



MARYLAND SERVICE MATRIX 04/08/2019

Fund Codes	FMCD	SMCD	FDUL (2)	SDUL (2)	SK02	FTBI (6)	UINS	SGAM	UHDV	SERP #	SBAL	MCOU
Benefit Package	FMC1	SMC1	FDU1	SDU1	SK02	FTB1	UIN1	SGA1	UHD1	SER1	SBA1	MACR
Mapset	MD1	MD8	MD3	MDC	MDD	MD5	MD6	MDH	MD7	MD7	MD9	MDA

NOTE: Uninsured, Hospital Diversion, State Funded Medicaid, State Funded Duals Medicaid/Medicare - no SUD claims payment on 01/01/15 with the exception of MDRN.

Pre-Authorization Required

Reason/Auth Service Class	CPT/Rev Code	Modifier 1	Modifier 2	Add on Codes	Modifier 1	Modifier 2	Service Description	Coverable Dx Category	Billing Unit	Place of Service	Medicaid Federally Funded	Medicaid State Funded	Federally Funded/Medicare/Medicaid	State Funded Medicare/Medicaid (SLMB and QMB)	X02	TBI	Uninsured	State-funded Gambling	Hospital Diversion	Emergency Petition	Baltimore Project (SF)	Courtesy Reviews	Medicaid Federally Funded	Medicaid State Funded	Federally Funded/Medicare/Medicaid	State Funded Medicare/Medicaid (SLMB and QMB)	X02	1915I	TBI	Uninsured	State-funded Gambling	Hospital Diversion	Emergency Petition	Baltimore Project	Courtesy Reviews
Inpatient Services																																			
IPF	0113, 0118, 0123, 0133, 0143, 0153, 0169, 0203, 0204						HSCRC	MH	Day	21, 51, 56, 99	Yes	Yes	Yes	Yes	Yes	No	Yes**	No	No	No	No	Yes	Yes	Yes	No	No	N/C	N/C	N/C	No	N/C	N/C	N/C	Yes	
	0113, 0118, 0123, 0133, 0143, 0153, 0169, 0203, 0204						Institutes for Mental Disease (IMDs)	MH	Day	21, 51, 56, 99	Yes*	Yes*	No	No	Yes	No	Yes***	No	No	No	No	Yes	Yes	Yes	No	No	N/C	N/C	N/C	No	N/C	N/C	N/C	Yes	
	0114, 0124, 0134, 0154						HSCRC	MH	Day	21, 51, 56, 99	Yes	Yes	Yes	Yes	Yes	No	Yes***	No	No	No	No	Yes	Yes	Yes	No	No	N/C	N/C	N/C	No	N/C	N/C	N/C	Yes	
	0114, 0124, 0134, 0154						HSCRC	POI	Day	21, 51, 55, 56, 99	No	No	No	No	Yes	No	No	No	No	No	No	No	N/C	N/C	N/C	Yes	N/C	N/C	N/C	N/C	N/C	N/C	N/C	Yes	
	0114, 0124, 0134, 0154						HSCRC	SUD	Day	21, 51, 55, 56, 99	Yes	Yes	Yes	Yes	Yes	No	No	No	No	No	No	Yes	Yes	Yes	No	Yes	N/C	N/C	N/C	No	N/C	N/C	N/C	Yes	
Residential Treatment																																			
RTC	0100						Residential Treatment Center	MH	Day	21, 51, 56, 57	Yes	Yes	Yes	Yes	No	No	No	No	No	No	No	Yes	Yes	Yes	No	N/C	N/C	N/C	N/C	No	N/C	N/C	N/C	Yes	
