



Tailored Plan Medicaid and NC Medicaid Direct PIHP Mental Health/Substance Use Services – Adult (18+)

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 service limit as defined in the NC Medicaid clinical coverage policy is exhausted. Benefit limits may be exceeded for Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) requests. Clinical coverage policies are available on the [NC Medicaid website](#).

Medicaid MH/SU Services – Adult		
Effective date: 01/01/2025		
Service	Service Code	Guidelines
Clinical Assessment/ In-Home Psychiatric Diagnostic Evaluation CCP 8C	90791	Prior authorization not required
Enhanced Psychiatric Evaluation CCP 8C	90791 YB	Prior authorization not required
Psychiatric Assessment CCP 8C	90792	Prior authorization not required
Neurobehavioral Testing CCP 8C	96116 96121	Prior authorization not required
Neuropsychological Testing CCP 8C	96132 96133	Prior authorization not required
Psychological Testing CCP 8C	96110 96112 96113 96130 96131 96136 96137	Prior authorization not required

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Service	Service Code	Guidelines
Psych/Neuro Testing – Tech/Automated CCP 8C	96138 96139 96146	Prior authorization not required
Individual Outpatient Therapy CCP 8C	90832 90834 90837	Prior authorization not required
Individual Therapy Add-On to E/M CCP 8C	90833 90836 90838	Prior authorization not required
Outpatient Family Therapy CCP 8C	90846 90847	Prior authorization not required
Outpatient Group Therapy/Counseling CCP 8C	90849 90853	<ul style="list-style-type: none"> • Prior authorization not required • 90849 may not be billed at the same time as 90785
Psychotherapy for Crisis CCP 8C	90839 90840	Prior authorization not required
Home-Based Therapy CCP 8C	90837	Prior authorization not required
Assertive Community Treatment (ACT) Program CCP 8A-1	H0040	Prior authorization not required
Community Support Team (CST) CCP 8A-6	H2015 HT	Prior authorization not required
Partial Hospitalization CCP 8A	H0035 (Day Program) H0035 HK (Enhanced)	Prior authorization not required

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Service	Service Code	Guidelines
Psychosocial Rehabilitation (PSR) CCP 8A	H2017	Prior authorization not required
Opioid Treatment Program Service CCP 8A-9	H0020	Prior authorization not required
Substance Abuse Intensive Outpatient Program (SAIOP) CCP 8A	H0015	Prior authorization not required
Substance Abuse Comprehensive Outpatient Treatment (SACOT) CCP 8A	H2035	Prior authorization not required
Substance Abuse Non-Medical Community Residential Treatment CCP 8A	H0012 HB	Prior authorization not required
Substance Abuse Medically Monitored Community Residential Treatment CCP 8A	H0013	Prior Authorization not required
Ambulatory Withdrawal Management Without Extended On-Site Monitoring CCP 8A-7	H0014	Prior authorization not required
Ambulatory Withdrawal Management Without Extended On-Site Monitoring CCP 8A-8	H0014HF	Prior authorization not required
Tobacco Cessation	99406 (Intermediate visit) 99407 (Intensive visit)	Prior authorization not required
Equine Therapy	90834 YE 90837 YE 90853 YE	Prior authorization not required
Peer Support CCP 8G	H0038 (Individual) H0038 HQ (Group)	Prior authorization not required

ACRONYM	DEFINITION
CCP	(NC Medicaid) Clinical Coverage Policy
MH	Mental Health
SU	Substance Use