Medicaid Behavioral Health Authorization Guidelines and FAQ

Effective 10/1/2025, authorization requirements for behavioral health services have turned back on. All the prior authorization requirements for WCNC have been reviewed with the NC Division of Health Benefits and approved as compliant with the Mental Health Parity and Addiction Equity Act of 2008 (MHPAEA)

For additional details related to authorizations, claims, appeals or benefits, you may access our quick reference guide: NC Medicaid Quick Reference Guide

Services provided by non-Par providers require prior authorization.

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 auth requests.
- Goals and progress on goals should be updated regularly.
- Please include ASAM criteria (and Level of Care) or ECSII criteria, for applicable services.

NOTE: Member/guardian's signature is required on the PCP.

For the following services, please ensure that documentation provided includes active medications, and/or information regarding the status of any referrals or coordination:
- Inpatient mental health/substance use services
- Facility-Based Crisis Services, for youth and adults
- Partial Hospitalization
- ASAM 2.5: Substance Abuse Comprehensive Outpatient Treatment
- ASAM 2.1: Substance Abuse Intensive Outpatient Program

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

NOTE: Please include the Name and Tax ID of the provider on your authorization. Please also include name(s) and contact information for anyone available to provide additional clinical information on the request. ***If the PA is incomplete or lacking needed clinical information, we will reach out to the contact that you provide by telephone so that we can get additional information.***

- Clinical coverage policies outlining criteria for the various services are available here: WellCare NC Clinical Coverage Guidelines

- This grid serves as a general outline of the authorization parameters for MH/SUD services.

Behavioral Health Authorization Options

Provider Portal:

Authorizations can be submitted, including upload of relevant clinical material to the online provider portal, which can be found at: provider.wellcare.com

For additional training on the provider portal on how to submit an authorization if needed: Available Training - WellCare

There is an external email that providers can utilize should they need technical assistance on creating an authorization in the portal SM_AWSEscalations AWSEscalations@wellcare.com

Or, you can reach out directly to your PR representative. If you are unsure who your assigned provider representative is, you can reach the PR mailbox at: SM_NCProviderRelations@wellcare.com

Fax Numbers:

Inpatient BH and SUD (ASAM 4.0, 4.0WM and 3.7WM), Facility Based Crisis, SACOT, PHP: **1-800-551-0325**

Outpatient Behavioral Health Services (including SAIOP, Mental Health IOP): **1-866-587-1383**

Guidelines: BH Crisis/Emergent Services

No authorization required for Crisis/Emergent Behavioral Health Services

Service Description	CPT/HCPCS codes		WellCare Clinical Policy Link
Mobile Crisis Management	**H2011** 1 unit = 15 mins	No PA required	WNC.CP.114-Enhanced Mental Health and Substance Abuse Services
Behavioral Health Urgent Care	**T2016 U5 (without observation)** 1 unit = 1 event	No PA required	WNC.CP.259-In Lieu of Services
Psychotherapy for Crisis	**90839, 90840**	No PA required	WNC.CP.117-Outpatient Behavioral Health Services Provided by Direct-Enrolled Providers

*All services provided independent of whether authorization is required are expected to be medically necessary.

Authorization Guidelines: Inpatient Psychiatric Care, Inpatient Substance Use Treatment (ASAM 4.0 and ASAM 4.0 WM), ASAM 3.2, ASAM 3.7-WM and Facility Based Crisis

*For high level services with initial pass-through days, notification to WellCare is required. Please send in notification using the auth request form. Initial days of pass-through will be automatically approved without a requirement for submission of additional clinical information. To support care management needs, WellCare teams may reach out to the facility to

Service Description	Code(s)	Initial Authorization Parameters	Continued Stay	WellCare Clinical Policy Link
Professional Treatment Services in Facility-Based Crisis Programs Ages 18+	**S9484** 1 unit = 1 hour	No auth needed for first 7 calendar days, **Facility to notify of admission within 72 hours**	As medically necessary	WNC.CP.114-Enhanced Mental Health and Substance Abuse Services

