

Behavioral Health Utilization Management Authorization Guidelines: Effective April 1, 2026

This grid serves as an outline to the authorization guidelines for participating providers. For additional information, please reference the identified Clinical Coverage Policy for each service. Links to Clinical Coverage Policies can be found by clicking [here](#). For Children and Adolescents with Medicaid, EPSDT is applied to reviews outside of benefit limits.

Clinical Documentation: Prior authorization or continued stay requests should include current clinical presentation, treatment plan goals/interventions, and discharge/transition plan. When a request is for reauthorization or continuation of an ongoing service, the request should include updated information on the current clinical presentation, progress on goals/interventions (or strategies to address barriers to progress), and transition/discharge plan.

- For services where a comprehensive clinical assessment (CCA) and person-centered plan (PCP), these should be attached.
- Signed service orders should be attached to authorization requests.
- Goals and progress on goals should be updated regularly.
- Please include ASAM criteria (and Level of Care) or ECSII criteria, for applicable services. For services which require ASAM, the documentation should include recent level of care assessment and dimension scoring.
- Depending on service requested, supporting documents may include a summary of recent progress and/or most recent progress note(s)

For the following services, please ensure that documentation provided includes active medications, and/or information regarding the status of any referrals or coordination:

- Inpatient
- Facility-Based Crisis Services
- Partial Hospitalization
- ASAM 2.5: Substance Abuse Comprehensive Outpatient Treatment
- ASAM 2.1: Substance Abuse Intensive Outpatient Program

Service	Service Code	Initial Authorization Guidelines	Continued Stay/Service Authorization Guidelines	Documentation to Submit (in addition to Prior Authorization form)	Clinical Coverage Policy
Ambulatory Withdrawal Management with Extended On-Site Monitoring	<ul style="list-style-type: none"> H0014 HF 1 unit = 15 minutes 	No authorization required for in-network providers	-	-	8A-8: Ambulatory Withdrawal Management with Extended On-Site Monitoring
Ambulatory Withdrawal Management without Extended On-Site Monitoring	<ul style="list-style-type: none"> H0014 1 unit = 15 minutes 	No authorization required for in-network providers	-	-	8A-7: Ambulatory Withdrawal Management without Extended On-Site Monitoring
BH Medication Management	Refer to policy for CPT codes	No prior authorization required for in-network providers	-	-	8C: Outpatient Behavioral Health Services Provided by Direct-Enrolled Providers
Behavioral Health Urgent Care (BHUC)	<ul style="list-style-type: none"> T2016-U5 (without observation) T2016-U8 (with observation) 1 unit = 1 event 	No prior authorization required	-	-	NC.CP.MP.503: In-Lieu of Service Policy

Diagnostic Assessment	<ul style="list-style-type: none"> • T1023 • 1 unit = 1 	No prior authorization required for in-network providers	-	-	8A:5: Diagnostic Assessment
Professional Treatment in Facility-Based Crisis Programs	<ul style="list-style-type: none"> • S9484 • 1 unit = 1 hour 	Facility to notify of admission within 72 hours. <ul style="list-style-type: none"> • 7 calendar days (168 units) pass-through without authorization for in-network providers 	Reauthorization: timeframe and units based on clinical presentation, medical necessity, and treatment plan goals	<ul style="list-style-type: none"> • Admission Assessment • Planned Interventions (found in assessment, treatment plan, or PA form) • Medications • Discharge/Transition Plan • Ensure information specific to MD notes is included in request to include any medication changes 	8A: Enhanced Mental Health and Substance Abuse Services
Facility-Based Crisis for Children and Adolescents	<ul style="list-style-type: none"> • S9484 HA • 1 unit = 1 hour 	Facility to notify of admission within 24 hours. <ul style="list-style-type: none"> • 72-hour pass-through without authorization for in-network 	Reauthorization: timeframe and units based on clinical presentation, medical necessity, and	<ul style="list-style-type: none"> • Admission Assessment • Planned Interventions (found in assessment, treatment plan, or PA form) • Medications 	8A-2: Facility-Based Crisis for Children and Adolescents

		providers, then authorization required.	treatment plan goals	<ul style="list-style-type: none"> • Discharge/Transition Plan • Ensure information specific to MD notes is included in request to include any medication changes 	
Inpatient Hospitalization (Psychiatric and Substance Use)	Provider(s) shall report the appropriate code(s) used which determines the billing unit(s). Medical, psychiatric, and substance abuse therapeutic interventions are reimbursed at a per diem rate based on occupancy on the inpatient unit during midnight bed count.	Facility to notify of admission within 24 hours. <ul style="list-style-type: none"> • 72-hour pass-through without authorization for in-network providers, then authorization required. 	Concurrent authorization up to 3 days (approved days based on member's medically necessary need)	<ul style="list-style-type: none"> • Admission Assessment • Planned Interventions (found in assessment, treatment plan, or PA form) • Medications • *Certificate of Need for Children/Adolescents in Free-Standing Facilities (Medicaid beneficiary less than 21) • Discharge/Transition Plan • Ensure information specific to MD notes 	8B: Inpatient Behavioral Health Services

				is included in request to include any medication changes	
Medically Monitored Inpatient Withdrawal Management Services (previously Non-Hospital Medical Detoxification)	<ul style="list-style-type: none"> H0010 1 unit = 1 day 	Facility to notify of admission within 24 hours. <ul style="list-style-type: none"> 72-hour pass-through without authorization for in-network providers, then authorization required. 	Reauthorization: timeframe and units based on clinical presentation, medical necessity, and treatment plan goals	<ul style="list-style-type: none"> Admission Assessment Planned Interventions (found in assessment, treatment plan, or PA form) Medications Discharge/Transition Plan Ensure information specific to MD notes is included in request to include any medication changes 	8A-11: Medically Monitored Inpatient Withdrawal Management Services
Mobile Crisis	<ul style="list-style-type: none"> H2011 1 unit = 15 minutes 	No prior authorization required for in-network providers	-	-	8A: Enhanced Mental Health and Substance Abuse Services
Mental Health Intensive	<ul style="list-style-type: none"> S9480 1 unit = 1 day 	Initial authorization up	Reauthorization: timeframe and units based on	<ul style="list-style-type: none"> Comprehensive Clinical Assessment 	NC.CP.MP.503: In-Lieu of Service Policy

