



MARYLAND SERVICE MATRIX 12/29/2014

NOTE: Uninsured, Hospital Diversion, State Funded Medicaid, State Funded Duals Medicaid/Medicare - no SUD claims payment on 01/01/14 with the exception of MDRN.

Pre-Authorization Required

Value Options Auth Service Class	Benefit Class	CPT/Rev Code	Modifier 1	Modifier 2	Add on Codes	Modifier 1	Modifier 2	Service Description	Coverable Dx Category	Claim Type	Place of Service	Medicaid Federally Funded	Medicaid State Funded	Federally Funded/Medicare/Medicaid (SLMB and OMB)	State Funded Medicare/Medicaid (SLMB and OMB)	1915 Waiver (Eff 1.1.15)	TBI	Uninsured	Courtesy Reviews	Medicaid Federally Funded	Medicaid State Funded	Federally Funded/Medicare/Medicaid (SLMB and OMB)	State Funded Medicare/Medicaid (SLMB and OMB)	X02's	1915i	TBI	Uninsured	Courtesy Reviews
Inpatient Services																												
IPF	IPF	0113, 0114, 0118, 0123, 0124, 0133, 0134, 0143, 0153, 0154, 0169, 0203, 0204						HSCRC	MH		21, 51, 56, 99	Yes	Yes	Yes	Yes	No	No	Yes***	Yes	Yes	Yes	No	No	N/C	N/C	N/C	N/C	Yes
								Institutes for Mental Disease (IMDs)	MH			Yes*	Yes*	No	No	No	No	Yes***	Yes	Yes	Yes	No	No	N/C	N/C	N/C	N/C	Yes
Residential Treatment																												
RTC	RTC	0100						Residential Treatment Center	MH		21, 51, 56, 57	Yes	Yes	Yes	Yes	No	No	No	Yes	Yes	Yes	No	No	N/C	N/C	N/C	N/C	Yes
								Regional Institute for Children and Adolescents (RICA)				Yes	Yes	Yes	Yes	No	No	Yes*	Yes	Yes	Yes	No	No	N/C	N/C	N/C	Yes	Yes
Residential ICF-A (for children under age 21)																												
RTC	RTC	0100						Residential ICF-A (for children under age 21)	SUD		55	Yes	Yes	Yes	Yes	No	No	Yes	Yes	Yes	Yes	Yes	N/C	N/C	N/C	Yes	Yes	
PHP Partial Hospitalization																												
PHP	PP1	0912						Partial Hospitalization - Full Day	MH		21, 22, 52, 53, 99	Yes	Yes	Yes	Yes	No	No	No	Yes	Yes	Yes	No	No	N/C	N/C	N/C	N/C	Yes
	PP1	0912						Partial Hospitalization - (Hosp Based)	SUD		21, 22, 52, 53, 99	Yes	Yes	Yes	No	No	No	No	Yes	Yes	Yes	No	N/C	N/C	N/C	N/C	Yes	
	PP2	S0201						Partial Program - Non-Hospital Based	MH		11, 21, 22, 52, 53, 99	Yes	Yes	Yes	Yes	No	No	No	Yes	Yes	Yes	No	No	N/C	N/C	N/C	N/C	Yes
PHP	PP3	0913	52					Partial Program - Non-Hospital Based	MH			Yes	Yes	Yes	Yes	No	No	No	Yes	Yes	Yes	No	No	N/C	N/C	N/C	N/C	Yes
								Partial Hospitalization - (Hosp Based)	SUD		21, 22, 52, 53, 99	Yes	Yes	Yes	No	No	No	No	Yes	Yes	Yes	No	N/C	N/C	N/C	N/C	Yes	
IOP Intensive Outpatient																												
IOP	IOP	S9480						Intensive Outpatient Psych Services, Per Diem (Clinic Model)	MH		11, 22, 53, 99	Yes	Yes	Yes	No	No	No	No	Yes	Yes	Yes	Yes	N/C	N/C	N/C	N/C	Yes	
		0905						Intensive Outpatient Services - Psychiatric	MH		11, 22, 53, 99	Yes	Yes	Yes	No	No	No	No	Yes	Yes	Yes	Yes	N/C	N/C	N/C	N/C	Yes	
	IO2	0906						Intensive Outpatient - (Hosp Based)	SUD		22, 53, 99	Yes	Yes	Yes	No	No	No	No	No	Yes	Yes	Yes	N/C	N/C	N/C	N/C	N/C	
	PHA	0949						IOP - Partial Hospital Model or Partial Program - Non Regulated Space	MH		21, 22, 52, 53, 99	Yes	Yes	Yes	Yes	No	No	No	Yes	Yes	Yes	Yes	N/C	N/C	N/C	N/C	Yes	
PRF Other Inpatient Services for IOP, PHP, CRS																												
PRF	PF1	90791 90792	HE HE					Psychiatric Diagnostic Interview Psychiatric Diagnostic Interview--medical services	MH/SUD		11, 12, 21, 22, 23, 53	Yes	Yes	Yes	Yes	No	No	Yes	No	No	No	No	N/C	N/C	N/C	No	N/C	
	PF2	99201 99202 99203 99204 99205 99211 99212 99213 99214 99215	HE HE HE HE HE HE HE HE HE HE					Evaluation and Management	MH/SUD		11, 12, 21, 22, 53	Yes	Yes	Yes	Yes	No	No	Yes	No	No	No	No	N/C	N/C	N/C	No	N/C	
		90832	HE					Individual Therapy (30 Minutes) MD Only				Yes	Yes	Yes	Yes	No	No	Yes	No	No	No	No	N/C	N/C	N/C	No	N/C	
		90834	HE					Individual Therapy (45 Minutes) MD Only				Yes	Yes	Yes	Yes	No	No	Yes	No	No	No	No	N/C	N/C	N/C	No	N/C	



MARYLAND SERVICE MATRIX 12/29/2014

NOTE: Uninsured, Hospital Diversion, State Funded Medicaid, State Funded Duals Medicaid/Medicare - no SUD claims payment on 01/01/14 with the exception of MDRN.

Pre-Authorization Required

Value Options Auth Service Class	Benefit Class	CPT/Rev Code	Modifier 1	Modifier 2	Add on Codes	Modifier 1	Modifier 2	Service Description	Coverable Dx Category	Claim Type	Place of Service	Medicaid Federally Funded	Medicaid State Funded	Federally Funded/Medicaid/Medicare (SLMB and OMB)	State Funded Medicaid/Medicare (SLMB and OMB)	19151 Waiver (Eff 1.1.15)	TBI	Uninsured	Courtesy Reviews	Medicaid Federally Funded	Medicaid State Funded	Federally Funded/Medicaid/Medicare	State Funded Medicaid/Medicare (SLMB and OMB)	X02's	19151	TBI	Uninsured	Courtesy Reviews		
IPS	IPS	Professional Billing Codes																												
		99221						Initial Hospital Care - Attending Physician Only	MH		21, 51, 52, 61	Yes	Yes	Yes	Yes	No	No	Yes***	No	No	No	No	No	N/C	N/C	N/C	N/A			
		99222						Initial Hospital Care - Attending Physician Only				Yes	Yes	Yes	Yes	No	No	Yes***	No	No	No	No	No	N/C	N/C	N/C	N/A			
		99223						Initial Hospital Care - Attending Physician				Yes	Yes	Yes	Yes	No	No	Yes***	No	No	No	No	No	N/C	N/C	N/C	N/A			
	IP3	99231						Subsequent Hospital Care - Attending Physician Only				Yes	Yes	Yes	Yes	No	No	Yes***	No	No	No	No	No	N/C	N/C	N/C	N/A			
		99232						Subsequent Hospital Care - Attending Physician Only				Yes	Yes	Yes	Yes	No	No	Yes***	No	No	No	No	No	N/C	N/C	N/C	N/A			
		99233						Subsequent Hospital Care - Attending Physician Only				Yes	Yes	Yes	Yes	No	No	Yes***	No	No	No	No	No	N/C	N/C	N/C	N/A			
	IPS	99238						Discharge Day Management - MD Only				Yes	Yes	Yes	Yes	No	No	Yes***	No	No	No	No	No	N/C	N/C	N/C	N/A			
	IPB	99239						Discharge Day Management - MD Only			21, 51, 61	Yes	Yes	Yes	Yes	No	No	Yes***	No	No	No	No	No	N/C	N/C	N/C	N/A			
	IP2	99251						Initial Inpatient Consultation - Physician Only			21, 31, 32, 51, 52	Yes	Yes	Yes	Yes	No	No	Yes***	No	No	No	No	No	N/C	N/C	N/C	N/A			
		99252						Initial Inpatient Consultation - Physician Only				Yes	Yes	Yes	Yes	No	No	Yes***	No	No	No	No	No	N/C	N/C	N/C	N/A			
		99253						Initial Inpatient Consultation - Physician Only				Yes	Yes	Yes	Yes	No	No	Yes***	No	No	No	No	No	N/C	N/C	N/C	N/A			
		99254						Initial Inpatient Consultation - Physician Only				Yes	Yes	Yes	Yes	No	No	Yes***	No	No	No	No	No	N/C	N/C	N/C	N/A			
		99255						Initial Inpatient Consultation - Physician Only				Yes	Yes	Yes	Yes	No	No	Yes***	No	No	No	No	No	N/C	N/C	N/C	N/A			
THO	THO	Telehealth Originating Site																												
		Q3014						Telehealth Origination Site	MH		11, 12, 21, 22, 23, 24, 53	Yes	Yes	Yes	Yes	No	No	Yes	No	No	No	No	N/C	N/C	N/C	Yes	N/C			
TIN	TIN	Patient Therapy Services																												
	TN1	90791						Psychiatric Diagnostic Interview	MH/SUD		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	N/C	Yes	Yes			
		90792						Psychiatric Diagnostic Interview--medical services																						
		90791	GT					Psychiatric Diagnostic Interview--Telehealth	MH/SUD			Yes	Yes	Yes	Yes	No	No	Yes	No	Yes	Yes	No	N/C	N/C	N/C	Yes	N/C			
		90792	GT					Psychiatric Diagnostic Interview medical services--telehealth																						
TN4	TN4	90791	22					Psychiatric Diagnostic Interview	MH/SUD		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			
		90792	22					Psychiatric Diagnostic Interview--medical services																						
TIN	TIN	90832						Individual Psychotherapy (30 Minutes)	MH/SUD		11, 12, 21, 22, 23, 24, 53	Yes	Yes	Yes	Yes	No	No	Yes*	Yes	Yes	Yes	No	N/C	N/C	N/C	Yes	Yes			
		90832	GT					Individual Psychotherapy (30 Minutes) - Telehealth	MH/SUD			Yes	Yes	Yes	Yes	No	No	Yes	No	Yes	Yes	No	N/C	N/C	N/C	Yes	N/C			



MARYLAND SERVICE MATRIX 12/29/2014

NOTE: Uninsured, Hospital Diversion, State Funded Medicaid, State Funded Duals Medicaid/Medicare - no SUD claims payment on 01/01/14 with the exception of MDRN.