							Regional Institute for Children and Adolescents (RICA)		Day		Yes	Yes	Yes	Yes	No	No	Yes*	No	No	No	No	Yes	Yes	Yes	No	N/C	N/C	N/C	Yes	No	N/C	N/C	N/C	Yes	
Residential ICF-A (for children under age 21)																																			
RTC	0100						Residential ICF-A (for children under age 21)	SUD	Day	55	Yes	Yes	Yes	Yes	No	No	Yes	No	No	No	No	Yes	Yes	Yes	Yes	N/C	N/C	N/C	Yes	No	N/C	N/C	N/C	Yes	
RTC	1002						Residential ICF-A (for children ages 0-20)	SUD	Day	55	No	Yes	No	Yes	No	No	Yes	No	No	No	No	No	N/C	Yes	N/C	N/C	N/C	Yes	N/C	N/C	N/C	N/C	N/C	N/C	Yes
Residential IMD Services																																			
RTC	RESRB						Room and Board - Residential Services	SUD	Day	54, 55	Yes	Yes	Yes	Yes	Yes	No	Yes*	No	No	No	No	Yes	Yes	Yes	Yes	Yes	N/C	N/C	Yes	No	N/C	N/C	N/C	Yes	
	RESRB	GA					Room and Board - Residential Services	GAM	Day	54, 55	No*	No*	No*	No*	No*	No	No*	Yes	No	No	No	Yes	Yes	Yes	Yes	Yes	N/C	N/C	Yes	Yes	N/C	N/C	N/C	Yes	
RTC	W7310						Level 3.1 Daily Billing	SUD	Day	54, 55	Yes	Yes	Yes	Yes	No*	No	Yes*	No	No	No	No	Yes	Yes	Yes	Yes	No	N/C	N/C	Yes	No	N/C	N/C	N/C	Yes	
RTC	W7310	HG					Level 3.1 Da - Opioid Addiction Treatment Program	SUD	Day	54, 55	Yes	Yes	Yes	Yes	No*	No	Yes*	No	No	No	No	Yes	Yes	Yes	Yes	No	N/C	N/C	Yes	No	N/C	N/C	N/C	Yes	
RTC	W7330						Level 3.3 Daily Billing	SUD	Day	54, 55	Yes	Yes	Yes	Yes	Yes	No	Yes*	No	No	No	No	Yes	Yes	Yes	Yes	Yes	N/C	N/C	Yes	No	N/C	N/C	N/C	Yes	
	W7330	GA					Level 3.3. Daily Billing - Opioid Addiction Treatment Program	GAM	Day	54, 55	No*	No*	No*	No*	No*	No	No*	Yes	No	No	No	Yes	Yes	Yes	Yes	Yes	N/C	N/C	Yes	Yes	N/C	N/C	N/C	Yes	
RTC	W7330	HG					Level 3.3. Daily Billing - Opioid Addiction Treatment Program	SUD	Day	54, 55	Yes	Yes	Yes	Yes	Yes	No	Yes*	No	No	No	No	Yes	Yes	Yes	Yes	Yes	N/C	N/C	Yes	No	N/C	N/C	N/C	Yes	
	W7330	HG	GA				Level 3.3. Daily Billing - Opioid Addiction Treatment Program	GAM	Day	54, 55	No*	No*	No*	No*	No*	No	No*	Yes	No	No	No	Yes	Yes	Yes	Yes	Yes	N/C	N/C	Yes	Yes	N/C	N/C	N/C	Yes	
RTC	W7350						Level 3.5 Daily Billing	SUD	Day	54, 55	Yes	Yes	Yes	Yes	Yes	No	Yes*	No	No	No	No	Yes	Yes	Yes	Yes	Yes	N/C	N/C	Yes	No	N/C	N/C	N/C	Yes	
	W7350	GA					Level 3.5 Daily Billing	GAM	Day	54, 55	No*	No*	No*	No*	No*	No	No*	Yes	No	No	No	Yes	Yes	Yes	Yes	Yes	N/C	N/C	Yes	Yes	N/C	N/C	N/C	Yes	



