

PHP Partial Hospitalization																										
	0912				Partial Hospitalization - Full Day	MH	Day	21, 22, 52, 53, 99	Yes	Yes	Yes	Yes	No	No	No	Yes	Yes	Yes	No	N/C	N/C	N/C	Yes	ValueOptions	X	
	0912				Partial Hospitalization - (Hosp Based)	SUD	Day	21, 22, 52, 53, 99	Yes	Yes	Yes	No	No	No	Yes	Yes	Yes	No	N/C	N/C	N/C	N/C	Yes ?		x	
	S0201				Partial Program - Non-Hospital Based	MH	Day	11, 21, 22, 52, 53, 99	Yes	Yes	Yes	Yes	No	No	No	Yes	Yes	Yes	No	N/C	N/C	N/C	Yes	ValueOptions	X	
	S0201	52			Partial Program - Non-Hospital Based	MH	Day		Yes	Yes	Yes	Yes	No	No	No	Yes	Yes	Yes	No	N/C	N/C	N/C	Yes	ValueOptions	X	
PHP	0913				Partial Hospitalization - (Hosp Based)	SUD	Day	21, 22, 52, 53, 99	Yes	Yes	Yes	No	No	No	Yes	Yes	Yes	No	N/C	N/C	N/C	N/C	Yes ?		x	
IOP Intensive Outpatient																										
	S9480				Intensive Outpatient Psych Services, Per Diem (Clinic Model)	MH	Day	11, 22, 53, 99	Yes	Yes	Yes	No	No	No	Yes	Yes	Yes	Yes	N/C	N/C	N/C	N/C	Yes	ValueOptions	X	
	0905				Intensive Outpatient Services - Psychiatric	MH	Day	11, 22, 53, 99	Yes	Yes	Yes	No	No	No	Yes	Yes	Yes	Yes	N/C	N/C	N/C	N/C	Yes	ValueOptions	X	
	0906				Intensive Outpatient - (Hosp Based)	SUD	Day	22, 53, 99	Yes	Yes	Yes	No	No	No	Yes	Yes	Yes	Yes	N/C	N/C	N/C	N/C	Yes ?		x	
	0949				IOP - Partial Hospital Model or Partial Program - Non Regulated Space	MH	Day	21, 22, 52, 53, 99	Yes	Yes	Yes	Yes	No	No	No	Yes	Yes	Yes	Yes	Yes	N/C	N/C	N/C	Yes	ValueOptions	X
PRF Other Professional Services for IOP, PHP, CRS																										
PRF	90791			HE	Psychiatric Diagnostic Interview	MH/SUD	Visit	11, 12, 21, 22, 23, 53	Yes	Yes	Yes	Yes	No	No	Yes	No	No	No	No	N/C	N/C	No	N/C	Not Required	X	
	90792			HE	Psychiatric Diagnostic Interview--medical services	MH/SUD	Visit	11, 12, 21, 22, 53	Yes	Yes	Yes	Yes	No	No	Yes	No	No	No	No	N/C	N/C	No	N/C	Not Required	X	
	90832		HE	90833 90836 90838	HE HE HF	Individual Therapy (30 Minutes) MD Only			Yes	Yes	Yes	Yes	No	No	Yes	No	No	No	No	N/C	N/C	No	N/C	Not Required	X	
	90834		HE			Individual Therapy (45 Minutes) MD Only			Yes	Yes	Yes	Yes	No	No	Yes	No	No	No	No	N/C	N/C	No	N/C	Not Required	X	
	99201		HE	90833	HE	Evaluation and Management	MH/SUD	Visit	11, 12, 22, 53	Yes	Yes	Yes	Yes	No	No	Yes	No	No	No	No	N/C	N/C	No	N/C	Not Required	X
	99202		HE	90836	HE																					
	99203		HE	90838	HE																					
	99204		HE																							
	99205		HE																							
	99211		HE																							
	99212		HE																							
	99213		HE																							
	99214		HE																							
	99215		HE																							

Non HSCRC space only

IPS Inpatient Professional Billing Codes																										
	99221			90833 90836		Initial Hospital Care - Attending Physician Only	MH	Visit	21, 51, 52, 61	Yes	Yes	Yes	Yes	No	No	Yes***	No	No	No	No	N/C	N/C	N/C	N/A	Not required	X
	99222			90833 90836		Initial Hospital Care - Attending Physician Only		Visit		Yes	Yes	Yes	Yes	No	No	Yes***	No	No	No	No	N/C	N/C	N/C	N/A	Not required	X
	99223			90833 90836		Initial Hospital Care - Attending Physician Only		Visit		Yes	Yes	Yes	Yes	No	No	Yes***	No	No	No	No	N/C	N/C	N/C	N/A	Not required	X
	99231			90833 90836		Subsequent Hospital Care - Attending Physician Only		Visit		Yes	Yes	Yes	Yes	No	No	Yes***	No	No	No	No	N/C	N/C	N/C	N/A	Not required	X

	99232		90833	Subsequent Hospital Care - Attending Physician Only	Visit		Yes	Yes	Yes	Yes	No	No	Yes***	No	No	No	No	N/C	N/C	N/C	N/A	Not required	X		
	99233		90833	Subsequent Hospital Care - Attending Physician Only	Visit		Yes	Yes	Yes	Yes	No	No	Yes***	No	No	No	No	N/C	N/C	N/C	N/A	Not required	X		
	99238		90833	Discharge Day Management - MD Only	Visit		Yes	Yes	Yes	Yes	No	No	Yes***	No	No	No	No	N/C	N/C	N/C	N/A	Not required	X		
	99239		90833	Discharge Day Management - MD Only	Visit	21, 51, 61	Yes	Yes	Yes	Yes	No	No	Yes***	No	No	No	No	N/C	N/C	N/C	N/A	Not required	X		
	99251		90833	Initial Inpatient Consultation - Physician Only	Visit	21, 31, 32, 51, 52	Yes	Yes	Yes	Yes	No	No	Yes***	No	No	No	No	N/C	N/C	N/C	N/A	Not required	X		
	99252		90833	Initial Inpatient Consultation - Physician Only	Visit		Yes	Yes	Yes	Yes	No	No	Yes***	No	No	No	No	N/C	N/C	N/C	N/A	Not required	X		
	99253		90833	Initial Inpatient Consultation - Physician Only	Visit		Yes	Yes	Yes	Yes	No	No	Yes***	No	No	No	No	N/C	N/C	N/C	N/A	Not required	X		
	99254		90833	Initial Inpatient Consultation - Physician Only	Visit		Yes	Yes	Yes	Yes	No	No	Yes***	No	No	No	No	N/C	N/C	N/C	N/A	Not required	X		
	99255		90833	Initial Inpatient Consultation - Physician Only	Visit		Yes	Yes	Yes	Yes	No	No	Yes***	No	No	No	No	N/C	N/C	N/C	N/A	Not required	X		
THO	Telehealth Originating Site			Telehealth Origination Site	MH/SUD	Visit	11, 21, 22, 23, 24, 31, 32, 53	Yes	Yes	Yes	Yes	No	No	Yes	No	No	No	No	N/C	N/C	Yes	N/C	Not required	X	
TIN	Outpatient Therapy Services																								
TIN	90791			Psychiatric Diagnostic Interview	MH/SUD	Visit	03, 11, 12, 13, 21, 22, 32, 33, 34, 53, 62, 71, 72	Yes	Yes	Yes	Yes	No	No	Yes*	Yes	Yes	Yes	No	N/C	N/C	Yes	Yes	ValueOptions	X	
	90792			Psychiatric Diagnostic Interview--medical services																					
	90791	GT		Psychiatric Diagnostic Interview- Telehealth	MH/SUD	Visit		Yes	Yes	Yes	Yes	No	No	Yes	No	Yes	Yes	No	No	N/C	N/C	Yes	N/C	ValueOptions	X
	90792	GT		Psychiatric Diagnostic Interview medical services-telehealth																					
TN4	90791	22		Psychiatric Diagnostic Interview	MH/SUD	Visit	11, 12, 21, 22, 23, 53	No	No	Yes	Yes	No	No	No	No	N/C	N/C	No	No	N/C	N/C	N/C	N/C	ValueOptions	X
	90792	22		Psychiatric Diagnostic Interview--medical services																					
TIN	90832			Individual Psychotherapy (30 Minutes)	MH/SUD	Visit	03, 11, 12, 21, 22, 23, 24, 53	Yes	Yes	Yes	Yes	No	No	Yes*	Yes	Yes	Yes	No	No	N/C	N/C	Yes	Yes	ValueOptions	X
	90832	GT		Individual Psychotherapy (30 Minutes) - Telehealth	MH/SUD	Visit		Yes	Yes	Yes	Yes	No	No	Yes	No	Yes	Yes	No	No	N/C	N/C	Yes	N/C	ValueOptions	X
	99201		90833	Med Eval/Mgmt with Individual Psychotherapy (Add on codes add 30 or 45 or 60 Minutes)	MH/SUD	Visit	03, 11, 12, 22, 23, 24, 53	Yes	Yes	Yes	Yes	No	No	Yes*	Yes	Yes	Yes	No	No	N/C	N/C	Yes	Yes	ValueOptions	X
	99202		90836	Psychotherapy (Add on codes add 30 or 45 or 60 Minutes)																					
	99203		90838	(90838 allowed for OMHCs only)																					
	99204																								
	99205																								
	99211																								
	99212																								
	99213																								
	99214																								
	99201	GT	90833	Med Eval/Mgmt with Individual Psychotherapy (Add on codes add 30 or 45 or 60 Minutes) - telehealth	MH/SUD	Visit	03, 11, 12, 22, 23, 24, 53	Yes	Yes	Yes	Yes	No	No	Yes	No	Yes	Yes	No	No	N/C	N/C	Yes	N/C	ValueOptions	X
	99202	GT	90836	Psychotherapy (Add on codes add 30 or 45 or 60 Minutes) - telehealth																					
	99203	GT	90838	(90838 allowed for OMHCs only)																					
	99204	GT																							
	99205	GT																							
	99211	GT																							
	99212	GT																							
	99213	GT																							
	99214	GT																							
	99214	GT																							
	90834			Individual Psychotherapy (45 Minutes)	MH/SUD	Visit		Yes	Yes	Yes	Yes	No	No	Yes*	Yes	Yes	Yes	No	No	N/C	N/C	Yes	Yes	ValueOptions	X
	90834	GT		Individual Psychotherapy (45 Minutes) - Telehealth	MH/SUD	Visit		Yes	Yes	Yes	Yes	No	No	Yes	No	Yes	Yes	No	No	N/C	N/C	Yes	N/C	ValueOptions	X

Non HSCRC space only

NOT FOR PRELIMINARY DISCLOSURE

	90846		Family Psychotherapy without Patient Present	MH/SUD	Visit	03, 11, 12, 13, 21, 22, 23, 53	Yes	Yes	Yes	Yes	No	No	Yes*	Yes	Yes	Yes	No	N/C	N/C	Yes	Yes	ValueOptions	X	
	0914, 0915, 0916		Individual/Family/Group Therapy - (Hosp Based)	MH/SUD	?	03, 11, 12, 13, 22, 32, 33, 34, 53, 62, 71, 72, 99	Yes	Yes	Yes	Yes	No	No	No	Yes	Yes	Yes	No	N/C	N/C	N/C	Yes	ValueOptions	X	
	0917, 0510, 0513			MH/SUD	?		Yes	Yes	Yes	Yes	No	No	No	Yes	Yes	Yes	No	N/C	N/C	N/C	Yes	ValueOptions	X	
	0919			MH	?		Yes	Yes	Yes	Yes	No	No	No	Yes	Yes	Yes	No	N/C	N/C	N/C	Yes	ValueOptions	X	
	0919		OP Behavioral Health Other	SUD	?	03, 11, 12, 13, 22, 32, 33, 34, 53, 62, 71, 72, 99	Yes	Yes	Yes	No	No	No	No	Yes	Yes	Yes	No	N/C	N/C	N/C	Yes	?	x	
	90847		Family Psychotherapy with Patient Present	MH/SUD	Visit	03, 11, 12, 13, 21, 22, 23, 53	Yes	Yes	Yes	Yes	No	No	Yes*	Yes	Yes	Yes	No	N/C	N/C	Yes	Yes	ValueOptions	X	
	90847	52	Family Psychotherapy with Patient Present - Abbreviated services		Visit		Yes	Yes	Yes	Yes	No	No	Yes*	Yes	Yes	Yes	No	N/C	N/C	Yes	Yes	ValueOptions	X	
	90849		Multiple Family Group		Visit		Yes	Yes	Yes	Yes	No	No	Yes*	Yes	Yes	Yes	No	N/C	N/C	Yes	Yes	ValueOptions	X	
	90849	52	Multiple Family Group - Abbreviated services		Visit		Yes	Yes	Yes	Yes	No	No	Yes*	Yes	Yes	Yes	No	N/C	N/C	Yes	Yes	ValueOptions	X	
	90853		Group Psychotherapy	MH/SUD	Visit		Yes	Yes	Yes	Yes	No	No	Yes*	Yes	Yes	Yes	No	N/C	N/C	Yes	Yes	ValueOptions	X	
	90853	21	Group Psychotherapy - Extended	MH/SUD	Visit		Yes	Yes	Yes	Yes	No	No	Yes*	Yes	Yes	Yes	No	N/C	N/C	Yes	Yes	ValueOptions	X	
	90875		Individual psychotherapy w/ Biofeedback	MH/SUD	Visit		Yes	Yes	Yes	Yes	No	No	Yes*	Yes	Yes	Yes	No	N/C	N/C	Yes	Yes	ValueOptions	X	
	90876		Individual Psychotherapy w/ biofeedback	MH/SUD	Visit		Yes	Yes	Yes	Yes	No	No	Yes*	Yes	Yes	Yes	No	N/C	N/C	Yes	Yes	ValueOptions	X	
	T1015		FQHC clinic visit/encounter (all inclusive)	MH/SUD	Day	11	Yes	Yes	Yes	Yes	No	No	Yes*	Yes	Yes	Yes	No	N/C	N/C	Yes	Yes	ValueOptions	X	
	T1015	GT	FQHC clinic visit/encounter (all inclusive) - Telehealth		Day		Yes	Yes	Yes	Yes	No	No	Yes	No	Yes	Yes	No	Yes	N/C	N/C	Yes	N/C	ValueOptions	X
TN7	99201	HH	Evaluation and Management - Nursing Home	MH	Visit	31, 32	Yes	Yes	Yes	Yes	No	No	Yes*	No	Yes	Yes	No	No	N/C	N/C	Yes	Yes	ValueOptions	X
	99202	HH																						
	99203	HH																						
	99204	HH																						
	99205	HH																						
	99211	HH																						
	99212	HH																						
	99213	HH																						
	99214	HH																						
TIN	patient Therapy Services (for OMS Bundle)																							
TIN	90791		Psychiatric Diagnostic Interview	MH/SUD	Visit	03, 11, 12, 13, 21, 22, 32, 33, 34, 53, 62, 71, 72	Yes	Yes	Yes	Yes	No	No	Yes*	Yes	Yes	Yes	No	N/C	N/C	Yes	Yes	ValueOptions	X	
	90792		Psychiatric Diagnostic Interview--medical services																					
	90791	GT	Psychiatric Diagnostic Interview- Telehealth	MH/SUD	Visit		Yes	Yes	Yes	Yes	No	No	Yes*	Yes	Yes	Yes	No	N/C	N/C	Yes	Yes	ValueOptions	X	
	90792	GT	Psychiatric Diagnostic Interview--medical services--telehealth																					
TN4	90791	22	Psychiatric Diagnostic Interview	MH/SUD	Visit	11, 12, 21, 22, 23, 53	No	No	Yes	Yes	No	No	Yes*	No	N/C	N/C	No	No	N/C	N/C	N/C	N/C	ValueOptions	X
	90792	22	Psychiatric Diagnostic Interview--medical services																					
TIN	90832		Individual Psychotherapy (30 Minutes)	MH/SUD	Visit	03, 11, 12, 21, 22, 23, 24, 53	Yes	Yes	Yes	Yes	No	No	Yes*	Yes	Yes	Yes	No	N/C	N/C	Yes	Yes	ValueOptions	X	
	90832	GT	Individual Psychotherapy (30 Minutes) - Telehealth		Visit	03, 11, 12, 21, 22, 23, 24, 53	Yes	Yes	Yes	Yes	No	No	Yes*	Yes	Yes	Yes	No	N/C	N/C	Yes	Yes	ValueOptions	X	
	90834		Individual Psychotherapy (45 Minutes)	MH/SUD	Visit	03, 11, 12, 21, 22, 23, 24, 53	Yes	Yes	Yes	Yes	No	No	Yes*	Yes	Yes	Yes	No	N/C	N/C	Yes	Yes	ValueOptions	X	
	90834	GT	Individual Psychotherapy (45 Minutes) - Telehealth	MH/SUD	Visit		Yes	Yes	Yes	Yes	No	No	Yes*	Yes	Yes	Yes	No	N/C	N/C	Yes	Yes	ValueOptions	X	

