



WellCare of North Carolina

Medicaid Behavioral Health Authorization Guidelines and FAQ

During the public health emergency (PHE), some authorization requirements were waived. Since the end of the PHE, standard authorization rules apply for all services. Please see [Special Bulletin #265](#) for additional details on behavioral health COVID authorization flexibilities which expired 5/11/23 vs. flexibilities which have been added to permanent policy.

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

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 information on the request. If the PA is incomplete, we will reach out to you to gather additional clinical information or documentation.

- Our clinical coverage policies outlining criteria for the various services are available here: [WellCare NC Clinical Coverage Guidelines](#)
- This grid serves as an outline of the authorization parameters for our services.

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

Request should include current clinical presentation, treatment plan goals/interventions, and discharge/transition plan. It is the expectation that with reauthorization requests, updated information should be noted related to clinical presentation, progress on goals/interventions (or strategies to address barriers to progress), and transition/discharge plan.

A current signed person-centered plan, with updated goals/progress, should be attached for all services where PCP is required. Please include ASAM criteria or ECSII criteria, for applicable services. **NOTE: Signature of the member/guardian is expected on the PCP.**

For Inpatient services, Facility-Based Crisis, Detoxification/Withdrawal Management, Partial Hospitalization and Intensive Outpatient Services, ensure that documentation available includes list of active medications.

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

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	<u>WNC.CP.114-Enhanced Mental Health and Substance Abuse Services</u>
Behavioral Health Urgent Care	T2016 U5 (without observation) T2016 U8 (with observation) 1 unit = 1 event	No PA required.	<u>WNC.CP.259-In Lieu of Services</u>
Psychotherapy for Crisis	90839, 90840	No PA required	<u>WNC.CP.117-Outpatient Behavioral Health Services Provided by Direct-Enrolled Providers</u>

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

*For notification of inpatient behavioral health/inpatient detox stays, please send in notification using the auth request form. The initial 3 days are auto-approved without a requirement for additional clinical information.

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 (up to 16 hours in a 24 hour period)	No auth needed for first 7 days, Facility to notify of admission within 1 business day	2-5 days as medically necessary	WNC.CP.114-Enhanced Mental Health and Substance Abuse Services *First 7 days of adult Facility Based Crisis is on a pass-through.
Facility Based Crisis Service for Children and Adolescents (ages 6-17)	S9484 (HA) modifier 1unit= 1 hour (can be billed up to 24 hours per day)	Up to 3 days as medically necessary	2– 5 days 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 1 business day	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 1 business day	As medically necessary but no more than 15 days per calendar month for MH condition	WNC.CP.259-In Lieu of Services

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

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 1 business day	As medically necessary.	<u>WNC.CP.258-Inpatient Behavioral Health Services</u>
Medically Managed Intensive Inpatient Services (ASAM 4)	Based on Services Rendered	No authorization needed for first 72 hours, Facility to notify of admission within 1 business day	As medically necessary	<u>WNC.CP.258-Inpatient Behavioral Health Services</u>
Medically Supervised or ADATC Detoxification Crisis Stabilization	H2036 1 unit = 1 day	Up to 7 days	As medically necessary	<u>WNC.CP.114-Enhanced Mental Health and Substance Abuse Services</u>
Non- Hospital Medical Detoxification (ASAM 3.7)	H0010 1 unit = 1 day	up to 10 days	As medically necessary	<u>WNC.CP.114-Enhanced Mental Health and Substance Abuse Services</u>

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
Diagnostic Assessment	T1023	1 unit per fiscal year without authorization	Prior authorization after 1 unit	WNC.CP.212-Diagnostic Assessment
Outpatient Behavioral Health Services: Psychotherapy	90832, 90834, 90837, 90846, 90847, 90849, 90853	No authorization needed for first 24 (unmanaged) units per state fiscal year. Subsequent auth requests can be for up to 6 months at a time	As medically necessary	WNC.CP.117-Outpatient Behavioral Health Services Provided by Direct-Enrolled Providers
Ambulatory Detox 18+	H0014 1 unit= 15 mins	up to 7 days	As medically necessary	WNC.CP.114-Enhanced Mental Health and Substance Abuse Services
Outpatient Opioid Treatment 18+	H0020 1 unit = 1 event	No PA required	No PA required	WNC.CP.114-Enhanced Mental Health and Substance Abuse Services
Partial Hospitalization	H0035 1 unit = 1 event	up to 7 days	up to 7 days	WNC.CP.114-Enhanced Mental Health and Substance Abuse Services
Mental Health Intensive Outpatient Treatment	S9480 1 unit = 1 day	up to 12 days	up to 6 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 per fiscal year. As medically appropriate	As medically appropriate	WNC.CP.109-Research-Based Behavioral Health Treatment (RB-BHT)

Authorization Guidelines: Outpatient Behavioral Health Services:

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 (PAR)	Subsequent authorizations may be authorized for up to 90-day increments; units, as medically necessary	<u>WNC.CP.231-Peer Support Services</u>
Psychological and Neuropsychological Testing	96110, 96112, 96113, 96116, 96121, 96130, 96131, 96132, 96133, 96136, 96137, 96138, 96139, 96146	No auth required for initial 8 hours of service per state fiscal year. Note: some testing codes are 30 minutes and some are 60 minutes	As medically necessary	<u>WNC.CP.117-Outpatient Behavioral Health Services Provided by Direct-Enrolled Providers</u>

Outpatient services with unmanaged units indicated, reset at the beginning of each fiscal year (7/1).

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 24 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 & 90853). Non-participating (Non-PAR) providers are required to submit a Prior Authorization (PA) request for all units of psychotherapy.
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, 24 units of outpatient psychotherapy services are available without authorization. Authorization Look-up Tool
What can providers do if they are receiving denials when unmanaged units have not been exhausted?	Please have your claim representative connect with Provider Services: 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

<p>How many units does a member get for Peer Support Services before they need authorization?</p>	<p>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.</p>
<p>How many hours of Psychological /Neuropsychological testing does the provider get before they need authorization?</p>	<p>No authorization is required up to 8 hours of any combination of psychological /neuropsychological testing codes to include assessment codes prior to needing authorization. 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 <i>are not covered</i> 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.</p> <p>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.</p> <p>NCDHHS EPSDT Information</p>
<p>What about services not listed on these guidelines?</p>	<p>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</p> <p>You may look at the Auth Lookup Tool for information on any codes not listed on this document. Authorization Look-up Tool</p>