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Benefit Package	FMC1	SMC1	FDU1	SDU1	SK02	FTB1	UIN1	SGA1	UHD1	SER1	SBA1	MACR
Mapset	MD1	MD8	MD3	MDC	MDD	MD5	MD6	MDH	MDF	MD7	MD9	MDA

NOTE: Uninsured, Hospital Diversion, State Funded Medicaid, State Funded Duals Medicaid/Medicare - no SUD claims payment on 01/01/15 with the exception of MDRN.

Pre-Authorization Required

Reason Auth Service Class	CPT/Rev Code	Modifier 1	Modifier 2	Add on Codes	Modifier 1	Modifier 2	Service Description	Coverable Dx Category	Billing Unit	Place of Service	Medicaid Federally Funded	Medicaid State Funded	Federally Funded/Medicare/Medicaid	State Funded Medicare/Medicaid (SLMB and OMB)	X02	FTBI	Uninsured	State-funded Gambling	Hospital Diversion	Emergency Petition	Baltimore Project (SF)	Courtesy Reviews	Medicaid Federally Funded	Medicaid State Funded	Federally Funded Medicare/Medicaid	State Funded Medicare/Medicaid (SLMB and OMB)	X02	19151	FTBI	Uninsured	State-funded Gambling	Hospital Diversion	Emergency Petition	Baltimore Project	Courtesy Reviews
RTC	W7350	HG					Level 3.5 Daily Billing - Opioid Addiction Treatment Program	SUD		54.55	Yes	Yes	Yes	Yes	Yes	No	Yes*	No	No	No	No	Yes	Yes	Yes	Yes	Yes	N/C	N/C	Yes	No	N/C	N/C	N/C	Yes	
	W7350	HG	GA				Level 3.5 Daily Billing - Opioid Addiction Treatment Program	GAM		54.55	No*	No*	No*	No*	No*	No	No	Yes	No	No	No	Yes	Yes	Yes	Yes	Yes	N/C	N/C	Yes	Yes	N/C	N/C	N/C	Yes	
RTC	W7370						Level 3.7 Daily Billing	SUD		54.55	Yes	Yes	Yes	Yes	Yes	No	Yes*	No	No	No	No	Yes	Yes	Yes	Yes	Yes	N/C	N/C	Yes	No	N/C	N/C	N/C	Yes	
	W7370	HG					Level 3.7 Daily Billing - Opioid Addiction Treatment Program	SUD		54.55	Yes	Yes	Yes	Yes	Yes	No	Yes*	No	No	No	No	Yes	Yes	Yes	Yes	Yes	N/C	N/C	Yes	No	N/C	N/C	N/C	Yes	
	W7370	SC					Level 3.7 Daily Billing - Medically Necessary Service or Supply	SUD		54.55	Yes	Yes	Yes	Yes	Yes	No	Yes*	No	No	No	No	Yes	Yes	Yes	Yes	Yes	N/C	N/C	Yes	No	N/C	N/C	N/C	Yes	
	W7375						3.7WM Daily Billing	SUD		54.55	Yes	Yes	Yes	Yes	Yes	No	Yes*	No	No	No	No	Yes	Yes	Yes	Yes	Yes	N/C	N/C	Yes	No	N/C	N/C	N/C	Yes	