Outpatient Program (MH IOP)		to 12 units within 30 calendar days	clinical presentation, medical necessity, and treatment plan goals	<ul style="list-style-type: none"> Person-Centered Plan (with updated clinical information/progress towards goals) Service Order 	
Opioid Treatment Program Service	<ul style="list-style-type: none"> H0020 1 unit = 1 week 	No prior authorization required for in-network providers	-	-	8A-9: Opioid Treatment Program Service
Outpatient BH Psychotherapy: Individual, Family, and Group Therapy)	<ul style="list-style-type: none"> 90832 90834 90837 90846 90847 90849 90853 	<p>24 unmanaged units available per member per State fiscal year for in-network providers (for any combination of psychotherapy codes)</p> <p>*see additional information here for 02/01/26 – 06/30/26</p>	Up to 6 months based on medical necessity and treatment plan goals	<ul style="list-style-type: none"> Comprehensive Clinical Assessment Treatment Plan (with progress towards goals) Service Order 	8C: Outpatient Behavioral Health Services Provided by Direct-Enrolled Providers
Partial Hospitalization	<ul style="list-style-type: none"> H0035 1 unit = 1 event 	Initial Authorization: timeframe and units based on	Reauthorization: timeframe and units based on clinical	<ul style="list-style-type: none"> Assessment Treatment Plan Service Order 	8A: Enhanced Mental Health and Substance Abuse Services

		clinical presentation, medical necessity, and treatment plan goals	presentation, medical necessity, and treatment plan goals	<ul style="list-style-type: none"> Discharge/Transition Plan Medication, to include any medication changes 	
Peer Support Services	<ul style="list-style-type: none"> H0038 H0038 HQ (group) 1 unit = 15 minutes 	24 unmanaged units available per member per State fiscal year for in-network providers <ul style="list-style-type: none"> Initial authorization: up to 90 days based on clinically necessary need and Person-Centered Plan goals 	Reauthorization: up to 90 days based on clinical necessary need and PCP goals	<ul style="list-style-type: none"> Comprehensive Clinical Assessment Person-Centered Plan (with updated clinical information/progress towards goals) Service Order 	8G: Peer Support Services (PSS)
Psychological and Neuropsychological Testing	96112,96113, 96116, 96121, 96130, 96131, 96132, 96133, 96136, 96137, 96138, 96139, 96146	16 units available without authorization for in-network providers, then authorization required (for any	-	The following information should be included in submitted documentation: <ul style="list-style-type: none"> Are the instruments/tests indicated consistent 	8C: Outpatient Behavioral Health Services Provided by Direct-Enrolled Providers

		<p>combination of noted codes)</p>		<p>with the diagnoses being considered?</p> <ul style="list-style-type: none"> • Does the time/units requested fall in the range of standard administration times for instruments chosen? • Is testing required to determine diagnoses or would a diagnostic interview and collateral information gathering suffice? • Are the instrument/tests age appropriate? • Is testing for educational, forensic, or vocational purposes? • Are all instruments/tests selected required to determine diagnoses being considered? 	
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				<ul style="list-style-type: none"> • How will testing results impact care? • Has there been prior testing? If so, when? 	
Substance Abuse Intensive Outpatient Program	<ul style="list-style-type: none"> • H0015 • 1 unit = 1 event per day (3 hours minimum/date billed) 	30 calendar day pass-through available per member per State fiscal year for in-network providers <ul style="list-style-type: none"> • Authorization following pass-through: timeframe and units based on clinical presentation, medical necessity, and Person-Centered Plan goals 	Reauthorization: timeframe and units based on clinical presentation, medical necessity, and Person-Centered Plan goals	<ul style="list-style-type: none"> • Comprehensive Clinical Assessment • Person-Centered Plan (with progress towards goals) • Service Order 	8A-12: Substance Abuse Intensive Outpatient Program
Substance Abuse Comprehensive Outpatient Treatment	<ul style="list-style-type: none"> • H2035 • 1 unit = 1 hour (4 hours minimum/date billed) 	30 calendar day pass-through available per member per State	Reauthorization: timeframe and units based on clinical presentation,	<ul style="list-style-type: none"> • Comprehensive Clinical Assessment • Person-Centered Plan (with progress towards goals) 	8A-13: Substance Abuse Comprehensive Outpatient Treatment

		fiscal year for in-network providers <ul style="list-style-type: none"> • Authorization following pass-through: timeframe and units based on clinical presentation, medical necessity, and Person-Centered Plan goals 	medical necessity, and Person-Centered Plan goals	<ul style="list-style-type: none"> • Service Order 	
Research-Based Behavioral Health Treatment for Autism Spectrum Disorders	97151 – 97157 NOTE: 97158 is not a covered NC Medicaid service. This service, if requested, will be reviewed under EPSDT criteria rather than the RB-BHT policy.	Initial and Reauthorization Required (see checklist)		<i>Refer to Additional Tip Sheet</i> Applied Behavioral Analysis Outpatient Treatment Request Checklist (PDF)	8F: Research-Based Behavioral Health Treatment for Autism Spectrum Disorders