



Medicaid 1915(b)

Mental Health/Substance Use Services – Child

Services must be in the provider’s contract with Vaya Health (Vaya). Acronyms are defined below. For services that do not require authorization, a concurrent request must be submitted if the maximum (if it exists) is exhausted. Benefit limits may be exceeded for Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) requests.

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Effective date: 04-18-2023					
Service	Service Code	Age(s)	Population Served	Documentation Requirements	Guidelines
Clinical Assessment 90791 (CCP 8C)	90791 T1023	Under 18	MH/SU	N/A	Up to four units per year

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Service	Service Code	Age(s)	Population Served	Documentation Requirements	Guidelines
In-home Psychiatric Diagnostic Evaluation (CCP 8C)	90791 SR	Under 18	MH/SU	N/A	Up to four units per year
Psychiatric Assessment (CCP 8C)	90792	Under 18	MH/SU	N/A	Up to four units per year
Psychological Testing (CCP 8C)	96112 96113 96116 96121 96130 96131 96132 96133 96136 96137	Under 18	MH/SU	N/A	<p>Eight hours of service per date of service</p> <p>Up to the following per fiscal year:</p> <ul style="list-style-type: none"> 96130, 96131, 96136, 96137, 96132, and 96133 = one hour 96110 = six hours 96112 and 96113 = eight hours 96116 and 96121 = four hours

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Individual Therapy (CCP 8C)	90832 90834 90837	Under 18	MH/SU	N/A	Initial and concurrent: prior authorization not required
Individual Therapy Add-On to E/M (CCP 8C)	90833 90836 90838	Under 18	MH/SU	N/A	Initial and concurrent: prior authorization not required
Family Therapy (CCP 8C)	90846 90847	Under 18	MH/SU	N/A	Initial and concurrent: prior authorization not required
Group Therapy/Counseling (CCP 8C)	90849 90853	Under 18	MH/SU	N/A	Initial and concurrent: prior authorization not required; 90849 may not be used with 90785
Individual Therapy for Crisis (CCP 8C)	90839 90840	Under 18	MH/SU	N/A	Initial and concurrent: prior authorization not required up to the maximum: <ul style="list-style-type: none"> 90839: up to two sessions per fiscal year per provider 90840: up to two add-ons per episode
Home-Based Therapy (CCP 8C)	90832 SR (30 minutes) 90834 SR (45 minutes) 90837 SR (60 minutes)	Under 18	MH/SU	N/A	Prior authorization not required

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Specialized Therapy (e.g. TF-CBT, PCIT, DBT) (CCP 8C)	9083222 9083422 9083722 9084622 9084722 9084922 9085322	Under 18	MH/SU	<ul style="list-style-type: none"> Initial: SAR; person-centered plan (including Comprehensive Crisis Plan) or treatment plan; SO; CCA; ASAM Criteria LOC (if applicable) Concurrent: SAR; person-centered plan (including Comprehensive Crisis Plan) or treatment plan updated within past 30 days; SO; CCA; ASAM Criteria LOC (if applicable); CANS (if applicable) 	<ul style="list-style-type: none"> Initial: up to one unit per week for up to six months Concurrent: up to one unit per week for up to six months
Intensive In-Home (IIHS) (CCP 8A)	H2022	Under 18	MH/SU	<ul style="list-style-type: none"> Initial: SAR; person-centered plan (including Comprehensive Crisis Plan); SO; CCA, ASAM Criteria LOC (if applicable) Concurrent: SAR; person-centered plan (including Comprehensive Crisis Plan) updated within past 30 days; ASAM Criteria LOC (if applicable); CANS (if applicable) 	<ul style="list-style-type: none"> Initial: up to 36 units for 60 days Concurrent: up to 36 units for 60 days (concurrent should titrate from initial pending on clinical symptomology.)
Multisystemic Therapy (MST) (CCP 8A)	H2033 (Monthly) H2033 HA (Weekly)	Under 18	MH/SU	<ul style="list-style-type: none"> Initial: SAR; person-centered plan (including Comprehensive Crisis Plan); SO; CCA; ASAM Criteria LOC (if applicable) Concurrent: SAR; person-centered plan (including Comprehensive Crisis Plan) updated within past 30 days; ASAM Criteria LOC (if applicable); CANS (if applicable) 	<p>Prior authorization not required, except when stacked:</p> <ul style="list-style-type: none"> Initial: one unit per week for five months Concurrent: one unit per week for five months