Pre-Authorization Required

Value Options Auth Service Class	Benefit Class	CPT/Rev Code	Modifier 1	Modifier 2	Add on Codes	Modifier 1	Modifier 2	Service Description	Coverable Dx Category	Claim Type	Place of Service	Medicaid Federally Funded		Medicaid State Funded		Federally Funded/Medicare/Medicaid		State Funded Medicare/Medicaid (SLMB and OMB)		1915i Waiver (Eff 1.1.15)		TBI	Uninsured	Courtesy Reviews		Medicaid Federally Funded		Medicaid State Funded		Federally Funded Medicare/Medicaid		State Funded Medicare/Medicaid (SLMB and OMB)		X02's	1915i	TBI	Uninsured	Courtesy Reviews	
												Yes	No	Yes	No	Yes	No	Yes	No	Yes	No			Yes	No	Yes	No	Yes	No	Yes	No	Yes	No					Yes	No
		99201 99202 99203 99204 99205 99211 99212 99213 99214			90833 90836 90838			Med Eval/Mgmt with Individual Psychotherapy (Add on codes add 30 or 45 or 60 Minutes) (90838 allowed for OMHCs only)	MH/SUD			Yes	Yes	Yes	Yes	No	No	Yes*	Yes	Yes	Yes	No	Yes	Yes	Yes	Yes	No	No	No	No	N/C	N/C	N/C	Yes	Yes				
		99201 99202 99203 99204 99205 99211 99212 99213 99214	GT GT GT GT GT GT GT GT		90833 90836 90838	GT GT GT		Med Eval/Mgmt with Individual Psychotherapy (Add on codes add 30 or 45 or 60 Minutes) - telehealth (90838 allowed for OMHCs only)	MH/SUD			Yes	Yes	Yes	Yes	No	No	Yes	No	Yes	Yes	No	Yes	Yes	Yes	No	No	No	No	N/C	N/C	N/C	Yes	N/C					
		90834						Individual Psychotherapy (45 Minutes)	MH/SUD			Yes	Yes	Yes	Yes	No	No	Yes*	Yes	Yes	Yes	No	Yes	Yes	Yes	No	No	No	No	N/C	N/C	N/C	Yes	Yes					
		90834	GT					Individual Psychotherapy (45 Minutes) - Telehealth	MH/SUD			Yes	Yes	Yes	Yes	No	No	Yes	No	Yes	Yes	No	Yes	Yes	Yes	No	No	No	No	N/C	N/C	N/C	Yes	N/C					
	TN2	90846						Family Psychotherapy without Patient Present	MH/SUD		11, 12, 13, 21, 22, 23, 53	Yes	Yes	Yes	Yes	No	No	Yes*	Yes	Yes	Yes	No	Yes	Yes	Yes	No	No	No	No	N/C	N/C	N/C	Yes	Yes					
	TN3	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	Yes	Yes	Yes	No	No	No	No	N/C	N/C	N/C	N/C	Yes					
	TN3	0917, 0510, 0513							MH/SUD			Yes	Yes	Yes	Yes	No	No	No	Yes	Yes	Yes	No	Yes	Yes	Yes	No	No	No	No	N/C	N/C	N/C	N/C	Yes					
	TN3	0919							MH			Yes	Yes	Yes	Yes	No	No	No	Yes	Yes	Yes	No	Yes	Yes	Yes	No	No	No	No	N/C	N/C	N/C	N/C	Yes					
	TN3	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	Yes	Yes	Yes	No	N/C	N/C	N/C	N/C	N/C	N/C	Yes						
	TN5	90847						Family Psychotherapy with Patient Present	MH/SUD		11, 12, 13, 21, 22, 23, 53	Yes	Yes	Yes	Yes	No	No	Yes*	Yes	Yes	Yes	No	Yes	Yes	Yes	No	No	No	No	N/C	N/C	N/C	Yes	Yes					
		90847	52					Family Psychotherapy with Patient Present - Abbreviated services				Yes	Yes	Yes	Yes	No	No	Yes*	Yes	Yes	Yes	No	Yes	Yes	Yes	No	No	No	No	N/C	N/C	N/C	Yes	Yes					
		90849						Multiple Family Group				Yes	Yes	Yes	Yes	No	No	Yes*	Yes	Yes	Yes	No	Yes	Yes	Yes	No	No	No	No	N/C	N/C	N/C	Yes	Yes					
		90849	52					Multiple Family Group - Abbreviated services				Yes	Yes	Yes	Yes	No	No	Yes*	Yes	Yes	Yes	No	Yes	Yes	Yes	No	No	No	No	N/C	N/C	N/C	Yes	Yes					
		90853						Group Psychotherapy	MH/SUD			Yes	Yes	Yes	Yes	No	No	Yes*	Yes	Yes	Yes	No	Yes	Yes	Yes	No	No	No	No	N/C	N/C	N/C	Yes	Yes					
		90853	21					Group Psychotherapy - Extended	MH/SUD			Yes	Yes	Yes	Yes	No	No	Yes*	Yes	Yes	Yes	No	Yes	Yes	Yes	No	No	No	No	N/C	N/C	N/C	Yes	Yes					
		90875						Individual psychotherapy w/ Biofeedback	MH/SUD			Yes	Yes	Yes	Yes	No	No	Yes*	Yes	Yes	Yes	No	Yes	Yes	Yes	No	No	No	No	N/C	N/C	N/C	Yes	Yes					
		90876						Individual Psychotherapy w/ biofeedback	MH/SUD			Yes	Yes	Yes	Yes	No	No	Yes*	Yes	Yes	Yes	No	Yes	Yes	Yes	No	No	No	No	N/C	N/C	N/C	Yes	Yes					



MARYLAND SERVICE MATRIX 12/29/2014

NOTE: Uninsured, Hospital Diversion, State Funded Medicaid, State Funded Duals Medicaid/Medicare - no SUD claims payment on 01/01/14 with the exception of MDRN. Pre-Authorization Required

Value Options Auth Service Class	Benefit Class	CPT/Rev Code	Modifier 1	Modifier 2	Add on Codes	Modifier 1	Modifier 2	Service Description	Coverable Dx Category	Claim Type	Place of Service	Medicaid Federally Funded	Medicaid State Funded	Federally Funded/Medicaid	State Funded Medicare/Medicaid (SLMB and OMB)	1915i Waiver (Eff 1.1.15)	TBI	Uninsured	Courtesy Reviews	Medicaid Federally Funded	Medicaid State Funded	Federally Funded Medicare/Medicaid	State Funded Medicare/Medicaid (SLMB and OMB)	X02's	1915i	TBI	Uninsured	Courtesy Reviews	Pre-Authorization Required	
																													Yes	Yes
	TN6	T1015						FQHC clinic visit/encounter (all inclusive)	MH/SUD		11	Yes	Yes	Yes	Yes	No	No	Yes*	Yes	Yes	Yes	No	N/C	N/C	N/C	Yes	Yes			
		T1015	GT					FQHC clinic visit/encounter (all inclusive) - Telehealth				Yes	Yes	Yes	Yes	No	No	Yes	No	Yes	Yes	No	Yes	N/C	N/C	N/C	Yes	N/C		
	TN7	TN7	99201	HH				Evaluation and Management - Nursing Home	MH		31, 32	Yes	Yes	Yes	Yes	No	No	Yes*	No	Yes	Yes	No	N/C	N/C	N/C	Yes	Yes			
			99202	HH																										
			99203	HH																										
			99204	HH																										
			99205	HH																										
			99211	HH																										
			99212	HH																										
			99213	HH																										
			99214	HH																										
			99215	HH																										
	TIN	Mental Therapy Services (for OMS Bundle)																												
	TIN	TN1	90791					Psychiatric Diagnostic Interview	MH/SUD		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	N/C	Yes	Yes			
			90792					Psychiatric Diagnostic Interview--medical services																						
			90791	GT				Psychiatric Diagnostic Interview-Telehealth	MH/SUD			Yes	Yes	Yes	Yes	No	No	Yes*	Yes	Yes	Yes	No	N/C	N/C	N/C	Yes	Yes			
			90792	GT				Psychiatric Diagnostic Interview--medical services-telehealth																						
	TN4	TN4	90791	22				Psychiatric Diagnostic Interview	MH/SUD		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	N/C		
			90792	22				Psychiatric Diagnostic Interview--medical services																						
	TIN	TIN	90832					Individual Psychotherapy (30 Minutes)	MH/SUD		11, 12, 21, 22, 23, 24, 53	Yes	Yes	Yes	Yes	No	No	Yes*	Yes	Yes	Yes	No	N/C	N/C	N/C	Yes	Yes			
			90832	GT				Individual Psychotherapy (30 Minutes) - Telehealth			11, 12, 21, 22, 23, 24, 53	Yes	Yes	Yes	Yes	No	No	Yes*	Yes	Yes	Yes	No	N/C	N/C	N/C	Yes	Yes			
			99201			90833		Med Eval/Mgmt with Individual Psychotherapy (Add on codes add 30 or 45 or 60 Minutes)	MH/SUD			Yes	Yes	Yes	Yes	No	No	Yes*	Yes	Yes	Yes	No	N/C	N/C	N/C	Yes	Yes			
			99202			90836		(90838 allowed for OMHCs only)																						
			99203			90838																								
			99204																											
			99205																											
			99211																											
			99212																											
			99213																											
			99214																											
			99215																											
			90834	GT				Individual Psychotherapy (45 Minutes)				Yes	Yes	Yes	Yes	No	No	Yes*	Yes	Yes	Yes	No	N/C	N/C	N/C	Yes	Yes			
			90834	GT				Individual Psychotherapy (45 Minutes) - Telehealth	MH/SUD			Yes	Yes	Yes	Yes	No	No	Yes*	Yes	Yes	Yes	No	N/C	N/C	N/C	Yes	Yes			

PROPRIETARY
NOT FOR RELEASE



MARYLAND SERVICE MATRIX 12/29/2014

NOTE: Uninsured, Hospital Diversion, State Funded Medicaid, State Funded Duals Medicaid/Medicare - no SUD claims payment on 01/01/14 with the exception of MDRN.

