



# Tailored Plan Medicaid, NC Medicaid Direct PIHP, and Non-Medicaid Acute Mental Health, Substance Use, Intellectual/Developmental Disability, and Traumatic Brain Injury 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 benefit limits may be exceeded for Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) requests. Clinical coverage policies for Medicaid services are available on the [NC Medicaid website](#).

Medicaid and Non-Medicaid Acute MH, SU, I/DD, and TBI Services					
Effective date: 01-01-2025					
Service	Service Code(s)	Funding Source(s)	Population(s) Served	Documentation Requirements	Guidelines
<b>Non-State Hospital: MH/SU Inpatient</b> CCP 8B	Revenue Codes: 0101 0160	Medicaid	MH/SU, I/DD All ages	<ul style="list-style-type: none"> <li><b>Initial:</b> SAR, RRF or clinical assessment, CON (if under age 21)</li> <li><b>Concurrent:</b> SAR, hospital progress notes or Inpatient Concurrent Review Form</li> </ul>	<ul style="list-style-type: none"> <li><b>Initial:</b> one unit per day up to seven days</li> <li><b>Concurrent:</b> one unit per day until discharge, as medically necessary</li> </ul>
<b>State-Funded/ Three-Way Inpatient</b>	YP821	State-funded	MH/SU All ages	<ul style="list-style-type: none"> <li><b>Initial:</b> SAR, admissions assessment or RRF, CON (if under age 21)</li> <li><b>Concurrent:</b> SAR, hospital progress notes or Inpatient Concurrent Review Form</li> </ul>	<ul style="list-style-type: none"> <li><b>Initial:</b> one unit per day up to three days</li> <li><b>Concurrent:</b> one unit per day up to seven days</li> </ul>
<b>State Hospital: MH/SU Inpatient</b> CCP 8B	Revenue Codes: 0101 0160	Medicaid	MH/SU, I/DD All ages	<ul style="list-style-type: none"> <li><b>Initial:</b> SAR, RRF or clinical assessment, CON (if under age 21), I/DD Exception Form required per diversion law</li> <li><b>Concurrent:</b> SAR, hospital progress notes or Inpatient Concurrent Review Form</li> </ul>	<ul style="list-style-type: none"> <li><b>Initial:</b> one unit per day up to 10 days</li> <li><b>Concurrent:</b> one unit per day until discharge, as medically necessary</li> </ul>
<b>Criterion 5</b> CCP 8B	0902	Medicaid	MH/SU, I/DD Ages 17 and under	<ul style="list-style-type: none"> <li><b>Initial:</b> SAR, Vaya Criterion 5 Form</li> <li><b>Concurrent:</b> SAR, hospital progress notes</li> </ul>	<ul style="list-style-type: none"> <li><b>Initial:</b> one unit per day up to seven days</li> <li><b>Concurrent:</b> one unit per day up to three days</li> </ul>

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<b>Facility-Based Crisis</b> CCP 8A, 8A-2	S9484 S9484 HA	Adult: Medicaid, State- funded Child: Medicaid	MH/SU All ages	N/A	<ul style="list-style-type: none"> <li>• <b>Prior authorization not required</b></li> <li>• 24 units per day</li> </ul>
<b>Facility-Based Crisis</b>	S9484	Adult: State- funded	MH/SU Ages 18+	<ul style="list-style-type: none"> <li>• <b>Passthrough:</b> SAR, admissions assessment</li> <li>• <b>Concurrent:</b> SAR, clinical progress notes or Inpatient Concurrent Review Form</li> </ul>	<b>Passthrough:</b> <ul style="list-style-type: none"> <li>• <b>Adult:</b> 24 units per day up to seven days</li> </ul> <b>Concurrent:</b> <ul style="list-style-type: none"> <li>• <b>Adult:</b> 24 units per day up to seven days</li> </ul>
<b>Mobile Crisis Management</b>	H2011	Medicaid	MH/SU, I/DD All ages	N/A	<b>Prior authorization not required</b>
<b>Mobile Crisis Management</b>	H2011	State- funded	MH/SU, I/DD All ages	<ul style="list-style-type: none"> <li>• <b>Passthrough:</b> N/A</li> <li>• <b>Concurrent:</b> SAR, progress notes</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Passthrough:</b> up to 32 units</li> <li>• <b>Concurrent:</b> medical necessity</li> <li>• Maximum of 24 hours per episode of care, individual not enrolled with provider who should and can provide/be involved with response</li> </ul>
<b>Medically Supervised or ADATC Detoxification Crisis Stabilization (ASAM Level 3.9-WM)</b> CCP 8A	0101 0160	Medicaid	MH/SU Ages 18+	N/A	<b>Prior authorization not required</b>

