



# Medicaid 1915(b)(3) Mental Health/Substance Use 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.

Medicaid 1915 (b)(3) MH/SU Services					
Effective date: 04-18-2023					
Service	Service Code	Age(s)	Population(s) Served	Documentation Requirements	Guidelines
Respite (Child)	H0045 U4 HA (Individual)	Under 18	MH/SU	<p><b>Individual and Group Respite:</b></p> <ul style="list-style-type: none"> <li><b>Initial:</b> N/A</li> <li><b>Concurrent:</b> SAR; person-centered plan* (including Comprehensive Crisis Plan) updated within the past 30 days; SO; ASAM Criteria LOC (if applicable); CANS (if applicable)</li> </ul> <p><b>*If the member is only in Respite services an Individualized Treatment plan may be utilized in place of the PCP.</b></p> <p><b>Group Community Overnight Respite:</b></p> <ul style="list-style-type: none"> <li><b>Passthrough:</b> N/A</li> <li><b>Concurrent:</b> person-centered plan (including Comprehensive Crisis Plan) updated within past 30 days; SO; CCA; ASAM Criteria LOC (if applicable); CANS (if applicable)</li> </ul>	<p><b>Individual and Group Respite:</b></p> <ul style="list-style-type: none"> <li><b>Initial:</b> prior authorization not required up to the maximum; 1,536 units per fiscal year (July-June)</li> <li><b>Concurrent:</b> SAR required if requesting more than 1,536 units per fiscal year. Frequency on SAR must indicate additional units requested (above 1,536) for the fiscal year. Request must end at end of fiscal year (June 30.).</li> <li><b>No more than 64 units per day can be billed per service definition.</b></li> </ul> <p><b>Group Community Overnight Respite:</b></p> <ul style="list-style-type: none"> <li><b>Passthrough:</b> prior authorization not required up to the maximum; one unit per day for up to 30 days</li> <li><b>Concurrent:</b> one unit per day for up to 30 days</li> </ul>
	H0045 HQ U4 HA (Group)				
	S5151 U4-HQHAHK (Group Community Overnight Respite [EPSDT])				

# Medicaid 1915 (b)(3) MH/SU Services

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Service	Service Code	Age(s)	Population(s) Served	Documentation Requirements	Guidelines
<b>Transitional Living (Child)</b>	H2022 U4	Under 18	MH/SU	<ul style="list-style-type: none"> <li><b>Initial:</b> SAR; person-centered plan (including Comprehensive Crisis Plan); SO; CCA; ASAM Criteria LOC (if applicable)</li> <li><b>Concurrent:</b> SAR; person-centered plan (including Comprehensive Care Plan) updated within the past 30 days; CCA; ASAM Criteria LOC (if applicable); CANS (if applicable)</li> </ul>	<b>Initial and concurrent:</b> 60 units per week for up to 90 days; requests allowed for up to three concurrent authorizations
<b>IPS-SE (Supported Employment)</b>	H2023 Z1 H2023 Z2 H2023 Z3 H2023 Z6 H2023 Z7 H2023 Z8	16+	MH/SU	<p><b>Initial: H2023 Z1 (Milestone 1):</b> SAR; service notes demonstrating effort to engage member in services</p> <p><b>Concurrent:</b></p> <ul style="list-style-type: none"> <li><b>H2023 Z2 (Milestone 2):</b> intake and career profile (uploaded to EHR)</li> <li><b>H2023 Z3 (Milestone 3):</b> monthly summary reports during job development (employer contact log, job placement summary, individual job support plan, person-centered plan)</li> <li><b>H2023 Z6 (Milestone 6):</b> service notes and updated career profile (uploaded to EHR)</li> <li><b>H2023 Z7 or H2023 Z8 (Milestone 7):</b> SAR; for promotion, copy of recent pay stub indicating promotion/raise; for completion of educational program, official certificate of completion; SAR must indicate justification for Milestone 7 payment</li> </ul>	<p><b>Initial: H2023 Z1 (Milestone 1):</b> up to three units per six months</p> <p><b>Concurrent:</b></p> <ul style="list-style-type: none"> <li><b>H2023 Z2 (Milestone 2):</b> prior authorization not required</li> <li><b>H2023 Z3 (Milestone 3):</b> prior authorization required only if member has refused to utilize NCDVRS services</li> <li><b>H2023 Z6 (Milestone 6):</b> prior authorization not required</li> <li><b>H2023 Z7 (Milestone 7):</b> two units per year</li> <li><b>H2023 Z8 (Milestone 7):</b> up to three units per year</li> </ul>

## Medicaid 1915 (b)(3) MH/SU Services

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Service	Service Code	Age(s)	Population(s) Served	Documentation Requirements	Guidelines
<b>Physician Consultation (Adult)</b>	99214 U4 (Brief)	18+	MH/SU, I/DD	Justification (including amount, duration, and frequency of service) must be included in plan of care/ISP or the person-centered plan/treatment plan (individuals with SMI/SPMI)	<b>Initial and concurrent:</b> prior authorization not required
	99242 U4 (Intermediate)				
	99244 U4 (Extensive)				
<b>Individual Support</b>	T1019 U4	18+	MH/SU	<p>Initial: SAR; person-centered plan (including Comprehensive Crisis Plan); SO; CCA*; ASAM Criteria LOC (if applicable)</p> <p>Concurrent: SAR; person-centered plan (including Comprehensive Crisis Plan) updated within the past 30 days; SO; ASAM Criteria LOC (if applicable)</p> <p>*CCA addendum required if CCA not completed within last 30 days</p>	Initial and concurrent: up to 240 units per month for up to 90 days

ACRONYM	DEFINITION
ASAM	American Society of Addiction Medicine
CANS	Child and Adolescence Needs and Strengths (ages 0-5)
CCA	Comprehensive Clinical Assessment
CCP	(NC Medicaid) Clinical Coverage Policy
EHR	Electronic Health Record
LOC	Level of Care
MH	Mental Health
NCDVRS	NC Division of Vocational Rehabilitation Services
SAR	Service Authorization Request
SMI/SPMI	Serious Mental Illness/Serious and Persistent Mental Illness
SO	Service Order
SU	Substance Use