Pre-Authorization Required

Value Options Auth Service Class	Benefit Class	CPT/Rev Code	Modifier 1	Modifier 2	Add on Codes	Modifier 1	Modifier 2	Service Description	Coverable Dx Category	Claim Type	Place of Service	Medicaid Federally Funded	Medicaid State Funded	Federally Funded/Medicare/Medicaid	State Funded Medicare/Medicaid (SLMB and OMB)	1915i Waiver (Eff 1.1.15)	TBI	Uninsured	Courtesy Reviews	Medicaid Federally Funded	Medicaid State Funded	Federally Funded/Medicare/Medicaid	State Funded Medicare/Medicaid (SLMB and OMB)	X02's	1915i	TBI	Uninsured	Courtesy Reviews	
																													Yes
	TN2	90846						Family Psychotherapy without Patient Present	MH/SUD		11, 12, 13, 21, 22, 23, 53	Yes	Yes	Yes	Yes	No	No	Yes*	Yes	Yes	Yes	No	No	N/C	N/C	N/C	Yes	Yes	
	TN3	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	No	N/C	N/C	N/C	N/C	Yes	
	TNT	0917, 0510, 0513										Yes	Yes	Yes	Yes	No	No	No	Yes	Yes	Yes	No	No	N/C	N/C	N/C	N/C	Yes	
	TN3	0919										Yes	Yes	Yes	Yes	No	No	No	Yes	Yes	Yes	No	No	N/C	N/C	N/C	N/C	Yes	
	TN3	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	N/C	N/C		
	TN5	90837						Psychotherapy, 60 Minutes with Patient and/or family member (OMHC Only)	MH/SUD		11, 12, 13, 21, 22, 23, 53	Yes	Yes	Yes	Yes	No	No	Yes*	Yes	Yes	Yes	No	No	N/C	N/C	N/C	Yes	Yes	
		90837	GT					Psychotherapy, 60 Minutes with Patient and/or family member - Telehealth (OMHC Only)				Yes	Yes	Yes	Yes	No	No	Yes*	Yes	Yes	Yes	No	No	N/C	N/C	N/C	Yes	Yes	
		90847						Family Psychotherapy with Patient Present	MH/SUD				Yes	Yes	Yes	Yes	No	No	Yes*	Yes	Yes	Yes	No	No	N/C	N/C	N/C	Yes	Yes
		90847	52					Family Psychotherapy with Patient Present - abbreviated services	MH/SUD				Yes	Yes	Yes	Yes	No	No	Yes*	Yes	Yes	Yes	No	No	N/C	N/C	N/C	Yes	Yes
		90849						Multiple Family Group	MH/SUD				Yes	Yes	Yes	Yes	No	No	Yes*	Yes	Yes	Yes	No	No	N/C	N/C	N/C	Yes	Yes
		90849	52					Multiple Family Group - Abbreviated services	MH/SUD				Yes	Yes	Yes	Yes	No	No	Yes*	Yes	Yes	Yes	No	No	N/C	N/C	N/C	Yes	Yes
		90853						Group Psychotherapy	MH/SUD				Yes	Yes	Yes	Yes	No	No	Yes*	Yes	Yes	Yes	No	No	N/C	N/C	N/C	Yes	Yes
		90875						Individual psychotherapy w/ Biofeedback					Yes	Yes	Yes	Yes	No	No	Yes*	Yes	Yes	Yes	No	No	N/C	N/C	N/C	Yes	Yes
	90876						Individual Psychotherapy w/ biofeedback					Yes	Yes	Yes	Yes	No	No	Yes*	Yes	Yes	Yes	No	No	N/C	N/C	N/C	Yes	Yes	
	TN7	99201	HH					Evaluation and Management - Nursing Home	MH		31, 32	Yes	Yes	Yes	Yes	No	No	Yes*	Yes	Yes	Yes	No	No	N/C	N/C	N/C	Yes	Yes	
		99202	HH																										
		99203	HH																										
		99204	HH																										
		99205	HH																										
		99211	HH																										
		99212	HH																										
	99213	HH																											
	99214	HH																											
	99215	HH																											
	TIN	TNA	90889					Discharge	MH/SUD		11, 12, 13, 21, 22, 23, 53	Yes	Yes	Yes	Yes	No	No	Yes*	Yes	Yes	Yes	No	No	N/C	N/C	N/C	Yes	Yes	
	TNB	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	No	N/C	N/C	N/C	Yes	Yes	
	TN5	90846						Family Psychotherapy w/o the identified patient present	MH/SUD		11, 12, 13, 21, 22, 23, 53	Yes	Yes	Yes	Yes	No	No	Yes*	Yes	Yes	Yes	No	No	N/C	N/C	N/C	Yes	Yes	
		TN6	T1015					FQHC clinic visit/encounter (all inclusive)	MH/SUD		11	Yes	Yes	Yes	Yes	No	No	Yes*	Yes	Yes	Yes	No	No	N/C	N/C	N/C	Yes	Yes	
		TN6	T1015	GT				FQHC clinic visit/encounter (all inclusive) - Telehealth				Yes	Yes	Yes	Yes	No	No	Yes*	Yes	Yes	Yes	No	No	N/C	N/C	N/C	Yes	Yes	



MARYLAND SERVICE MATRIX 12/29/2014

NOTE: Uninsured, Hospital Diversion, State Funded Medicaid, State Funded Duals Medicaid/Medicare - no SUD claims payment on 01/01/14 with the exception of MDRN.

Pre-Authorization Required

Value Options Auth Service Class	Benefit Class	CPT/Rev Code	Modifier 1	Modifier 2	Add on Codes	Modifier 1	Modifier 2	Service Description	Coverable Dx Category	Claim Type	Place of Service	Medicaid Federally Funded	Medicaid State Funded	Federally Funded/Medicare/Medicaid	State Funded Medicaid/Medicare (SLMB and OMB)	19151 Waiver (Eff 1.1.15)	TBI	Uninsured	Courtesy Reviews	Medicaid Federally Funded	Medicaid State Funded	Federally Funded/Medicare/Medicaid	State Funded Medicaid/Medicare (SLMB and OMB)	X02's	19151	TBI	Uninsured	Courtesy Reviews	
TIN	TN8	T1015	HE					FQHC clinic visit/encounter (all inclusive) MH Program	MH/SUD		11	Yes	Yes	Yes	Yes	No	No	Yes*	Yes	No	No	No	No	N/C	N/C	N/C	No	No	
BCR	BCARS																												
	TN1	90791 90792	HA HA					Psychiatric Diagnostic Interview Psychiatric Diagnostic Interview--medical services	MH		11, 12, 13, 21, 22, 32, 33, 34, 53, 62, 71, 72	Yes	Yes	Yes	Yes	No	No	Yes*	Yes	Yes	Yes	No	No	N/C	N/C	N/C	Yes	No	
	BCR	90832	HA					Individual Psychotherapy (30 Minutes)			11, 12, 21, 22, 23, 24, 53	Yes	Yes	Yes	Yes	No	No	Yes*	Yes	Yes	Yes	No	No	N/C	N/C	N/C	Yes	Yes	
		99201 99202 99203 99204 99205 99211 99212 99213 99214 99215	HA HA HA HA HA HA HA HA HA HA		90833 90836 90838	HA HA HA HA		Med Eval/Mgmt with Individual Psychotherapy (Add on codes add 30, 45 or 60 Minutes) (90838 allowed for OMHCs only)					Yes	Yes	Yes	Yes	No	No	Yes*	Yes	Yes	Yes	No	No	N/C	N/C	N/C	Yes	Yes
		90834	HA					Individual Psychotherapy (45 Minutes)				Yes	Yes	Yes	Yes	No	No	Yes*	Yes	Yes	Yes	No	No	N/C	N/C	N/C	Yes	Yes	
		99211 99212 99213 99214 99215	HA HA HA HA HA		90836	HA		Med Eval/Mgmt with Individual Psychotherapy (45 Minutes)				Yes	Yes	Yes	Yes	No	No	Yes*	Yes	Yes	Yes	No	No	N/C	N/C	N/C	Yes	Yes	
		90837	HA					Individual Psychotherapy (60 Minutes) OMHC Only				Yes	Yes	Yes	Yes	No	No	Yes*	Yes	Yes	Yes	No	No	N/C	N/C	N/C	Yes	Yes	
		99211 99212 99213 99214 99215	HA HA HA HA HA		90838	HA		Med Eval/Mgmt with Individual Psychotherapy (60 Minutes) OMHC Only				Yes	Yes	Yes	Yes	No	No	Yes*	Yes	Yes	Yes	No	No	N/C	N/C	N/C	Yes	Yes	
		90839	HA		90840	HA		Crisis Psychotherapy 60 Minutes (Add on Code add 30 Minutes)				Yes	Yes	Yes	Yes	No	No	Yes*	Yes	Yes	Yes	No	No	N/C	N/C	N/C	Yes	Yes	
	BC3	90846	HA					Family Psychotherapy without Patient Present	MH		11, 12, 13, 21, 22, 23, 24, 53	Yes	Yes	Yes	Yes	No	No	Yes*	Yes	Yes	Yes	No	No	N/C	N/C	N/C	Yes	Yes	
		90847	HA					Family Psychotherapy with Patient Present				Yes	Yes	Yes	Yes	No	No	Yes*	Yes	Yes	Yes	No	No	N/C	N/C	N/C	Yes	Yes	
		90847	HA	52				Family Psychotherapy with Patient Present				Yes	Yes	Yes	Yes	No	No	Yes*	Yes	Yes	Yes	No	No	N/C	N/C	N/C	Yes	Yes	
		90849	HA					Multiple Family Group				Yes	Yes	Yes	Yes	No	No	Yes*	Yes	Yes	Yes	No	No	N/C	N/C	N/C	Yes	Yes	
		90853	HA					Group Psychotherapy				Yes	Yes	Yes	Yes	No	No	Yes*	Yes	Yes	Yes	No	No	N/C	N/C	N/C	Yes	Yes	
		99211 99212 99213 99214 99215	HA HA HA HA HA					Evaluation and Management				Yes	Yes	Yes	Yes	No	No	Yes*	Yes	Yes	Yes	No	No	N/C	N/C	N/C	Yes	Yes	
		90875	HA					Individual psychotherapy w/ Biofeedback				Yes	Yes	Yes	Yes	No	No	Yes*	Yes	Yes	Yes	No	No	N/C	N/C	N/C	Yes	Yes	
		90876	HA					Individual Psychotherapy w/ biofeedback				Yes	Yes	Yes	Yes	No	No	Yes*	Yes	Yes	Yes	No	No	N/C	N/C	N/C	Yes	Yes	



MARYLAND SERVICE MATRIX 12/29/2014

NOTE: Uninsured, Hospital Diversion, State Funded Medicaid, State Funded Duals Medicaid/Medicare - no SUD claims payment on 01/01/14 with the exception of MDRN.