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Facility Based Crisis Service for Children and Adolescents (ages 6-17)	S9484 (HA) modifier 1 unit = 1 hour	No authorization needed for first 72 hours, **Facility to notify of admission within 72 hours**	As medically necessary	WNC.CP.116-Facility-Based Crisis Service for Children and Adolescents
Inpatient Hospitalization Psychiatric Treatment	Based on Services Rendered	No authorization needed for first 72 hours, **Facility to notify of admission within 72 hours**	As medically necessary	WNC.CP.258-Inpatient Behavioral Health Services
Inpatient Services in an Institute for Mental Disease (IMD)- ILOS for adults ages 21-64	Rev Code 0160	No authorization needed for first 72 hours, **Facility to notify of admission within 72 hours of admission**	As medically necessary but no more than 15 days per calendar month for MH conditions	WNC.CP.259-In Lieu of Services
Medically Managed Intensive Inpatient Withdrawal Management (ASAM-4WM)	Based on Services Rendered	No authorization needed for first 72 hours, **Facility to notify of admission within 72 hours of admission**	As medically necessary	WNC.CP.258-Inpatient Behavioral Health Services
Medically Managed Intensive Inpatient Services (ASAM 4)	Based on Services Rendered	No authorization needed for first 72 hours, **Facility to notify of admission within 72 hours of admission**	As medically necessary	WNC.CP.258-Inpatient Behavioral Health Services
Medically Monitored Inpatient Withdrawal Services (ASAM 3.7-WM)	H0010 1 unit = 1 day	No authorization needed for first 72 hours, **Facility to notify of admission within 72 hours of admission**	As medically necessary	WNC.CP.281: Medically Monitored Inpatient Withdrawal Management Service (ASAM 3.7 WM)

NOTE: ASAM 3.7, ASAM 3.5 and ASAM 3.3 are not covered services under the standard plan. The provider should work with the member and the Medicaid ombudsman to submit a request to move form to facilitate timely movement to the Tailored Plan.
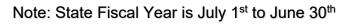
Authorization Guidelines: Outpatient Behavioral Health Services:

*All Services provided by non-PAR providers require prior authorization.

Note: State fiscal year is defined as July 1st through June 30th.

Service Description	Code(s)	Initial Authorization Parameters	Continued Stay	WellCare Clinical Policy Link
Outpatient Behavioral Health Services: Psychotherapy	**90832,90834, 90837, 90846, 90847, 90849, 90853**	No authorization needed for first **24** (unmanaged) units per state fiscal year.	As medically necessary. Auth requests can be for up to 6 months at a time	WNC.CP.117-Outpatient Behavioral Health Services Provided by Direct-Enrolled Providers
Partial Hospitalization (for Mental Health)	**H0035** 1 unit = 1 event	up to 7 days/units. **This code should be used only for primary MH conditions (not SUD)**	As medically necessary	WNC.CP.114-Enhanced Mental Health and Substance Abuse Services
Mental Health Intensive Outpatient Treatment	**S9480** 1 unit = 1 day	Up to 12 units (within 30 calendar days). **This code should be used only for primary MH conditions (not SUD)**	As medically necessary	WNC.CP.259-In Lieu of Services
Substance Abuse Intensive Outpatient Program (SAIOP)	**H0015** 1 unit= 1 event	No auth required for initial 12 units within first 30 days, per fiscal year. Approvals are for up to 30 additional days. **Unmanaged units are allowed only once per episode of care.**	As medically necessary	WNC.CP.114-Enhanced Mental Health and Substance Abuse Services

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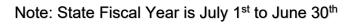| Substance Abuse Comprehensive Outpatient Treatment (SACOT)	H2035 1 unit= 1 hour	No auth required for first 90 units within first 30 days, per fiscal year. Approvals are for up to 30 additional days. **Unmanaged units are allowed only once per episode of care.**	As medically necessary	WNC.CP.114-Enhanced Mental Health and Substance Abuse Services
Research-Based Behavioral health Treatment (RB-BHT) For Autism Spectrum Disorder	97151 to 97157	No auth required for initial 32 units of 97151 per fiscal year. **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.**	As medically necessary. Auth requests can be for up to 6 months at a time	WNC.CP.109-Research-Based Behavioral Health Treatment (RB-BHT)
Peer Support Services	H0038 (H0038 HQ for group) 1 unit = 15 mins	No auth required for initial 24 unmanaged units once per fiscal year; prior authorization required after 24 units.	Units and time, as medically necessary. Auth requests can be for up to 90 days at a time	WNC.CP.231-Peer Support Services
Psychological and Neuropsychological Testing	96112, 96113, 96116, 96121, 96130, 96131,96132, 96133, 96136, 96137, 96138, 96139, 96146	No auth required for initial 8 hours/16 units of psych testing per state fiscal year. **Note: some testing codes are 30 minutes and some are 60 minutes**	As medically necessary	WNC.CP.117-Outpatient Behavioral Health Services Provided by Direct-Enrolled Providers
Ambulatory Detoxification without Extended On-Site Monitoring (ASAM 1.0)	H0014 1 unit= 15 minutes	No PA required		Ambulatory Withdrawal Management Without Extended Onsite Monitoring (ASAM 1 WM): WNC.CP.289
Ambulatory Detoxification with Extended On-Site Monitoring (ASAM 2.0)	H0014HF 1 unit= 15 minutes	No PA required		Ambulatory Withdrawal Management With Extended Onsite Monitoring (ASAM 2 WM): WNC.CP.290