Non HSCRC space only

Non HSCRC space only

NOT FOR PROPRIETARY MEDICAL DISCLOSURE

99201		90833		Med Eval/Mgmt with Individual Psychotherapy (Add on codes add 30 or 45 or 60 Minutes)	MH/SUD	Visit	03, 11, 12, 22, 23, 24, 53	Yes	Yes	Yes	Yes	No	No	Yes*	Yes	Yes	Yes	No	N/C	N/C	Yes	Yes	ValueOptions	X
99202		90836																						
99203		90838																						
99204				(90838 allowed for OMHCs only)																				
99205																								
99211																								
99212																								
99213																								
99214																								
99201	GT	90833	GT	Med Eval/Mgmt with Individual Psychotherapy (Add on codes add 30 or 45 or 60 Minutes) - telehealth	MH/SUD	Visit	03, 11, 12, 22, 23, 24, 53	Yes	Yes	Yes	Yes	No	No	Yes*	Yes	Yes	Yes	No	N/C	N/C	Yes	Yes	ValueOptions	X
99202	GT	90836	GT																					
99203	GT	90838	GT																					
99204	GT			(90838 allowed for OMHCs only)																				
99205	GT																							
99211	GT																							
99212	GT																							
99213	GT																							
99214	GT																							
90846				Family Psychotherapy without Patient Present	MH/SUD	Visit	03, 11, 12, 13, 21, 22, 23, 53	Yes	Yes	Yes	Yes	No	No	Yes*	Yes	Yes	Yes	No	N/C	N/C	Yes	Yes	ValueOptions	X
0914, 0915, 0916				Individual/Family/Group Therapy - (Hosp Based)		?	03, 11, 12, 13, 22, 32, 33, 34, 53, 62, 71, 72, 99	Yes	Yes	Yes	Yes	No	No	No	Yes	Yes	Yes	No	N/C	N/C	N/C	Yes	ValueOptions	X
0917, 0510, 0513						?		Yes	Yes	Yes	Yes	No	No	No	Yes	Yes	Yes	No	N/C	N/C	N/C	Yes	ValueOptions	X
0919						?		Yes	Yes	Yes	Yes	No	No	No	Yes	Yes	Yes	No	N/C	N/C	N/C	Yes	ValueOptions	X
0919				OP Behavioral Health Other	SUD	?	03, 11, 12, 13, 22, 32, 33, 34, 53, 62, 71, 72, 99	Yes	Yes	Yes	No	No	No	Yes	Yes	Yes	No	N/C	N/C	N/C	N/C	Yes	?	x
90837				Psychotherapy, 60 Minutes with Patient and/or family member (OMHC Only)	MH/SUD	Visit	03, 11, 12, 13, 21, 22, 23, 53	Yes	Yes	Yes	Yes	No	No	Yes*	Yes	Yes	Yes	No	N/C	N/C	Yes	Yes	ValueOptions	X
90837	GT			Psychotherapy, 60 Minutes with Patient and/or family member - Telehealth (OMHC Only)		Visit		Yes	Yes	Yes	Yes	No	No	Yes*	Yes	Yes	Yes	No	N/C	N/C	Yes	Yes	ValueOptions	X
90847				Family Psychotherapy with Patient Present	MH/SUD	Visit		Yes	Yes	Yes	Yes	No	No	Yes*	Yes	Yes	Yes	No	N/C	N/C	Yes	Yes	ValueOptions	X
90847	52			Family Psychotherapy with Patient Present abbreviated services	MH/SUD	Visit		Yes	Yes	Yes	Yes	No	No	Yes*	Yes	Yes	Yes	No	N/C	N/C	Yes	Yes	ValueOptions	X
90849				Multiple Family Group	MH/SUD	Visit		Yes	Yes	Yes	Yes	No	No	Yes*	Yes	Yes	Yes	No	N/C	N/C	Yes	Yes	ValueOptions	X
90849	52			Multiple Family Group - Abbreviated services	MH/SUD	Visit		Yes	Yes	Yes	Yes	No	No	Yes*	Yes	Yes	Yes	No	N/C	N/C	Yes	Yes	ValueOptions	X
90853				Group Psychotherapy	MH/SUD	Visit		Yes	Yes	Yes	Yes	No	No	Yes*	Yes	Yes	Yes	No	N/C	N/C	Yes	Yes	ValueOptions	X
90875				Individual psychotherapy w/ Biofeedback	MH/SUD	Visit		Yes	Yes	Yes	Yes	No	No	Yes*	Yes	Yes	Yes	No	N/C	N/C	Yes	Yes	ValueOptions	X
90876				Individual Psychotherapy w/ biofeedback		Visit		Yes	Yes	Yes	Yes	No	No	Yes*	Yes	Yes	Yes	No	N/C	N/C	Yes	Yes	ValueOptions	X
99201	HH			Evaluation and Management - Nursing Home	MH	Visit	31, 32	Yes	Yes	Yes	Yes	No	No	Yes*	Yes	Yes	Yes	No	N/C	N/C	Yes	Yes	ValueOptions	X
99202	HH																							
99203	HH																							
99204	HH																							
99205	HH																							
99211	HH																							
99212	HH																							
99213	HH																							
99214	HH																							
90889				Discharge	MH/SUD	Visit	03, 11, 12, 13, 21, 22, 23, 53	Yes	Yes	Yes	Yes	No	No	Yes*	Yes	Yes	Yes	No	N/C	N/C	Yes	Yes	ValueOptions	X
Rev Code 0929				Discharge	MH/SUD	?	03, 11, 12, 13, 22, 32, 33, 34, 53, 62, 71, 72	Yes	Yes	Yes	Yes	No	No	Yes*	Yes	Yes	Yes	No	N/C	N/C	Yes	Yes	ValueOptions	X

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NOT FOR RETRODISCLOSURE

	90846			Family Psychotherapy w/o the identified patient present	MH/SUD	Visit	03, 11, 12, 13, 21, 22, 23, 53	Yes	Yes	Yes	Yes	No	No	Yes*	Yes	Yes	Yes	No	N/C	N/C	Yes	Yes	ValueOptions	X	
	T1015			FQHC clinic visit/encounter (all inclusive)	MH/SUD	Day	11	Yes	Yes	Yes	Yes	No	No	Yes*	Yes	Yes	Yes	No	N/C	N/C	Yes	Yes	ValueOptions	X	
	T1015	GT		FQHC clinic visit/encounter (all inclusive) - Telehealth		Day		Yes	Yes	Yes	Yes	No	No	Yes*	Yes	Yes	Yes	No	N/C	N/C	Yes	Yes	ValueOptions	X	
TIN	T1015	HE		FQHC clinic visit/encounter (all inclusive) - MH Program	MH/SUD	Day	11	Yes	Yes	Yes	Yes	No	No	Yes*	Yes	No	No	No	N/C	N/C	No	No	ValueOptions	X	
TIN	H0016	SC		FQHCs - Alcohol and/or drug services	SUD		11	Yes	Yes	Yes	Yes	No	No	Yes*	Yes	Yes	Yes	Yes	N/C	N/C	Yes	Yes		x	
	H0001	SC		FQHCs - Alcohol and/or drug assessment	SUD		11	Yes	Yes	Yes	Yes	No	No	Yes	Yes	No	No	No	N/C	N/C	No	No	?	x	
	H0015	SC		FQHCs - Alcohol and/or drug; Intensive OP including assessment	SUD		11	Yes	Yes	Yes	Yes	No	No	Yes	Yes	Yes	Yes	Yes	N/C	N/C	Yes	Yes	?	x	
	H0004	SC		FQHCs - Behavior Health Counseling and Therapy	SUD		11	Yes	Yes	Yes	Yes	No	No	Yes	Yes	Yes	Yes	Yes	N/C	N/C	Yes	Yes	?	x	
	H0005	SC		FQHCs - Alcohol and/or Drug - Group Counseling	SUD		11	Yes	Yes	Yes	Yes	No	No	Yes	Yes	Yes	Yes	Yes	N/C	N/C	Yes	Yes	?	x	
BCR	BCARS																								
	90791	HA		Psychiatric Diagnostic Interview	MH	Visit	03, 11, 12, 13, 21, 22, 32, 33, 34, 53, 62, 71, 72	Yes	Yes	Yes	Yes	No	No	Yes*	Yes	Yes	Yes	No	N/C	N/C	Yes	No	ValueOptions	X	
	90792	HA		Psychiatric Diagnostic Interview--medical services																					
	90832	HA		Individual Psychotherapy (30 Minutes)		Visit	03, 11, 12, 21,	Yes	Yes	Yes	Yes	No	No	Yes*	Yes	Yes	Yes	No	N/C	N/C	Yes	Yes	ValueOptions	X	
	90834	HA		Individual Psychotherapy (45 Minutes)		Visit	22, 23, 24, 53	Yes	Yes	Yes	Yes	No	No	Yes*	Yes	Yes	Yes	No	N/C	N/C	Yes	Yes	ValueOptions	X	
	90837	HA		Individual Psychotherapy (60 Minutes) OMHC Only		Visit		Yes	Yes	Yes	Yes	No	No	Yes*	Yes	Yes	Yes	No	N/C	N/C	Yes	Yes	ValueOptions		
	99201	HA	90833	HA	Med Eval/Mgmt with Individual Psychotherapy (Add on codes add 30, 45 or 60 Minutes)	Visit	03, 11, 12, 13, 22, 23, 24, 53	Yes	Yes	Yes	Yes	No	No	Yes*	Yes	Yes	Yes	No	N/C	N/C	Yes	Yes	ValueOptions	X	
	99202	HA	90836	HA																					
	99203	HA	90838	HA																					
	99204	HA																							
	99205	HA																							
	99211	HA																							
	99212	HA																							
	99213	HA																							
	99214	HA																							
	99211	HA	90836	HA	Med Eval/Mgmt with Individual Psychotherapy (45 Minutes)	Visit		Yes	Yes	Yes	Yes	No	No	Yes*	Yes	Yes	Yes	No	N/C	N/C	Yes	Yes	ValueOptions	X	
	99212	HA																							
	99213	HA																							
	99214	HA																							
	99211	HA	90838	HA	Med Eval/Mgmt with Individual Psychotherapy (60 Minutes) OMHC Only	Visit		Yes	Yes	Yes	Yes	No	No	Yes*	Yes	Yes	Yes	No	N/C	N/C	Yes	Yes	ValueOptions	x	
	99212	HA																							
	99213	HA																							
	99214	HA																							
	90839	HA	90840	HA	Crisis Psychotherapy 60 Minutes (Add on Code add 30 Minutes)	Visit	03, 11, 12, 21, 22, 23, 24, 53	Yes	Yes	Yes	Yes	No	No	Yes*	Yes	Yes	Yes	No	N/C	N/C	Yes	Yes	ValueOptions		
	99211	HA				Visit	03, 11, 12, 13, 22, 23, 24, 53	Yes	Yes	Yes	Yes	No	No	Yes*	Yes	Yes	Yes	No	N/C	N/C	Yes	Yes	ValueOptions	X	
	99212	HA																							
	99213	HA																							
	99214	HA																							
	90846	HA			Family Psychotherapy without Patient Present	MH	Visit	03, 11, 12, 13, 21, 22, 23, 24, 53	Yes	Yes	Yes	Yes	No	No	Yes*	Yes	Yes	Yes	No	N/C	N/C	Yes	Yes	ValueOptions	X
	90847	HA			Family Psychotherapy with Patient Present	Visit		Yes	Yes	Yes	Yes	No	No	Yes*	Yes	Yes	Yes	No	N/C	N/C	Yes	Yes	ValueOptions	X	
	90847	HA	52		Family Psychotherapy with Patient Present	Visit		Yes	Yes	Yes	Yes	No	No	Yes*	Yes	Yes	Yes	No	N/C	N/C	Yes	Yes	ValueOptions	X	
	90849	HA			Multiple Family Group	Visit		Yes	Yes	Yes	Yes	No	No	Yes*	Yes	Yes	Yes	No	N/C	N/C	Yes	Yes	ValueOptions	X	
	90853	HA			Group Psychotherapy	Visit		Yes	Yes	Yes	Yes	No	No	Yes*	Yes	Yes	Yes	No	N/C	N/C	Yes	Yes	ValueOptions	X	
	90875	HA			Individual psychotherapy w/ Biofeedback	Visit	03, 11, 12, 13, 21, 22, 23, 24, 53	Yes	Yes	Yes	Yes	No	No	Yes*	Yes	Yes	Yes	No	N/C	N/C	Yes	Yes	ValueOptions	X	
	90876	HA			Individual Psychotherapy w/ biofeedback	Visit		Yes	Yes	Yes	Yes	No	No	Yes*	Yes	Yes	Yes	No	N/C	N/C	Yes	Yes	ValueOptions	X	

