

Non-Medicaid Mental Health– Child

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. State-funded (non-Medicaid) service definitions are available on the [North Carolina Department of Health and Human Services website](#).

Non-Medicaid Mental Health– Child				
Effective date: 07/08/2026				
Service	Service Code(s)	Age(s)	Documentation Requirements	Guidelines
Clinical Assessment	90791 YP830 YP836	Under 18	N/A	Prior authorization not required up to limit. Limits: 90791: four units per fiscal year - YP830 and YP836: 16 units per year
Psychiatric Assessment	90792	Under 18	N/A	Prior authorization not required up to limit. Limit: four units per fiscal year
In-Home Psychiatric Diagnostic Evaluation	90791	Under 18	N/A	Prior authorization not required up to limit. Limit: 16 units per fiscal year 48 additional units may be requested
Neurobehavioral Testing	96116 96121	Under 18	Initial: N/A Concurrent: SAR, Vaya Psychological Testing Request Form, CCA	Prior authorization not required up to limit. Limits: - Eight hours per day 96116 and 96121: four hours per fiscal year
Neuropsychological Testing	96132 96133	Under 18	Initial: N/A Concurrent: SAR, Vaya Psychological Testing Request Form, CCA	Prior authorization not required up to limit. Limits: - Eight hours per day 96132 and 96133: one hour per fiscal year
Psychological Testing	96110 96112 96113 96130 96131 96136 96137	Under 18	Initial: N/A Concurrent: SAR, Vaya Psychological Testing Request Form, CCA	Prior authorization not required up to limit. Limits: - Eight hours per day 96130, 96131, 96136, and 96137: one hour per fiscal year 96110: six hours per fiscal year 96112 and 96113: eight hours per fiscal year

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Service	Service Code(s)	Age(s)	Documentation Requirements	Guidelines
Psych/Neuro Testing – Tech/Automated	96138 96139 96146	Under 18	Initial: N/A Concurrent: SAR, Vaya Psychological Testing Request Form, CCA	Prior authorization not required up to limit. Limit: eight hours per day
Individual Therapy	90832 90834 90837 YP831	Under 18	Initial: N/A Concurrent: SAR, treatment plan	Prior authorization not required for first 16 units per fiscal year (for all codes combined) Limit: 48 units per fiscal year (for all codes combined)
Individual Therapy Add-On to E/M	90833 90836 90838	Under 18	Initial: N/A Concurrent: SAR, treatment plan	Prior authorization not required for first 16 units per fiscal year (for all codes combined) Limit: 48 units per fiscal year (for all codes combined)
Family Therapy	90846 90847 YP833 YP835	Under 18	Initial: N/A Concurrent: SAR, treatment plan	Prior authorization not required for first 16 units per fiscal year (for all codes combined) Limit: 48 units per fiscal year (for all codes combined)
Group Therapy	90849 90853 YP832 YP835	Under 18	Initial: N/A Concurrent: SAR, treatment plan	Prior authorization not required for first 16 units per fiscal year (for all codes combined) Limit: 48 units per fiscal year (for all codes combined)
Individual Therapy for Crisis	90839 90840 (Add-on)	Under 18	Initial: N/A Concurrent: SAR, treatment plan	Initial and concurrent: prior authorization not required up to the limit. Limits: 90839: up to two sessions per fiscal year per provider 90840: up to two add-ons per episode

ACRONYM	DEFINITION
CCA	Comprehensive Clinical Assessment
SAR	Service Authorization Request