



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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Service	Service Code	Age(s)	Documentation Requirements	Guidelines
Clinical Assessment/ In-Home Psychiatric Diagnostic Evaluation CCP 8C (90791) CCP 8A (T1023)	90791 T1023	Under 21	N/A	<ul style="list-style-type: none"> • Prior authorization not required • Limit: four units per fiscal year
Enhanced Psychiatric Evaluation (CCP 8C)	90791 YB	Under 21	N/A	<ul style="list-style-type: none"> • Prior authorization not required • Limit: four units per fiscal year
Psychiatric Assessment (CCP 8C)	90792	Under 21	N/A	<ul style="list-style-type: none"> • Prior authorization not required • Limit: four units per fiscal year
Neurobehavioral Testing (CCP 8C)	96116 96121	Under 21	N/A	<ul style="list-style-type: none"> • Prior authorization not required • Limit: eight hours of service per date of service

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Neuropsychological Testing (CCP 8C)	96132 96133	Under 21	N/A	<ul style="list-style-type: none"> • Prior authorization not required • Limit: eight hours of service per date of service
Psychological Testing (CCP 8C)	96110 96112 96113 96130 96131 96136 96137	Under 21	N/A	<ul style="list-style-type: none"> • Prior authorization not required • Limit of eight hours per day
Psych/Neuro Testing – Tech/Automated (CCP 8C)	96138 96139 96146	Under 21	N/A	<ul style="list-style-type: none"> • Prior authorization not required • Limit: Eight hours per day
Individual Therapy (CCP 8C)	90832 90834 90837	Under 21	N/A	Initial and concurrent: prior authorization not required
Individual Therapy Add-On to E/M (CCP 8C)	90833 90836 90838	Under 21	N/A	Initial and concurrent: prior authorization not required
Family Therapy (CCP 8C)	90846 90847	Under 21	N/A	Initial and concurrent: prior authorization not required

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Group Therapy/ Counseling (CCP 8C)	90853	Under 21	N/A	Initial and concurrent: prior authorization not required
Individual Therapy for Crisis (CCP 8C)	90839 90840	Under 21	N/A	Initial and concurrent: prior authorization not required up to the limit: <ul style="list-style-type: none"> • 90839: up to two sessions per fiscal year per provider • 90840: up to two add-ons per episode
Specialized Therapy (e.g., TF-CBT, PCIT, DBT) (CCP 8C)	90832 22 90834 22 90837 22 90846 22 90847 22 90849 22 90853 22	Under 21	<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 (IHS) (CCP 8A)	H2022	Under 21	N/A	Prior authorization not required

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Service	Service Code	Age(s)	Documentation Requirements	Guidelines
Multisystemic Therapy (MST) (CCP 8A)	H2033 (Monthly) H2033 HA (Weekly)	Under 21	<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; Signature Page; ASAM Criteria LOC (if applicable); CANS (if applicable) 	<p>Prior authorization not required, except when stacked:</p> <ul style="list-style-type: none"> • Initial: <ul style="list-style-type: none"> ○ Weekly: one unit per week for five months for 22 total units ○ Monthly: one unit per month for up to five months for five total units • Concurrent: <ul style="list-style-type: none"> ○ Weekly: one unit per week for five months up to 22 units ○ Monthly: one unit per month <p><i>Note: the weekly code is for specific providers only. Providers should check their contracts for correct claims submission.</i></p>
Day Treatment (CCP 8A)	H2012 HA	Under 21	<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; Signature Page; ASAM Criteria LOC (if applicable); CANS (if applicable) 	<p>Initial and concurrent: up to 30 units per week for 90 days</p>