Pre-Authorization Required

Value Options Auth Service Class	Benefit Class	CPT/Rev Code	Modifier 1	Modifier 2	Add on Codes	Modifier 1	Modifier 2	Service Description	Coverable Dx Category	Claim Type	Place of Service	Medicaid Federally Funded	Medicaid State Funded	Federally Funded/Medicare/Medicaid	State Funded/Medicare/Medicaid (SLMB and OMB)	1915 Waiver (Eff 1.1.15)	TBI	Uninsured	Courtesy Reviews	Medicaid Federally Funded	Medicaid State Funded	Federally Funded/Medicare/Medicaid	State Funded/Medicare/Medicaid (SLMB and OMB)	X02's	1915i	TBI	Uninsured	Courtesy Reviews
	BC2	H0002	HA					Behavioral Health Screening PRP Assessment	MH		11, 15	Yes	Yes	Yes	Yes	No	No	Yes*	Yes	No	No	No	No	N/C	N/C	N/C	No	N/A
	MSP	H0032	HA					Mental Health Service Plan Development by Non Physician BCARS	MH		11, 12, 13, 22, 32, 33, 34, 53, 62, 71, 72	Yes	Yes	Yes	Yes	No	No	Yes*	No	No	No	No	No	N/C	N/C	N/C	No	N/A
	REA	H0045	HA					Respite Care Services - Not in home (per diem)	MH		11, 52	Yes*	Yes*	Yes	Yes	No	No	Yes*	Yes	Yes	Yes	Yes	Yes	N/C	N/C	N/C	Yes	Yes
	RES	T1005	HA					Respite Care Services - In home	MH		15	Yes	Yes	Yes	Yes	No	No	Yes*	Yes	Yes	Yes	No	No	N/C	N/C	N/C	Yes	Yes
	CRS	S9485 (1)	HA					Residential Crisis Service	MH		11, 12, 15, 21, 51, 52, 56, 62, 99	Yes	Yes	Yes	Yes	No	No	Yes*	Yes	Yes	Yes	Yes	Yes	N/C	N/C	N/C	Yes	Yes
		S5145 (1)	HA					Treatment Foster Care	MH			Yes	Yes	Yes	Yes	No	No	Yes*	Yes	Yes	Yes	Yes	Yes	N/C	N/C	N/C	Yes	Yes
	TBS	96152	HA					TBS BCARS	MH		12	Yes	Yes	Yes	Yes	No	No	No	Yes	Yes	Yes	No	No	N/C	N/C	N/C	Yes	Yes
MSP	MSP al Health Service Plan	H0032						Mental Health Service Plan Development by Non Physician	MH		11, 12, 13, 22, 32, 33, 34, 53, 62, 71, 72	Yes	Yes	Yes	Yes	No	No	Yes*	No	No	No	No	No	N/C	N/C	N/C	No	N/A
		0982						Interdisciplinary team tx planning w/ patient present			11, 12, 13, 22, 32, 33, 34, 53, 62, 71, 72	Yes	Yes	Yes	Yes	No	No	Yes*	No	No	No	No	No	N/C	N/C	N/C	No	N/A
Outpatient Psychotherapy Services-Consults																												
TCN	TCA	90839		90840				Crisis Psychotherapy 60 Minutes (Add on Code add 30 Minutes)	MH		11, 12, 21, 22, 23, 24, 53	Yes	Yes	Yes	Yes	No	No	Yes*	Yes	Yes	Yes	No	No	N/C	N/C	N/C	Yes	Yes
	TCE	99241		90833 90836 90838				Office Consult - MDs only			11, 22	Yes	Yes	Yes	Yes	No	No	Yes*	Yes	Yes	Yes	No	No	N/C	N/C	N/C	N/C	Yes
		99242		90833 90836 90838				Office Consult - MDs only				Yes	Yes	Yes	Yes	No	No	Yes*	Yes	Yes	Yes	No	No	N/C	N/C	N/C	N/C	Yes
		99243		90833 90836 90838				Office Consult - MDs only				Yes	Yes	Yes	Yes	No	No	Yes*	Yes	Yes	Yes	No	No	N/C	N/C	N/C	N/C	Yes
		99244		90833 90836 90838				Office Consult - MDs only				Yes	Yes	Yes	Yes	No	No	Yes*	Yes	Yes	Yes	No	No	N/C	N/C	N/C	N/C	Yes
		99245		90833 90836 90838				Office Consult - MDs only				Yes	Yes	Yes	Yes	No	No	Yes*	Yes	Yes	Yes	No	No	N/C	N/C	N/C	N/C	Yes
	TCN	99354		90833 90836 90838				Prolonged Service Requiring Face to Face Patient Contact beyond the usual service			11, 12, 13, 22, 32, 33, 34, 53, 62, 71, 72	Yes	Yes	Yes	Yes	No	No	Yes*	Yes	Yes	Yes	No	No	N/C	N/C	N/C	Yes	Yes
		99355		90833 90836 90838				Each Additional 30 minutes of a prolonged Psych Service				Yes	Yes	Yes	Yes	No	No	Yes*	Yes	Yes	Yes	No	No	N/C	N/C	N/C	Yes	Yes
		H2027						Family Psycho-education (Evidence Based Practice) With Consumer Present	MH			Yes	Yes	Yes	Yes	No	No	Yes*	Yes	Yes	Yes	No	No	N/C	N/C	N/C	Yes	Yes
		H1011						Family Psycho-education - Without Consumer Present				Yes	Yes	Yes	Yes	No	No	Yes*	Yes	Yes	Yes	No	No	N/C	N/C	N/C	Yes	Yes
TNS	TNS eutic Nursery Services																											



MARYLAND SERVICE MATRIX 12/29/2014

NOTE: Uninsured, Hospital Diversion, State Funded Medicaid, State Funded Duals Medicaid/Medicare - no SUD claims payment on 01/01/14 with the exception of MDRN.

Pre-Authorization Required

Value Options Auth Service Class	Benefit Class	CPT/Rev Code	Modifier 1	Modifier 2	Add on Codes	Modifier 1	Modifier 2	Service Description	Coverable Dx Category	Claim Type	Place of Service	Medicaid Federally Funded	Medicaid State Funded	Federally Funded/Medicare/Medicaid	State Funded/Medicare/Medicaid (SLMB and OMB)	1915i Waiver (Eff 1.1.15)	TBI	Uninsured	Courtesy Reviews	Medicaid Federally Funded	Medicaid State Funded	Federally Funded/Medicare/Medicaid	State Funded/Medicare/Medicaid (SLMB and OMB)	X02's	1915i	TBI	Uninsured	Courtesy Reviews	Pre-Authorization Required				
																													Yes	Yes			
		H0046						Therapeutic Nursery Services	MH		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	N/C	Yes	Yes	Yes	Yes				
SUD Services																																	
SUD	SD5	H0001						Assessment	SUD		11, 22, 50, 57, 71	Yes	Yes	Yes	Yes	No	No	Yes	No	Yes	Yes	Yes	Yes	N/C	N/C	N/C	Yes	N/C	Yes	N/C			
Ambulatory Detox																																	
OPD	OPD	H0014						Ambulatory Detox	SUD		11, 22, 50, 57, 71	Yes	Yes	Yes	Yes	No	No	Yes	Yes	Yes	Yes	Yes	Yes	N/C	N/C	N/C	Yes	Yes	Yes	Yes			
Individual/Family Therapy - (Community Based)																																	
SUD	SUD	H0004						Individual/Family Therapy - (Community Based)	SUD		11, 22, 50, 57, 71	Yes	Yes	Yes	Yes	No	No	Yes	No	Yes	Yes	Yes	Yes	N/C	N/C	N/C	Yes	N/C	Yes	N/C			
Group Therapy - (Comm Based)																																	
SUD	SUD	H0005						Group Therapy - (Comm Based)	SUD		11, 22, 50, 57, 71	Yes	Yes	Yes	Yes	No	No	Yes	No	Yes	Yes	Yes	Yes	N/C	N/C	N/C	Yes	N/C	Yes	N/C			
Intensive Outpatient - (Community Based)																																	
IOP	IO1	H0015						Intensive Outpatient - (Community Based)	SUD		11, 22, 50, 57, 71	Yes	Yes	Yes	Yes	No	No	Yes	No	Yes	Yes	Yes	Yes	N/C	N/C	N/C	Yes	N/C	Yes	N/C			
Partial Hospitalization (Community Based)																																	
SHP	SHP	H2036						Partial Hospitalization (Community Based)	SUD		11, 22, 50, 57, 71	Yes	Yes	Yes	Yes	No	No	Yes	No	Yes	Yes	Yes	Yes	N/C	N/C	N/C	Yes	N/C	Yes	N/C			
Methadone Maintenance - (Community Based)																																	
MDM	MD1	H0020						Methadone Maintenance - (Community Based)	SUD		11, 22, 50, 57, 71	Yes	Yes	Yes	Yes	No	No	Yes	Yes	Yes	Yes	Yes	Yes	N/C	N/C	N/C	Yes	Yes	Yes	Yes			
Methadone Maintenance - (Hosp Based)																																	
MDM	MD2	0944						Methadone Maintenance - (Hosp Based)	SUD		22	Yes	Yes	Yes	No	No	No	No	Yes	Yes	Yes	Yes	N/C	N/C	N/C	N/C	N/C	Yes	Yes	Yes	Yes		
Inpatient Detox																																	
IDF	IDF	0116, 0126, 0136, 0156						Inpatient Detox	SUD		21, 51, 55, 56, 99	Yes	Yes	Yes	Yes	No	No	No	Yes	Yes	Yes	Yes	Yes	N/C	N/C	N/C	N/C	Yes	Yes	Yes	Yes		
Hosp OP Drug Rehabilitation																																	
SD2	SD2	0944						Hosp OP Drug Rehabilitation	SUD	HO	22	Yes	Yes	Yes	No	No	No	No	No	Yes	Yes	Yes	Yes	N/C	N/C	N/C	N/C	N/C	Yes	N/C	Yes	N/C	
Hosp Alcohol Rehabilitation																																	
SUD	SD1	0945						Hosp OP Alcohol Rehabilitation	SUD		22	Yes	Yes	Yes	No	No	No	No	No	Yes	Yes	Yes	Yes	N/C	N/C	N/C	N/C	N/C	Yes	N/C	Yes	N/C	
Behavioral Health Treatments/Services - General Classification																																	
SUD	SD3	0900						Hosp OP Behavioral Health Treatments/Services - General Classification	SUD		22, 53, 99	Yes	Yes	Yes	No	No	No	No	No	Yes	Yes	Yes	Yes	N/C	N/C	N/C	N/C	N/C	Yes	N/C	Yes	N/C	
Urgent Care																																	
SUD	SD4	0456						Urgent Care	SUD		22, 99	Yes	Yes	Yes	No	No	No	No	No	Yes	Yes	Yes	Yes	N/C	N/C	N/C	N/C	N/C	Yes	N/C	Yes	N/C	
Buprenorphine																																	
SUD	SD6	H0047; J8499						Buprenorphine - Induction, Ongoing, Medication	SUD		11, 22, 50, 57, 71	Yes	Yes	Yes	Yes	No	No	Yes	No	Yes	Yes	Yes	Yes	N/C	N/C	N/C	Yes	N/C	Yes	N/C	Yes	N/C	
SUD	SD7	H0016						Buprenorphine - Induction, Ongoing, Medication	SUD		11, 22, 50, 57, 71	Yes	Yes	Yes	Yes	No	No	Yes	No	Yes	Yes	Yes	Yes	N/C	N/C	N/C	Yes	N/C	Yes	N/C	Yes	N/C	
Vivitrol																																	
VIV	VIV	J2315						Vivitrol	SUD		11, 22	Yes	No	Yes	No	No	No	No	No	No	N/C	No	N/C	N/C	N/C	N/C	N/C	Yes	N/C	Yes	N/C	Yes	N/C
Case Management Services																																	
CM1	CM1	H0031						Case Management Assessment	MH		11, 12, 15, 23, 49, 52	Yes	Yes	Yes	Yes	No	No	Yes	Yes	Yes	Yes	Yes	N/C	N/C	N/C	Yes	N/C	Yes	N/C	Yes	N/C		



MARYLAND SERVICE MATRIX 12/29/2014

NOTE: Uninsured, Hospital Diversion, State Funded Medicaid, State Funded Duals Medicaid/Medicare - no SUD claims payment on 01/01/14 with the exception of MDRN.

