



WellCare of North Carolina

Medicaid Behavioral Health Authorization Guidelines and FAQ

Prior to May 11, 2023: Before reviewing these guidelines, please review the COVID flexibilities for Behavioral Health services found in [Special Bulletin Covid-19 #251](#).

After May 11, 2023: Due to the end of the public health emergency, typical authorization requirements as outlined below apply. Please see [Special Bulletin #265](#) for additional details on expiration of behavioral health COVID authorization flexibilities.

Note: Please include the name and contact information of anyone that can provide additional clinical information for the request, if needed.

This grid serves as an outline to the authorization guidelines. For additional information, please reference the identified **WellCare of North Carolina Clinical Coverage Policy** for each service. Links to Clinical Coverage Guidelines can be found by [clicking here](#).

For Children and Adolescents with Medicaid, EPSDT is applied to reviews outside of benefit limits.

Within the request, include the current clinical presentation, treatment plan goals/interventions, and discharge/transition plan. It is the expectation that with re-authorization requests, updated information be noted related to clinical presentation, goals/interventions (as clinically applicable), and transition/discharge plan. Assessments should include ECSII and/or ASAM information as applicable. Additionally, for Inpatient services, Facility-Based Crisis, Detoxification/Withdrawal Management, and Partial Hospitalization services, ensure that documentation available includes list of active medications.

Note: Please include NPI and Tax ID numbers on Prior Authorization form when noting provider information.

Behavioral Health Authorization Fax Numbers

<i>Inpatient (Inpatient, Facility-Based Crisis, Detox Services)</i>	1-800-551-0325
<i>Outpatient Behavioral Health Services</i>	1-866-587-1383



Authorization Guidelines: BH Crisis Emergent Services

Service Description	Code(s)	Initial Authorization Parameters	Continued Stay	WellCare Clinical Policy Link
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No authorization required for the following Crisis/Emergent Behavioral Health Services:

Mobile Crisis Management	H2011 One unit = 15 mins.	No PA required	No PA required	WNC.CP.114-Enhanced Mental Health and Substance Abuse Services
Behavioral Health Urgent Care	T2016 U5 (without observation) T2016 U8 (with observation) One unit = One event	No PA required.	No PA required	WNC.CP.259-In Lieu of Services
Psychotherapy for Crisis	90839, 90840	No PA required	No PA required	WNC.CP.117-Outpatient Behavioral Health Services Provided by Direct-Enrolled Providers

Authorization Guidelines: Inpatient, Medically Managed SUD and Facility Based Crisis

Service Description	Code(s)	Initial Authorization Parameters	Continued Stay	WellCare Clinical Policy Link
Medically Supervised or ADATC Detoxification Crisis Stabilization	H2036 One unit = One day	One to three days as medically necessary	One to two days as medically necessary	WNC.CP.114-Enhanced Mental Health and Substance Abuse Services

Non-Hospital Medical Detoxification	H0010 One unit = One day	Up to 10 days	Not to exceed 10 days	WNC.CP.114-Enhanced Mental Health and Substance Abuse Services
Professional Treatment Services in Facility-Based Crisis Programs Ages 18+	S9484 One unit = One hour (up to 16 hours in a 24-hour period)	No auth needed for first seven days, facility to notify of admission within one business day	Two to three days as medically necessary	WNC.CP.114-Enhanced Mental Health and Substance Abuse Services *First seven days of adult Facility Based Crisis is on a pass-through.
Facility Based Crisis Service for Children and Adolescents (ages 6 to 17)	S9484 (HA) modifier One unit = One hour (can be billed up to 24 hours per day)	Two to three days as medically necessary	Two to three days as medically necessary	WNC.CP.116-Facility-Based Crisis Service for Children and Adolescents
Inpatient Hospitalization Psychiatric Treatment	Based on Services Rendered	Up to three days	Up to three days	WNC.CP.258-Inpatient Behavioral Health Services
Inpatient Hospitalization Substance Abuse Treatment (acute detoxification, hospital inpatient)	Based on Services Rendered	Up to seven days	As medically necessary	WNC.CP.258-Inpatient Behavioral Health Services
Inpatient Services in an Institute for Mental Disease (IMD)- ILOS for adults ages 21 to 64	RC01 One unit = One day	Up to three days	As medically necessary, but no more than 15 days per calendar month	WNC.CP.259-In Lieu of Services



Authorization Guidelines: Outpatient Behavioral Health Services:

