



Non-Medicaid 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.

Non-Medicaid MH/SU Services – Child				
Effective date: 04-18-2023				
Service	Service Code(s)	Age(s)	Documentation Requirements	Guidelines
Clinical Assessment	90791 YP830 YP836	Under 18	N/A	<p>Prior authorization not required up to maximum</p> <p>Maximums:</p> <ul style="list-style-type: none"> 90791: four units per fiscal year YP830 and YP836: 16 units per year
Psychiatric Assessment	90792	Under 18	N/A	<ul style="list-style-type: none"> Prior authorization not required up to maximum Maximum: four units per fiscal year
In-Home Psychiatric Diagnostic Evaluation	90791SR	Under 18	N/A	<p>Prior authorization not required up to maximum</p> <p>Maximum:</p> <ul style="list-style-type: none"> 16 units per fiscal year 48 additional units may be requested
In-Home Psychotherapy	90832SR (30 minutes) 90834SR (45 minutes) 90837SR (60 minutes)	Under 18	N/A	<p>Prior authorization not required up to maximum</p> <p>Maximum:</p> <ul style="list-style-type: none"> 16 units per fiscal year 48 additional units may be requested

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Service	Service Code(s)	Age(s)	Documentation Requirements	Guidelines
In-Home Family Therapy	90846SR (Without recipient) 90847SR (With recipient)	Under 18	N/A	<p>Prior authorization not required up to maximum</p> <p>Maximum:</p> <ul style="list-style-type: none"> 16 units per fiscal year 48 additional units may be requested
Psychological Testing	96110 96111 96116 96121 96130 96131 96136 96137	Under 18	<p>Initial: N/A</p> <p>Concurrent: SAR, Vaya Psychological Testing Request Form; CCA</p>	<p>Prior authorization not required up to the maximum</p> <p>Maximums:</p> <ul style="list-style-type: none"> Eight hours per day 96130, 96131, 96136, 96137, 96132, and 96133: one hour per fiscal year 96110: six hours per fiscal year 96112 and 96113: eight hours per fiscal year 96116 and 96121: four hours per fiscal year
Individual Therapy	90832 90834 90837 YP831	Under 18	<p>Initial: N/A</p> <p>Concurrent: SAR; treatment plan</p>	<ul style="list-style-type: none"> Prior authorization not required for first 16 units per fiscal year (for all codes combined) Maximum: 48 units per fiscal year (for all codes combined)
Individual Therapy Add-On to E/M	90833 90836 90838	Under 18	<p>Initial: N/A</p> <p>Concurrent: SAR; treatment plan</p>	<ul style="list-style-type: none"> Prior authorization not required for first 16 units per fiscal year (for all codes combined) Maximum: 48 units per fiscal year (for all codes combined)
Family Therapy	90846 90847 YP833 YP835	Under 18	<p>Initial: N/A</p> <p>Concurrent: SAR; treatment plan</p>	<ul style="list-style-type: none"> Prior authorization not required for first 16 units per fiscal year (for all codes combined) Maximum: 48 units per fiscal year (for all codes combined)

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Service	Service Code(s)	Age(s)	Documentation Requirements	Guidelines
Group Therapy	90849 90853 YP832 YP835	Under 18	Initial: N/A Concurrent: SAR; treatment plan	<ul style="list-style-type: none"> • Prior authorization not required for first 16 units per fiscal year (for all codes combined) • Maximum: 48 units per fiscal year (for all codes combined)
Individual Therapy for Crisis	90839 90840 (Add-on)	Under 18	Initial: N/A Concurrent: SAR, treatment plan	<p>Initial and concurrent: prior authorization not required up to the maximum:</p> <ul style="list-style-type: none"> • 90839: up to two sessions per fiscal year per provider • 90840: up to two add-ons per episode

ACRONYM	DEFINITION
CCA	Comprehensive Clinical Assessment
MH	Mental Health
SAR	Service Authorization Request
SU	Substance Use