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Day Treatment (CCP 8A)	H2012 HA	Under 18	MH/SU	<ul style="list-style-type: none"> Initial: SAR; person-centered plan (including Comprehensive Crisis Plan); SO; CCA; ASAM Criteria LOC (if applicable) Concurrent: SAR; person-centered plan (including Comprehensive Crisis Plan) updated within past 30 days; ASAM Criteria LOC (if applicable); CANS (if applicable) 	Initial and concurrent: up to 30 units per week for 90 days
MH Partial Hospitalization (CCP 8A)	H0035 (Day Program) H0035 HK (Residential)	Under 18	MH/SU	<ul style="list-style-type: none"> Initial: SAR; treatment plan; SO; CCA; ASAM Criteria LOC (if applicable) Concurrent: SAR; weekly service note; ASAM Criteria LOC (if applicable); CANS (if applicable) 	Initial and concurrent: one unit per day for up to 14 days
Residential Treatment Level 1/Family Type (CCP 8D-2)	H0046	Under 18	MH/SU	<ul style="list-style-type: none"> Passthrough notification: SAR required Initial: person-centered plan (including Comprehensive Crisis Plan); SO; CCA; ASAM Criteria LOC (if applicable) Concurrent: person-centered plan (including Comprehensive Crisis Plan) updated within past 30 days; ASAM Criteria LOC (if applicable); CANS (if applicable) 	<ul style="list-style-type: none"> Passthrough notification: one unit per day for up to 120 days Concurrent: one unit per day for up to 60 days

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Residential Treatment Level II (CCP 8D-2)	S5145 CTSP (Residential – Family) S5145 HA CTSP (Family Type RES II IAFI) S5145 HK (Enhanced Rate TFC) S5145 Z3 (Rapid Response TFC) H2020 (Residential)	Under 18	MH/SU	<ul style="list-style-type: none"> • Passthrough notification: SAR required • Initial: person-centered plan (including Comprehensive Crisis Plan); SO; CCA; ASAM Criteria LOC (if applicable) • Concurrent: person-centered plan (including Comprehensive Crisis Plan) updated within past 30 days; ASAM Criteria LOC (if applicable); CANS (if applicable) 	S5145 CTSP, S5145 HA CTSP, S5145 HK, and S5145 Z3: <ul style="list-style-type: none"> • Passthrough notification: one unit per day for up to 180 days • Concurrent: one unit per day for up to 60 days H2020: <ul style="list-style-type: none"> • Passthrough notification: one unit per day for up to 120 days • Concurrent: one unit per day for up to 60 days
Residential Treatment Specialized Level II (TFC) (CCP 8D-2)	S5145 HI	Under 18	MH/SU, I/DD	<ul style="list-style-type: none"> • Passthrough notification: SAR required • Initial: person-centered plan (including Comprehensive Crisis Plan); SO; ASAM Criteria LOC (if applicable) • Concurrent: person-centered plan (including Comprehensive Crisis Plan) updated within past 30 days; ASAM Criteria LOC (if applicable); CANS (if applicable) 	<ul style="list-style-type: none"> • Passthrough notification: one unit per day for 120 days • Concurrent: one unit per day for up to 60 days

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Residential Treatment Level III (<= 4 beds) (CCP 8D-2)	H0019 HQ	Under 18	MH/SU	<ul style="list-style-type: none"> Passthrough notification: SAR required Initial: person-centered plan (including Comprehensive Crisis Plan); SO; CCA; ASAM Criteria LOC (if applicable) Concurrent: person-centered plan (including Comprehensive Crisis Plan) updated within past 30 days; ASAM Criteria LOC (if applicable); CANS (if applicable) For authorizations beyond 180 days: CCA or psychiatric evaluation recommending continued need for level of residential care must be completed by psychiatrist (MD/DO) or psychologist (PhD/PsyD); CCA must be completed by independent practitioner not affiliated with provider 	<ul style="list-style-type: none"> Passthrough notification: one unit per day for up to 120 days Concurrent: one unit per day for up to 60 days

