Vaya Health Authorization Guidelines

Medicaid and Non-Medicaid Substance Use 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 Health (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/State-funded service definition is exhausted. Benefit limits may be exceeded for Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) requests (Medicaid only). Clinical coverage policies 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.

Substance Use Services Authorization Guidelines

Effective Date: 007/08/2026

Service	Service Code	ASAM Level	Funding Source	Age(s)	Documentation Requirements	Authorization Guidelines
Opioid Treatment Program (OTP) (CCP 8A-9)	H0020	1	Medicaid/ State-funded	Adults 18+	N/A	**Prior authorization not required**
Ambulatory Withdrawal Management without Extended Onsite Monitoring (CCP 8A-7)	H0014	1 WM	Medicaid/ State-funded	Adults 18+	N/A	**Prior authorization not required**
Ambulatory Withdrawal Management with Extended Onsite Monitoring (CCP 8A-8)	H0014 HF	2 WM	Medicaid/ State-funded	Adults 18+	N/A	**Prior authorization not required**
Substance Abuse Intensive Outpatient Program (SAIOP) (CCP 8A-12)	H0015	2.1	Medicaid/ State-funded	Children (10-17) Adults 18+	N/A	**Prior authorization not required**

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Substance Abuse Comprehensive Outpatient Treatment (SACOT) (CCP 8A-13)	H2035	2.5 (Partial Hospitalization ASAM Criteria)	Medicaid/ State-funded	Adults 18+	N/A	**Prior authorization not required**
Clinically Managed Low-Intensity Residential Treatment Services/ Halfway House (CCP 8D-3)	H2034	3.1	Medicaid/ State-funded	Adults 18+	**Medicaid:** N/A **State-funded:** • **Initial:** SAR, person-centered plan (including Comprehensive Crisis Plan), SO, CCA, ASAM Criteria LOC 3.1 required • **Concurrent:** SAR, CCA (annually), person-centered plan (including Comprehensive Crisis Plan) updated within past 30 days, ASAM Criteria LOC 3.1	**Medicaid:** prior authorization not required **State-funded:** initial and concurrent: limit of one unit per day for 180 days

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Clinically Managed Residential Withdrawal Management Services/ Social Setting Detox (CCP 8A-10)	Medicaid: H0011 State-funded: YP790	3.2 WM	Medicaid State funded	Adults 18+	**Medicaid:** N/A **State-funded:** • **Initial:** SAR, admission assessment, ASAM Criteria LOC 3.2-WM required • **Concurrent:** SAR, progress notes, ASAM Criteria LOC 3.2-WM required	**Medicaid:** prior authorization not required **State-funded:** **Initial:** *Voluntary:* one unit per day up to three days *Involuntary:* one unit per day up to 10 days **Concurrent:** *Voluntary:* one unit per day up to 10 days *Involuntary:* one unit per day
Clinically Managed Population-specific High-intensity Residential Program (CCP 8D-4)	H0047	3.3	Medicaid/ State-funded	Adults 18+	N/A	**Prior authorization not required**
Substance Use Clinically Managed Residential Services (CCP 8D-5)	H0012 HD (Pregnant and Parenting) H0012 HB (Adult) H0012 HA (Adolescent)	3.5	Medicaid/ State-funded	Adults 18+ Adolescents (12-17)	N/A	**Prior authorization not required**

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Medically Monitored Intensive Inpatient Services (CCP 8D-6)	H0013 (Adult) H0013 HA (Adolescent)	3.7	Medicaid/ State-funded	Adults 18+ Adolescents (12-17)	N/A	**Prior authorization not required**
Medically Monitored Inpatient Withdrawal Management Services (CCP 8A-11)	H0010	3.7 WM	Medicaid/ State-funded	Adults 18+	**Medicaid:** N/A **State-funded:** • **Passthrough:** SAR • **Initial:** SAR, admission assessment, progress notes, ASAM Criteria LOC 3.7 WM required • **Concurrent:** SAR, progress notes, ASAM Criteria LOC 3.7-WM required	**Medicaid:** prior authorization not required **State-funded:** • **Passthrough:** one unit per day up to four days • **Initial:** one unit per day up to six days • **Concurrent:** one unit per day up to 10 days **Maximums**: 20 days per episode of care with appropriate ASAM Criteria LOC, 45 days in a 12-month period per individual

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Medically Supervised Detoxification Crisis Stabilization/ADATC (CCP	Medicaid: H2036
	
	State-funded: 0101/0160
		3.9 WM	Medicaid/ State-funded	Adults 18+	**Medicaid:** N/A
					
					State-funded:
					• **Initial:** SAR, RRF or admission assessment, ASAM Criteria LOC 3.9-WM required
					• **Concurrent:** SAR, progress notes or Inpatient Concurrent Review Form, ASAM Criteria LOC 3.9-WM required
						Medicaid: prior authorization not required
						
						State-funded:
						• **Initial**:
						  ○ Detox: one unit per day up to seven days
						  ○ Rehab: one unit per day up to 14 days
						• **Concurrent**: one unit per day up to 14 days

ACRONYM	DEFINITION
ASAM	American Society of Addiction Medicine
CCA	Comprehensive clinical Assessment
CCP	(NC Medicaid) Clinical Coverage Policy
LOC	Level of Care
SAR	Service Authorization Request
SO	Service Order