	W7375	HG					3.7WM Daily Billing - Opioid Addiction Treatment Program	SUD		54.55	Yes	Yes	Yes	Yes	Yes	No	Yes*	No	No	No	No	Yes	Yes	Yes	Yes	Yes	N/C	N/C	Yes	No	N/C	N/C	N/C	Yes	
	W7375	SC					3.7WM Daily Billing - Medically Necessary Service or Supply	SUD		54.55	Yes	Yes	Yes	Yes	Yes	No	Yes*	No	No	No	No	Yes	Yes	Yes	Yes	Yes	N/C	N/C	Yes	No	N/C	N/C	N/C	Yes	
	W7375	51					3.7WM Daily Billing - Multiple Services	SUD		54.55	Yes	Yes	Yes	Yes	Yes	No	Yes*	No	No	No	No	Yes	Yes	Yes	Yes	Yes	N/C	N/C	Yes	No	N/C	N/C	N/C	Yes	
RTC	W7310	CP					Level 3.1 Daily Billing - (C-APC) Procedure	SUD		54.55	Yes	Yes	Yes	Yes	No*	No	Yes*	No	No	No	No	Yes	Yes	Yes	Yes	Yes	N/C	N/C	N/C	Yes	N/C	N/C	N/C	Yes	
RTC	W7310	HG	CP				Level 3.1 Daily Billing - Opioid Addiction Treatment Program - (C-APC) Procedure	SUD		54.55	Yes	Yes	Yes	Yes	No*	No	Yes*	No	No	No	No	Yes	Yes	Yes	Yes	Yes	N/C	N/C	N/C	Yes	N/C	N/C	N/C	Yes	
RTC	W7310	WC					Level 3.1 Daily Billing -Women and Children	SUD		54.55	Yes	Yes	Yes	Yes	No*	No	Yes*	No	No	No	No	Yes	Yes	Yes	Yes	Yes	N/C	N/C	N/C	Yes	N/C	N/C	N/C	Yes	
RTC	W7310	HG	WC				Level 3.1 Daily Billing -Opioid Addiction Treatment Program - Women and Children	SUD		54.55	Yes	Yes	Yes	Yes	No*	No	Yes*	No	No	No	No	Yes	Yes	Yes	Yes	Yes	N/C	N/C	N/C	Yes	N/C	N/C	N/C	Yes	
RTC	W7330	WC					Level 3.3 Daily Billing -Women and Children	SUD		54.55	Yes	Yes	Yes	Yes	No*	No	Yes*	No	No	No	No	Yes	Yes	Yes	Yes	Yes	N/C	N/C	N/C	Yes	N/C	N/C	N/C	Yes	
RTC	W7330	HG	WC				Level 3.3 Daily Billing -Opioid Addiction Treatment Program - Women and Children	SUD		54.55	Yes	Yes	Yes	Yes	No*	No	Yes*	No	No	No	No	Yes	Yes	Yes	Yes	Yes	N/C	N/C	N/C	Yes	N/C	N/C	N/C	Yes	
RTC	RESRB	HG	WC				Room and Board - Daily Billing - Opioid Addiction Treatment Program - Women and Children	SUD		54.55	Yes	Yes	Yes	Yes	No*	No	Yes*	No	No	No	No	Yes	Yes	Yes	Yes	Yes	N/C	N/C	N/C	Yes	N/C	N/C	N/C	Yes	
RTC	RESRB	WC					Room and Board - Daily Billing - Women and Children	SUD		54.55	Yes	Yes	Yes	Yes	No*	No	Yes*	No	No	No	No	Yes	Yes	Yes	Yes	Yes	N/C	N/C	N/C	Yes	N/C	N/C	N/C	Yes	
RTC	W7350	CP					Level 3.5 Daily Billing - (C-APC) Procedure	SUD		54.55	Yes	Yes	Yes	Yes	No*	No	Yes*	No	No	No	No	Yes	Yes	Yes	Yes	Yes	N/C	N/C	N/C	Yes	N/C	N/C	N/C	Yes	