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Diagnostic Assessment	**T1023**	No PA required		WNC.CP.212-Diagnostic Assessment
Outpatient Opioid Treatment 18+	**H0020** 1 unit = 1 event	No PA required		WNC.CP.114-Enhanced Mental Health and Substance Abuse Services

For outpatient services with unmanaged units, the units reset at the beginning of each fiscal year (7/1), with the exception of services listed as 'once per episode of care'- SAIOP/SACOT.

Behavioral Health Utilization Review
Frequently Asked Questions (FAQ)

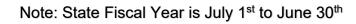|	
When do WellCare unmanaged units begin each year?	Unmanaged units begin each fiscal year on **July 1st.**
How many unmanaged psychotherapy units does WellCare offer?	WellCare of North Carolina offers **24** unmanaged units of Outpatient psychotherapy service for all members. These units can be a combination of any modality of therapy such as individual, family and/or group therapy codes (90832, 90834, 90837, 90846, 90847, 90849 & 90853). **Non-participating (Non-PAR) providers are required to submit a Prior Authorization (PA) request for all units of psychotherapy.**
Are SAIOP/SACOT covered services?	Yes, WellCare covers SAIOP/SACOT. SAIOP/SACOT remain as tailored plan qualifying services. Per the state's processes, members will transition to the tailored plan. While members remain in the standard plan, they will not be able to access other state-funded SUD services, tailored plan only services,

	or tailored care management. Both SAIOP and SACOT allow initial unmanaged units within the first 30 calendar days of the service per fiscal year per episode of care: SAIOP allows for **12 units** in the first 30 days of services per fiscal year without an authorization on file. SACOT allows for up to **90 units** in the first 30 days of services per fiscal year. Any units beyond the initial 12 units for SAIOP or 90 units/hours for SACOT require authorization.
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 and lists only ON/OFF. It will only provide an answer as to whether an authorization is ever required. For PAR providers, 24 units of outpatient psychotherapy services are available without authorization. **Authorization Look-up Tool**
How many units does a member get for Peer Support Services before they need authorization?	No authorization is required up to **24 units (6 hours)** for in-network providers per state fiscal year. Non-participating (Non-Par) providers are required to submit a Prior Authorization (PA) request for all unit. Peer support services are authorized for up to 3 months at a time. All units requested should be medically necessary based on member's current clinical presentation and functioning, and treatment plans should reflect changes to the person-centered plan that will address any barriers to progress for continued authorization.
How many hours of Psychological /Neuropsychological testing does the provider get before they need authorization?	No authorization is required for up to **8 hours/16 units** of any combination of psychological /neuropsychological testing codes to include assessment codes prior to needing authorization, per fiscal year. Non-participating (Non-Par) providers are required to submit a Prior Authorization (PA) request.
Can providers request Enhanced Services such as Intensive *In Home Services?*	Many enhanced services *are not covered* by the Standard Plan; however, providers may submit authorization requests for WellCare of North Carolina Medicaid members with Early and Periodic Screening, Diagnostic and Treatment (EPSDT) benefits. All services that are covered under EPSDT, including Child First as well as any enhanced services that are typically 'Tailored Plan only' require

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	authorization for all units. 'Tailored plan only' services are typically reviewed for 1-2 months per authorization request. The Early and Periodic Screening, Diagnostic and Treatment (EPSDT) benefit provides comprehensive and preventive health care services for children under 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. **NCDHHS EPSDT Information**
What can providers do if they are receiving denials when unmanaged units have not been exhausted?	Please reach out to your assigned Provider Engagement Representative. If you're unsure who that may be, feel free to email the WCNC Provider Relations mailbox at NCProviderRelations@wellcare.com for assistance. You may also call Provider Services at: **1-866-799-5318** **https://www.wellcarenc.com/providers/medicaid/claims.html** Mail Claim Payment Disputes With Supporting Documentation To: **WellCare Health Plans** **Claim Payment Disputes** **P.O. Box 31370** **Tampa, FL 33631-3370**
What about services not listed on these guidelines?	To confirm the services that are available under WellCare NC and other standard plans, you may refer to the state's guidance on standard plan benefits: Fact Sheet: Standard Plan and Tailored Plan Services You may look at the Auth Lookup Tool for information on any codes not listed on this document. **Authorization Look-up Tool**

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