Vaya Health Authorization Guidelines

Tailored Plan Medicaid and NC Medicaid Direct PIHP Research-Based Behavioral Health Treatment Services for Autism Spectrum Disorder

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. Guardianship paperwork is required as applicable for all services. Benefit limits may be exceeded for Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) requests.

Medicaid RB-BHT for ASD **Effective date: 09-05-2025**			
Service	**Service Code**	**Documentation Requirements**	**Guidelines (Refer to Vaya Provider Communication Bulletin 2022-23 Issue 37, May 2019 NC Medicaid Bulletin and Vaya's Treatment Guidance for clinical considerations when submitting a request)**
Behavior Identification Assessment CCP 8F	97151	• **Passthrough:** Notification SAR; SO • **Initial/Concurrent Requests over 32 Units:** SAR; SO; clinical documentation by MD, DO, or psychologist validating diagnosis of ASD using scientifically validated tool(s)	**Passthrough notification**: 32 units for six months; requests for more than 32 units will be reviewed for medical necessity
Observational Behavioral Assessment and Follow-Up CCP 8F	97152	• **Initial :** SAR; FBA; treatment plan; SO (annually); clinical documentation by MD, DO, or psychologist validating diagnosis of ASD using scientifically validated tool(s) • **Concurrent:** SAR; FBA; treatment plan; SO (annually)	
Direct Intervention by Paraprofessional CCP 8F	97153 (97153 96)	• **Initial :** SAR; FBA; treatment plan; SO (annually); clinical documentation by MD, DO, or psychologist validating diagnosis of ASD using scientifically validated tool(s) • **Concurrent:** SAR; FBA; treatment plan; SO (annually)	

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Service	**Service Code**	**Documentation Requirements**	**Guidelines (Refer to Vaya Provider Communication Bulletin 2022-23 Issue 37, May 2019 NC Medicaid Bulletin and Vaya's Treatment Guidance for clinical considerations when submitting a request)**
Group Adaptive Behavioral Protocol CCP 8F	97154 (97154 96)	• **Initial :** SAR; FBA; treatment plan; SO (annually); clinical documentation by MD, DO, or psychologist validating diagnosis of ASD using scientifically validated tool(s) • **Concurrent:** SAR; FBA; treatment plan; SO (annually)	
Modifications to Protocol by BCBA-LP CCP 8F	97155	• **Passthrough: Notification SAR** • **Initial requests above one hour per 10 hours of direct intervention/concurrent:** SAR; SO; clinical documentation by MD, DO, or psychologist validating diagnosis of ASD using scientifically validated tool(s); FBA; treatment plan	**Passthrough notification:** One hour per 10 hours of direct intervention (97153 and 97154); requests for a higher ratio will be reviewed for medical necessity
Family Caregiver Training by BCBA CCP 8F	97156	• **Initial :** SAR; FBA; treatment plan; SO (annually); clinical documentation by MD, DO, or psychologist validating diagnosis of ASD using scientifically validated tool(s) • **Concurrent:** SAR; FBA; treatment plan; SO (annually)	
Family Training Program (Multi-Family Groups) CCP 8F	97157	• **Initial :** SAR; FBA; treatment plan; SO (annually); clinical documentation by MD, DO, or psychologist validating diagnosis of ASD using scientifically validated tool(s) • **Concurrent:** SAR; FBA; treatment plan; SO (annually)	

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ACRONYM	DEFINITION
ASD	Autism Spectrum Disorder
BCBA	Board-Certified Behavior Analyst
CCP	(NC Medicaid) Clinical Coverage Policy
FBA	Functional Behavior Assessment
RB-BHT	Research-Based Behavioral Health Treatment
SAR	Service Authorization Request
SO	Service Order

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