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<b>SU Medically Supervised Detoxification Crisis Stabilization (ADATC)</b>	0101 0160	State-funded	MH/SU Ages 18+	<ul style="list-style-type: none"> <li><b>Initial:</b> SAR, RRF or admission assessment, ASAM Criteria LOC 3.9-WM required</li> <li><b>Concurrent:</b> SAR, progress notes or Inpatient Concurrent Review Form, ASAM Criteria LOC 3.9-WM required</li> </ul>	<b>Initial:</b> <ul style="list-style-type: none"> <li><b>Detox:</b> one unit per day up to seven days</li> <li><b>Rehab:</b> one unit per day up to 14 days</li> </ul> <b>Concurrent:</b> one unit per day up to 14 days
<b>Medically Monitored Inpatient Withdrawal Management</b> CCP 8A	H0010	Medicaid	MH/SU Ages 18+	N/A	<b>Prior authorization not required</b>
<b>SU Non-Hospital Medical Detox</b>	H0010	State-funded	MH/SU Ages 18+	<ul style="list-style-type: none"> <li><b>Passthrough:</b> SAR</li> <li><b>Initial:</b> SAR, admission assessment, progress notes, ASAM Criteria LOC 3.7-WM required</li> <li><b>Concurrent:</b> SAR, progress notes, ASAM Criteria LOC 3.7-WM required</li> </ul>	<ul style="list-style-type: none"> <li><b>Passthrough:</b> one unit per day up to four days</li> <li><b>Initial:</b> one unit per day up to six days</li> <li><b>Concurrent:</b> one unit per day up to 10 days</li> <li><b>Maximums:</b> 20 days per episode of care with appropriate ASAM Criteria LOC, 45 days in a 12-month period per individual</li> </ul>
<b>Substance Abuse Medically Monitored Community Residential Treatment (ASAM Level 3.7)</b>	H0013	Medicaid	MH/SU Ages 18+	N/A	<b>Prior authorization not required</b>
<b>Substance Abuse Non-Medical Community Residential Treatment:</b>	H0012	Medicaid	MH/SU Ages 18+	N/A	<b>Prior authorization not required</b>

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<b>SA Detox Social Setting</b>	YP790	State-funded	MH/SU Ages 21+	<ul style="list-style-type: none"> <li>• <b>Initial:</b> SAR, admission assessment, ASAM Criteria LOC 3.2-WM required</li> <li>• <b>Concurrent:</b> SAR, progress notes, ASAM Criteria LOC 3.2-WM required</li> </ul>	<p><b>Initial:</b></p> <ul style="list-style-type: none"> <li>• <b>Voluntary:</b> one unit per day up to three days</li> <li>• <b>Involuntary:</b> one unit per day up to 10 days</li> </ul> <p><b>Concurrent:</b></p> <ul style="list-style-type: none"> <li>• <b>Voluntary:</b> one unit per day up to 10 days</li> <li>• <b>Involuntary:</b> one unit per day</li> </ul>

ACRONYM	DEFINITION
ASAM	American Society of Addiction Medicine
CCP	(NC Medicaid) Clinical Coverage Policy
CON	Certificate of Need
I/DD	Intellectual/Developmental Disabilities
LOC	Level of Care
MH	Mental Health
RRF	Regional Referral Form
SAR	Service Authorization Request
SA	Substance Abuse
SU	Substance Use
TBI	Traumatic Brain Injury