

North Carolina Utilization Management Guideline for Medicaid

Subject: Behavioral Health Urgent Care ILOS**Current Effective Date:** 02/10/2026**Status:** Active**Last Review Date:** 02/10/2026**Description**

Behavioral Health Urgent Care (BHUC) is a designated service for individuals four years or older experiencing a behavioral health crisis related to a substance use disorder, mental health disorder, and/or I/DD diagnosis or any combination of the above. A BHUC is designed to provide triage, crisis risk assessment, evaluation, and intervention to individuals whose crisis response needs are deemed urgent or emergent. A BHUC is an alternative, but not a replacement, to a community hospital Emergency Department (ED). Individuals receiving this service will be evaluated, then stabilized and/or referred to the most appropriate level of care.

Note: Medically Necessity Criteria are derived, in part, from North Carolina Medicaid Outpatient Behavioral Health Services, Clinical Coverage Policy No. 8-C, to support consistent management of Outpatient services.

Clinical Indications

Behavioral Health Urgent Care (BHUC) offers an alternative to emergency departments for individuals experiencing behavioral health crises. It provides services such as initial triage, brief assessment, stabilization, nursing and psychiatric interventions, case management, and discharge planning. A member experiencing a behavioral health crisis with Mental Health (MH), Substance Use Disorder (SUD), co-occurring MH and Intellectual/Developmental Disability (I/DD) that meets emergent or urgent triage criteria.

Program Requirements

No Prior Authorization required for BHUC. Notification Service-Associated Requests (SARs) are required within 72 hours of admission for a pass-through. For managed (concurrent) admissions, an assessment and discharge/disposition plan are required. Rapid assessment of clinical presentation related to crisis situations.

Upon a triage determination of urgent or emergent, a person will receive BHUC services to include an assessment or assessments, crisis and de-escalation interventions and discharge planning.

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Triage: Quickly assess the urgency and treatment needs of consumers to prioritize routine, urgent, or emergency intervention. This can be done independently or as part of the assessment, provided it doesn't delay service initiation. A Comprehensive Clinical Assessment is not mandatory.

Assessment: A licensed professional will evaluate all individuals/members with a rapid assessment for crisis scenarios. Assessment elements, compiled by qualified professionals, include self-reported treatment history, bio-psycho-social data, case management details, medical status, mental status, diagnoses, and urgency/risk status.

Intervention: Includes treatment and crisis de-escalation strategies, such as brief case management, resource information, licensed professional intervention, referral coordination, crisis support, level of care determination, medication management, and ensuring a safe environment.

Disposition and Discharge Planning: Ensures individuals served via BHUC are connected to the least restrictive and most suitable level of care.

Role-Specific Requirements:

- **Triage Staff:** Must be a Qualified Professional, Certified Peer Support Specialist, or Registered Nurse. Requires triage knowledge and access to a Licensed Professional or medical professional for consultation.
- **Assessment Staff:** Must hold a licensed or associate-level license, demonstrate clinical assessment skills, and be eligible to complete IVC evaluations.
- **Intervention Staff:** Includes Certified Peer Support Specialists and various professional levels; must demonstrate crisis intervention skills and have immediate access to a licensed professional.
- **Disposition and Discharge Planning Staff:** Requires a Qualified Professional, Licensed Professional, or RN to demonstrate skills in assessment, care management, and discharge planning.
- **General Medical Services Staff:** Includes Psychiatrist, Nurse Practitioner, or Physician Assistant qualified to provide integrated medical care.

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Staff Competencies:

All BHUC staff must demonstrate decision-making abilities, understanding of local procedures, accurate risk assessments, urgency prioritization, multidisciplinary collaboration, recognition of medical and crisis signs, and community resource referrals.

Training Requirements:

- All BHUC staff must undergo orientation, core competency training, and complete additional education within 90 days, covering BHUC procedures, crisis response, symptom recognition, and risk assessment.

Supervision Requirements:

- **Administrative Supervision:** Staff will have assigned administrative supervisors based on needs.
- **Clinical Supervision:** Staff receive clinical supervision with written agreements provided by a licensed professional.

Expected Outcomes and Measures:**Process and Tracking:**

- Utilize measures from NCQA and CMS standards
- Track metrics like provider details, diagnosis, follow-up appointments, frequent attenders, insurance type, new referrals, unassessed consumers, clinic wait and service times, and urgency levels.