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Service	Service Code	Age(s)	Population Served	Documentation Requirements	Guidelines
Residential Treatment Level III (5+ beds) (CCP 8D-2)	H0019 TJ	Under 18	MH/SU	<ul style="list-style-type: none"> • Passthrough notification: SAR required • Initial: person-centered plan (including Comprehensive Crisis Plan); SO; CCA; ASAM Criteria LOC (if applicable) • Concurrent: person-centered plan (including Comprehensive Crisis Plan) updated within past 30 days; ASAM Criteria LOC (if applicable); CANS (if applicable) • For authorizations beyond 180 days: CCA or psychiatric evaluation recommending continued need for level of residential care must be completed by psychiatrist (MD/DO) or psychologist (PhD/PsyD); CCA must be completed by independent practitioner not affiliated with provider 	<ul style="list-style-type: none"> • Passthrough notification: one unit per day for up to 120 days • Concurrent: one unit per day for up to 60 days
Residential Treatment Level IV/Secure (CCP 8D-2)	H0019 HK	Under 18	MH/SU	<ul style="list-style-type: none"> • Passthrough notification: SAR required • Initial: person-centered plan (including Comprehensive Crisis Plan); SO; CCA; ASAM Criteria LOC (if applicable) • Concurrent: person-centered plan (including Comprehensive Crisis Plan) updated within past 30 days; ASAM Criteria LOC (if applicable); CANS (if applicable) 	<ul style="list-style-type: none"> • Passthrough notification: one unit per day for up to 120 days • Concurrent: one unit per day for up to 60 days

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Service	Service Code	Age(s)	Population Served	Documentation Requirements	Guidelines
Psychiatric Residential Treatment Facility (PRTF) (CCP 8D-1)	0911 H0019 UR (Residential Level IV: 5+ Beds)	Under 18	MH/SU	<ul style="list-style-type: none"> • Passthrough notification: SAR required • Initial (no passthrough): SAR; person-centered plan (including Comprehensive Crisis Plan); SO; CON; CCA; ASAM Criteria LOC (if applicable) • Concurrent: person-centered plan (including Comprehensive Crisis Plan) updated within past 30 days; ASAM Criteria LOC (if applicable); CANS (if applicable) 	<ul style="list-style-type: none"> • Passthrough notification: one unit per day for up to 60 days • Initial: one unit per day for up to 45 days • Concurrent: one unit per day for up to 30 days • Members ages 13 or younger will not have a passthrough. The provider is required to submit a SAR for prior approval with all required clinical documentation included. • Out-of-state requests will not have a passthrough. The provider is required to submit a SAR for prior approval with all required clinical documentation included.
Psychiatric Residential Treatment Facility (PRTF) Assessment Center (CCP 8D-1)	0919	Under 18	MH/SU	<ul style="list-style-type: none"> • Passthrough notification: SAR required • Initial: person-centered plan (including Comprehensive Crisis Plan) ; SO; CON; CCA; ASAM Criteria LOC (if applicable) • Concurrent: person-centered plan (including Comprehensive Crisis Plan) updated within past 30 days; ASAM Criteria LOC (if applicable); CANS (if applicable) 	Passthrough notification and concurrent: one unit per day for up to 30 days

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Therapeutic Leave: Residential Level II, III, or IV and PRTF (CCP 8D-1; 8D-2)	0183	Under 18	MH/SU	N/A	Initial and concurrent: prior authorization not required; 15 days within calendar quarter; unused days do not carry over to next quarter; 45 days per year
Tobacco Cessation	99406 (Intermediate visit) 99407 (Intensive visit)	Under 18	MH/SU	N/A	Initial and concurrent: prior authorization not required
Equine Therapy	90834 Z4 90837 Z4 90853 Z4	Under 18	MH/SU	N/A	Initial and concurrent: prior authorization not required
Trauma-Informed CCA (TICCA), (Partnering for Excellence) (CCP 8C)	90791 HI	Under 18	MH/SU	<ul style="list-style-type: none"> Initial: SAR including information on referral source, trauma, and behaviors Concurrent: N/A 	<ul style="list-style-type: none"> Initial: one unit for up to 30 days Concurrent: N/A
Comprehensive Evaluation of Sexual Harm (CCP 8C)	90899	Under 18	MH/SU	<ul style="list-style-type: none"> Initial: SAR including information on referral source, problem sexual behaviors, and behaviors Concurrent: N/A 	<ul style="list-style-type: none"> Initial: one unit for up to one month Concurrent: N/A Children's Hope Alliance (CHA) only: one unit per month for up to three months