										Fund Codes	FMCD	SMCD	FDUL (2)	SDUL (2)	FPRT	FTBI (6)	UINS	MCOU											
										Benefit Package	FMC1	SMC1	FDU1	SDU1	F191	FTB1	UIN1	MACR											
										Mapset	MD1	MDB	MD3	MDC	MDG	MD5	MD6	MDA											
																				Pre-Authorization Required									
Value Options Auth Service Class	Benefit Class	CPT/Rev Code	Modifier 1	Modifier 2	Add on Codes	Modifier 1	Modifier 2	Service Description	Coverable Dx Category	Claim Type	Place of Service	Medicaid Federally Funded	Medicaid State Funded	Federally Funded/Medicaid	State Funded/Medicaid (SLMB and OMB)	19151 Waiver (Eff 1.1.15)	TBI	Uninsured	Courtesy Reviews	Medicaid Federally Funded	Medicaid State Funded	Federally Funded/Medicaid	State Funded/Medicaid (SLMB and OMB)	X02's	19151	TBI	Uninsured	Courtesy Reviews	
CM2	CM2	T1016						Case Management - Daily			11, 12, 15, 22, 23, 49, 52, 53	Yes	Yes	Yes	Yes	No	No	Yes	Yes	Yes	Yes	Yes	Yes	N/C	N/C	N/C	Yes	Yes	
CM3	CM3	T1016	HW					Transitional Case Management			11, 12, 15, 21, 22, 23, 49, 51, 52, 53, 56, 99	Yes	Yes	Yes	Yes	No	No	Yes	Yes	Yes	Yes	Yes	Yes	N/C	N/C	N/C	Yes	Yes	
CM4	CM4	T1017						Targeted Case Management - Child			11, 12, 15, 21, 22, 23, 49, 51, 52, 53, 56, 99	Yes	Yes	Yes	Yes	No	No	Yes	Yes	Yes	Yes	Yes	Yes	N/C	N/C	N/C	Yes	Yes	
TBS	TBS	Use DDA Dx and MH																											
		96150						Initial Assessment	MH		12	Yes	Yes	Yes	Yes	No	No	No	Yes	Yes	Yes	No	No	N/C	N/C	N/C	Yes	Yes	
		96151						Reassessment				Yes	Yes	Yes	Yes	No	No	No	Yes	Yes	Yes	No	No	N/C	N/C	N/C	Yes	Yes	
		96152						TBS				Yes	Yes	Yes	Yes	No	No	No	Yes	Yes	Yes	No	No	N/C	N/C	N/C	Yes	Yes	
OCT	Occupational Therapy Services Inpatient																												
	OCT	97003						Occupational Therapy Evaluation	MH		21, 52	Yes	Yes	Yes	Yes	No	No	Yes*	No	No	No	No	No	N/C	N/C	N/C	No	No	
	OCA	97530						Therapeutic Activities, one on one patient contact, each 15 minutes				Yes	Yes	Yes	Yes	No	No	Yes*	No	No	No	No	No	N/C	N/C	N/C	No	No	
		97535						Self Care/Home Management Training, each 15 min.				Yes	Yes	Yes	Yes	No	No	Yes*	No	No	No	No	No	N/C	N/C	N/C	No	No	
		97537						Community/Work Reintegration Training, each 15 min.				Yes	Yes	Yes	Yes	No	No	Yes*	No	No	No	No	No	N/C	N/C	N/C	No	No	
	OCT	97532						Development of Cognitive Skills, each 15 minutes				Yes	Yes	Yes	Yes	No	No	Yes*	No	No	No	No	No	N/C	N/C	N/C	No	No	
		97150						Therapeutic Procedure, group (2 or more individuals)				Yes	Yes	Yes	Yes	No	No	Yes*	No	No	No	No	No	N/C	N/C	N/C	No	No	
	OCA	97004						Reevaluation (per 15 minutes)				Yes	Yes	Yes	Yes	No	No	Yes*	No	No	No	No	No	N/C	N/C	N/C	No	No	
OCT	Occupational Therapy Services Outpatient																												
	OCT	97003						Occupational Therapy Evaluation	MH		11, 15	Yes	Yes	Yes	Yes	No	No	Yes*	Yes	Yes	Yes	Yes	Yes	Yes	N/C	N/C	N/C	Yes	Yes
	OCA	97530						Therapeutic Activities, one on one patient contact, each 15 minutes				Yes	Yes	Yes	Yes	No	No	Yes*	Yes	Yes	Yes	Yes	Yes	Yes	N/C	N/C	N/C	Yes	Yes
		97535						Self Care/Home Management Training, each 15 min.				Yes	Yes	Yes	Yes	No	No	Yes*	Yes	Yes	Yes	Yes	Yes	Yes	N/C	N/C	N/C	Yes	Yes
		97537						Community/Work Reintegration Training, each 15 min.				Yes	Yes	Yes	Yes	No	No	Yes*	Yes	Yes	Yes	Yes	Yes	Yes	N/C	N/C	N/C	Yes	Yes
	OCT	97532						Development of Cognitive Skills, each 15 minutes				Yes	Yes	Yes	Yes	No	No	Yes*	Yes	Yes	Yes	Yes	Yes	Yes	N/C	N/C	N/C	Yes	Yes
		97150						Therapeutic Procedure, group (2 or more individuals)				Yes	Yes	Yes	Yes	No	No	Yes*	Yes	Yes	Yes	Yes	Yes	Yes	N/C	N/C	N/C	Yes	Yes
	OCA	97004						Reevaluation (per 15 minutes)				Yes	Yes	Yes	Yes	No	No	Yes*	Yes	Yes	Yes	Yes	Yes	Yes	N/C	N/C	N/C	Yes	Yes
All Codes Must be Specifically Authorized Using the Appropriate Modifier (5) (6)																													
PRP	PRP	H0002						Behavioral Health Screening PRP Assessment	MH		11, 15, 52	Yes	Yes*	Yes	Yes*	No	No	Yes*	Yes	No	No	No	No	N/C	N/C	N/C	No	No	
PR1	PR1	H2018	U2					Any Combination of On-Site or Off-Site services for Community PRP client, not living independently		03, 02	49	Yes	Yes*	Yes	Yes*	No	No	Yes*	Yes	Yes	Yes	Yes	Yes	Yes	N/C	N/C	N/C	Yes	Yes
PR1	PR1	H2018	U2					On-Site services for community PRP Client, not living independently (minimum 2 encounters)		02	52	Yes	Yes*	Yes	Yes*	No	No	Yes*	Yes	Yes	Yes	Yes	Yes	Yes	N/C	N/C	N/C	Yes	Yes
PR1	PR1	H2018	U2					Off-Site services for community PRP Client, not living independently (minimum 2 encounters)		02	15	Yes	Yes*	Yes	Yes*	No	No	Yes*	Yes	Yes	Yes	Yes	Yes	Yes	N/C	N/C	N/C	Yes	Yes



MARYLAND SERVICE MATRIX 12/29/2014

NOTE: Uninsured, Hospital Diversion, State Funded Medicaid, State Funded Duals Medicaid/Medicare - no SUD claims payment on 01/01/14 with the exception of MDRN.

Pre-Authorization Required

										Fund Codes	FMCD	SMCD	FDUL (2)	SDUL (2)	FPRT	FTBI (6)	UINS	MCOU											
										Benefit Package	FMC1	SMC1	FDU1	SDU1	F191	FTB1	UIN1	MACR											
										Mapset	MD1	MDB	MD3	MDC	MDG	MD5	MD6	MDA											
Value Options Auth Service Class	Benefit Class	CPT/Rev Code	Modifier 1	Modifier 2	Add on Codes	Modifier 1	Modifier 2	Service Description	Coverable Dx Category	Claim Type	Place of Service	Medicaid Federally Funded	Medicaid State Funded	Federally Funded/Medicare/Medicaid (SLMB and OMB)	State Funded Medicare/Medicaid (SLMB and OMB)	19151 Waiver (Eff 1.1.15)	TBI	Uninsured	Courtesy Reviews	Medicaid Federally Funded	Medicaid State Funded	Federally Funded Medicare/Medicaid (SLMB and OMB)	State Funded Medicare/Medicaid (SLMB and OMB)	X02's	19151	TBI	Uninsured	Courtesy Reviews	
HOU	HOU	S5150						Enhanced Support	MH		12, 15	Yes	Yes	Yes	Yes	No	No	Yes*	Yes	Yes	Yes	Yes	Yes	N/C	N/C	N/C	Yes	Yes	
MOB Mobile Treatment																													
MOB		H0040						Mobile Treatment Monthly (Non-Evidence)	MH		11, 12, 15	Yes	Yes	Yes	Yes	No	No	Yes*	Yes	Yes	Yes	No	No	N/C	N/C	N/C	Yes	Yes	
		H0040	52					Mobile Treatment (for Medicare Recipients Monthly)				No	No	Yes	Yes	No	No	Yes*	Yes	Yes	Yes	No	No	N/C	N/C	N/C	Yes	Yes	
		H0040	21					Mobile Treatment - ACT (Evidence Based Practice)				Yes	Yes	Yes	Yes	No	No	Yes*	Yes	Yes	Yes	No	No	N/C	N/C	N/C	Yes	Yes	
		H0040	U9					Mobile Treatment - ACT (for Medicare)				No	No	Yes	Yes	No	No	Yes*	Yes	Yes	Yes	No	No	N/C	N/C	N/C	Yes	Yes	
Respite Care																													
REA	REA	H0045						Respite Care Services - Not in home (per diem)	MH		11, 52	Yes*	Yes*	Yes	Yes	No	No	Yes	Yes	Yes	Yes	Yes	Yes	N/C	N/C	N/C	Yes	Yes	
RES	RES	T1005						Respite Care Services - In home			15	Yes	Yes	Yes	Yes	No	No	Yes	Yes	Yes	Yes	No	No	N/C	N/C	N/C	Yes	Yes	
CRS Residential Crisis Services																													
		S9485 (1)						Residential Crisis Service	MH		11, 12, 15, 21, 51, 52, 56, 62	Yes	Yes	Yes	Yes	No	No	Yes*	Yes	Yes	Yes	Yes	Yes	N/C	N/C	N/C	Yes	Yes	
		S5145 (1)						Treatment Foster Care	MH			Yes	Yes	Yes	Yes	No	No	Yes*	Yes	Yes	Yes	Yes	Yes	N/C	N/C	N/C	Yes	Yes	
		T2048						Residential Room and Board	MH			No	No	No	No	No	No	No	No	No	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	
Supported Employment																													
IJC	SEA	H2023						Supported Employment per 15 minutes (Intensive Job Coaching)	MH		11, 12, 15, 99	Yes*	Yes*	Yes*	Yes*	No	No	Yes*	Yes	Yes	Yes	Yes	Yes	N/C	N/C	N/C	Yes	Yes	
PPL		H2024						Supported Employment, Pre-Placement Phase				Yes*	Yes*	Yes*	Yes*	No	No	Yes*	Yes	Yes	Yes	Yes	Yes	N/C	N/C	N/C	Yes	Yes	
JPL		H2024	21					Supported Employment, Job Placement Phase				Yes*	Yes*	Yes*	Yes*	No	No	Yes*	Yes	Yes	Yes	Yes	Yes	N/C	N/C	N/C	Yes	Yes	
ESS		H2026						Extended Support Services				Yes*	Yes*	Yes*	Yes*	No	No	Yes*	Yes	Yes	Yes	Yes	Yes	N/C	N/C	N/C	Yes	Yes	
ESS		H2026	21					Ongoing Support (Evidence Based Practice)				Yes	Yes	Yes	Yes	No	No	Yes*	Yes	Yes	Yes	Yes	Yes	N/C	N/C	N/C	Yes	Yes	
CLC	SES	S9445	52					Clinic Coordination (Evidence Based Practice)				Yes*	Yes*	Yes*	Yes*	No	No	Yes*	Yes	Yes	Yes	Yes	Yes	N/C	N/C	N/C	Yes	Yes	
	SEO	S9445						On or Off-Site PRP Services for an Individual in a Supported Employment Program (Minimum 2 Encounters)			15, 49, 52	Yes	Yes	Yes	Yes	No	No	Yes*	Yes	Yes	Yes	Yes	Yes	N/C	N/C	N/C	Yes	Yes	
ENS	ENS	H2016	U1					Encounter for Supported Employment			11, 15, 52, 99	Yes*	Yes*	Yes*	Yes*	No	No	Yes*	No	No	No	No	No	N/C	N/C	N/C	No	No	
Outpatient ECT																													
PEC	PEC	90870						ECT Single Seizure with Monitoring	MH		11, 22, 53	Yes	Yes	Yes	Yes	No	No	No	Yes	Yes	Yes	No	No	N/C	N/C	N/C	Yes	Yes	
PAN	PAN	00104						Anesthesia for ECT				Yes	Yes	Yes	Yes	No	No	No	Yes	No (2)	No (2)	No	No	N/C	N/C	N/C	No (2)	Yes	
POH	POH	0901						ECT Facility				Yes	Yes	Yes	Yes	No	No	No	Yes	No (4)	No (4)	No	No	N/C	N/C	N/C	N/C	Yes	
Inpatient ECT Treatment																													
PEC	PEC	90870						ECT Single Seizure	MH		21, 51, 52, 56	Yes	Yes	Yes	Yes	No	No	No	Yes	Yes	Yes	No	No	N/C	N/C	N/C	N/C	Yes	
PAN	PAN	00104						Anesthesia for ECT				Yes	Yes	Yes	Yes	No	No	No	Yes	No (4)	No (4)	No	No	N/C	N/C	N/C	N/C	Yes	
POH	POH	0901						ECT Facility				Yes	Yes	Yes	Yes	No	No	No	Yes	No (4)	No (4)	No	No	N/C	N/C	N/C	N/C	Yes	
Psych Testing																													
TST	TS1	0918						Psychological Testing	MH		11, 21, 22, 51, 52, 53, 56, 99	Yes	Yes	Yes	Yes	No	No	No	Yes	Yes	Yes	No	No	N/C	N/C	N/C	Yes	Yes	
	TS1	96101						Psychological Testing				Yes	Yes	Yes	Yes	No	No	Yes*	Yes	Yes	Yes	No	No	N/C	N/C	N/C	Yes	Yes	
	TS1	96102						Psychological Testing				Yes	Yes	Yes	Yes	No	No	Yes*	Yes	Yes	Yes	No	No	N/C	N/C	N/C	Yes	Yes	



