Tailored Plan Medicaid and NC Medicaid Direct PIHP 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, providers must submit a concurrent request if the service limit as defined in the NC Medicaid clinical coverage policy has been reached. 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 – Child Effective date: 01/01/2025				
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	**Prior authorization not required**
Enhanced Psychiatric Evaluation CCP 8C	90791 YB	Under 21	N/A	**Prior authorization not required**
Psychiatric Assessment CCP 8C	90792	Under 21	N/A	**Prior authorization not required**
Neurobehavioral Testing CCP 8C	96116 96121	Under 21	N/A	**Prior authorization not required**
Neuropsychological Testing CCP 8C	96132 96133	Under 21	N/A	**Prior authorization not required**

Medicaid MH/SU Services – Child **Effective date: 01/01/2025**				
Service	**Service Code**	**Age(s)**	**Documentation Requirements**	**Guidelines**
Psychological Testing CCP 8C	96110 96112 96113 96130 96131 96136 96137	Under 21	N/A	**Prior authorization not required**
Psych/Neuro Testing – Tech/Automated CCP 8C	96138 96139 96146	Under 21	N/A	**Prior authorization not required**
Outpatient Individual Therapy CCP 8C	90832 90834 90837	Under 21	N/A	**Prior authorization not required**
Outpatient Individual Therapy Add-On to E/M CCP 8C	90833 90836 90838	Under 21	N/A	**Prior authorization not required**
Outpatient Family Therapy CCP 8C	90846 90847	Under 21	N/A	**Prior authorization not required**
Outpatient Group Therapy/Counseling CCP 8C	90853	Under 21	N/A	**Prior authorization not required**

Medicaid MH/SU Services – Child Effective date: 01/01/2025				
Service	**Service Code**	**Age(s)**	**Documentation Requirements**	**Guidelines**
Psychotherapy for Crisis CCP 8C	90839 90840	Under 21	N/A	**Prior authorization not required**
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	N/A	**Prior authorization not required**
Intensive In-Home (IIHS) CCP 8A	H2022	Under 21	N/A	**Prior authorization not required**
Multisystemic Therapy (MST) CCP 8A	H2033 (Monthly) H2033 HA (Weekly)	Under 21	N/A	**Prior authorization not required**
Day Treatment CCP 8A	H2012 HA	Under 21	N/A	**Prior authorization not required**
MH Partial Hospitalization CCP 8A	H0035 (Day Program) H0035 HK (Enhanced Rate)	Under 21	N/A	**Prior authorization not required**

Medicaid MH/SU Services – Child **Effective date: 01/01/2025**				
Service	**Service Code**	**Age(s)**	**Documentation Requirements**	**Guidelines**
Residential Treatment Level I/ Family Type CCP 8D-2	H0046	Under 21	N/A	**Prior authorization not required**
Residential Treatment Level II CCP 8D-2	S5145 CTSP S5145 HA (IAFT) S5145 YD (Rapid Response) H2020 (Residential)	Under 21	N/A	**Prior authorization not required**
Residential Treatment Specialized Level II (TFC) CCP 8D-2	S5145 YB	Under 21	N/A	**Prior authorization not required**

Medicaid MH/SU Services – Child **Effective date: 01/01/2025**				
Service	**Service Code**	**Age(s)**	**Documentation Requirements**	**Guidelines**
Residential Treatment Level III (<= 4 beds) CCP 8D-2	H0019 HQ	Under 21	• **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 *The first request after passthrough must include both initial and concurrent documentation.	• **Passthrough notification:** one unit per day for up to 120 days • **Concurrent:** one unit per day for up to 60 days

Medicaid MH/SU Services – Child **Effective date: 01/01/2025**				
Service	**Service Code**	**Age(s)**	**Documentation Requirements**	**Guidelines**
Residential Treatment Level III (5+ beds) CCP 8D-2	H0019 TJ H0019 TJ HK (Residential Transition)	Under 21	• **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 *The first request after passthrough must include both initial and concurrent documentation.	• **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	• **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) *The first request after passthrough must include both initial and concurrent documentation.	• **Passthrough notification:** one unit per day for up to 120 days • **Concurrent:** one unit per day for up to 60 days

Medicaid MH/SU Services – Child **Effective date: 01/01/2025**				
Service	**Service Code**	**Age(s)**	**Documentation Requirements**	**Guidelines**
Psychiatric Residential Treatment Facility (PRTF) CCP 8D-1	0911	Under 21	• **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) *The first request after passthrough must include both initial and concurrent documentation.	• **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.**
PRTF Assessment Center CCP 8D-1	0919	Under 21	• **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) *The first request after passthrough must include both initial and concurrent documentation.	**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

Medicaid MH/SU Services – Child Effective date: 01/01/2025				
Service	**Service Code**	**Age(s)**	**Documentation Requirements**	**Guidelines**
Tobacco Cessation	99406 (Intermediate visit) 99407 (Intensive visit)	Under 21	N/A	**Prior authorization not required**
Equine Therapy	90834 YE 90837 YE 90853 YE	Under 21	N/A	**Prior authorization not required**
Trauma-Informed CCA (TICCA), (Partnering for Excellence) CCP 8C	90791 HI	Under 21	• **Initial:** SAR including information on referral source, trauma, and behaviors • **Concurrent:** N/A	• **Initial:** one unit for up to 30 days • **Concurrent:** N/A
Comprehensive Evaluation of Sexual Harm CCP 8C	90899	Under 21	• **Initial:** SAR including information on referral source, problem sexual behaviors, and behaviors • **Concurrent:** N/A	• **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	• **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

Medicaid MH/SU Services – Child **Effective date: 01/01/2025**				
Service	**Service Code**	**Age(s)**	**Documentation Requirements**	**Guidelines**
Treatment Alternatives for Sexualized Kids (TASK) EPSDT	H2029	Under 21	• **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)	• **Initial:** one unit per week for up to 52 weeks • **Concurrent:** one unit per week for up to 26 weeks
Enhanced Support Services EPSDT	H0036 HK (Focused) H0036 HK TS (Maintenance)	Under 21	• **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:** • 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	• **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:** • **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
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