Service Description	Code(s)	Initial Authorization Parameters	Continued Stay	WellCare Clinical Policy Link
Diagnostic Assessment	T1023	One unit per fiscal year without authorization	Prior authorization after one unit	WNC.CP.212-Diagnostic Assessment
Outpatient Behavioral Health Services: Psychotherapy	90832, 90834, 90837, 90846, 90847, 90849, 90853	Authorize as medically appropriate for six-month period (Prior Authorization not required for first 20 units (PAR providers))	As medically necessary	WNC.CP.117-Outpatient Behavioral Health Services Provided by Direct-Enrolled Providers
Ambulatory Detox 18+	H0014 One unit = 15 mins.	Up to seven days	Up to three days	WNC.CP.114-Enhanced Mental Health and Substance Abuse Services
Outpatient Opioid Treatment 18+	H0020 One unit = One event	No PA required	No PA required	WNC.CP.114-Enhanced Mental Health and Substance Abuse Services
Partial Hospitalization	H0035 One unit = One event	Up to seven days	Up to seven days	WNC.CP.114-Enhanced Mental Health and Substance Abuse Services
Mental Health Intensive Outpatient Treatment	S9480 One unit = One day	Up to 12 days	Up to six days	WNC.CP.259-In Lieu of Services
Research-Based Behavioral health Treatment (R-BHT) For Autism Spectrum Disorder	97151 to 97157	No auth required for initial 32 units of 97151; as medically appropriate	As medically appropriate	WNC.CP.109-Research-Based Behavioral Health Treatment (RB-BHT)
Peer Support Services	H0038 (H0038 HQ for group) One unit = 15 mins.	(24) unmanaged units once per episode of care per fiscal year;	Subsequent authorizations authorized in 90-day	WNC.CP.231-Peer Support Services

Please see [Special Bulletin #265](#) for current flexibilities in place related to authorization requirements.



		prior authorization required after 24 units (PAR)	increments; units, as medically necessary	
Psychological and Neuropsychological Testing	96110,96112, 96113, 96116, 96121, 96130, 96131,96132, 96133, 96136, 96137, 96138, 96139, 96146	Unmanaged coverage is limited to eight hours of service per state fiscal year (PAR).	As medically necessary	WNC.CP.117-Outpatient Behavioral Health Services Provided by Direct-Enrolled Providers

Behavioral Health Utilization Review

Frequently Asked Questions (FAQ)

When do WellCare unmanaged units begin each year?	Unmanaged units begin each fiscal year on July 1st.
How many unmanaged units does WellCare offer?	WellCare of North Carolina offers 20 unmanaged units of Outpatient therapy for all members. These units can be a combination of any modality of therapy such as individual, family and/or group therapy codes (90832, 90834, 90837, 90846, 90847, 90849, and 90853). Non-participating (Non-PAR) providers are required to submit a Prior Authorization (PA) request.
How are you able to track unmanaged units if a member moves from one Prepaid Health Plan (PHP) to another?	PHPs (Prepaid Health Plans) can pull and review member’s claim history.
Why does the Auth Lookup Tool (ALT) say that CPT code 90837 requires an authorization?	The Auth Lookup Tool (ALT) provides general information that factors non-participating (non-PAR) provider requirements. It will only provide an answer as to whether an authorization is required. For PAR providers, 20 units of

	<p>outpatient psychotherapy services are available without authorization. Authorization Look-up Tool</p>
<p>What can providers do if they are receiving denials when unmanaged units have not been exhausted?</p>	<p>Please have your Claim Representative connect with Provider Services: 1-866-799-5318 wellcarenc.com</p> <p>Mail Claim Payment Disputes With Supporting Documentation To:</p> <p>WellCare Health Plans Claim Payment Disputes P.O. Box 31370 Tampa, FL 33631-3370</p>
<p>How many units does the provider get for Peer Support Services before they need authorization?</p>	<p>No authorization is required up to 24 units for in-network providers only. Non-participating (Non-Par) providers are required to submit a Prior Authorization (PA) request.</p>
<p>How many hours of Psychological/Neuro-psychological testing does the provider get before they need authorization?</p>	<p>No authorization is required up to eight hours of any combination of Psychological/Neuro-psychological testing codes to include assessment codes prior to needing authorization (PAR providers only). Non-participating (Non-Par) providers are required to submit a Prior Authorization (PA) request.</p>
<p>Can providers request Enhanced Services such as Intensive <i>In-Home Services</i>?</p>	<p>Many enhanced services are not covered by the Standard Plan; however, providers may submit authorization requests for WellCare of North Carolina members with Early and Periodic Screening, Diagnostic and Treatment (EPSDT) benefits.</p> <p>The Early and Periodic Screening, Diagnostic and Treatment (EPSDT) benefit provides comprehensive and preventive health care services for children under</p>

	age 21 enrolled in Medicaid. If a service is not covered under the NC Medicaid State Plan, it can be covered for recipients under 21 if the service is listed at 1905(a) of the Social Security Act and if all EPSDT criteria are met. For more information, visit NCDHHS EPSDT Information .
What about services not listed on these guidelines?	You may look at the Authorization Lookup Tool for information on any codes not listed on this document: Authorization Look-up Tool