

Medicaid and Non-Medicaid Acute Mental Health, Substance Use, Intellectual/Developmental Disability, and Traumatic Brain Injury Services

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 (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](#). State-funded (non-Medicaid) service definitions are available on the [North Carolina Department of Health and Human Services website](#).

Medicaid and Non-Medicaid Acute MH, SU, I/DD, and TBI Services					
Effective date: 07/08/2026					
Service	Service Code(s)	Funding Source(s)	Age(s)	Documentation Requirements	Guidelines
Non-State Hospital: MH/SU Inpatient (CCP 8B)	Revenue Codes: 0101 0160	Medicaid	All ages	Initial: SAR, RRF or clinical assessment, CON (if under age 21) Concurrent: SAR, hospital progress notes or Inpatient Concurrent Review Form	Initial: one unit per day up to seven days Concurrent: one unit per day until discharge, as medically necessary
State-Funded/ Three-Way Inpatient	YP821	State-funded	All ages	Initial: SAR, admissions assessment or RRF, CON (if under age 21) Concurrent: SAR, hospital progress notes or Inpatient Concurrent Review Form	Initial: one unit per day up to three days Concurrent: one unit per day up to seven days
State Hospital: MH/SU Inpatient (CCP 8B)	Revenue Codes: 0101 0160	Medicaid	All ages	Initial: SAR, RRF or clinical assessment, CON (if under age 21), I/DD Exception Form required per diversion law Concurrent: SAR, hospital progress notes or Inpatient Concurrent Review Form	Initial: one unit per day up to 10 days Concurrent: one unit per day until discharge, as medically necessary

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Service	Service Code(s)	Funding Source(s)	Age(s)	Documentation Requirements	Guidelines
Institute of Mental Disease (IMD) Inpatient (ILOS)	0160	Medicaid ILOS	Ages 21-64	Initial: SAR, admissions assessment or RRF Concurrent: SAR, hospital progress notes or Inpatient Concurrent Review Form	Initial: one unit per day for up to seven days (one unit = one day) Concurrent: one unit per day for up to three days (up to 15 days per calendar month)
Criterion 5 (CCP 8B)	0902	Medicaid	Ages 17 and younger	Initial: SAR, Vaya Criterion 5 Form Concurrent: SAR, hospital progress notes	Initial: one unit per day up to seven days Concurrent: one unit per day up to three days
Facility-based Crisis (CCP 8A, 8A-2)	S9484 S9484 HA	Adult: Medicaid Child: Medicaid	All ages	N/A	Prior authorization not required 24 units per day
Facility-based Crisis	S9484	Adult: State-funded	Ages 18+	Passthrough: SAR, admissions assessment Concurrent: SAR, clinical progress notes or Inpatient Concurrent Review Form	Passthrough: 24 units per day up to seven days Concurrent: 24 units per day up to seven days
Mobile Crisis Management (CCP 8A)	H2011	Medicaid	All ages	N/A	Prior authorization not required
Mobile Crisis Management	H2011	State-funded	All ages	Passthrough: N/A Concurrent: SAR, progress notes	Passthrough: up to 32 units Concurrent: medical necessity - Maximum of 24 hours per episode of care, individual not enrolled with provider who should and can provide/be involved with response

ACRONYM	DEFINITION
CCP	(NC Medicaid) Clinical Coverage Policy
CON	Certificate of Need
I/DD	Intellectual/Developmental Disabilities
ILOS	In Lieu of Service
MH	Mental Health
RRF	Regional Referral Form
SAR	Service Authorization Request
SU	Substance Use
TBI	Traumatic Brain Injury