

North Carolina PASRR: Skilled Nursing Facility

Authorization Codes & Corresponding Time Frames/ Restrictions

FOLLOWING CODES NOT VALID FOR Adult Care Home Admission or Placement

A	No end date no mental or behavioral health restrictions.
H	Halted – Level II Authorization No end date, no restrictions. <i>(indicates Dementia primary or Does Not Meet Level II Target Population Criteria)</i>
B	Level II: No end date, No limitation unless change in condition. <i>No specialized services required.</i>
C	Level II: No end date, No limitation unless change in condition. <i>Specialized services required</i>
E	Level II: 30-Day Rehabilitation Services Authorization only.
D	Level II: 7-Day Respite or Emergency Placement Authorization only.
J	Level II: 1 year Authorization for placement at a <u>Locked</u> State Psychiatric Hospital or <u>State Operated</u> Nursing Facility only.
F	Level II: 30, 60 or 90 Day Authorization for Time Limited Skilled Nursing Facility stays
Z	Level II: Denial .Nursing facility placement is <u>not</u> appropriate.

For additional information and/or clarification please review the nursing facility clinical coverage policy 2B1 located at:

<https://dma.ncdhhs.gov/document/facility-services-clinical-coverage-policies>

North Carolina PASRR: Adult Care Home / Assisted Living Facility

Authorization Codes & Corresponding Time Frames/ Restrictions

FOLLOWING CODES NOT VALID Skilled Nursing Admission or Placement

G	No end date. Dementia Primary (<i>requires physician certification</i>)
O	No end date. Level I : No evidence of Serious Mental Illness (SMI) / Serious Persistent Mental Illness (SPMI)
K	No end date. Level II: Identified as having Serious Mental Illness (SMI) / Serious Persistent Mental Illness (SPMI)
U	Level II : Medically unstable- (<i>not valid for Adult Care Home admission</i>)
R	Level II : Psychiatrically unstable -(<i>not valid for Adult Care Home admission</i>)
T	Time Limited : 6 Month Authorization (<i>requires a Terminal Illness Certification</i>)
P	Private Pay. No PASRR Authorization required
X	Cancelled (<i>No longer seeking placement / Consent not granted</i>)

For additional information and/or clarification please review the NC Adult Care Home Manual located :

<https://www2.ncdhhs.gov/tcli/pdf/PASRR%20ACH%20TCLI%20Manual%204-21-15.pdf>