



Medicaid 1915(b) and Non-Medicaid Acute Mental Health, Substance Use, and Intellectual/Developmental Disabilities Services

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.

Medicaid 1915(b) and Non-Medicaid Acute MH, SU, and I/DD Services					
Effective date: 04-18-2023					
Service	Service Code(s)	Funding Source(s)	Population(s) Served	Documentation Requirements	Guidelines
Non-State Hospital: MH/SU Inpatient (CCP 8B)	Revenue Center Codes: 0101 0160	Medicaid	MH/SU, I/DD All ages	<ul style="list-style-type: none"> Initial: SAR; RRF or clinical assessment; CON (if under age 21) Concurrent: SAR; hospital progress notes or Inpatient Concurrent Review Form 	<ul style="list-style-type: none"> Initial: one unit per day up to seven days Concurrent: one unit per day up to three days
State-Funded/ Three-Way Inpatient	YP821	State-funded	MH/SU All ages	<ul style="list-style-type: none"> Initial: SAR; admissions assessment or RRF; CON (if under age 21) Concurrent: SAR; hospital progress notes or Inpatient Concurrent Review Form 	<ul style="list-style-type: none"> Initial: one unit per day up to three days Concurrent: one unit per day up to seven days
State Hospital: MH/SU Inpatient (CCP 8B)	Revenue Center Codes: 0101 0160	Medicaid	MH/SU, I/DD All ages	<ul style="list-style-type: none"> Initial: SAR; RRF or clinical assessment; CON (if under age 21); I/DD Exception Form required per diversion law Concurrent: SAR; hospital progress notes or Inpatient Concurrent Review Form 	<ul style="list-style-type: none"> Initial: one unit per day up to 10 days Concurrent: one unit per day up to seven days

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Criterion 5 (CCP 8B)	0902	Medicaid	MH/SU, I/DD Ages: 17 and under	<ul style="list-style-type: none"> • Initial: SAR; Vaya Criterion 5 Form • Concurrent: SAR; hospital progress notes 	<ul style="list-style-type: none"> • Initial: one unit per day up to seven days • Concurrent: one unit per day up to three days
Facility-Based Crisis (CCP 8A; 8A-2)	S9484 S9484 HA	Adult: Medicaid, State-funded Child: Medicaid	MH/SU All ages	<ul style="list-style-type: none"> • Passthrough: SAR; admissions assessment • Concurrent: SAR; clinical progress notes or Inpatient Concurrent Review Form 	<p>Passthrough:</p> <ul style="list-style-type: none"> • Adult: 16 units per day up to seven days • Child: 24 units per day up to seven days <p>Concurrent:</p> <ul style="list-style-type: none"> • Adult: 16 units per day up to seven days • Child: 24 units per day up to seven days <p>Benefit limit of 45 days in a 12-month period</p>
Mobile Crisis Management	H2011	Medicaid, State-funded	MH/SU, I/DD All ages	<ul style="list-style-type: none"> • Passthrough: N/A • Concurrent: SAR; progress notes 	<ul style="list-style-type: none"> • Passthrough: up to 32 units • Concurrent: medical necessity • Maximum of 24 hours per episode of care; individual not enrolled with provider who should and can provide/be involved with response
SU Medically Supervised Detoxification Crisis Stabilization (ADATC) (CCP 8A)	0101 0160	Medicaid, State-funded	MH/SU Ages: 21+	<ul style="list-style-type: none"> • Initial: SAR; RRF or admission assessment; ASAM Criteria LOC 3.9-WM required • Concurrent: SAR; progress notes or Inpatient Concurrent Review Form; ASAM Criteria LOC 3.9-WM required 	<p>Initial:</p> <ul style="list-style-type: none"> • Detox: one unit per day up to seven days • Rehab: one unit per day up to 14 days <p>Concurrent: one unit per day up to 14 days</p>

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SU Non-Hospital Medical Detox (CCP 8A)	H0010	Medicaid, State-funded	MH/SU Ages: 21+	<ul style="list-style-type: none"> • Passthrough: SAR • Initial: SAR; admission assessment; progress notes; ASAM Criteria LOC 3.7-WM required • Concurrent: SAR; progress notes; ASAM Criteria LOC 3.7-WM required 	<ul style="list-style-type: none"> • Passthrough: one unit per day up to four days • Initial: one unit per day up to six days • Concurrent: one unit per day up to 10 days • Maximums: 20 days per episode of care with appropriate ASAM Criteria LOC, 45 days in a 12-month period per individual
SA Detox Social Setting	YP790	State-funded	MH/SU Ages: 21+	<ul style="list-style-type: none"> • Initial: SAR; admission assessment; ASAM Criteria LOC 3.2-WM required • Concurrent: SAR; progress notes; ASAM Criteria LOC 3.2-WM required 	<p>Initial:</p> <ul style="list-style-type: none"> • Voluntary: one unit per day up to three days • Involuntary: one unit per day up to 10 days <p>Concurrent:</p> <ul style="list-style-type: none"> • Voluntary: one unit per day up to 10 days • Involuntary: one unit per day

ACRONYM	DEFINITION
ASAM	American Society of Addiction Medicine
CCP	(NC Medicaid) Clinical Coverage Policy
CON	Certificate of Need
I/DD	Intellectual/Developmental Disabilities
LOC	Level of Care
MH	Mental Health
RRF	Regional Referral Form
SAR	Service Authorization Request
SA	Substance Abuse
SU	Substance Use