Non HSCRC space only

NOT FOR PROPRIETARY REDISCLOSURE

	H0002	HA	Behavioral Health Screening PRP Assessment	MH	Visit	11, 15	Yes	Yes	Yes	Yes	No	No	Yes*	Yes	No	No	No	N/C	N/C	No	N/A	Not Required	X
	H0032	HA	Mental Health Service Plan Development by Non Physician BCARS	MH	Visit	03, 11, 12, 13, 22, 32, 33, 34, 53, 62, 71, 72	Yes	Yes	Yes	Yes	No	No	Yes*	No	No	No	No	N/C	N/C	No	N/A	Not Required	X
	H0045	HA	Respite Care Services - Not in home (per diem)	MH	Day	11, 52	Yes*	Yes*	Yes	Yes	No	No	Yes*	Yes	Yes	Yes	Yes	N/C	N/C	Yes	Yes	ValueOptions	X
	T1005	HA	Respite Care Services - In home Residential Crisis Service	MH	Unit	15	Yes	Yes	Yes	Yes	No	No	Yes*	Yes	Yes	Yes	No	N/C	N/C	Yes	Yes	ValueOptions	X
	S9485 (1)	HA		MH	Day	11, 12, 15, 21, 51, 52, 56, 62, 99	Yes	Yes	Yes	Yes	No	No	Yes*	Yes	Yes	Yes	Yes	N/C	N/C	Yes	Yes	ValueOptions	X
	S5145 (1)	HA	Treatment Foster Care	MH	Day		Yes	Yes	Yes	Yes	No	No	Yes*	Yes	Yes	Yes	Yes	N/C	N/C	Yes	Yes	ValueOptions	X
	96152	HA	TBS BCARS	MH	Unit	12	Yes	Yes	Yes	Yes	No	No	No	Yes	Yes	Yes	No	N/C	N/C	Yes	Yes	ValueOptions	X
Mental Health Service Plan																							
MSP	H0032		Mental Health Service Plan Development by Non Physician	MH	Visit	03, 11, 12, 13, 22, 32, 33, 34, 53, 62, 71, 72	Yes	Yes	Yes	Yes	No	No	Yes*	No	No	No	No	N/C	N/C	No	N/A	Not Required	X
	0982		Interdisciplinary team tx planning w/ patient present		Visit	11, 12, 13, 22, 32, 33, 34, 53, 62, 71, 72	Yes	Yes	Yes	Yes	No	No	Yes*	No	No	No	No	N/C	N/C	No	N/A	Not Required	X
Outpatient Psychotherapy Services-Consults																							
TCN	90839	90840	Crisis Psychotherapy 60 Minutes (Add on Code add 30 Minutes)	MH	Visit	03, 11, 12, 21, 22, 23, 24, 53	Yes	Yes	Yes	Yes	No	No	Yes*	Yes	Yes	Yes	No	N/C	N/C	Yes	Yes	ValueOptions	X
	99241	90833 90836	Office Consult - MDs only		Visit	11, 22	Yes	Yes	Yes	Yes	No	No	Yes*	Yes	Yes	Yes	No	N/C	N/C	N/C	Yes	ValueOptions	X
	99242	90833 90836	Office Consult - MDs only		Visit		Yes	Yes	Yes	Yes	No	No	Yes*	Yes	Yes	Yes	No	N/C	N/C	N/C	Yes	ValueOptions	X
	99243	90833 90836	Office Consult - MDs only		Visit		Yes	Yes	Yes	Yes	No	No	Yes*	Yes	Yes	Yes	No	N/C	N/C	N/C	Yes	ValueOptions	X
	99244	90833 90836	Office Consult - MDs only		Visit		Yes	Yes	Yes	Yes	No	No	Yes*	Yes	Yes	Yes	No	N/C	N/C	N/C	Yes	ValueOptions	X
	99245	90833 90836	Office Consult - MDs only		Visit		Yes	Yes	Yes	Yes	No	No	Yes*	Yes	Yes	Yes	No	N/C	N/C	N/C	Yes	ValueOptions	X
	99354	90833 90836 90838	Prolonged Service Requiring Face to Face Patient Contact beyond the usual service		Visit	11, 12, 13, 22, 32, 33, 34, 53, 62, 71, 72	Yes	Yes	Yes	Yes	No	No	Yes*	Yes	Yes	Yes	No	N/C	N/C	Yes	Yes	ValueOptions	X
	99355	90833 90836 90838	Each Additional 30 minutes of a prolonged Psych Service		Unit		Yes	Yes	Yes	Yes	No	No	Yes*	Yes	Yes	Yes	No	N/C	N/C	Yes	Yes	ValueOptions	X
	H2027		Family Psycho-education (Evidence Based Practice) With Consumer Present		Unit		Yes	Yes	Yes	Yes	No	No	Yes*	Yes	Yes	Yes	No	N/C	N/C	Yes	Yes	ValueOptions	X
	H1011		Family Psycho-education - Without Consumer Present	MH	Unit		Yes	Yes	Yes	Yes	No	No	Yes*	Yes	Yes	Yes	No	N/C	N/C	Yes	Yes	ValueOptions	X
Therapeutic Nursery Services																							
TNS	H0046		Therapeutic Nursery Services	MH	Unit	11, 12, 13, 22, 32, 33, 34, 53, 62, 71, 72	Yes	Yes	Yes	Yes	No	No	Yes*	Yes	Yes	Yes	No	N/C	N/C	Yes	Yes	ValueOptions	X
SUD Services																							
SUD	H0001		Assessment	SUD	?	03, 11, 50, 57, 71	Yes	Yes	Yes	Yes	No	No	Yes	Yes	No	No	No	N/C	N/C	No	No	?	x
Ambulatory Detox																							
OPD	H0014		Ambulatory Detox	SUD	?	11, 50, 57, 71	Yes	Yes	Yes	Yes	No	No	Yes	Yes	Yes	Yes	Yes	N/C	N/C	Yes	Yes	?	x

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Individual/Family Therapy - (Community Based)

Guest Dosing																		
SUD	W9520		Guest Dosing - Methadone	SUD		11, 31, 32, 50, 57, 71	Yes	Yes	Yes	Yes	No	No	Yes	Yes	No	No	No	x
SUD	W9521		Guest Dosing - Bup	SUD		11, 31, 32, 50, 57, 71	Yes	Yes	Yes	Yes	No	No	Yes	Yes	No	No	No	x
Case Management Services																		
CM1	H0031		Case Management Assessment	MH	Day	11, 12, 15, 23, 49, 52	Yes	Yes	Yes	Yes	No	No	Yes	Yes	Yes	Yes	Yes	X
CM2	T1016		Case Management - Daily		Day	11, 12, 15, 22, 23, 49, 52, 53	Yes	Yes	Yes	Yes	No	No	Yes	Yes	Yes	Yes	Yes	X
CM3	T1016	HW	Transitional Case Management		Unit	11, 12, 15, 21, 22, 23, 49, 51, 52, 53, 56, 99	Yes	Yes	Yes	Yes	No	No	Yes	Yes	Yes	Yes	Yes	X
CM4	T1017		Targeted Case Management - Child		Unit	11, 12, 15, 21, 22, 23, 49, 51, 52, 53, 56, 99	Yes	Yes	Yes	Yes	No	No	Yes	Yes	Yes	Yes	Yes	X
CM4	T1017	HG	Targeted Case Management - Child - Telephonic Billing		Unit	11, 12, 15, 21, 22, 23, 49, 51, 52, 53, 56, 99	Yes	Yes	Yes	Yes	No	No	Yes	Yes	Yes	Yes	Yes	X
TBS - Use DDA Dx and MH																		
	96150		Initial Assessment	MH	Unit	12	Yes	Yes	Yes	Yes	No	No	No	Yes	Yes	Yes	No	X
	96151		Reassessment		Unit		Yes	Yes	Yes	Yes	No	No	No	Yes	Yes	Yes	No	X
	96152		TBS		Unit		Yes	Yes	Yes	Yes	No	No	No	Yes	Yes	Yes	No	X
OCT Occupational Therapy Services Inpatient																		
	97003		Occupational Therapy Evaluation	MH	Visit	21, 52	Yes	Yes	Yes	Yes	No	No	Yes*	No	No	No	No	X
	97530		Therapeutic Activities, one on one patient contact, each 15 minutes		Visit		Yes	Yes	Yes	Yes	No	No	Yes*	No	No	No	No	X
	97535		Self Care/Home Management Training, each 15 min.		Visit		Yes	Yes	Yes	Yes	No	No	Yes*	No	No	No	No	X
	97537		Community/Work Reintegration Training, each 15 min.		Visit		Yes	Yes	Yes	Yes	No	No	Yes*	No	No	No	No	X
	97532		Development of Cognitive Skills, each 15 minutes		Visit		Yes	Yes	Yes	Yes	No	No	Yes*	No	No	No	No	X
	97150		Therapeutic Procedure, group (2 or more individuals)		Visit		Yes	Yes	Yes	Yes	No	No	Yes*	No	No	No	No	X
	97004		Reevaluation (per 15 minutes)		Visit		Yes	Yes	Yes	Yes	No	No	Yes*	No	No	No	No	X
OCT Occupational Therapy Services Outpatient																		
	97003		Occupational Therapy Evaluation	MH	Visit	11, 15	Yes	Yes	Yes	Yes	No	No	Yes*	Yes	Yes	Yes	Yes	X
	97530		Therapeutic Activities, one on one patient contact, each 15 minutes		Visit		Yes	Yes	Yes	Yes	No	No	Yes*	Yes	Yes	Yes	Yes	X
	97535		Self Care/Home Management Training, each 15 min.		Visit		Yes	Yes	Yes	Yes	No	No	Yes*	Yes	Yes	Yes	Yes	X
	97537		Community/Work Reintegration Training, each 15 min.		Visit		Yes	Yes	Yes	Yes	No	No	Yes*	Yes	Yes	Yes	Yes	X
	97532		Development of Cognitive Skills, each 15 minutes		Visit		Yes	Yes	Yes	Yes	No	No	Yes*	Yes	Yes	Yes	Yes	X
	97150		Therapeutic Procedure, group (2 or more individuals)		Visit		Yes	Yes	Yes	Yes	No	No	Yes*	Yes	Yes	Yes	Yes	X
	97004		Reevaluation (per 15 minutes)		Visit		Yes	Yes	Yes	Yes	No	No	Yes*	Yes	Yes	Yes	Yes	X
Services - All Codes Must be Specifically Authorized Using the Appropriate Modifier (5) (6)																		
PRP	H0002		Behavioral Health Screening PRP Assessment	MH	Visit	11, 15, 52	Yes	Yes*	Yes	Yes*	No	No	Yes*	Yes	No	No	No	X
PR1	H2018	U2	Any Combination of On-Site or Off-Site services for Community PRP Client, not living independently		Monthly	49	Yes	Yes*	Yes	Yes*	No	No	Yes*	Yes	Yes	Yes	Yes	X
PR1	H2018	U2	On-Site services for community PRP Client, not living independently (minimum 2 encounters)		Monthly	52	Yes	Yes*	Yes	Yes*	No	No	Yes*	Yes	Yes	Yes	Yes	X
PR1	H2018	U2	Off-Site services for community PRP Client, not living independently (minimum 2 encounters)		Monthly	15	Yes	Yes*	Yes	Yes*	No	No	Yes*	Yes	Yes	Yes	Yes	X
PR1	H2018 Mod in Auth- 15		Community PRP cascade (Minimum 3 encounters) independently (minimum 2 encounters)		Monthly		Yes	Yes	Yes	Yes	No	No	Yes*	No	Yes	Yes	Yes	X

