

Non-Medicaid Mental Health Services – Adult

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. One unit is equal to 15 minutes unless otherwise noted. State-funded (non-Medicaid) service definitions are available on the [North Carolina Department of Health and Human Services website](#).

Non-Medicaid Mental Health Services – Adult				
Effective date: 07/08/2026				
Service	Service Code(s)	Age(s)	Documentation Requirements	Guidelines
Clinical Assessment	90791 YP830 YP836	18+	N/A	• Prior authorization not required up to the limit • Limits: ○ 90791: four units per fiscal year ○ YP830 and YP836: 16 units per fiscal year
Psychiatric Assessment	90792	18+	N/A	• Prior authorization not required up to the limit • Limit: four units per fiscal year
Neurobehavioral Testing	96116 96121	18+	N/A	• Prior authorization not required up to the limit • Limit of eight hours of service per date of service
Neuropsychological Testing	96132 96133	18+	N/A	• Prior authorization not required up to the limit • Limit of eight hours of service per date of service

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Psychological Testing	96110 96112 96113 96130 96131 96136 96137	18+	Initial: N/A Concurrent: SAR, Vaya Psychological Testing Request Form, CCA	Prior authorization not required up to the limit Limits for the fiscal year: - All service codes: eight hours per day 96130, 96131, 96136, and 96137: one hour 96110: six hours 96112 and 96113: eight hours Concurrent: N/A
Psych/Neuro Testing – Tech/Automated	96138 96139 96146	18+	N/A	Prior authorization not required - Limit of eight hours of service per date of service Limit for the fiscal year: two evaluations
Individual Therapy	90832 90834 90837 YP831	18+	Initial: N/A Concurrent: SAR, treatment plan	Prior authorization not required to the limit Limit: eight units per fiscal year (for all Individual Therapy service codes combined)
Individual Therapy Add-On to E/M	90833 90836 90838	18+	Initial: N/A Concurrent: SAR, treatment plan	Prior authorization not required for first eight units per fiscal year (for all codes combined) Limit: 24 units per fiscal year (for all codes combined)
Family Therapy	90846 90847 YP833 YP834	18+	Initial: N/A Concurrent: SAR, treatment plan	Prior authorization not required for first eight units per fiscal year (for all codes combined) Limit: 24 units per fiscal year (for all codes combined)

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Group Therapy	90849 90853 YP832 YP835	18+	Initial: N/A Concurrent: SAR, treatment plan	Prior authorization not required for first eight units per fiscal year (for all codes combined) Limit: 24 units per fiscal year (for all codes combined)
Individual Therapy for Crisis	90839 90840 (Add-on)	18+	Initial: N/A Concurrent: SAR, treatment plan	Prior authorization not required up to the limit Limits: Initial: two sessions per fiscal year; up to two add-ons per episode Concurrent: up to two additional sessions per fiscal year; up to two additional add-ons per episode
Community Support Team	H2015 HT	18+	Initial: SAR, person-centered plan (including Comprehensive Crisis Plan), SO, CCA, ASAM Criteria LOC (if applicable) Concurrent: SAR, person-centered plan (including Comprehensive Crisis Plan) updated within past 30 days, SO, ASAM Criteria LOC (if applicable) When medically necessary for services to be authorized for more than six months, new CCA (or addendum to original CCA) must be completed and submitted with new SAR	Prior authorization not required for first 36 units in 30 days (notification SAR required) For recipients pursuing housing: Initial: up to 420 units for 60 days Concurrent: 630 units for 90 days For recipients not pursuing housing: Initial: up to 128 units for 60 days Concurrent: 192 units for 90 days
Psychosocial Rehabilitation (PSR)	H2017	18+	N/A	Prior authorization not required Limit: 160 units per week

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Service	Service Code(s)	Age(s)	Documentation Requirements	Guidelines
Peer Support	H0038 (Individual) H0038 HQ (Group)	18+	N/A	• Prior authorization not required • Limit: 270 units per 90 days
Assertive Community Treatment (ACT)	H0040	18+	• Initial: SAR, CCA, SO, ATR, ASAM Criteria LOC (if applicable) • Concurrent: SAR, person-centered plan (including Comprehensive Crisis Plan) updated within past 30 days, SO, ATR, ASAM Criteria LOC (if applicable), transition plan	Initial and concurrent: four units per month for 180 days
IPS-SE Supported Employment	H2023 Z1 H2023 Z2 H2023 Z3 H2023 Z6 H2023 Z7 H2023 Z8	16+	N/A	Prior authorization not required
Family Living (Low, Moderate, and High)	YP740 (Low) YP750 (Moderate) YM755 (High)	18+	• Please note: A Non-Medicaid Residential Services (NMRS) form must be submitted prior to approval of State-funded residential treatment • Initial: SAR, person-centered plan (including Comprehensive Crisis Plan), SO, CCA (most recent), ASAM Criteria LOC (if applicable) • Concurrent: SAR, updated person-centered plan (including Comprehensive Crisis Plan) updated within past 30 days, ASAM Criteria LOC (if applicable)	Initial and concurrent: limit of one unit per day for 12 months

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Supervised Living (Low and Moderate)	YP710 (Low) YP720 (Moderate)	18+	• Please note: An NMRS form must be submitted prior to approval of State-funded residential treatment • Initial: SAR, person-centered plan (including Comprehensive Crisis Plan) for YP720 ONLY, SO for YP720 ONLY when circumstances in CCP are met, CCA (most recent), ASAM Criteria LOC (if applicable) • Concurrent: SAR, updated person-centered plan (including Comprehensive Crisis Plan) updated within past 30 days for YP720 ONLY, ASAM Criteria LOC (if applicable), CCA (completed within one year of request), evidence of service engagement	Initial and concurrent: limit of one unit per day for one year
Group Living (Low, Moderate, and High)	YP760 (Low) YP770 (Moderate) YP780 (High)	18+	• Please note: An NMRS form must be submitted prior to approval of State-funded residential treatment • Initial: SAR, person-centered plan (including Comprehensive Crisis Plan), SO, CCA (most recent), ASAM Criteria LOC (if applicable) • Concurrent: SAR, updated person-centered plan (including Comprehensive Crisis Plan) updated within past 30 days, ASAM Criteria LOC (if applicable), CCA (completed within one year of request), evidence of service engagement	Initial and concurrent: limit of one unit per day for one year
Assertive Engagement	YA352 YA353	18+	N/A	• Prior authorization not required • Limit: 240 units per fiscal year

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Safety Supervision	YA384 (Per diem) YA385 (Hourly)	18+	Initial: SAR, person-centered plan (including Comprehensive Crisis Plan), SO, Formal Fading Plan, behavioral plan, safety plan Concurrent: SAR, person-centered plan (including Comprehensive Crisis Plan) updated within past 30 days, SO, Formal Fading Plan, behavioral plan, safety plan, service notes from previous sessions of service	Initial: - If no behavioral plan in place: up to eight units per day for 30 days - If behavioral plan in place: up to eight units per day for 90 days Concurrent: up to eight units per day per 90 days Note: titration must align with person-centered plan and clinical needs
Hospital Discharge Transition Service	YA346	18+	N/A	Prior authorization not required
Jail Support	YA349	18+	N/A	Prior authorization not required

ACRONYM	DEFINITION
ACT	Assertive Community Treatment
ASAM	American Society of Addiction Medicine
ATR	ACT Transition Readiness Scale
CCA	Comprehensive Clinical Assessment
LOC	Level of Care
NMRS	Non-Medicaid Residential Services
SAR	Service Authorization Request
SO	Service Order