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Intercept (EPSDT)	H0036 HA	Under 18	MH/SU	<ul style="list-style-type: none"> Initial: SAR; person-centered plan (including Comprehensive Crisis Plan); SO; CCA; ASAM Criteria LOC (if applicable) Concurrent: SAR; person-centered plan (including Comprehensive Crisis Plan) updated within past 30 days; SO; ASAM Criteria LOC (if applicable); CANS (if applicable) 	Initial and concurrent: one unit per week for up to 90 days
Treatment Alternatives for Sexualized Kids (TASK) (EPSDT)	H2029	Under 18	MH/SU	<ul style="list-style-type: none"> Initial: SAR; person-centered plan (including Comprehensive Crisis Plan); SO; CESH; ASAM Criteria LOC (if applicable) Concurrent: SAR; person-centered plan (including Comprehensive Crisis Plan) updated within past 30 days; SO; ASAM Criteria LOC, if applicable); CANS (if applicable) 	<ul style="list-style-type: none"> Initial: one unit per week for up to 52 weeks Concurrent: one unit per week for up to 26 weeks
Enhanced Support Services (EPSDT)	H0036 HK (Focused) H0036 HK TS (Maintenance)	Under 18	MH/SU	<ul style="list-style-type: none"> Initial: SAR; person-centered plan (including Comprehensive Crisis Plan); SO; CCA; ASAM Criteria LOC (if applicable) Concurrent: SAR; person-centered plan (including Comprehensive Crisis Plan) updated within past 30 days; SO; ASAM Criteria LOC (if applicable); CANS (if applicable) 	Initial and concurrent: <ul style="list-style-type: none"> Focused: one unit per week Maintenance: one unit per month per 90 days

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Service	Service Code	Age(s)	Population Served	Documentation Requirements	Guidelines
Play Program (EPSDT)	H0036 HK TS	3-9	MH/SU, I/DD	<ul style="list-style-type: none"> Initial: CCA (mental health) OR documentation of ASD diagnosis (I/DD) Concurrent: CCA (mental health) OR documentation of ASD diagnosis (I/DD) 	Initial and concurrent: 10 units per year
Problematic Sexual Behavior Cognitive Behavioral Therapy (PSB-CBT) (EPSDT)	H2029 YA H2029 YB	Ages: 7-12 Ages: 13-18	MH/SU	<ul style="list-style-type: none"> Initial: SAR; person-centered plan (including Comprehensive Crisis Plan); SO; CESH; ASAM Criteria LOC (if applicable) Concurrent: SAR; person-centered plan (including Comprehensive Crisis Plan) updated within past 30 days; SO; ASAM Criteria LOC (if applicable) 	Initial: <ul style="list-style-type: none"> Child: one unit per month for six months Adolescent: one unit per month for nine months Concurrent: one unit per month

ACRONYM	DEFINITION
ASAM	American Society of Addiction Medicine
ASD	Autism Spectrum Disorder
CANS	Child and Adolescent Needs and Strengths
CCA	Comprehensive Clinical Assessment
CCP	(NC Medicaid) Clinical Coverage Policy
CESH	Comprehensive Evaluation of Sexual Harm
CON	Certificate of Need
DBT	Dialectical Behavior Therapy
EPSDT	Early and Periodic Screening, Diagnostic, and Treatment
IAFT	Intensive Alternative Family Treatment
LOC	Level of Care
MH	Mental health
PCIT	Parent-Child Interaction Therapy
SAR	Service Authorization Request
SO	Service Order
SU	Substance Use
TFC	Therapeutic Foster Care
TF-CBT	Trauma-focused Cognitive Behavioral Therapy