Clinical Support Functions:

- Address social determinants of health and provide resource referrals
- Schedule follow-ups with current or new providers, ensuring appointments within 7 days
- Coordinate with care managers for transitions
- Offer standardized discharge instructions and notify providers of appointments and

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services rendered

- Conduct reminder/follow-up calls for high-risk categories 1-2 days before appointments

High-Risk Categories:

- Adults with SPMI requiring community support
- Children with SED impacting their family, school, or community roles
- Individuals with co-occurring SPMI/SED and substance use or opioid dependence
- Recent crisis service users

Program Outcomes:

- Collect data on client satisfaction
- Monitor community tenure, ED admission rates, and follow-through on new referrals
- Assess and link members to community resources based on SDOH

Eligible Provider Information: Behavioral Health Urgent Care provider shall:

- a. Meet Medicaid 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 procedures, products, and services that are within the scope of their clinical practice, as defined by the appropriate licensing entity

Note: Medically Necessity Criteria are derived, in part, from North Carolina Medicaid Outpatient Behavioral Health Services, Clinical Coverage Policy No. 8-C, to support consistent management of Outpatient services. Provider(s) shall follow the applicable modifier guidelines listed in the chart below.

Department of Health and Human Services (DHHS) Provider Administrative Participation Agreement Behavioral Health Urgent Care services must be delivered by practitioners employed by mental health or substance use provider organizations that meet the requirements of 10A NCAC 27G, the provider qualification policies, procedures, and standards established by the Department of Health and Human Services. These policies and procedures set forth the administrative, financial, clinical, quality improvement, and information services infrastructure necessary to provide services. Provider organizations shall demonstrate that they meet these standards by being credentialed, as otherwise required by NC Medicaid, and contracted with the CFSP. Additionally, the organization

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shall achieve national accreditation with at least one of the designated accrediting bodies within one year of enrollment as a provider with CFSP. The organization shall be established as a legally recognized entity in the State of North Carolina, capable of meeting all of the requirements of the MCO credentialing and contracting process, DMH/DD/SAS Joint Communication Bulletins, the DMH/DD/SAS Records Management and Documentation Manual, and service implementation standards. The provider organization shall comply with all applicable federal and state requirements.

Coding			
Procedure Code	Service Description	Rate	Billing Frequency
T2016 – U5	BH Urgent Care (without Observation)	1 unit = 1 event	Per diem
T2016 – U8	BH Urgent Care (with Observation)	1 unit = 1 event	Per diem

Discussion/General Information

Limitations on Coverage: A voluntary individual can stay in this level of care for a maximum length of stay of 23 hours and 59 minutes (23:59). Individuals that meet medical necessity for IVC can be held in observation beyond the 23 hours and 59 minutes under NC 122C-263.2. During this time, the individual is continuously being assessed for the need for continued stay or determination that the crisis has been resolved, and the person can return independently to the community with follow-up services.

Definitions

In Lieu of Services (ILOS): Services or settings that are not covered under the North Carolina

Acronyms

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Medicaid State Plan but are a medically appropriate, cost-effective alternative to a State Plan covered service.

ILOS: In Lieu of Services**CCP:** Clinical Coverage Policy

References

Centers for Medicare & Medicaid Services. (n.d.). *In Lieu of Services and Settings (ILOS)*. Federal guidance pursuant to 42 C.F.R. § 438.3(e)(2) and 42 C.F.R. § 438.6.NC

NC Clinical Coverage Policy 8C Outpatient Behavioral Health Services Provided by Direct-Enrolled Providers: Amendment Date 01/01/2025

NC Division of Mental Health, Developmental Disabilities and Substance Abuse Services (DMH/DD/SAS), the requirements of 10A N.C.A.C 27G and NC G.S. 122C

DMH/DD/SAS Records Management and Documentation Manual 45-2 (RMDM) Items 1 through 12, under Contents of a Service Note, Chapter 7 of the RMDM.

Websites for Additional Information

NC DHHS BHUC document page:

 <https://www.ncdhhs.gov/documents/files/state-funded-behavioral-health-urgent-care-bhuc>

NC Tracks Provider Claims and Billing Assistance Guide:

nctracks.nc.gov/content/public/providers/provider-manuals.html

EPSDT provider page: [ncdhhs.gov/dma/epsdt](https://www.ncdhhs.gov/dma/epsdt)

History



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Draft	11/24/2025	Revised
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