MARYLAND SERVICE MATRIX 12/29/2014

NOTE: Uninsured, Hospital Diversion, State Funded Medicaid, State Funded Duals Medicaid/Medicare - no SUD claims payment on 01/01/14 with the exception of MDRN.

Pre-Authorization Required

Value Options Auth Service Class		Benefit Class	CPT/Rev Code	Modifier 1	Modifier 2	Add on Codes	Modifier 1	Modifier 2	Service Description	Coverable Dx Category	Claim Type	Place of Service	Medicaid Federally Funded	Medicaid State Funded	Federally Funded/Medicare/Medicaid (SLMB and OMB)	1915i Waiver (Eff 1.1.15)	TBI	Uninsured	Courtesy Reviews	Medicaid Federally Funded	Medicaid State Funded	Federally Funded/Medicare/Medicaid (SLMB and OMB)	State Funded Medicare/Medicaid (SLMB and OMB)	XO2's	1915i	TBI	Uninsured	Courtesy Reviews	
			99245			90833 90836 90838			Office Consult - MDs only				Yes	Yes	Yes	Yes	No	No	No	No	No	No	No	No	N/C	N/C	N/C	N/A	
Maryland Recovery Net Services - MDRN																													
MDR	MDR	MDRN1							Halfway House	SUD		55, 99	Yes	Yes	Yes	Yes	No	No	Yes	Yes	Yes	Yes	Yes	N/C	N/C	N/C	Yes	Yes	
	MR1	MDRN2							Recovery/Supported Housing			14, 99	Yes	Yes	Yes	Yes	No	No	Yes	Yes	Yes	Yes	Yes	N/C	N/C	N/C	Yes	Yes	
	MR2	MDRN3							RSAM Intake Interview			57, 99	Yes	Yes	Yes	Yes	No	No	Yes	Yes	Yes	Yes	Yes	N/C	N/C	N/C	Yes	Yes	
	MR2	MDRN4							Care Coordination Check Ins			57, 99	Yes	Yes	Yes	Yes	No	No	Yes	Yes	Yes	Yes	Yes	N/C	N/C	N/C	Yes	Yes	
	MR3	MDRN5							Transportation			99	Yes	Yes	Yes	Yes	No	No	Yes	Yes	Yes	Yes	Yes	N/C	N/C	N/C	Yes	Yes	
	MR2	MDRN6							Vital Documents			57, 99	Yes	Yes	Yes	Yes	No	No	Yes	Yes	Yes	Yes	Yes	N/C	N/C	N/C	Yes	Yes	
	MR2	MDRN7							Gap Services-Transitional Services			57, 99	Yes	Yes	Yes	Yes	No	No	Yes	Yes	Yes	Yes	Yes	N/C	N/C	N/C	Yes	Yes	
	MR2	MDRN8							Gap Services - Clothing			57, 99	Yes	Yes	Yes	Yes	No	No	Yes	Yes	Yes	Yes	Yes	N/C	N/C	N/C	Yes	Yes	
	MR2	MDRN9							Gap Services-Support Services			57, 99	Yes	Yes	Yes	Yes	No	No	Yes	Yes	Yes	Yes	Yes	N/C	N/C	N/C	Yes	Yes	
	MR2	MDRN0							Gap Services-Medical			57, 99	Yes	Yes	Yes	Yes	No	No	Yes	Yes	Yes	Yes	Yes	N/C	N/C	N/C	Yes	Yes	
Grant Funded Services - no claims payment, registration request only through ProviderConnect																													
GFS	N/A	T1027							Early Intervention 0.5	SUD		57, 99	Yes	Yes	Yes	Yes	No	No	Yes	Yes	Yes	Yes	Yes	N/C	N/C	N/C	Yes	Yes	
		T1027	TS						Continuing Care			57, 99	Yes	Yes	Yes	Yes	No	No	Yes	Yes	Yes	Yes	Yes	N/C	N/C	N/C	Yes	Yes	
		T2022							Coordination of Care			57, 99	Yes	Yes	Yes	Yes	No	No	Yes	Yes	Yes	Yes	Yes	N/C	N/C	N/C	Yes	Yes	
		H0038							Recovery Coaching			57, 99	Yes	Yes	Yes	Yes	No	No	Yes	Yes	Yes	Yes	Yes	N/C	N/C	N/C	Yes	Yes	
		H2034							Halfway House 3.1			55, 99	Yes	Yes	Yes	Yes	No	No	Yes	Yes	Yes	Yes	Yes	N/C	N/C	N/C	Yes	Yes	
		H0043							Recovery/Supported Housing			14, 99	Yes	Yes	Yes	Yes	No	No	Yes	Yes	Yes	Yes	Yes	N/C	N/C	N/C	Yes	Yes	
		H0013							Detox (Level 2)			57, 99	Yes	Yes	Yes	Yes	No	No	Yes	Yes	Yes	Yes	Yes	N/C	N/C	N/C	Yes	Yes	
		1004							Moderate Intensity Residential 3.3			55, 99	Yes	Yes	Yes	Yes	No	No	Yes	Yes	Yes	Yes	Yes	N/C	N/C	N/C	Yes	Yes	
		0660							Moderate Intensity Residential 3.5			55, 99	Yes	Yes	Yes	Yes	No	No	Yes	Yes	Yes	Yes	Yes	N/C	N/C	N/C	Yes	Yes	
		H0012							Detox (Level 3.2)			55, 99	Yes	Yes	Yes	Yes	No	No	Yes	Yes	Yes	Yes	Yes	N/C	N/C	N/C	Yes	Yes	
		1005							High Intensity Residential 3.7			55, 99	Yes	Yes	Yes	Yes	No	No	Yes	Yes	Yes	Yes	Yes	N/C	N/C	N/C	Yes	Yes	
		H0010							Detox (Level 3.7 D)			55, 99	Yes	Yes	Yes	Yes	No	No	Yes	Yes	Yes	Yes	Yes	N/C	N/C	N/C	Yes	Yes	
1915i Waiver																													
W01	W01	W5014							Art Therapy Individual - certified	MH		11, 99	No	No	No	No	Yes	No	No	No	N/C	N/C	N/C	N/C	N/C	Yes	N/C	N/C	No
		W5015							Art Therapy Group - certified				No	No	No	No	Yes	No	No	No	N/C	N/C	N/C	N/C	N/C	Yes	N/C	N/C	No
		W5026							Art Therapy Individual - certified				No	No	No	No	Yes	No	No	No	N/C	N/C	N/C	N/C	N/C	Yes	N/C	N/C	No
		W5027							Art Therapy Individual - licensed				No	No	No	No	Yes	No	No	No	N/C	N/C	N/C	N/C	N/C	Yes	N/C	N/C	No
		W5028							Art Therapy Individual - licensed				No	No	No	No	Yes	No	No	No	N/C	N/C	N/C	N/C	N/C	Yes	N/C	N/C	No
		W5029							Art Therapy Group - certified				No	No	No	No	Yes	No	No	No	N/C	N/C	N/C	N/C	N/C	Yes	N/C	N/C	No
		W5030							Art Therapy Group - licensed				No	No	No	No	Yes	No	No	No	N/C	N/C	N/C	N/C	N/C	Yes	N/C	N/C	No
		W5031							Art Therapy Group - licensed				No	No	No	No	Yes	No	No	No	N/C	N/C	N/C	N/C	N/C	Yes	N/C	N/C	No
W02	W02	W5012							Dance Therapy Individual - certified			11, 99	No	No	No	No	Yes	No	No	No	N/C	N/C	N/C	N/C	N/C	Yes	N/C	N/C	No
		W5013							Dance Therapy Group - certified				No	No	No	No	Yes	No	No	No	N/C	N/C	N/C	N/C	N/C	Yes	N/C	N/C	No
		W5032							Dance Therapy Individual - certified				No	No	No	No	Yes	No	No	No	N/C	N/C	N/C	N/C	N/C	Yes	N/C	N/C	No
		W5033							Dance Therapy Individual - licensed				No	No	No	No	Yes	No	No	No	N/C	N/C	N/C	N/C	N/C	Yes	N/C	N/C	No
		W5034							Dance Therapy Individual - licensed				No	No	No	No	Yes	No	No	No	N/C	N/C	N/C	N/C	N/C	Yes	N/C	N/C	No
		W5035							Dance Therapy Group - certified				No	No	No	No	Yes	No	No	No	N/C	N/C	N/C	N/C	N/C	Yes	N/C	N/C	No
		W5036							Dance Therapy Group - licensed				No	No	No	No	Yes	No	No	No	N/C	N/C	N/C	N/C	N/C	Yes	N/C	N/C	No
		W5037							Dance Therapy Group - licensed				No	No	No	No	Yes	No	No	No	N/C	N/C	N/C	N/C	N/C	Yes	N/C	N/C	No
W03	W03	W5010							Equine Assisted Therapy Individual - certified			99	No	No	No	No	Yes	No	No	No	N/C	N/C	N/C	N/C	N/C	Yes	N/C	N/C	No
		W5011							Equine Assisted Therapy Group - certified				No	No	No	No	Yes	No	No	No	N/C	N/C	N/C	N/C	N/C	Yes	N/C	N/C	No
		W5044							Equine Assisted Therapy Individual - certified				No	No	No	No	Yes	No	No	No	N/C	N/C	N/C	N/C	N/C	Yes	N/C	N/C	No



MARYLAND SERVICE MATRIX 12/29/2014

NOTE: Uninsured, Hospital Diversion, State Funded Medicaid, State Funded Duals Medicaid/Medicare - no SUD claims payment on 01/01/14 with the exception of MDRN.

