

| 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 | 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 | 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 | |
| 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 | 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 |
| | 90834 | | HE | | | Individual Therapy (45 Minutes) MD Only | | Visit | | 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 |

| | | | | | | | | | | | | | | | | | | | | | | | | |
|------------|--|----|--|--------|-------|--|-----|-----|-----|-----|----|----|------|-----|-----|-----|----|-----|-----|-----|-----|--------------|--------------|---|
| | 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 | (90838 allowed for OMHCs only) | | | | | | | | | | | | | | | | | | | | |
| 99204 | GT | | | | | | | | | | | | | | | | | | | | | | | |
| 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 | 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 |

TN7
TIN

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 | | | | | | | | | | | | | | | | | | | | | | | |
| | 99211 | 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 | | |
| | 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

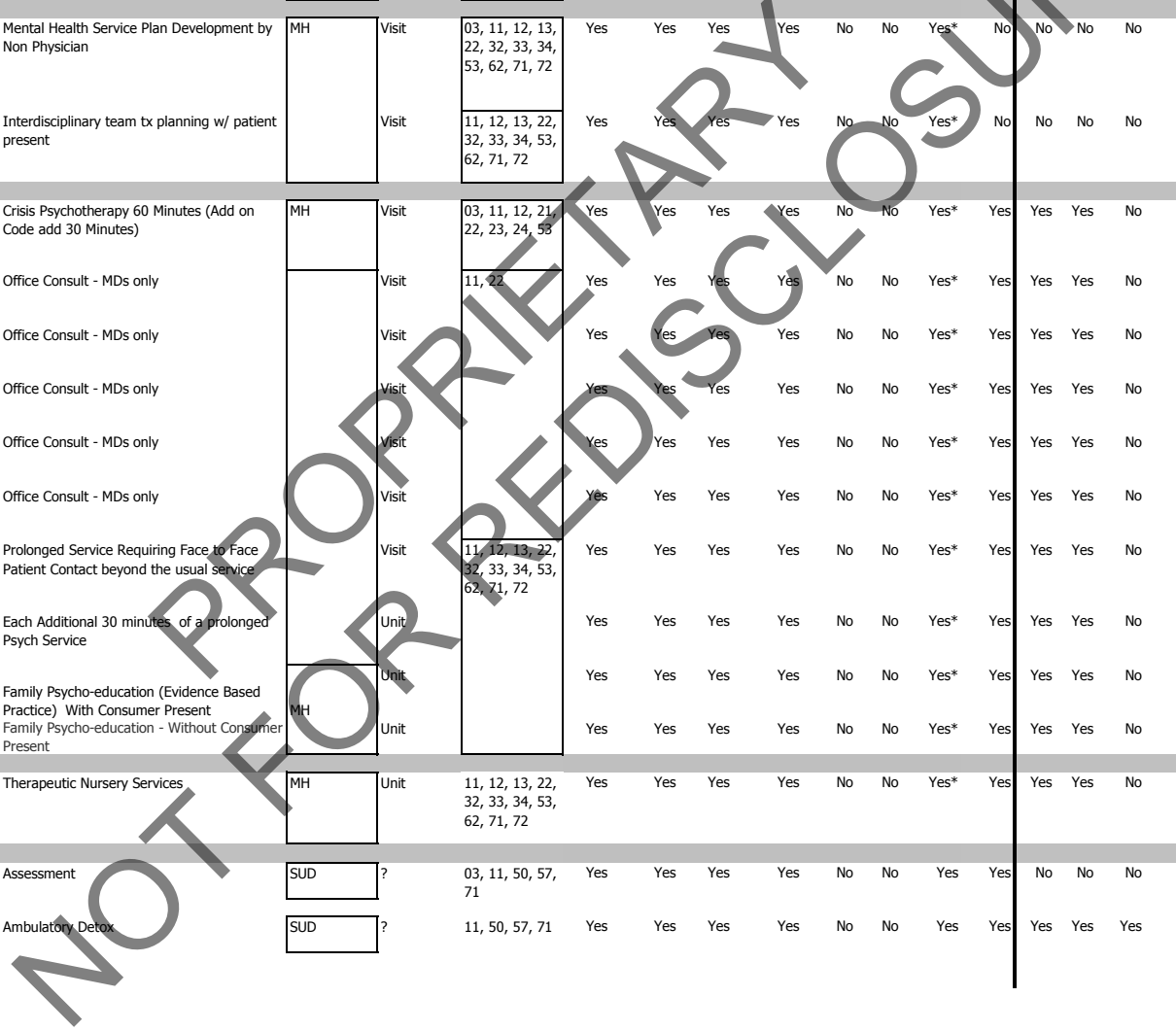
NOT FOR PROPRIETARY REDISCLASURE

| | | | | | | | | | | | | | | | | | | | | | | | |
|---|-----------|----------------|---|-----|-------|--|------|------|-----|-----|----|----|------|-----|-----|-----|-----|-----|-----|-----|-----|--------------|---|
| | 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 | 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 | 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 |
| 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 |

Non HSCRC space only

Non HSCRC space only

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 |

Non HSCRC space only

| | | | | | | | | | | | | | | | | | | | | | | | | |
|--|------------------|----|--|------------------|----------|--------------------------------|------|------|------|------|----|-----|------|-----|--------|--------|-----|-----|-----|-----|--------|--------------|--------------|---|
| 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 | 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 | 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 | 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 | N/C | Yes | Yes | No MHA | x |
| T02 | W0038 | | Residential habilitation Level 2 {per day} | | Day | | No | 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 | 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 | 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 | 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 | 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 | 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 | 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 | 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 | 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 | 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 | 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 | 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 | 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 | 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 | 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 | 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 | 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 | 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 | No | N/C | N/C | No | N/A | Not Required | X |