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PR2	H2018	U3	Any Combination of On or Off-Site services for Supported Living Client, living independently (Minimum 6 encounters)		Monthly	49	Yes	Yes*	Yes	Yes*	No	No	Yes*	Yes	Yes	Yes	Yes	N/C	N/C	Yes	Yes	ValueOptions	X	
PR2	H2018	U3	Any Combination of On-Site services for Supported Living Client, living independently (Minimum 3 encounters)		Monthly	52	Yes	Yes*	Yes	Yes*	No	No	Yes*	Yes	Yes	Yes	Yes	N/C	N/C	Yes	Yes	ValueOptions	X	
PR2	H2018	U3	Any Combination of Off-Site services for Supported Living Client, living independently (Minimum 5 encounters)		Monthly	15	Yes	Yes*	Yes	Yes*	No	No	Yes*	Yes	Yes	Yes	Yes	N/C	N/C	Yes	Yes	ValueOptions	X	
PR2	H2018 Mod in Auth - 15	H2018 Mod in Auth - 15	Supported Living Cascade (Minimum 6 encounters)		Monthly	15	Yes	Yes	Yes	Yes	No	No	Yes*	Yes	Yes	Yes	Yes	N/C	N/C	Yes	Yes	ValueOptions	X	
PR4	H2018	U5	On-Site PRP services to Intensive Residential Clients (Minimum 4 Encounters)		Monthly	52	Yes	Yes*	Yes	Yes*	No	No	Yes*	Yes	Yes	Yes	Yes	N/C	N/C	Yes	Yes	CSA	X	
PR3	H2018	U4	On-Site PRP services to General Residential Clients (Minimum 4 Encounters)		Monthly	52	Yes	Yes*	Yes	Yes*	No	No	Yes*	Yes	Yes	Yes	Yes	N/C	N/C	Yes	Yes	CSA	X	
PR3	H2018	U4	Off-Site PRP Services to RRP General Clients (Minimum 13 Encounters)		Monthly	15	Yes	Yes*	Yes	Yes*	No	No	Yes*	Yes	Yes	Yes	Yes	N/C	N/C	Yes	Yes	CSA	X	
PR4	H2018	U5	Off-Site PRP Services to RRP Intensive Clients (Minimum 19 Encounters)		Monthly	15	Yes	Yes*	Yes	Yes*	No	No	Yes*	Yes	Yes	Yes	Yes	N/C	N/C	Yes	Yes	CSA	X	
PR3	H2018	U6	General Residential Combined (Minimum 17 Encounters)		Monthly	49	Yes	Yes*	Yes	Yes*	No	No	Yes*	Yes	Yes	Yes	Yes	N/C	N/C	Yes	Yes	CSA	X	
PR4	H2018	U7	Intensive Residential Combined (Minimum 23 Encounters)		Monthly	49	Yes	Yes*	Yes	Yes*	No	No	Yes*	Yes	Yes	Yes	Yes	N/C	N/C	Yes	Yes	CSA	X	
PR5	T1023		Transitional PRP. Any Combination of on/off site PRP services to adult or TAY consumer transitioning to an RRP or IP Facility.		Day	49	Yes*	Yes*	Yes*	Yes*	No	No	Yes*	Yes	Yes	Yes	Yes	N/C	N/C	Yes	Yes	CSA	X	
PRJ	0911		Psychiatric Rehab - Johns Hopkins PRP	MH	Day	21, 22, 51, 56, 99	Yes	Yes*	Yes	Yes*	No	No	No	Yes	Yes	Yes	Yes	N/C	N/C	N/C	Yes	ValueOptions	X	
Hosp OP Behavioral Health Rehabilitation																								
PRJ	0911		Hosp OP Behavioral Health Rehabilitation	SUD	?	21, 22, 51, 56, 99	Yes	Yes	Yes	No	No	No	No	Yes	Yes	Yes	Yes	N/C	N/C	N/C	N/C	Yes	?	
ENC	H2016		Encounter for PRP	MH	Visit	15, 52	Yes	Yes*	Yes	Yes*	No	No	Yes*	No	No	No	No	N/C	N/C	No	N/C	Not Required	X	
EN5	H2016	U8	Transitional PRP Encounter	MH	Visit	15, 52	Yes	Yes*	Yes	Yes*	No	No	Yes*	No	No	No	No	N/C	N/C	No	N/C	Not Required	X	
RRP Bed																								
RRP	H0019		Residential Bed Hold	MH	Day	11, 12, 15, 21, 22, 49, 51, 52, 56, 62, 99	Yes*	Yes*	Yes*	Yes*	No	No	Yes*	Yes	No	No	No	No	N/C	N/C	No	No	Not Required	X
	T2048		Residential Room and Board		Day		Yes*	Yes*	Yes*	Yes*	No	No	Yes*	Yes	No	No	No	No	N/C	N/C	No	No	Not Required	X
Housing Services																								
HOU	S5150		Enhanced Support	MH	Hour	12, 15	Yes	Yes	Yes	Yes	No	No	Yes*	Yes	Yes	Yes	Yes	N/C	N/C	Yes	Yes	CSA	X	
Mobile Treatment																								
MOB	H0040		Mobile Treatment Monthly (Non-Evidence Based)	MH	Month	11, 12, 15	Yes	Yes	Yes	Yes	No	No	Yes*	Yes	Yes	Yes	No	N/C	N/C	Yes	Yes	ValueOptions	X	
	H0040	52	Mobile Treatment (for Medicare Recipients Monthly)		Month		No	No	Yes	Yes	No	No	Yes*	Yes	Yes	Yes	No	N/C	N/C	Yes	Yes	ValueOptions	X	
	H0040	21	Mobile Treatment - ACT (Evidence Based Practice)		Month		Yes	Yes	Yes	Yes	No	No	Yes*	Yes	Yes	Yes	No	N/C	N/C	Yes	Yes	ValueOptions	X	
	H0040	U9	Mobile Treatment - ACT (for Medicare)		Month		No	No	Yes	Yes	No	No	Yes*	Yes	Yes	Yes	No	N/C	N/C	Yes	Yes	ValueOptions	X	
Respite Care																								
REA	H0045		Respite Care Services - Not in home (per diem)	MH	Day	11, 52	Yes*	Yes*	Yes	Yes	No	No	Yes	Yes	Yes	Yes	Yes	N/C	N/C	Yes	Yes	ValueOptions	X	
RES	T1005		Respite Care Services - In home		Unit	15	Yes	Yes	Yes	Yes	No	No	Yes	Yes	Yes	No	No	N/C	N/C	Yes	Yes	ValueOptions	X	
Residential Crisis Services																								
CRS	S9485 (1)		Residential Crisis Service	MH	Day	11, 12, 15, 21, 51, 52, 56, 62, 99	Yes	Yes	Yes	Yes	No	No	Yes*	Yes	Yes	Yes	Yes	N/C	N/C	Yes	Yes	ValueOptions	X	
	S5145 (1)		Treatment Foster Care	MH	Day		Yes	Yes	Yes	Yes	No	No	Yes*	Yes	Yes	Yes	Yes	N/C	N/C	Yes	Yes	ValueOptions	X	
	T2048		Residential Room and Board	MH	Day		No	No	No	No	No	No	No	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	ValueOptions	X	
Supported Employment																								
IJC	H2023		Supported Employment per 15 minutes (Intensive Job Coaching)	MH	Unit	11, 12, 15, 99	Yes*	Yes*	Yes*	Yes*	No	No	Yes*	Yes	Yes	Yes	Yes	N/C	N/C	Yes	Yes	CSA	X	
PPL	H2024		Supported Employment, Pre-Placement Phase		Unit		Yes*	Yes*	Yes*	Yes*	No	No	Yes*	Yes	Yes	Yes	Yes	N/C	N/C	Yes	Yes	CSA	X	
JPL	H2024	21	Supported Employment, Job Placement Phase		Unit		Yes*	Yes*	Yes*	Yes*	No	No	Yes*	Yes	Yes	Yes	Yes	N/C	N/C	Yes	Yes	CSA	X	

ESS	H2026		Extended Support Services		Monthly		Yes*	Yes*	Yes*	Yes*	No	No	Yes*	Yes	Yes	Yes	Yes	N/C	N/C	Yes	Yes	CSA	X	
ESS	H2026	21	Ongoing Support (Evidence Based Practice)		Monthly		Yes	Yes	Yes	Yes	No	No	Yes*	Yes	Yes	Yes	Yes	Yes	N/C	N/C	Yes	Yes	CSA	X
CLC	S9445	52	Clinic Coordination (Evidence Based Practice)		Unit	11, 15, 49, 52	Yes*	Yes*	Yes*	Yes*	No	No	Yes*	Yes	Yes	Yes	Yes	N/C	N/C	Yes	Yes	CSA	X	
	S9445		On or Off-Site PRP Services for an Individual in a Supported Employment Program (Minimum 2 Encounters)		Visit	15, 49, 52	Yes	Yes	Yes	Yes	No	No	Yes*	Yes	Yes	Yes	Yes	N/C	N/C	Yes	Yes	CSA	X	
ENS	H2016	U1	Encounter for Supported Employment		Unit	11, 15, 52, 99	Yes*	Yes*	Yes*	Yes*	No	No	Yes*	No	No	No	No	N/C	N/C	No	No	Not Required	X	
Outpatient ECT																								
PEC	90870		ECT Single Seizure with Monitoring	MH	Unit	11, 22, 53	Yes	Yes	Yes	Yes	No	No	No	Yes	Yes	Yes	No	N/C	N/C	Yes	Yes	ValueOptions	X	
PAN	00104		Anesthesia for ECT		Visit		Yes	Yes	Yes	Yes	No	No	No	Yes	No (2)	No (2)	No	No	N/C	N/C	lo (2)	Yes	ValueOptions	X
POH	0901		ECT Facility		Visit		Yes	Yes	Yes	Yes	No	No	No	Yes	No (4)	No (4)	No	No	N/C	N/C	N/C	Yes	ValueOptions	X
Inpatient ECT Treatment																								
PEC	90870		ECT Single Seizure	MH	Visit	21, 51, 52, 56	Yes	Yes	Yes	Yes	No	No	No	Yes	Yes	Yes	No	No	N/C	N/C	N/C	Yes	ValueOptions	X
PAN	00104		Anesthesia for ECT		Visit		Yes	Yes	Yes	Yes	No	No	No	Yes	No (4)	No (4)	No	No	N/C	N/C	N/C	Yes	ValueOptions	X
POH	0901		ECT Facility		Visit		Yes	Yes	Yes	Yes	No	No	No	Yes	No (4)	No (4)	No	No	N/C	N/C	N/C	Yes	ValueOptions	X
Psych Testing																								
TST	0918		Psychological Testing	MH	Unit	11, 21, 22, 51, 52, 53, 56, 99	Yes	Yes	Yes	Yes	No	No	No	Yes	Yes	Yes	No	No	N/C	N/C	Yes	Yes	ValueOptions	X
	96101		Psychological Testing		Unit		Yes	Yes	Yes	Yes	No	No	Yes*	Yes	Yes	Yes	No	No	N/C	N/C	Yes	Yes	ValueOptions	X
	96102		Psychological Testing		Unit		Yes	Yes	Yes	Yes	No	No	Yes*	Yes	Yes	Yes	No	No	N/C	N/C	Yes	Yes	ValueOptions	X
Traumatic Brain Injury - Dx Code = 310.9 thru 09/30/15 then F07.9 & F09 eff 10/1/15																								
T01	W0037		Residential habilitation Level 1 {per day}	MH	Day	11, 12, 15	No	No	No	No	No	Yes	No	No	N/C	N/C	N/C	N/C	N/C	Yes	Yes	No	MHA	x
T02	W0038		Residential habilitation Level 2 {per day}		Day		No	No	No	No	Yes	No	No	N/C	N/C	N/C	N/C	N/C	N/C	Yes	Yes	No	MHA	x
T03	W0039		Residential habilitation Level 3 {per day}		Day		No	No	No	No	Yes	No	No	N/C	N/C	N/C	N/C	N/C	N/C	Yes	Yes	No	MHA	x
T04	W0054		Day habilitation Level 1 {per day}		Day		No	No	No	No	Yes	No	No	N/C	N/C	N/C	N/C	N/C	N/C	Yes	Yes	No	MHA	x
T05	W0055		Day habilitation Level 2 {per day}		Day		No	No	No	No	Yes	No	No	N/C	N/C	N/C	N/C	N/C	N/C	Yes	Yes	No	MHA	x
T06	W0056		Day habilitation Level 3 {per day}		Day		No	No	No	No	Yes	No	No	N/C	N/C	N/C	N/C	N/C	N/C	Yes	Yes	No	MHA	x
T07	W0057		Supported Employment Level 1 {per day}		Day	11, 12, 15, 50, 53, 72	No	No	No	No	No	Yes	No	N/C	N/C	N/C	N/C	N/C	N/C	Yes	Yes	No	MHA	x
T08	W0058		Supported Employment Level 2 {per day}		Day		No	No	No	No	Yes	No	No	N/C	N/C	N/C	N/C	N/C	N/C	Yes	Yes	No	MHA	x
T09	W0059		Supported Employment Level 3 {per day}		Day		No	No	No	No	Yes	No	No	N/C	N/C	N/C	N/C	N/C	N/C	Yes	Yes	No	MHA	x
T10	W0060		Individual Support Services (ISS)		Per Hour		No	No	No	No	Yes	No	No	N/C	N/C	N/C	N/C	N/C	N/C	Yes	Yes	No	MHA	x
BMH BMHS Capitation																								
	G9010		Coordinated care fee, risk adjusted maintenance, Level 4 - Chesapeake	MH	Month	11, 12, 22, 53	No	No	No	No	No	No	No	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/A	Not Required	X	
	G9010	HE	Coordinated care fee, risk adjusted maintenance, Level 4 - Chesapeake		Month		No	No	No	No	No	No	No	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/A	Not Required	X	
	G9011		Coordinated care fee, risk adjusted maintenance, Level 5 - Creative Alternatives		Month		No	No	No	No	No	No	No	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/A	Not Required	X	
	G9011	HE	Coordinated care fee, risk adjusted maintenance, Level 5 - Creative Alternatives		Month		No	No	No	No	No	No	No	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/A	Not Required	X	
PER Emergency Room Facility																								
	0450, 0451, 0452		Emergency Room	MH, POI w POS 23	Day	21, 22, 23	Yes	Yes	Yes	Yes	No	No	No	No	No	No	No	No	No	No	No	N/C	Not Required	X
	0450, 0451, 0452		Emergency Room	SUD	Day	21, 22, 23	Yes	Yes	Yes	No	No	No	No	No	No	No	No	N/C	N/C	N/C	N/C	N/C	Not Required	X
PES Emergency Room Physician																								
	99281		Emergency Department Visit	MH, POI w POS 23	Visit	22, 23	Yes	Yes	Yes	Yes	No	No	No	No	No	No	No	N/C	N/C	N/C	N/A	Not Required	X	
	99282		Emergency Department Visit	SUD	Visit		Yes	Yes	Yes	Yes	No	No	No	No	No	No	No	N/C	N/C	N/C	N/A	Not Required	X	
	99283		Emergency Department Visit		Visit		Yes	Yes	Yes	Yes	No	No	No	No	No	No	No	N/C	N/C	N/C	N/A	Not Required	X	
	99284		Emergency Department Visit		Visit		Yes	Yes	Yes	Yes	No	No	No	No	No	No	No	N/C	N/C	N/C	N/A	Not Required	X	
	99285		Emergency Department Visit		Visit		Yes	Yes	Yes	Yes	No	No	No	No	No	No	No	N/C	N/C	N/C	N/A	Not Required	X	
	90791		Psychiatric Diagnostic Interview		Visit	03, 23	Yes	Yes	Yes	Yes	No	No	No	No	No	No	No	N/C	N/C	No	N/A	Not Required	X	
	90792				Visit																			
	90791	HA	Psychiatric Diagnostic Interview		Visit	03, 23	Yes	Yes	Yes	Yes	No	No	No	No	No	No	No	N/C	N/C	No	N/A	Not Required	X	
	90792	HA			Visit																			
	99241		Office Consult - MDs only		Visit	23	Yes	Yes	Yes	Yes	No	No	No	No	No	No	No	N/C	N/C	N/C	N/A	Not Required	X	

Non HSCRC space only

TCN

90833
90836
90838

	99242	90833	Office Consult - MDs only	Visit		Yes	Yes	Yes	Yes	No	No	No	No	No	No	No	No	N/C	N/C	N/C	N/A	Not Required	X
	99243	90833	Office Consult - MDs only	Visit		Yes	Yes	Yes	Yes	No	No	No	No	No	No	No	No	N/C	N/C	N/C	N/A	Not Required	X
	99244	90833	Office Consult - MDs only	Visit		Yes	Yes	Yes	Yes	No	No	No	No	No	No	No	No	N/C	N/C	N/C	N/A	Not Required	X
	99245	90833	Office Consult - MDs only	Visit		Yes	Yes	Yes	Yes	No	No	No	No	No	No	No	No	N/C	N/C	N/C	N/A	Not Required	X