Pre-Authorization Required

Value Options Auth Service Class	Benefit Class	CPT/Rev Code	Modifier 1	Modifier 2	Add on Codes	Modifier 1	Modifier 2	Service Description	Coverable Dx Category	Claim Type	Place of Service	Medicaid Federally Funded	Medicaid State Funded	Federally Funded/Medicare/Medicaid	State Funded Medicare/Medicaid (SLMB and OMB)	1915I Waiver (Eff 1.1.15)	TBI	Uninsured	Courtesy Reviews	Medicaid Federally Funded	Medicaid State Funded	Federally Funded/Medicare/Medicaid	State Funded Medicare/Medicaid (SLMB and OMB)	X02's	1915I	TBI	Uninsured	Courtesy Reviews
		W5045						Equine Assisted Therapy Individual - licensed				No	No	No	No	Yes	No	No	No	N/C	N/C	N/C	N/C	N/C	Yes	N/C	N/C	No
		W5046						Equine Assisted Therapy Individual - licensed				No	No	No	No	Yes	No	No	No	N/C	N/C	N/C	N/C	N/C	Yes	N/C	N/C	No
		W5047						Equine Assisted Therapy Group - certified				No	No	No	No	Yes	No	No	No	N/C	N/C	N/C	N/C	N/C	Yes	N/C	N/C	No
		W5048						Equine Assisted Therapy Group - licensed				No	No	No	No	Yes	No	No	No	N/C	N/C	N/C	N/C	N/C	Yes	N/C	N/C	No
		W5049						Equine Assisted Therapy Group - licensed				No	No	No	No	Yes	No	No	No	N/C	N/C	N/C	N/C	N/C	Yes	N/C	N/C	No
W04	W04	W5020						Horticultural Therapy Individual - certified			99	No	No	No	No	Yes	No	No	No	N/C	N/C	N/C	N/C	N/C	Yes	N/C	N/C	No
		W5021						Horticultural Therapy Group - certified				No	No	No	No	Yes	No	No	No	N/C	N/C	N/C	N/C	N/C	Yes	N/C	N/C	No
		W5050						Horticultural Therapy Individual - certified				No	No	No	No	Yes	No	No	No	N/C	N/C	N/C	N/C	N/C	Yes	N/C	N/C	No
		W5051						Horticultural Therapy Individual - licensed				No	No	No	No	Yes	No	No	No	N/C	N/C	N/C	N/C	N/C	Yes	N/C	N/C	No
		W5052						Horticultural Therapy Individual - licensed				No	No	No	No	Yes	No	No	No	N/C	N/C	N/C	N/C	N/C	Yes	N/C	N/C	No
		W5053						Horticultural Therapy Group - certified				No	No	No	No	Yes	No	No	No	N/C	N/C	N/C	N/C	N/C	Yes	N/C	N/C	No
		W5054						Horticultural Therapy Group - licensed				No	No	No	No	Yes	No	No	No	N/C	N/C	N/C	N/C	N/C	Yes	N/C	N/C	No
		W5055						Horticultural Therapy Group - licensed				No	No	No	No	Yes	No	No	No	N/C	N/C	N/C	N/C	N/C	Yes	N/C	N/C	No
W10	W10	W5022						Face to face caregiver peer to peer support			11, 12, 99	No	No	No	No	Yes	No	No	No	N/C	N/C	N/C	N/C	N/C	Yes	N/C	N/C	No
		W5023						Collateral (telephonic) caregiver peer to peer support				No	No	No	No	Yes	No	No	No	N/C	N/C	N/C	N/C	N/C	Yes	N/C	N/C	No
W11	W11	W5024						Mobile Crisis and Stabilization			12, 99	No	No	No	No	Yes	No	No	No	N/C	N/C	N/C	N/C	N/C	Yes	N/C	N/C	No
		W5025						Crisis Assessment				No	No	No	No	Yes	No	No	No	N/C	N/C	N/C	N/C	N/C	Yes	N/C	N/C	No
W05	W05	W5016						Music Therapy Individual - certified			11, 99	No	No	No	No	Yes	No	No	No	N/C	N/C	N/C	N/C	N/C	Yes	N/C	N/C	No
		W5017						Music Therapy Group - certified				No	No	No	No	Yes	No	No	No	N/C	N/C	N/C	N/C	N/C	Yes	N/C	N/C	No
		W5038						Music Therapy Individual - certified				No	No	No	No	Yes	No	No	No	N/C	N/C	N/C	N/C	N/C	Yes	N/C	N/C	No
		W5039						Music Therapy Individual - licensed				No	No	No	No	Yes	No	No	No	N/C	N/C	N/C	N/C	N/C	Yes	N/C	N/C	No
		W5040						Music Therapy Individual - licensed				No	No	No	No	Yes	No	No	No	N/C	N/C	N/C	N/C	N/C	Yes	N/C	N/C	No
		W5041						Music Therapy Group - certified				No	No	No	No	Yes	No	No	No	N/C	N/C	N/C	N/C	N/C	Yes	N/C	N/C	No
		W5042						Music Therapy Group - licensed				No	No	No	No	Yes	No	No	No	N/C	N/C	N/C	N/C	N/C	Yes	N/C	N/C	No
		W5043						Music Therapy Group - licensed				No	No	No	No	Yes	No	No	No	N/C	N/C	N/C	N/C	N/C	Yes	N/C	N/C	No
W06	W06	W5018						Drama Therapy Individual - certified			11, 99	No	No	No	No	Yes	No	No	No	N/C	N/C	N/C	N/C	N/C	Yes	N/C	N/C	No
		W5019						Drama Therapy Group - certified				No	No	No	No	Yes	No	No	No	N/C	N/C	N/C	N/C	N/C	Yes	N/C	N/C	No
		W5056						Drama Therapy Individual - certified				No	No	No	No	Yes	No	No	No	N/C	N/C	N/C	N/C	N/C	Yes	N/C	N/C	No
		W5057						Drama Therapy Individual - licensed				No	No	No	No	Yes	No	No	No	N/C	N/C	N/C	N/C	N/C	Yes	N/C	N/C	No
		W5058						Drama Therapy Individual - licensed				No	No	No	No	Yes	No	No	No	N/C	N/C	N/C	N/C	N/C	Yes	N/C	N/C	No
		W5059						Drama Therapy Group - certified				No	No	No	No	Yes	No	No	No	N/C	N/C	N/C	N/C	N/C	Yes	N/C	N/C	No
		W5060						Drama Therapy Group - licensed				No	No	No	No	Yes	No	No	No	N/C	N/C	N/C	N/C	N/C	Yes	N/C	N/C	No
		W5061						Drama Therapy Group - licensed				No	No	No	No	Yes	No	No	No	N/C	N/C	N/C	N/C	N/C	Yes	N/C	N/C	No
W07	W07	W5000						Respite Care In Home/Community Based			12, 99	No	No	No	No	Yes	No	No	No	N/C	N/C	N/C	N/C	N/C	Yes	N/C	N/C	No
W08	W08	W5001						Respite Care Residential/Out of Home			12, 99	No	No	No	No	Yes	No	No	No	N/C	N/C	N/C	N/C	N/C	Yes	N/C	N/C	No
W12	W12	W5062						Intensive In Home Services (EBP option)			12	No	No	No	No	Yes	No	No	No	N/C	N/C	N/C	N/C	N/C	Yes	N/C	N/C	No



MARYLAND SERVICE MATRIX 12/29/2014

NOTE: Uninsured, Hospital Diversion, State Funded Medicaid, State Funded Duals Medicaid/Medicare - no SUD claims payment on 01/01/14 with the exception of MDRN.

Pre-Authorization Required

Value Options Auth Service Class	Benefit Class	CPT/Rev Code	Modifier 1	Modifier 2	Add on Codes	Modifier 1	Modifier 2	Service Description	Coverable Dx Category	Claim Type	Place of Service	Medicaid Federally Funded	Medicaid State Funded	Federally Funded/Medicaid	State Funded Medicaid/Medicare (SLMB and OMB)	1915I Waiver (Eff 1.1.15)	TBI	Uninsured	Courtesy Reviews	Medicaid Federally Funded	Medicaid State Funded	Federally Funded/Medicaid	State Funded Medicaid/Medicare (SLMB and OMB)	X02's	1915I	TBI	Uninsured	Courtesy Reviews
		W5063						Intensive In Home Services (non-EBP option)				No	No	No	No	Yes	No	No	No	N/C	N/C	N/C	N/C	N/C	Yes	N/C	N/C	No
W09	W09	W5066						Customized Good and Services			99	No	No	No	No	Yes	No	No	No	N/C	N/C	N/C	N/C	N/C	Yes	N/C	N/C	No
AMB	AMB	Transport																										
		A0362						Ambulance service, BLS, emergency transport, mileage, and disposable supplies separately billed	MH		41, 42	No	No	No	No	No	No	No	No	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	No
		A0380						BLS Mileage (Per Mile)				No	No	No	No	No	No	No	No	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	No
		A0080						Non-Emergency transportation; Per Mile volunteer, with no vested or personal interest.				No	No	No	No	No	No	No	No	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	No
		A0170						Non-Emergency transportation; ancillary, parking fees, tolls other				No	No	No	No	No	No	No	No	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	No
LAB	LAB	Lab Services																										
		36415						Collection blood by Venipuncture	MH		11, 21, 22, 23, 53, 81	Yes	Yes	Yes	Yes	No	No	Yes*	No	No	No	No	No	No	N/C	N/C	No	No
		36415		HW				Collection blood by Venipuncture				Yes	Yes	Yes	Yes	No	No	Yes*	No	No	No	No	No	No	N/C	N/C	No	No
		80002-89999						Lab Services	MH			Yes	Yes	Yes	Yes	No	No	Yes*	No	No	No	No	No	No	N/C	N/C	No	No
		LB5 80304? (replacing 80101)						Drug Screen, Single Drug Class, Each Drug Class	MH			Yes	Yes	Yes	Yes	No	No	Yes*	No	No	No	No	No	No	N/C	N/C	No	No
LB6	LB6	G0431						Drug screening, qualitative; multiple classes by high complexity test method, per patient encounter	SUD		11, 21, 22, 23, 53, 81	Yes	Yes	Yes	No	No	No	No	No	No	No	No	N/C	N/C	N/C	N/C	Yes	N/C
		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	N/C	N/C	N/C	N/C	Yes	N/C
		G6031						Benzodiazepines				Yes	Yes	Yes	No	No	No	No	No	No	No	No	N/C	N/C	N/C	N/C	Yes	N/C
		G6040						Alcohol: any specimen except breath				Yes	Yes	Yes	No	No	No	No	No	No	No	No	N/C	N/C	N/C	N/C	Yes	N/C
		G6042						Amphetamine or Methamphetamine				Yes	Yes	Yes	No	No	No	No	No	No	No	No	N/C	N/C	N/C	N/C	Yes	N/C
		G6043						Barbiturates; NOS				Yes	Yes	Yes	No	No	No	No	No	No	No	No	N/C	N/C	N/C	N/C	Yes	N/C
		G6044						Cocaine or Metabolite				Yes	Yes	Yes	No	No	No	No	No	No	No	No	N/C	N/C	N/C	N/C	Yes	N/C
		G6053						Methadone				Yes	Yes	Yes	No	No	No	No	No	No	No	No	N/C	N/C	N/C	N/C	Yes	N/C
		G6056						Opiate(s), drug and metabolites, each procedure				Yes	Yes	Yes	No	No	No	No	No	No	No	No	N/C	N/C	N/C	N/C	Yes	N/C
		80348						Buprenorphine				Yes	Yes	Yes	No	No	No	No	No	No	No	No	N/C	N/C	N/C	N/C	Yes	N/C
		LB4 96372						Therapeutic Injection	MH		11	Yes	Yes	Yes	Yes	No	No	Yes*	No	No	No	No	No	No	N/C	N/C	No	N/C
LB2	LB2	0300; 0301; 0302; 0304; 0305; 0306; 0307; 0309; 0310; 0311; 0312; 0730						Lab & EKG Services	MH		22	Yes	Yes	Yes	Yes	No	No	No	No	No	No	No	No	No	No	N/C	N/C	N/C
LB2	LB2	0637						Self Administered Drugs			22	Yes	Yes	Yes	Yes	No	No	No	No	No	No	No	No	No	No	N/C	N/C	N/C
LB3	LB3	0940						Therapeutic Injection			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	N/C