| | 90792 | | Psychiatric Diagnostic Interview | | Visit | 03, 23 | Yes | Yes | Yes | Yes | No | No | No | No | No | No | No | No | N/C | N/C | No | N/A | Not Required | X |
| | 90791 | HA | Psychiatric Diagnostic Interview | | Visit | 03, 23 | Yes | Yes | Yes | Yes | No | No | No | No | No | No | No | No | N/C | N/C | No | N/A | Not Required | X |
| | 90792 | HA | Psychiatric Diagnostic Interview | | Visit | 03, 23 | Yes | Yes | Yes | Yes | No | No | No | No | No | No | No | No | N/C | N/C | No | N/A | Not Required | X |
| | 99241 | | Office Consult - MDs only | | Visit | 23 | Yes | Yes | Yes | Yes | No | 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 |

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|--|-------|--|---|-----|--|----------------|-----|-----|-----|-----|----|----|-----|-----|-----|-----|-----|-----|-----|-----|-----|---|
| 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 |

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| 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 |

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| 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 |

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| 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 |

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| | 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 |

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| 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 | 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 | 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 | 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 | 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, ldt, esi, dart, ghpc, gc mass | | | | Yes | Yes | Yes | 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 | 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 | 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 | 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 | N/C | N/C | N/C | Yes | N/C | | x |
| | G6031 | | | | Benzodiazepines | | | | Yes | Yes | Yes | 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 | 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 | N/C | N/C | N/C | Yes | N/C | | x |
| | G6043 | | | | Barbiturates; NOS | | | | Yes | Yes | Yes | 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 | N/C | N/C | N/C | Yes | N/C | | x |
| | G6053 | | | | Methadone | | | | Yes | Yes | Yes | 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 | N/C | N/C | N/C | Yes | N/C | | x |
| | 80348 | | | | Buprenorphine | | | | Yes | Yes | Yes | 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 | 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 | 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 |

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 |

NOT FOR PROPRIETARY REDISCLASURE

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

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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, TN5, 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 UHDDV..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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