Maryland Recovery Net Services – MDRN																						
MDR	MDRN1		Halfway House	SUD		55, 99	Yes	Yes	Yes	Yes	No	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	x
	MDRN2		Recovery/Supported Housing			14, 99	Yes	Yes	Yes	Yes	No	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	x
	MDRN3		RSAM Intake Interview			57, 99	Yes	Yes	Yes	Yes	No	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	x
	MDRN4		Care Coordination Check Ins			57, 99	Yes	Yes	Yes	Yes	No	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	x
	MDRN5		Transportation			99	Yes	Yes	Yes	Yes	No	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	x
	MDRN6		Vital Documents			57, 99	Yes	Yes	Yes	Yes	No	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	x
	MDRN7		Gap Services-Transitional Services			57, 99	Yes	Yes	Yes	Yes	No	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	x
	MDRN8		Gap Services - Clothing			57, 99	Yes	Yes	Yes	Yes	No	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	x
	MDRN9		Gap Services-Support Services			57, 99	Yes	Yes	Yes	Yes	No	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	x
	MDRN0		Gap Services-Medical			57, 99	Yes	Yes	Yes	Yes	No	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	x
	MDR11		Peer Support Intake Interview			11, 55, 57, 99	Yes	Yes	Yes	Yes	No	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	x
	MDR12		Peer Support Encounter			11, 55, 57, 99	Yes	Yes	Yes	Yes	No	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	x
	MDR15		Follow-up Questionnaire Gift Card			11, 55, 57, 99	Yes	Yes	Yes	Yes	No	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	x
	MDR16		Six month follow-up survey/MDRN satisfaction survey			11, 55, 57, 99	Yes	Yes	Yes	Yes	No	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	x
	MDR13		Peer Support Leisure Activity			55, 57, 99	Yes	Yes	Yes	Yes	No	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	x
	MDR14		Peer Support Recovery Call			11, 99	Yes	Yes	Yes	Yes	No	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	x

Grant Funded Services - no claims payment, registration request only through ProviderConnect																						
GFS	T1027		Early Intervention 0.5	SUD		57, 99	Yes	Yes	Yes	Yes	No	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	x
	T1027	TS	Continuing Care			57, 99	Yes	Yes	Yes	Yes	No	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	x
	T2022		Coordination of Care			57, 99	Yes	Yes	Yes	Yes	No	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	x
	H0038		Recovery Coaching			57, 99	Yes	Yes	Yes	Yes	No	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	x
	H2034		Halfway House 3.1			55, 99	Yes	Yes	Yes	Yes	No	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	x
	H0043		Recovery/Supported Housing			14, 99	Yes	Yes	Yes	Yes	No	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	x
	H0013		Detox (Level 2)			57, 99	Yes	Yes	Yes	Yes	No	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	x
	1004		Moderate Intensity Residential 3.3			55, 99	Yes	Yes	Yes	Yes	No	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	x
	0660		Moderate Intensity Residential 3.5			55, 99	Yes	Yes	Yes	Yes	No	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	x
	H0012		Detox (Level 3.2)			55, 99	Yes	Yes	Yes	Yes	No	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	x
	1005		High Intensity Residential 3.7			55, 99	Yes	Yes	Yes	Yes	No	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	x
	H0010		Detox (Level 3.7 D)			55, 99	Yes	Yes	Yes	Yes	No	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	x

IFB 8-507 Court Ordered Placement																						
JUS	COP33		Criminal Justice Service ASAM 3.3	SUD	Day	55	Yes	Yes	Yes	Yes	No	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	x
	COP35		Criminal Justice Service ASAM 3.5		Day	55	Yes	Yes	Yes	Yes	No	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	x

IFB-Pregnant Women, Women with Children and/or co-occurring Mental Health Issues																						
PWC	PWC33		Invitation for Bid ASAM 3.3	SUD	Day	55	Yes	Yes	Yes	Yes	No	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	x
	PWC35		Invitation for Bid ASAM 3.5		Day	55	Yes	Yes	Yes	Yes	No	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	x

1915i Waiver																							
W01	W5014		Art Therapy Individual - certified	MH	45-50 min	11.99	No	No	No	No	Yes	No	No	No	N/C	N/C	N/C	N/C	Yes	N/C	N/C	No ValueOptions	x
	W5015		Art Therapy Group - certified		45-60 min		No	No	No	No	Yes	No	No	No	N/C	N/C	N/C	N/C	Yes	N/C	N/C	No ValueOptions	x
	W5026		Art Therapy Individual - certified		75-80 min		No	No	No	No	Yes	No	No	No	N/C	N/C	N/C	N/C	Yes	N/C	N/C	No ValueOptions	x
	W5027		Art Therapy Individual - licensed		45-60 min		No	No	No	No	Yes	No	No	No	N/C	N/C	N/C	N/C	Yes	N/C	N/C	No ValueOptions	x
	W5028		Art Therapy Individual - licensed		75-80 min		No	No	No	No	Yes	No	No	No	N/C	N/C	N/C	N/C	Yes	N/C	N/C	No ValueOptions	x
	W5029		Art Therapy Group - certified		75-80 min		No	No	No	No	Yes	No	No	No	N/C	N/C	N/C	N/C	Yes	N/C	N/C	No ValueOptions	x
	W5030		Art Therapy Group - licensed		45-60 min		No	No	No	No	Yes	No	No	No	N/C	N/C	N/C	N/C	Yes	N/C	N/C	No ValueOptions	x
	W5031		Art Therapy Group - licensed		75-80 min		No	No	No	No	Yes	No	No	No	N/C	N/C	N/C	N/C	Yes	N/C	N/C	No ValueOptions	x
	W02	W5012		Dance Therapy Individual - certified		45-50 min	11.99	No	No	No	No	Yes	No	No	N/C	N/C	N/C	N/C	Yes	N/C	N/C	No ValueOptions	x
		W5013		Dance Therapy Group - certified		45-60 min		No	No	No	No	Yes	No	No	No	N/C	N/C	N/C	N/C	Yes	N/C	N/C	No ValueOptions
W5032			Dance Therapy Individual - certified		75-80 min		No	No	No	No	Yes	No	No	No	N/C	N/C	N/C	N/C	Yes	N/C	N/C	No ValueOptions	x
W5033			Dance Therapy Individual - licensed		45-60 min		No	No	No	No	Yes	No	No	No	N/C	N/C	N/C	N/C	Yes	N/C	N/C	No ValueOptions	x
W5034			Dance Therapy Individual - licensed		75-80 min		No	No	No	No	Yes	No	No	No	N/C	N/C	N/C	N/C	Yes	N/C	N/C	No ValueOptions	x
W5035			Dance Therapy Group - certified		75-80 min		No	No	No	No	Yes	No	No	No	N/C	N/C	N/C	N/C	Yes	N/C	N/C	No ValueOptions	x
W5036			Dance Therapy Group - licensed		45-60 min		No	No	No	No	Yes	No	No	No	N/C	N/C	N/C	N/C	Yes	N/C	N/C	No ValueOptions	x
W5037			Dance Therapy Group - licensed		75-80 min		No	No	No	No	Yes	No	No	No	N/C	N/C	N/C	N/C	Yes	N/C	N/C	No ValueOptions	x
W03	W5010		Equine Assisted Therapy Individual - certified		45-50 min	99	No	No	No	No	Yes	No	No	N/C	N/C	N/C	N/C	Yes	N/C	N/C	No ValueOptions	x	
	W5011		Equine Assisted Therapy Group - certified		45-60 min		No	No	No	No	Yes	No	No	No	N/C	N/C	N/C	N/C	Yes	N/C	N/C	No ValueOptions	x

	W5044	Equine Assisted Therapy Individual - certified	75-80 min		No	No	No	No	Yes	No	No	No	N/C	N/C	N/C	N/C	Yes	N/C	N/C	No	ValueOptions	x
	W5045	Equine Assisted Therapy Individual - licensed	45-50 min		No	No	No	No	Yes	No	No	No	N/C	N/C	N/C	N/C	Yes	N/C	N/C	No	ValueOptions	x
	W5046	Equine Assisted Therapy Individual - licensed	75-80 min		No	No	No	No	Yes	No	No	No	N/C	N/C	N/C	N/C	Yes	N/C	N/C	No	ValueOptions	x
	W5047	Equine Assisted Therapy Group - certified	75-80 min		No	No	No	No	Yes	No	No	No	N/C	N/C	N/C	N/C	Yes	N/C	N/C	No	ValueOptions	x
	W5048	Equine Assisted Therapy Group - licensed	45-60 min		No	No	No	No	Yes	No	No	No	N/C	N/C	N/C	N/C	Yes	N/C	N/C	No	ValueOptions	x
	W5049	Equine Assisted Therapy Group - licensed	75-80 min		No	No	No	No	Yes	No	No	No	N/C	N/C	N/C	N/C	Yes	N/C	N/C	No	ValueOptions	x
W04	W5020	Horticultural Therapy Individual - certified	45-50 min	99	No	No	No	No	Yes	No	No	No	N/C	N/C	N/C	N/C	Yes	N/C	N/C	No	ValueOptions	x
	W5021	Horticultural Therapy Group - certified	45-60 min		No	No	No	No	Yes	No	No	No	N/C	N/C	N/C	N/C	Yes	N/C	N/C	No	ValueOptions	x
	W5050	Horticultural Therapy Individual - certified	75-80 min		No	No	No	No	Yes	No	No	No	N/C	N/C	N/C	N/C	Yes	N/C	N/C	No	ValueOptions	x
	W5051	Horticultural Therapy Individual - licensed	45-80 min		No	No	No	No	Yes	No	No	No	N/C	N/C	N/C	N/C	Yes	N/C	N/C	No	ValueOptions	x
	W5052	Horticultural Therapy Individual - licensed	75-80 min		No	No	No	No	Yes	No	No	No	N/C	N/C	N/C	N/C	Yes	N/C	N/C	No	ValueOptions	x
	W5053	Horticultural Therapy Group - certified	75-80 min		No	No	No	No	Yes	No	No	No	N/C	N/C	N/C	N/C	Yes	N/C	N/C	No	ValueOptions	x
	W5054	Horticultural Therapy Group - licensed	45-60 min		No	No	No	No	Yes	No	No	No	N/C	N/C	N/C	N/C	Yes	N/C	N/C	No	ValueOptions	x
W10	W5055	Horticultural Therapy Group - licensed	75-80 min		No	No	No	No	Yes	No	No	No	N/C	N/C	N/C	N/C	Yes	N/C	N/C	No	ValueOptions	x
	W5022	Face to face caregiver peer to peer support	15 min unit	11,12, 99	No	No	No	No	Yes	No	No	No	N/C	N/C	N/C	N/C	Yes	N/C	N/C	No	ValueOptions	x
	W5023	Collateral (telephonic) caregiver peer to peer support	15 min unit		No	No	No	No	Yes	No	No	No	N/C	N/C	N/C	N/C	Yes	N/C	N/C	No	ValueOptions	x
W11	W5024	Mobile Crisis and Stabilization	15 min unit	12, 99	No	No	No	No	Yes	No	No	No	N/C	N/C	N/C	N/C	Yes	N/C	N/C	No	ValueOptions	x
	W5025	Crisis Assessment	Hour		No	No	No	No	Yes	No	No	No	N/C	N/C	N/C	N/C	Yes	N/C	N/C	No	ValueOptions	x
W05	W5016	Music Therapy Individual - certified	45-50 min	11, 99	No	No	No	No	Yes	No	No	No	N/C	N/C	N/C	N/C	Yes	N/C	N/C	No	ValueOptions	x
	W5017	Music Therapy Group - certified	45-60 min		No	No	No	No	Yes	No	No	No	N/C	N/C	N/C	N/C	Yes	N/C	N/C	No	ValueOptions	x
	W5038	Music Therapy Individual - certified	75-80 min		No	No	No	No	Yes	No	No	No	N/C	N/C	N/C	N/C	Yes	N/C	N/C	No	ValueOptions	x
	W5039	Music Therapy Individual - licensed	45-50 min		No	No	No	No	Yes	No	No	No	N/C	N/C	N/C	N/C	Yes	N/C	N/C	No	ValueOptions	x
	W5040	Music Therapy Individual - licensed	75-80 min		No	No	No	No	Yes	No	No	No	N/C	N/C	N/C	N/C	Yes	N/C	N/C	No	ValueOptions	x
	W5041	Music Therapy Group - certified	75-80 min		No	No	No	No	Yes	No	No	No	N/C	N/C	N/C	N/C	Yes	N/C	N/C	No	ValueOptions	x
	W5042	Music Therapy Group - licensed	45-60 min		No	No	No	No	Yes	No	No	No	N/C	N/C	N/C	N/C	Yes	N/C	N/C	No	ValueOptions	x
W06	W5043	Music Therapy Group - licensed	75-80 min		No	No	No	No	Yes	No	No	No	N/C	N/C	N/C	N/C	Yes	N/C	N/C	No	ValueOptions	x
	W5018	Drama Therapy Individual - certified	45-50 min	11, 99	No	No	No	No	Yes	No	No	No	N/C	N/C	N/C	N/C	Yes	N/C	N/C	No	ValueOptions	x
	W5019	Drama Therapy Group - certified	45-60 min		No	No	No	No	Yes	No	No	No	N/C	N/C	N/C	N/C	Yes	N/C	N/C	No	ValueOptions	x
	W5056	Drama Therapy Individual - certified	75-80 min		No	No	No	No	Yes	No	No	No	N/C	N/C	N/C	N/C	Yes	N/C	N/C	No	ValueOptions	x
	W5057	Drama Therapy Individual - licensed	45-50 min		No	No	No	No	Yes	No	No	No	N/C	N/C	N/C	N/C	Yes	N/C	N/C	No	ValueOptions	x
	W5058	Drama Therapy Individual - licensed	75-80 min		No	No	No	No	Yes	No	No	No	N/C	N/C	N/C	N/C	Yes	N/C	N/C	No	ValueOptions	x
	W5059	Drama Therapy Group - certified	75-80 min		No	No	No	No	Yes	No	No	No	N/C	N/C	N/C	N/C	Yes	N/C	N/C	No	ValueOptions	x
	W5060	Drama Therapy Group - licensed	45-60 min		No	No	No	No	Yes	No	No	No	N/C	N/C	N/C	N/C	Yes	N/C	N/C	No	ValueOptions	x
	W5061	Drama Therapy Group - licensed	75-80 min		No	No	No	No	Yes	No	No	No	N/C	N/C	N/C	N/C	Yes	N/C	N/C	No	ValueOptions	x
W07	W5000	Respite Care In Home/Community Based	Hour	12, 99	No	No	No	No	Yes	No	No	No	N/C	N/C	N/C	N/C	Yes	N/C	N/C	No	ValueOptions	x
W08	W5001	Respite Care Residential/Out of Home	Hour (minimum of 12 hrs)	12,99	No	No	No	No	Yes	No	No	No	N/C	N/C	N/C	N/C	Yes	N/C	N/C	No	ValueOptions	x
W12	W5062	Intensive In Home Services (EBP option)	Visit (Weekly)	12	No	No	No	No	Yes	No	No	No	N/C	N/C	N/C	N/C	Yes	N/C	N/C	No	ValueOptions	x
	W5063	Intensive In Home Services (non-EBP option)	Visit (Weekly)		No	No	No	No	Yes	No	No	No	N/C	N/C	N/C	N/C	Yes	N/C	N/C	No	ValueOptions	x
W09	W5066	Customized Good and Services	? (Weekly)	99	No	No	No	No	Yes	No	No	No	N/C	N/C	N/C	N/C	Yes	N/C	N/C	No	ValueOptions	x
AMB	Transport																					
	A0362	Ambulance service, BLS, emergency transport, mileage, and disposable supplies separately billed	MH Unit	41, 42	No	No	No	No	No	No	No	No	N/C	N/C	N/C	N/C	N/C	N/C	N/C	No	Not required	X
	A0380	BLS Mileage (Per Mile)	Unit		No	No	No	No	No	No	No	No	N/C	N/C	N/C	N/C	N/C	N/C	N/C	No	Not required	X
	A0080	Non-Emergency transportation, Per Mile volunteer, with no vested or personal interest.	Unit		No	No	No	No	No	No	No	No	N/C	N/C	N/C	N/C	N/C	N/C	N/C	No	Not required	X
	A0170	Non-Emergency transportation; ancillary, parking fees, tolls other	Unit		No	No	No	No	No	No	No	No	N/C	N/C	N/C	N/C	N/C	N/C	N/C	No	Not required	X
LAB	Lab Services																					
	36415	Collection blood by Venipuncture	MH	Visit	11, 21, 22, 23, 53, 81	Yes	Yes	Yes	Yes	No	No	Yes*	No	No	No	No	N/C	N/C	No	No	Not Required	X
	36415	Collection blood by Venipuncture	MH	Visit		Yes	Yes	Yes	Yes	No	No	Yes*	No	No	No	No	N/C	N/C	No	No	Not Required	X
	80002-89999	Lab Services	MH	Visit		Yes	Yes	Yes	Yes	No	No	Yes*	No	No	No	No	N/C	N/C	No	No	Not Required	X
	80300 - 80304? {replacing 80101}	Drug Screen, Single Drug Class, Each Drug Class	MH	Visit		Yes	Yes	Yes	Yes	No	No	Yes*	No	No	No	No	N/C	N/C	No	No	Not Required	X