MARYLAND SERVICE MATRIX 12/29/2014

NOTE: Uninsured, Hospital Diversion, State Funded Medicaid, State Funded Duals Medicaid/Medicare - no SUD claims payment on 01/01/14 with the exception of MDRN.

Pre-Authorization Required

Value Options Auth Service Class	Benefit Class	CPT/Rev Code	Modifier 1	Modifier 2	Add on Codes	Modifier 1	Modifier 2	Service Description	Coverable Dx Category	Claim Type	Place of Service	Medicaid Federally Funded	Medicaid State Funded	Federally Funded/Medicare/Medicaid	State Funded Medicaid/Medicare (SLMB and OMB)	19151 Waiver (Eff 1.1.15)	TBI	Uninsured	Courtesy Reviews	Medicaid Federally Funded	Medicaid State Funded	Federally Funded/Medicare/Medicaid	State Funded Medicaid/Medicare (SLMB and OMB)	X02's	19151	TBI	Uninsured	Courtesy Reviews	
Ancillary Services (Benefit Code ANS)																													
	ANC										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	No	No	N/C	N/C	N/C
		0221						Special Charges - Admission Charge	MH/SUD																				
		0250						Pharmacy - General Classification				Yes	Yes***	Yes	Yes***	No	No	Yes***	No	No	No	No	No	No	No	No	N/C	N/C	N/C
		0251						Pharmacy - General Drugs				Yes	Yes***	Yes	Yes***	No	No	Yes***	No	No	No	No	No	No	No	No	N/C	N/C	N/C
		0257						Pharmacy - Non Prescription Drugs				Yes	Yes***	Yes	Yes***	No	No	Yes***	No	No	No	No	No	No	No	No	N/C	N/C	N/C
		0258						Pharmacy - IV Solutions			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
		0259						Pharmacy - Other Pharmacy				Yes	No	Yes	No	No	No	No	No	No	No	No	No	No	No	No	N/C	N/C	N/C
		0260						Equipment for and administration of Ivs				Yes	No	Yes	No	No	No	No	No	No	No	No	No	No	No	No	N/C	N/C	N/C
		0270						Medi/Surg Supplies and Devices General				Yes	No	Yes	No	No	No	No	No	No	No	No	No	No	No	No	N/C	N/C	N/C
		0271						Medi/Surg Supplies				Yes	No	Yes	No	No	No	No	No	No	No	No	No	No	No	No	N/C	N/C	N/C
		0272						Med/Surg Supplies and Devices - Sterile				Yes	No	Yes	No	No	No	No	No	No	No	No	No	No	No	No	N/C	N/C	N/C
	LB2	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	No	No	N/C	N/C	N/C
		0301						Laboratory - Chemistry				Yes	Yes***	Yes	Yes***	No	No	Yes***	No	No	No	No	No	No	No	No	N/C	N/C	N/C
		0302						Laboratory - Immunology				Yes	Yes***	Yes	Yes***	No	No	Yes***	No	No	No	No	No	No	No	No	N/C	N/C	N/C
		0304						Non-Routine Dialysis				Yes	No	Yes	No	No	No	No	No	No	No	No	No	No	No	No	N/C	N/C	N/C
		0305						Laboratory - Hematology			21, 51, 56, 99	Yes	Yes***	Yes	Yes***	No	No	Yes***	No	No	No	No	No	No	No	No	N/C	N/C	N/C
		0306						Laboratory - Bacteriology & Microbiology				Yes	Yes***	Yes	Yes***	No	No	Yes***	No	No	No	No	No	No	No	No	N/C	N/C	N/C
		0307						Laboratory - Urology				Yes	Yes***	Yes	Yes***	No	No	Yes***	No	No	No	No	No	No	No	No	N/C	N/C	N/C
		0309						Laboratory - Other				Yes	Yes***	Yes	Yes***	No	No	Yes***	No	No	No	No	No	No	No	No	N/C	N/C	N/C
		0310						Laboratory Pathology - General				Yes	No	Yes	No	No	No	No	No	No	No	No	No	No	No	No	N/C	N/C	N/C
		0311						Laboratory Pathological - Cytology				Yes	No	Yes	No	No	No	No	No	No	No	No	No	No	No	No	N/C	N/C	N/C
		0312						Histology				Yes	No	Yes	No	No	No	No	No	No	No	No	No	No	No	No	N/C	N/C	N/C
	ANC	0320						Radiology-Diagnostic General Class				Yes	Yes***	Yes	Yes***	No	No	Yes***	No	No	No	No	No	No	No	No	N/C	N/C	N/C
		0321						Angiocardiology				Yes	No	Yes	No	No	No	No	No	No	No	No	No	No	No	No	N/C	N/C	N/C
		0324						Radiology-Diagnostic Chest X-Ray				Yes	Yes***	Yes	Yes***	No	No	Yes***	No	No	No	No	No	No	No	No	N/C	N/C	N/C
		0333						Radiation Therapy				Yes	No	Yes	No	No	No	No	No	No	No	No	No	No	No	No	N/C	N/C	N/C
		0335						Chemotherapy Administration - IV				Yes	No	Yes	No	No	No	No	No	No	No	No	No	No	No	No	N/C	N/C	N/C
		0340						Nuclear Medicine - Diagnostic Procedures				Yes	No	Yes	No	No	No	No	No	No	No	No	No	No	No	No	N/C	N/C	N/C
		0341						Nuclear Medicine - General				Yes	No	Yes	No	No	No	No	No	No	No	No	No	No	No	No	N/C	N/C	N/C
		0349						Nuclear Medicine - Other				Yes	No	Yes	No	No	No	No	No	No	No	No	No	No	No	No	N/C	N/C	N/C
		0350						CT Scan - General				Yes	No	Yes	No	No	No	No	No	No	No	No	No	No	No	No	N/C	N/C	N/C
		0351						CT Scan - Head				Yes	No	Yes	No	No	No	No	No	No	No	No	No	No	No	No	N/C	N/C	N/C
		0352						CT Scan - Body				Yes	No	Yes	No	No	No	No	No	No	No	No	No	No	No	No	N/C	N/C	N/C
		0360						Operating Room Services - General				Yes	No	Yes	No	No	No	No	No	No	No	No	No	No	No	No	N/C	N/C	N/C
		0361						Operating Room Services - Minor Surgery				Yes	No	Yes	No	No	No	No	No	No	No	No	No	No	No	No	N/C	N/C	N/C
		0370						Anesthesia - General				Yes	No	Yes	No	No	No	No	No	No	No	No	No	No	No	No	N/C	N/C	N/C
		0390						Blood - General				Yes	No	Yes	No	No	No	No	No	No	No	No	No	No	No	No	N/C	N/C	N/C
		0391						Blood - Administration (transfusion)				Yes	No	Yes	No	No	No	No	No	No	No	No	No	No	No	No	N/C	N/C	N/C
		0402						Ultrasound				Yes	No	Yes	No	No	No	No	No	No	No	No	No	No	No	No	N/C	N/C	N/C
		0404						Positron Emission Tomography (PET)				Yes	No	Yes	No	No	No	No	No	No	No	No	No	No	No	No	N/C	N/C	N/C
		0410						Respiratory Services - General				Yes	No	Yes	No	No	No	No	No	No	No	No	No	No	No	No	N/C	N/C	N/C



MARYLAND SERVICE MATRIX 12/29/2014

NOTE: Uninsured, Hospital Diversion, State Funded Medicaid, State Funded Duals Medicaid/Medicare - no SUD claims payment on 01/01/14 with the exception of MDRN. Pre-Authorization Required

Value Options Auth Service Class	Benefit Class	CPT/Rev Code	Modifier 1	Modifier 2	Add on Codes	Modifier 1	Modifier 2	Service Description	Coverable Dx Category	Claim Type	Place of Service	Medicaid Federally Funded	Medicaid State Funded	Federally Funded/Medicare/Medicaid	State Funded Medicare/Medicaid (SLMB and OMB)	1915i Waiver (Eff 1.1.15)	TBI	Uninsured	Courtesy Reviews	Medicaid Federally Funded	Medicaid State Funded	Federally Funded Medicare/Medicaid	State Funded Medicare/Medicaid (SLMB and OMB)	X02's	1915i	TBI	Uninsured	Courtesy Reviews
Under the Covered Services:																												
Yes = Covered																												
No = Not Covered																												
Under Auth Requirements:																												
N/C = Not Covered																												
Yes = Auth Required																												
No = No Auth Required																												
<p style="font-size: 48px; opacity: 0.3; transform: rotate(-15deg);"> PROPRIETARY NOT FOR REDISCULOSURE </p>																												



MARYLAND SERVICE MATRIX 12/29/2014

NOTE: Uninsured, Hospital Diversion, State Funded Medicaid, State Funded Duals Medicaid/Medicare - no SUD claims payment on 01/01/14 with the exception of MDRN. Pre-authorization Required

Value Options Auth Service Class	Benefit Class	CPT/Rev Code	Modifier 1	Modifier 2	Add on Codes	Modifier 1	Modifier 2	Service Description	Coverable Dx Category	Claim Type	Place of Service	Medicaid Federally Funded	Medicaid State Funded	Federally Funded/Medicare/Medicaid	State Funded Medicare/Medicaid (SLMB and OMB)	1915I Waiver (Eff 1.1.15)	TBI	Uninsured	Courtesy Reviews	Medicaid Federally Funded	Medicaid State Funded	Federally Funded/Medicare/Medicaid	State Funded Medicare/Medicaid (SLMB and OMB)	X02's	1915I	TBI	Uninsured	Courtesy Reviews	
<p>PROPRIETARY NOT FOR REDISCLOSURE</p>																													