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MH Partial Hospitalization (CCP 8A)	H0035 (Day Program) H0035 HK (Enhanced Rate)	Under 21	<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 I/ Family Type (CCP 8D-2)	H0046	Under 21	<ul style="list-style-type: none"> • Passthrough notification: SAR • 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>*The first request after passthrough must include both initial and concurrent documentation.</p>	<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 II (CCP 8D-2)	S5145 CTSP S5145 HA (IAFT) S5145 YD (Rapid Response) H2020 (Residential)	Under 21	<ul style="list-style-type: none"> • Passthrough notification: SAR • 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; Signature Page; ASAM Criteria LOC (if applicable); CANS (if applicable) <p>*The first request after passthrough must include both initial and concurrent documentation.</p>	<p>S5145 CTSP, S5145 HA, and S5145 YD:</p> <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 <p>H2020:</p> <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 Specialized Level II (TFC) (CCP 8D-2)	S5145 YB	Under 21	<ul style="list-style-type: none"> • Passthrough notification: SAR • Initial*: SAR; person-centered plan (including Comprehensive Crisis Plan); SO; ASAM Criteria LOC (if applicable) • Concurrent*: SAR; person-centered plan (including Comprehensive Crisis Plan) updated within past 30 days; Signature Page; ASAM Criteria LOC (if applicable); CANS (if applicable) <p>*The first request after passthrough must include both initial and concurrent documentation.</p>	<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
Residential Treatment Level III (<= 4 beds) (CCP 8D-2)	H0019 HQ	Under 21	<ul style="list-style-type: none"> • Passthrough notification: SAR • 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; Signature Page; 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. <p>*The first request after passthrough must include both initial and concurrent documentation.</p>	<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 III (5+ beds) (CCP 8D-2)	H0019 TJ H0019 TJ HK (Residential Transition)	Under 21	<ul style="list-style-type: none"> • Passthrough notification: SAR • 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; Signature Page; 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 <p>*The first request after passthrough must include both initial and concurrent documentation.</p>	<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 (4 beds or fewer) H0019 UR (5+ beds)	Under 21	<ul style="list-style-type: none"> • Passthrough notification: SAR required. • 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; Signature Page; ASAM Criteria LOC (if applicable); CANS (if applicable) <p>*The first request after passthrough must include both initial and concurrent documentation.</p>	<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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Psychiatric Residential Treatment Facility (PRTF) (CCP 8D-1)	0911	Under 21	<ul style="list-style-type: none"> • Passthrough notification: SAR • Initial* (if no passthrough): SAR; person-centered plan (including Comprehensive Crisis Plan); SO; CON; CCA; ASAM Criteria LOC (if applicable) • Concurrent*: SAR; person-centered plan (including Comprehensive Crisis Plan) updated within past 30 days; Signature Page; ASAM Criteria LOC (if applicable); CANS (if applicable) <p>*The first request after passthrough must include both initial and concurrent documentation.</p>	<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 and younger will not have a passthrough. The provider is required to submit a SAR for prior authorization 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 authorization with all required clinical documentation included.

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PRTF Assessment Center (CCP 8D-1)	0919	Under 21	<ul style="list-style-type: none"> • Passthrough notification: SAR • Initial*: SAR; person-centered plan (including Comprehensive Crisis Plan) ; SO; CON; CCA; ASAM Criteria LOC (if applicable) • Concurrent*: SAR; person-centered plan (including Comprehensive Crisis Plan) updated within past 30 days; Signature Page; ASAM Criteria LOC (if applicable); CANS (if applicable) <p>*The first request after passthrough must include both initial and concurrent documentation.</p>	Passthrough notification and concurrent: one unit per day for up to 30 days
Therapeutic Leave: Residential Level II-P, III, or IV and PRTF (CCP 8D-1; 8D-2)	0183	Under 21	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 21	N/A	Initial and concurrent: prior authorization not required
Equine Therapy	90834 YE 90837 YE 90853 YE	Under 21	N/A	Initial and concurrent: prior authorization not required

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Trauma-Informed CCA (TICCA), (Partnering for Excellence) (CCP 8C)	90791 HI	Under 21	<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 21	<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
Intercept (EPSDT)	H0036 HA	Under 21	<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; Signature Page; 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 21	<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; Signature Page; 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

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Service	Service Code	Age(s)	Documentation Requirements	Guidelines
Enhanced Support Services (EPSDT)	H0036 HK (Focused) H0036 HK TS (Maintenance)	Under 21	<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; Signature Page; 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
Problematic Sexual Behavior Cognitive Behavioral Therapy (PSB-CBT) (EPSDT)	H2029 YA H2029 YB	Ages: 7-12 Ages: 13-21	<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; Signature Page; 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