LB6	G0477 - Term'd 12/31/16; 80305 eff 1/1/17			Presumptive drug testing, any number of drug classes; any number of devices or procedures capable of being read by direct optical observation only	SUD, MH, & Medical ?	11, 21, 22, 23, 53, 81	Yes	Yes	Yes	No	No	No	No	No	No	No	No	No	N/C	N/C	N/C	Yes	N/C	?	x
	G0431			Drug screening, qualitative; multiple classes by high complexity test method, per patient encounter			Yes	Yes	Yes	No	No	No	No	No	No	No	No	No	N/C	N/C	N/C	Yes	N/C		x
	G0434			Drug Screen, Other than Chromatographic, any number of drug classes, by CLIA waived test or Moderate Complexity Test per patient encounter.			Yes	Yes	Yes	No	No	No	No	No	No	No	No	No	N/C	N/C	N/C	Yes	N/C		x
	G0478 - Term'd 12/31/16; 80306 eff 1/1/17			Presumptive drug testing, any number of drug classes; any number of devices or procedures capable of being read by instrument-assisted direct optical observation			Yes	Yes	Yes	No	No	No	No	No	No	No	No	No	N/C	N/C	N/C	Yes	N/C		x
	G0479 - Term'd 12/31/16; 80307 eff 1/1/17			Presumptive drug testing, any number of drug classes; any number of devices or procedures by instrumented chemistry analyzers immunoassay, enzyme assay,tof,maldi,ldtd,esi,dart,ghpc,gc mass			Yes	Yes	Yes	No	No	No	No	No	No	No	No	No	N/C	N/C	N/C	Yes	N/C		x
	G0480			Definitive drug testing utilizing drug id methods able to identify individual drugs and distinguish between structural isomers; per day, 1-7 drug classes			Yes	Yes	Yes	No	No	No	No	No	No	No	No	No	N/C	N/C	N/C	Yes	N/C		x
	G0481			Definitive drug testing utilizing drug id methods able to identify individual drugs and distinguish between structural isomers; per day, 8-14 drug classes			Yes	Yes	Yes	No	No	No	No	No	No	No	No	No	N/C	N/C	N/C	Yes	N/C		x
	G0482			Definitive drug testing utilizing drug id methods able to identify individual drugs and distinguish between structural isomers; per day, 15-21 drug classes			Yes	Yes	Yes	No	No	No	No	No	No	No	No	No	N/C	N/C	N/C	Yes	N/C		x
	G0483			Definitive drug testing utilizing drug id methods able to identify individual drugs and distinguish between structural isomers; per day, 22 or more drug classes			Yes	Yes	Yes	No	No	No	No	No	No	No	No	No	N/C	N/C	N/C	Yes	N/C		x
	G6031			Benzodiazepines			Yes	Yes	Yes	No	No	No	No	No	No	No	No	No	N/C	N/C	N/C	Yes	N/C		x
	G6040			Alcohol; any specimen except breath			Yes	Yes	Yes	No	No	No	No	No	No	No	No	No	N/C	N/C	N/C	Yes	N/C		x
	G6042			Amphetamine or Methamphetamine			Yes	Yes	Yes	No	No	No	No	No	No	No	No	No	N/C	N/C	N/C	Yes	N/C		x
	G6043			Barbiturates; NOS			Yes	Yes	Yes	No	No	No	No	No	No	No	No	No	N/C	N/C	N/C	Yes	N/C		x
	G6044			Cocaine or Metabolite			Yes	Yes	Yes	No	No	No	No	No	No	No	No	No	N/C	N/C	N/C	Yes	N/C		x
	G6053			Methadone			Yes	Yes	Yes	No	No	No	No	No	No	No	No	No	N/C	N/C	N/C	Yes	N/C		x
	G6056			Opiate(s), drug and metabolites, each procedure			Yes	Yes	Yes	No	No	No	No	No	No	No	No	No	N/C	N/C	N/C	Yes	N/C		x
	80348			Buprenorphine			Yes	Yes	Yes	No	No	No	No	No	No	No	No	No	N/C	N/C	N/C	Yes	N/C		x
LB6	96372	HG		Therapeutic Injection- SUD only	SUD	Visit	11	Yes	Yes	Yes	Yes	No	No	Yes*	No	No	No	No	No	N/C	N/C	No	N/C	Not Required	X
LAB	96372			Therapeutic Injection	MH	Visit	11	Yes	Yes	Yes	Yes	No	No	Yes*	No	No	No	No	No	N/C	N/C	No	N/C	Not Required	X
LB2	0300; 0301; 0302; 0304; 0305; 0306; 0307; 0309; 0310; 0311; 0312; 0730			Lab & EKG Services	MH	Day	22	Yes	Yes	Yes	Yes	No	No	No	No	No	No	No	No	No	N/C	N/C	N/C	Not Required	X
LB2	0637			Self Administered Drugs	MH	Day	22	Yes	Yes	Yes	Yes	No	No	No	No	No	No	No	No	No	N/C	N/C	N/C	Not Required	X
LB3	0940			Therapeutic Injection	MH	Day	11, 21, 22, 23, 53, 81	Yes	Yes	Yes	Yes	No	No	No	No	No	No	No	No	N/C	N/C	N/C	N/C	Not Required	X
	0221			Special Charges - Admission Charge	MH; SUD		11, 12, 13, 22, 32, 33, 34, 52, 53, 62, 71, 72	Yes	Yes***	Yes	Yes***	No	No	Yes***	No	No	No	No	No	No	N/C	N/C	N/C	Not Required	X
	0250			Pharmacy - General Classification				Yes	Yes***	Yes	Yes***	No	No	Yes***	No	No	No	No	No	No	N/C	N/C	N/C		X
	0251			Pharmacy - General Drugs	*POI DX		*21, 23	Yes	Yes***	Yes	Yes***	No	No	Yes***	No	No	No	No	No	N/C	N/C	N/C		X	
	0257			Pharmacy - Non Prescription Drugs				Yes	Yes***	Yes	Yes***	No	No	Yes***	No	No	No	No	No	N/C	N/C	N/C		X	

0258	Pharmacy - IV Solutions		21, 51, 56, 99	Yes	No	Yes	No	No	No	No	No	No	No	No	No	No	N/C	N/C	N/C	X
0259	Pharmacy - Other Pharmacy			Yes	No	Yes	No	No	No	No	No	No	No	No	No	No	N/C	N/C	N/C	X
0260	Equipment for and administration of Ivs			Yes	No	Yes	No	No	No	No	No	No	No	No	No	No	N/C	N/C	N/C	X
0270	Medl/Surg Supplies and Devices General			Yes	No	Yes	No	No	No	No	No	No	No	No	No	No	N/C	N/C	N/C	X
0271	Medl/Surg Supplies			Yes	No	Yes	No	No	No	No	No	No	No	No	No	No	N/C	N/C	N/C	X
0272	Med/Surg Supplies and Devices - Sterile			Yes	No	Yes	No	No	No	No	No	No	No	No	No	No	N/C	N/C	N/C	X
0300	Laboratory - General Classification		11, 12, 13, 32, 33, 34, 52, 53, 62, 71, 72	Yes	Yes***	Yes	Yes***	No	No	Yes***	No	No	No	No	No	No	N/C	N/C	N/C	X
0301	Laboratory - Chemistry			Yes	Yes***	Yes	Yes***	No	No	Yes***	No	No	No	No	No	No	N/C	N/C	N/C	X
0302	Laboratory - Immunology	*POI DX	*21, 23	Yes	Yes***	Yes	Yes***	No	No	Yes***	No	No	No	No	No	No	N/C	N/C	N/C	X
0304	Non-Routine Dialysis			Yes	No	Yes	No	No	No	No	No	No	No	No	No	No	N/C	N/C	N/C	X
0305	Laboratory - Hematology		21, 51, 56, 99	Yes	Yes***	Yes	Yes***	No	No	Yes***	No	No	No	No	No	No	N/C	N/C	N/C	X
0306	Laboratory - Bacteriology & Microbiology			Yes	Yes***	Yes	Yes***	No	No	Yes***	No	No	No	No	No	No	N/C	N/C	N/C	X
0307	Laboratory - Urology			Yes	Yes***	Yes	Yes***	No	No	Yes***	No	No	No	No	No	No	N/C	N/C	N/C	X
0309	Laboratory - Other			Yes	Yes***	Yes	Yes***	No	No	Yes***	No	No	No	No	No	No	N/C	N/C	N/C	X
0310	Laboratory Pathology - General			Yes	No	Yes	No	No	No	No	No	No	No	No	No	No	N/C	N/C	N/C	X
0311	Laboratory Pathological - Cytology			Yes	No	Yes	No	No	No	No	No	No	No	No	No	No	N/C	N/C	N/C	X
0312	Histology			Yes	No	Yes	No	No	No	No	No	No	No	No	No	No	N/C	N/C	N/C	X
0320	Radiology-Diagnostic General Class			Yes	Yes***	Yes	Yes***	No	No	Yes***	No	No	No	No	No	No	N/C	N/C	N/C	X
0321	Angiocardiology			Yes	No	Yes	No	No	No	No	No	No	No	No	No	No	N/C	N/C	N/C	X
0324	Radiology-Diagnostic Chest X-Ray			Yes	Yes***	Yes	Yes***	No	No	Yes***	No	No	No	No	No	No	N/C	N/C	N/C	X
0333	Radiation Therapy			Yes	No	Yes	No	No	No	No	No	No	No	No	No	No	N/C	N/C	N/C	X
0335	Chemotherapy Administration - IV			Yes	No	Yes	No	No	No	No	No	No	No	No	No	No	N/C	N/C	N/C	X
0340	Nuclear Medicine - Diagnostic Procedures			Yes	No	Yes	No	No	No	No	No	No	No	No	No	No	N/C	N/C	N/C	X
0341	Nuclear Medicine - General			Yes	No	Yes	No	No	No	No	No	No	No	No	No	No	N/C	N/C	N/C	X
0349	Nuclear Medicine - Other			Yes	No	Yes	No	No	No	No	No	No	No	No	No	No	N/C	N/C	N/C	X
0350	CT Scan - General			Yes	No	Yes	No	No	No	No	No	No	No	No	No	No	N/C	N/C	N/C	X
0351	CT Scan - Head			Yes	No	Yes	No	No	No	No	No	No	No	No	No	No	N/C	N/C	N/C	X
0352	CT Scan - Body			Yes	No	Yes	No	No	No	No	No	No	No	No	No	No	N/C	N/C	N/C	X
0360	Operating Room Services - General			Yes	No	Yes	No	No	No	No	No	No	No	No	No	No	N/C	N/C	N/C	X
0361	Operating Room Services - Minor Surgery			Yes	No	Yes	No	No	No	No	No	No	No	No	No	No	N/C	N/C	N/C	X
0370	Anesthesia - General			Yes	No	Yes	No	No	No	No	No	No	No	No	No	No	N/C	N/C	N/C	X
0390	Blood - General			Yes	No	Yes	No	No	No	No	No	No	No	No	No	No	N/C	N/C	N/C	X
0391	Blood - Administration (transfusion)			Yes	No	Yes	No	No	No	No	No	No	No	No	No	No	N/C	N/C	N/C	X
0402	Ultrasound			Yes	No	Yes	No	No	No	No	No	No	No	No	No	No	N/C	N/C	N/C	X
0404	Positron Emission Tomography (PET)			Yes	No	Yes	No	No	No	No	No	No	No	No	No	No	N/C	N/C	N/C	X
0410	Respiratory Services - General			Yes	No	Yes	No	No	No	No	No	No	No	No	No	No	N/C	N/C	N/C	X
0412	Respiratory Services - Inhalation			Yes	No	Yes	No	No	No	No	No	No	No	No	No	No	N/C	N/C	N/C	X
0420	Physical Therapy - General			Yes	No	Yes	No	No	No	No	No	No	No	No	No	No	N/C	N/C	N/C	X
0424	Physical Therapy - Eval/Re-Eval			Yes	No	Yes	No	No	No	No	No	No	No	No	No	No	N/C	N/C	N/C	X
0430	Occupational Therapy - General			Yes	Yes***	Yes	Yes***	No	No	Yes***	No	No	No	No	No	No	N/C	N/C	N/C	X
0433	Occupational Therapy - Group			Yes	Yes***	Yes	Yes***	No	No	Yes***	No	No	No	No	No	No	N/C	N/C	N/C	X
0434	Occupational Therapy - Eval			Yes	Yes***	Yes	Yes***	No	No	Yes***	No	No	No	No	No	No	N/C	N/C	N/C	X
0440	Speech/Language Pathology - General			Yes	No	Yes	No	No	No	No	No	No	No	No	No	No	N/C	N/C	N/C	X
0444	Speech/Language Path - Eval/Re-Eval			Yes	No	Yes	No	No	No	No	No	No	No	No	No	No	N/C	N/C	N/C	X
0460	Pulmonary Function - General			Yes	No	Yes	No	No	No	No	No	No	No	No	No	No	N/C	N/C	N/C	X
0480	Cardiology - General			Yes	No	Yes	No	No	No	No	No	No	No	No	No	No	N/C	N/C	N/C	X
0482	Cardiology - Stress			Yes	No	Yes	No	No	No	No	No	No	No	No	No	No	N/C	N/C	N/C	X
0610	Diagnostic Services			Yes	No	Yes	No	No	No	No	No	No	No	No	No	No	N/C	N/C	N/C	X
0611	MRI			Yes	No	Yes	No	No	No	No	No	No	No	No	No	No	N/C	N/C	N/C	X
0612	MRI - Spinal Cord			Yes	No	Yes	No	No	No	No	No	No	No	No	No	No	N/C	N/C	N/C	X
0615	MRA - Head & Neck			Yes	No	Yes	No	No	No	No	No	No	No	No	No	No	N/C	N/C	N/C	X
0636	Drugs Requiring Detail Coding			Yes	No	Yes	No	No	No	No	No	No	No	No	No	No	N/C	N/C	N/C	X
0637	Self Administable Drugs		Same as LB2 above	Yes	No	Yes	No	No	No	No	No	No	No	No	No	No	N/C	N/C	N/C	X
0710	Recovery Room - General			Yes	No	Yes	No	No	No	No	No	No	No	No	No	No	N/C	N/C	N/C	X
0720	Labor Room - General			Yes	No	Yes	No	No	No	No	No	No	No	No	No	No	N/C	N/C	N/C	X
0729	Other Labor Room			Yes	No	Yes	No	No	No	No	No	No	No	No	No	No	N/C	N/C	N/C	X
0730	EKG/ECG		Same as LB2 above	Yes	Yes***	Yes	Yes***	No	No	Yes***	No	No	No	No	No	No	N/C	N/C	N/C	X
0731	Holter Monitor			Yes	No	Yes	No	No	No	No	No	No	No	No	No	No	N/C	N/C	N/C	X
0740	EEG			Yes	No	Yes	No	No	No	No	No	No	No	No	No	No	N/C	N/C	N/C	X
0761	23 Hour Crisis Stabilization			Yes	No	Yes	No	No	No	No	No	No	No	No	No	No	N/C	N/C	N/C	X

