Provider Requirement and Supervision
Please see Addendum B for approved qualifications of designated non-licensed substance abuse counseling professionals.
Documentation Requirements
Minimum standard is a full service note per intervention that includes the purpose of contact, describes the provider's intervention(s), and the effectiveness of the intervention.

Appropriate Service Codes	
Medicaid	NC TRACKS
This is not a Medicaid Billable Service.	YP830
	YP831
	YP832
	YP833
	YP834
	YP835
	YP836