Vaya Health Authorization Guidelines

Medicaid Mental Health Services – Adult (18+)

These guidelines apply to service authorization under the Vaya Health (Vaya) Behavioral Health and Intellectual/Developmental Disabilities Tailored Plan and the Vaya NC Medicaid Direct Prepaid Inpatient Health Plan. Services must be in the provider's contract with 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 Mental Health Services – Adult Effective date: 07/08/2026		
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**
Psych/Neuro Testing – Tech/Automated (CCP 8C)	96138 96139 96146	**Prior authorization not required**
Individual Outpatient Therapy (CCP 8C)	90832 90834	**Prior authorization not required**

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Medicaid Mental Health Services – Adult **Effective date: 07/08/2026**		
Service	**Service Code**	**Guidelines**
	90837	
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	• **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**
Psychosocial Rehabilitation (PSR) (CCP 8A)	H2017	**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

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