0762	Treatment or Observation Room - Observation Room			Yes	No	Yes	No	No	No	No	No	No	No	No	No	No	No	No	N/C	N/C	N/C	X
0771	Vaccine Administration			Yes	No	Yes	No	No	No	No	No	No	No	No	No	No	No	No	N/C	N/C	N/C	X
0900	Psychiatric/Psychological Treatment-General	MH	21, 22, 51, 56, 99	Yes	Yes***	Yes	Yes***	No	No	Yes***	No	No	No	No	No	No	No	No	N/C	N/C	N/C	X
0900	Psychiatric/Psychological Treatment-General	SUD	21, 51, 56	Yes	Yes***	Yes	Yes***	No	No	Yes***	No	No	No	No	No	No	No	No	N/C	N/C	N/C	X
0902	Milieu Therapy	MH		Yes	No	Yes	No	No	No	No	No	No	No	No	No	No	No	No	N/C	N/C	N/C	X
0904	MH Treatments-Act Therapy	SUD		Yes	Yes***	Yes	Yes***	No	No	Yes***	No	No	No	No	No	No	No	No	N/C	N/C	N/C	X
0906	Intensive Outpatient Svc-Chemical			Yes	No	Yes	No	No	No	No	No	No	No	No	No	No	No	No	N/C	N/C	N/C	X
0921	Peripheral Vascular Lab			Yes	No	Yes	No	No	No	No	No	No	No	No	No	No	No	No	N/C	N/C	N/C	X
0925	Pregnancy Test			Yes	No	Yes	No	No	No	No	No	No	No	No	No	No	No	No	N/C	N/C	N/C	X
0942	Other Therapeutic Services - Drug Rehab			Yes	No	Yes	No	No	No	No	No	No	No	No	No	No	No	No	N/C	N/C	N/C	X
0981	Professional Fees - ER			Yes	No	Yes	No	No	No	No	No	No	No	No	No	No	No	No	N/C	N/C	N/C	X
0985	Professional Fees - EKG			Yes	Yes***	Yes	Yes***	No	No	Yes***	No	No	No	No	No	No	No	No	N/C	N/C	N/C	X
0490	Ambulatory Surgery Care - General		21, 51, 56, 99	Yes	No	Yes	No	No	No	No	No	No	No	No	No	No	No	No	N/C	N/C	N/C	X
0511	Chronic Pain Center			Yes	No	Yes	No	No	No	No	No	No	No	No	No	No	No	No	N/C	N/C	N/C	X
0510	Clinic - General			Yes	No	Yes	No	No	No	No	No	No	No	No	No	No	No	No	N/C	N/C	N/C	X
0513	Psychiatric Clinic			Yes	Yes***	Yes	Yes***	No	No	Yes***	No	No	No	No	No	No	No	No	N/C	N/C	N/C	X
0914	Psychiatric/Psychological Services - Indiv			Yes	Yes***	Yes	Yes***	No	No	Yes***	No	No	No	No	No	No	No	No	N/C	N/C	N/C	X
0915	Psychiatric/Psychological Services - Group			Yes	Yes***	Yes	Yes***	No	No	Yes***	No	No	No	No	No	No	No	No	N/C	N/C	N/C	X
0916	Psychiatric/Psychological Services - Family			Yes	Yes***	Yes	Yes***	No	No	Yes***	No	No	No	No	No	No	No	No	N/C	N/C	N/C	X
0917	Biofeedback			Yes	Yes***	Yes	Yes***	No	No	Yes***	No	No	No	No	No	No	No	No	N/C	N/C	N/C	X
0918	Psychiatric/Psychological Services			No	Yes***	Yes	Yes***	No	No	Yes***	No	N/C	N/C	No	No	No	No	No	N/C	N/C	N/C	X
0919	Psychiatric/Psychological Services - Other			Yes	Yes***	Yes	Yes***	No	No	Yes***	No	No	No	No	No	No	No	No	N/C	N/C	N/C	X
0929	Other Diagnostic Services			Yes	Yes***	Yes	Yes***	No	No	Yes***	No	No	No	No	No	No	No	No	N/C	N/C	N/C	X
0949	Other Therapeutic Services		11, 12, 13, 32, 33, 34, 62, 71, 99	Yes	No	Yes	No	No	No	No	No	No	No	No	No	No	No	No	N/C	N/C	N/C	X
0901	ECT Facility	MH	12, 13, 32, 33, 34, 62, 71, 99	Yes	No	Yes	No	No	No	No	No	No	No	No	No	No	No	No	N/C	N/C	N/C	X

ABA Services

ABT	0364T		0365T	Adaptive behavior treatment by protocol, administered by technician, face-to-face with one patient; first 30 minutes of technician time	AUT	1 Unit Per Day	03, 11, 12, 14, 53	Yes	No	Yes	No	No	No	No	No	No	No	Yes	No	Yes	No	No	No	No	x
ABT	0366T		0367T	Group adaptive behavior treatment by protocol, administered by technician, face-to-face with two or more patients; first 30 minutes of technician time	AUT	1 Unit Per Day	03, 11, 12, 14, 53	Yes	No	Yes	No	No	No	No	No	No	No	Yes	No	Yes	No	No	No	No	x
ABF	0370T		N/A	Family adaptive behavior treatment guidance, administered by physician or other qualified health care professional (without the patient present)	AUT	1 Unit Per Day	03, 11, 12, 14, 53	Yes	No	Yes	No	No	No	No	No	No	No	Yes	No	Yes	No	No	No	No	x
ABF	0371T		N/A	Multiple-family group adaptive behavior treatment guidance, administered by physician or other qualified health care professional (without the patient present)	AUT	1 Unit Per Day	03, 11, 12, 14, 53	Yes	No	Yes	No	No	No	No	No	No	No	Yes	No	Yes	No	No	No	No	x
ABG	0372T		N/A	Adaptive behavior treatment social skills group, administered by physician or other qualified health care professional face-to-face with multiple patients	AUT	1 Unit Per Day	03, 11, 12, 14, 53	Yes	No	Yes	No	No	No	No	No	No	No	Yes	No	Yes	No	No	No	No	x

ABV	0368T		0369T	Adaptive behavior treatment with protocol modification administered by physician or other qualified health care professional with one patient; first 30 minutes of patient face-to-face time	AUT	1 Unit Per Day	03, 11, 12, 14, 53	Yes	No	Yes	No	No	No	No	No	No	Yes	No	Yes	No	No	No	No	No	x
ABO	0359T		N/A	Behavior identification assessment, by the physician or other qualified health care professional, face-to-face with patient and caregiver(s), includes administration of standardized and non-standardized tests, detailed behavioral history, patient observation and caregiver interview, interpretation of test results, discussion of findings and recommendations with the primary guardian(s)/caregiver(s), and preparation of report	AUT	1 Unit Per Year	03, 11, 12, 14, 53	Yes	No	Yes	No	No	No	No	No	No	Yes	No	Yes	No	No	No	No	No	x
ABO	0360T		0361T	Observational behavioral follow-up assessment, includes physician or other qualified health care professional direction with interpretation and report, administered by one technician; first 30 minutes of technician time, face-to-face with the patient	AUT	1 Unit Per Day	03, 11, 12, 14, 53	Yes	No	Yes	No	No	No	No	No	No	Yes	No	Yes	No	No	No	No	No	x
ABS	0362T		0363T	Exposure behavioral follow-up assessment, includes physician or other qualified health care professional direction with interpretation and report, administered by physician or other qualified health care professional with the assistance of one or more technicians; first 30 minutes of technician(s) time, face-to-face with the patient	AUT	1 Unit Per Day	03, 11, 12, 14, 53	Yes	No	Yes	No	No	No	No	No	No	Yes	No	Yes	No	No	No	No	No	x
ABE	0373T		0374T	Exposure adaptive behavior treatment with protocol modification requiring two or more technicians for severe maladaptive behavior(s); first 60 minutes of technicians' time, face-to-face with patient	AUT	1 Unit Per Day	03, 11, 12, 14, 53	Yes	No	Yes	No	No	No	No	No	No	Yes	No	Yes	No	No	No	No	No	x

NOT FOR PROPRIETARY REDISCLASURE

NOTE: PRP Payment levels for case rates are affected by the HCPCS code level used, modifier, place of service code and billed charges. There must be an exact match between the authorization and the claim. Code H2016 is an encounter data code only and should be billed for zero dollars and must pay 0 on an EOB to be considered valid for meeting minimums for H2018, the billable code.

- | |
|-------------------------|
| Place of Service |
| 11 |
| 15 |
| 21 |
| 22 |
| 23 |
| 52 |
| 49 |
| Modifiers |
| 52 |
| 21 |
| U1 |

U2
U3
U4
U5
U6
U7

- ^ Covered for Outpatient only.
- # Benefit for Uninsured Consumers Only
- * State general funds as available
- **First 10 days authorized by VO, all concurrents authorized by CSA.
- ***IP Facility/Professional can be covered for Uninsured and PAC under Purchase of Care Only
- ****Services covered only when provided by non-regulated hospital clinics.
- ~ Coverage effective 1/1/2010
- (1) Auth for Residential Crisis Service and Treatment Foster Care requires a T2048 auth as well.

IOP and crisis bed.

(4) One unit of anesthesia will be automatically granted per unit of ECT services (90870).

CSA.

(6) TBI and PRTF waiver eligible consumers are also eligible for other services as long as they are not duplicative and are medically necessary.



Under the Covered Services:

Yes = Covered
No = Not Covered

Under Auth Requirements:

N/C = Not Covered
Yes = Auth Required
No = No Auth Required

08/25/2017: Add Poison DX codes with POS 21 and 23 to Ancillary Codes, (ANS), under benefit classes ANC and LB2 eff 04/01/2016. This coverage does not apply to IMD providers...fcole

08/18/17: Remove POS 21 from codes 99201-99215 for benefit class; PFR, TIN, & BCR. Created new benefit classes for these services, PF3, T10, and BC1...fcole.

08/14/17: Added 96372 HG to Benefit Class LB8 effective 05.15.17 - LC

08/04/17: Added SUD DX to code 'Q3014', benefit class 'THO' eff 1/1/2015...fcole

08/02/17 - Added W7375/HG, W7375/SC, W7375/51, W7370/HG, W7370/SC, W7350/HG and W7330/HG to IMD Residential Service eff 7/1/17 - RTC/RT2. fcole

7/28/2017: Add POS 03 to 90889, 90839, 90840 eff 8/1/16. CAB

07/18/2017: Term HCPCs code J8499 EFF 7/31/2017. Effective 8/1/17, the following J-codes are covered: J0572/HG; J0572/SC; J0573/51 and J0574/51 under benefit class 'SD8'...fcole

07/06/17: Add POS 11 to HCPCs code S9445 w/modifier 52 eff 1/1/2014....fcole

07/05/17 - Add POS 22 & 23 with a SUD DX for codes 99281-99285 eff 1/1/15...fcole

6/30/2017: Added POS 54 to Residential IMD Services effective 7/1/2017 for: RESRB; W7330; W7350; W7370; and W7375...fcole

****06/23/2017 - Claim Type 'RR' will only be used for Residential IMD services eff 7/1/2017 when paying W-codes out of state funds for benefit package FMC1 only...fcole

NOT FOR PROPRIETARY REDISCLASURE

06/21/17: Cover Residential IMD services eff 7/1/17 with a SUD DX only for benefit package SX02..fcole

06/20/17 - Add PO3 for HCPCs code H0032 eff 8/1/16 with a Psy DX...fcole

06/12/2017: Add IMD Residential services effective 7/1/2017 - RESRB; W7330; W7350; W7370; and W7375...fcole

05/31/2017: Add 'SC' modifier to H0001, H0004, H0005, H0015, and H0016 with a SUD DX eff 1/1/2015..fcole

05/26/17: Added new DX Class 'DXP' effective 10/1/2015 for DX code Z03.89 to H0001, 90791, 90792, and T1015..fcole

05/12/17: DX Code R69 covered for T1015, effective 10/1/15. Prior to 10/1/15, services covered under DX code 799.9...fcole

05/02/17: Added W9520 - Methadone and W9521 - Buprenorphine for Guest Dosing eff 5/15/17 in 'SUD' Auth Class and 'MET' Benefit Class....fcole

4/17/17: Added 99211 - 99215 with HG modifier in SUD class eff 05/15/2017. CAB

4/17/17: Added H0020 HG in SUD class eff 05/15/2017. CAB

03/29/17: DX Code Z03.89 now covered for 90791, 90792, and H0001 effective 10/1/15...fcole

02/09/17: Term G0477, G0478, G0479 eff 12/31/16. Eff 1/1/17 add codes 80305, 80306, and 80307 to LB6..fcole

02/09/17: Remove POS 12 from Ben Class 'THO' 12/31/14. Add POS 31, 32, effective 1/1/15..fcole

02/09/17: Add POS 3 eff 8/1/16 to Ben Class TN1, TIN, TN2, TNS, SD5, SUD, BCR, & BC3...fcole

12/10/2016: ABA Services added to benefit packages FDU1 and FMC1...fcole

12/06/2016: Effective 01/01/2014 (or effective date of code)- Removed POS 22 for: J0571 & J0571 51...TEP

09/06/2016: Effective 01/01/2014 (or effective date of code)-POS 50, 57 & 71 Added for: J2315...TEP

09/06/2016: Effective 01/01/2014 (or effective date of code)-POS 31 & 32 Added for: H0004 & H0020...TEP

09/06/2016: Effective 01/01/2014 (or effective date of code)-For S9445 52; Removed POS 11, 12, 15 & 99 and Added POS 15,

09/06/2016: Effective 01/01/2014 (or effective date of code)- Removed POS 22 for: H0001, H0014, H0004, H0005, H0015,

08/09/2016: Add HCPCS code J0571 and J0571 51 eff 7/1/16...fcole

07/18/2016: Add HCPCS code J0572; J0572 51; J0573; J0574; EFF 7/1/16 to Auth/Ben Class SD8/SD8...fcole

06/27/2016: Eff 05/01/2015 - SUD/SD5 - H0001 - no auth required...fcole

05/09/16: DX Code R69 covered for 90791, 90792, and H0001 effective 10/1/15. Prior to 10/1/15, services covered under DX code 799.9...fcole

04/30/2016: Add Poisoning DX codes eff 4/1/2016 to PER PES TCE TN1 benefit class and with POS 23..fc

02/04/2016: New Lab codes added to LB6 Effective 01/01/2016: G0477, G0478, G0479, G0480, G0481, G0482 and G0483 TEP. □

02/04/2016: LB6 Lab Codes: G0431, G0434, G6031, G6040, G6042, G6043, G6044, G6053, G6056 and 80348 Terminate 12/31/2015 . TEP □

01/11/2016: POS 22 - CH2/LB2 covered with a SUD DX - no auth required for O301...fcole

10/10/15: Added IMD providers to pay out of SFF for FMC1, SMC1, SX02, UIN1, & MACR funds for ages 21-64 eff 7/1/2015.....fcole

06/24/2015: Added T1017 HG to CM4 eff 1/1/15. gdr

06/24/2015: Retro added misc services to MCOU for UR Only eff 1/1/15. gdr

06/24/2015: Retro added MDRN services to MCOU for Claims Payment eff 1/1/15. gdr

06/23/2015: Added Justice Service and Pregnant Women.Child Grants to SCG eff 7/1/15. gdr

04/30/2015: Add POS 22 for O301 under ANS for SUD services - no auth required - fcole

04/29/2015: Move J8499 from Bup and put in its own class - no auth required - GDR

04/07/2015: Add POS 22 for MH - Rev Code 0900...fcole

02/24/2015: Add Client Specific MDRN codes effective 1/1/2015: MDR11, MDR12, MDR13, MDR14, MDR15, and MDR16..fcole

02/17/2015: Add modifier '22' to H2036 (Partial Hospitalization progrma-community based)...fcole

01/26/2015: Added rev codes 0114, 0124, 0134 and 0154 allowable for SUD Diag GDR

12/05/2014: Per revised SCG Request Form - auth is not required for H0031, T1016 HW, and T1016 for fund UHDV..fcole

11/20/2014: Effective 10/1/2014 - HCPCS Code H0031 - auth requirement removed. No auth required. Cover 18 years and over...fcole

10/09/2014: Effective 10/1/2014 - T1016 HW state funded code for fund FMCD..fcole

10/9/2014: Effective 10/1/2014 - HCPCS Code 'T1016 HW' and 'H0031' changed to add age restriction and auth is now required. Cover 18 years and over ...fcole

10/9/2014: Effective 10/1/2014 - HCPCS Code 'T1016' changed to add age restriction and auth is now required. Cover 18 years and over...fcole

10/09/14: Add T1017 for 21 and under to 'CM4' auth class and 'CM4' benefit class effective 10/1/2014; authorization required....fcole

09/22/14: Add T1015 HE to TIN Auth Class/TN8 Benefit Class eff 7/1/14 per request....fcole

08/07/14: Add POS 53 to PRF Auth Class; PR1/PR2 benefit class eff 1/1/14....fcole

04/04/14: Add POS 51 to CPT code 99239 (IPS/IPB) effective 1/1/13...fcole

10/03/13: Expanded Add on Codes to be allowed for IP Professional Codes {PF2, IP- series ,TCN, TCE } as well. GDR

9/27/13: Modified comment on row 429 - removed reference to code 90871 as not cov'd for ECT. Changed 90807 to 90870/CAB

08/12/13: 80101 covered effective 05/01/13, replacing G0434 eff 05/01/13. GDR

06/10/13: 80101 no longer covered 12/31/10, Effective 01/01/11 use G0431 through 04/30/11 and replace with G0434 effective 05/01/11. GDR

2/07/2013: Added 99201 - 99205 to all applicable mapsets where 99211 - 99215/modifiers exist today. GDR

1/22/2013: Added 90837, 90837 GT to OMS; Added 90833 to Add on Codes; 90839-90840 to TCN/TCA. GDR

12/2012: Updated for 2013 CPT codes

10/3/12: Added 90862 HH for Pharmacological Management in a Nursing Home setting for OP Therapy and OMS. DC

9/25/12: Updated units for P04-P11 from Days to Hour. DC

7/27/12: Added T2048 to CRS fro UHD1 with no effective date. DC

03/28/12: Added POS 23 to 90801 HE eff 01/01/2010. GDR
01/17/12: Added ANC and LB2 to FPAC to mirror FMCD eff 01/01/2010. GDR
10/10/11: Removed reference (7) from SCG. GDR
08/09/11: 0982 moved to MSP. GDR
07/13/2011: Effective 07/01/11 Telehealth no longer state funded and eligible for FFP where applicable; removed from SPAC and moved to FPAC. GDR
06/21/2011: Added HE modifier for Baltimore cap covered codes. GDR
06/02/2011: Added 36415 HW to LB1. GDR
3/29/2011: Removed rev code 0910 from SCG and CAS. GDR
3/29/2011: Updated POS Codes for REA and CRS under BCARS to match non BCARS. GDR
3/24/2011: Updated ECT - 00104 - to match ECT Anesth IP & OP. GDR
3/17/2011: Added TBI services to UINS. GDR
2/17/2011: Added 90847 HA 52 for abbreviated fam for BCARS. GDR
2/11/2011: Added Outpatient Therapy Services (for OMS Bundle) Tni, TIN & TN6 for UHD1. DC
2/10/2011: Update Ancillary covered coded for SMC1 & SDU1to mirror SPA1. DC
2/9/2011: Split out 99231 - 99233 from IPS for FMCD, SMCD, FDUL and SDUL to allow for all dx. All others left alone. GDR
1/27/2011 - Added LAB to SBA1
1/27/2011 - Added PF1 to SPA1, UIN1 & UHD1
01/26/2011 -Changed PRP encounter POS to only allow 15 & 52 GDR
12/14/2010 - Added Telehealth GDR
12/08/2010 - POS 11,12 and 21 to benefit class PF1 GDR
12/05/2010 - Added Crisis Prof services to UHDV and SPAC. GDR
10/27/2010 - Added S0201-52 to PHP. GDR
10/20/2010 - Added 0940 to Mediacid and Duals. GDR
10/14/2010 - Added 90816 HE through 960819 HE for CRS Prof Charges. GDR
10/14/2010 - Added 90801 HE, 90862 HE for IOP/PHP Prof Charges. GDR
10/13/2010 - Changed H2023 from per visit to per unit. GDR
10/05/2010 - Added 0929 to UINS. GDR
9/28/2010 - Removed PRJ from ancillaries for all applicable funds. GDR
9/02/2010 - Removed highlights for HSCRC highlight for FPAC ED services. GDR
9/01/2010 - Added 0918 to TST. GDR
8/18/2010 - % Removed coverage for CM1, CM2 & CM3 from SPAC and Added to FPAC effective 9/1/2010 DC
8/12/2010 - Added in Transitional PRP code H2016 U8 for Medicaid, SPA1, Duals and Uninsured. GDR
8/10/2010 - Removed 1001, H0017 and H0018 retro to 09/01/09 from RTC. GDR
8/09/2010 - Moved S9480 from SPAC to FPAC. GDR
8/09/2010 - Removed TNB, TN#, PRJ rev codes retro to 09/01/09. Ancillary revs left in place as not included in request. GDR
7/23/2010 - Change TBI service class from TBI to T01-T10, coordinated with Clinical and Claims GDR
7/22/2010 - Ancillary 07/01 changes for SPAC and Uninsured - for listing of codes terminated 06/30/10 see second tab of this document. Added in eff 7/1 PRJ. GDR
7/22/2010 - Hid PRP cells, 156 and 160 - not needed. GDR
7/14/2010 - Added ancillaries back in for SPAC to allow under POC for 09/01/09 - 06/30/10. 07/01/10 rules forthcoming. GDR
7/8/2010 - Moved 36415 from LAB to LB1 to accommodate SDUL copay. DC
7/1/2010 - Added in new fund/package UHDV.UHD1 GR
6/7/2010 - Removed BCARS from SPAC - no coverage for child/adol GR
6/7/2010 - Removed FPAC services from SPAC fund. GR
6/3/2010 - Added FPAC Fund. DC
05/18/2010 - Added comments for SERP. GDR
05/18/2010 -Changed T1023 to SFS for FMCD and FDUL. GDR
05/17/2010 - Added new fund/package SX02 for X02's. GDR
05/01/2010 - Added new service class CM3 - Transitional Case Management effective 05/01/2010. GR
04/29/10: Changed Auth flag on CM1 to N retro to end of CM bypass. GDR
04/26/10: Changed billing unit on W0060 TBI to per hour. GDR
04/07/10: Split out 99251-99255 from IPS in benefit class to allow for payment of any dx on applicable FS. GDR
04/05/10: Updated Ancillaries to reflect coverage for PAC and Uninsured under POC only GDR
04/01/10: Added 90801 22 to FDUL/SDUL GDR
04/01/10: Updated PAC PER coverage to be effective 1/1/2010 and retroactively removed coverage for ER Prof for PAC. DC
04/01/10: Loaded SelfAdministered Drugs 0637 to LB2 for POS 22 GDR
03/31/10: Moved some 0300 series and 0730 from ANC to Lab for POS 22. GDR
3/31/10: Added **** notation for IOP, TN3 & TNB. DC
03/17/10: Changed auth requirement for service code H0002 to no. GDR
02/24/10: Added IP Prof to PAC. GDR
2/23/10: Moved 0949 (PHA) from PHP to IOP auth class
02/10/10: Changed PRTF auth type to PR and Claim form UB92 to UB04. GDR
02/02/10: Removed ER Professional coverage for PAC. GDR
01/29/10: Changed auth type for S9445 to Y from O. GDR
01/29/10: Added POS 11 for TBI. GDR
01/29/10: Updated Claim form fields per 01/25 meeting. GDR
01/21/10: Added POS 53 to PHP. GDR
01/12/10: Added POS 03 to all OP service classes. GDR
1/11/10: Updated PAC coverage to include ER services (PER, PES & TCN) effective 1/14/2010. DC
12/28/09: Added 90847 HA to BCR. GDR
12/20/09: Split PRTF out into 11 different auth classes for clinical. GDR
12/16/09: Added Case Management to PAC GDR
12/10/09: Removed ECT as a covered service for Uninsured. GDR
12/10/09: Removed TBS as covered service for Uninsured. GDR

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12/08/09: @ POS codes 11, 12, 15, 21, 22, 51, 52, 56, 62, 99 terminated from service class PR5 effective 12/15/2009. POS 49 is the only covered POS code. GDR

11/30/09: Added POS 21 to 90801 for ER services. GDR

11/19/09: Removed POS 23 from OP TIN services except 90801 for ER. GDR

11/10/09: Added TN3 L1 service class to non OMS GDR

11/3/09: Added 99241-99245 with pos 23, no authorization required DC

11/2/09: Added T1023 to PR5 to mirror RRP with no auth required DC

11/2/09: Added coverage for Uninsured with auth required for REA & RES DC

11/2/09: Added ** comment above related to authorizations for CRS services DC

10/26/09: Added POS 12 to Supported Employment (SEA) DC

10/26/09: Added POS 12 to Traumatic Brain Injury (TBI) DC

10/26/09: Added POS 03, 99 to Outpatient Therapy (TIN) DC

10/26/09: Added POS 11 to Respite Care (REA) DC

10/26/09: Added POS 52 to Rehab Services (PRP) DC

10/26/09: Added POS 22 & 53 to Case Management (CM2) DC

10/23/09: Added SEO service class under Supported Employment with S9445 no modifier DC

10/21/09: Added 0636 to ANC DC

10/17/09: Added POS 12 to HOU DC

10/15/09: Added POS 53 to Labs DC

10/14/09: Added POS 11 to Mobile Treatment DC

10/13/09: Added POS 12 to Case Management GDR

10/08/09: 90801/90801 HA when billed with POS 23, does not require auth. GDR

10/01/09: Removed IOP as covered service from Uninsured effective 9/30/09. DC

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