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RTC	W7350	HG	CP				Level 3.5 Daily Billing - Opioid Addiction Treatment Program - (C-APC) Procedure	SUD		54.55	Yes	Yes	Yes	Yes	No*	No	Yes*	No	No	No	No	Yes	Yes	Yes	Yes	N/C	N/C	N/C	Yes	N/C	N/C	N/C	N/C	N/C	Yes			
RTC	W7330		CP				Level 3.3 Daily Billing - (C-APC) Procedure	SUD		54.55	Yes	Yes	Yes	Yes	No*	No	Yes*	No	No	No	No	Yes	Yes	Yes	Yes	N/C	N/C	N/C	Yes	N/C	N/C	N/C	N/C	N/C	N/C	Yes		
RTC	RESRB		CP				Room and Board Daily Billing - (C-APC) Procedure	SUD	Day	54.55	Yes	Yes	Yes	Yes	No*	No	Yes*	No	No	No	No	Yes	Yes	Yes	Yes	N/C	N/C	N/C	Yes	N/C	N/C	N/C	N/C	N/C	N/C	Yes		
PHP Partial Hospitalization																																						
	0912						Partial Hospitalization - Full Day	MH	Day	21, 22, 52, 53, 99	Yes	Yes	Yes	Yes	No	No	No	No	No	No	No	Yes	Yes	Yes	No	N/C	N/C	N/C	N/C	No	N/C	N/C	N/C	N/C	N/C	Yes		
	0912						Partial Hospitalization - (Hosp Based)	SUD	Day	21, 22, 52, 53, 99	Yes	Yes	Yes	No	No	No	No	No	No	No	No	Yes	Yes	Yes	No	N/C	N/C	N/C	N/C	No	N/C	N/C	N/C	N/C	N/C	Yes		
	S0201						Partial Program - Non-Hospital Based	MH	Day	11, 21, 22, 52, 53, 99	Yes	Yes	Yes	Yes	No	No	No	No	No	No	No	Yes	Yes	Yes	No	N/C	N/C	N/C	N/C	No	N/C	N/C	N/C	N/C	N/C	Yes		
	S0201		52				Partial Program - Non-Hospital Based	MH	Day	11, 21, 22, 52, 53, 99	Yes	Yes	Yes	Yes	No	No	No	No	No	No	No	Yes	Yes	Yes	No	N/C	N/C	N/C	N/C	No	N/C	N/C	N/C	N/C	N/C	Yes		
PHP	0913						Partial Hospitalization - (Hosp Based)	SUD	Day	21, 22, 52, 53, 99	Yes	Yes	Yes	No	No	No	No	No	No	No	No	Yes	Yes	Yes	No	N/C	N/C	N/C	N/C	No	N/C	N/C	N/C	N/C	N/C	Yes		
IOP Intensive Outpatient																																						
	S9480						Intensive Outpatient Psych Services, Per Diem (Clinic Model)	MH/GAM	Day	11, 22, 53, 99	Yes	Yes	Yes	No	No	No	No	Yes	No	No	No	Yes	Yes	Yes	Yes	N/C	N/C	N/C	N/C	Yes	N/C	N/C	N/C	N/C	N/C	Yes		
	0905						Intensive Outpatient Services - Psychiatric	MH	Day	11, 22, 53, 99	Yes	Yes	Yes	No	No	No	No	No	No	No	No	Yes	Yes	Yes	Yes	N/C	N/C	N/C	N/C	No	N/C	N/C	N/C	N/C	N/C	Yes		
	0906						Intensive Outpatient - (Hosp Based)	SUD	Day	22, 53, 99	Yes	Yes	Yes	No	No	No	No	No	No	No	No	Yes	Yes	Yes	Yes	N/C	N/C	N/C	N/C	No	N/C	N/C	N/C	N/C	N/C	Yes		
	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	No	No	No	No	Yes	Yes	Yes	Yes	N/C	N/C	N/C	N/C	No	N/C	N/C	N/C	N/C	N/C	Yes		
PRF Professional Services for IOP, PHP, CRS																																						
PRF	90791	HE					Psychiatric Diagnostic Interview	Psychiatric	MH/SUD/GAM	Visit	11, 12, 21, 22, 23, 53	Yes	Yes	Yes	Yes	No	No	Yes	Yes	Yes	No	No	No	No	N/C	N/C	N/C	No	Yes	No	N/C	N/C	N/C	N/C	N/C			
	90792	HE					Diagnostic Interview--medical services																															
	90832	HE		90833	HE	90836	HE	90838	HE	MH/SUD/GAM	Visit	11, 12, 21, 22, 53	Yes	Yes	Yes	Yes	No	Yes	Yes	Yes	No	No	No	No	N/C	N/C	N/C	No	Yes	N/C	N/C	N/C	N/C	N/C	N/C			
	90834	HE					Individual Therapy (45 Minutes) MD Only		MH/SUD/GAM	Visit	11, 12, 21, 22, 53	Yes	Yes	Yes	Yes	No	No	Yes	Yes	Yes	No	No	No	No	N/C	N/C	N/C	No	Yes	N/C	N/C	N/C	N/C	N/C	N/C			
	99201	HE			90833	HE			MH/SUD	Visit	11, 12, 22, 53	Yes	Yes	Yes	Yes	No	No	Yes	Yes	Yes	No	No	No	No	N/C	N/C	N/C	No	Yes	No	N/C	N/C	N/C	N/C	N/C			
	99202	HE			90836	HE																																
	99203	HE			90838	HE																																
	99204	HE																																				
	99205	HE																																				
	99211	HE																																				
	99212	HE																																				
	99213	HE																																				
	99214	HE																																				
	99215	HE																																				
IPS Patient Professional Billing Codes																																						
	99221				90833		Initial Hospital Care - Attending Physician Only		MH/SUD	Visit	21, 51, 52, 61	Yes	Yes	Yes	Yes	Yes	No	Yes***	No	No	No	No	No	No	No	N/C	N/C	N/C	No	N/C	N/C	N/C	N/C	N/C	N/C	N/A		
	99222				90836		Initial Hospital Care - Attending Physician Only			Visit		Yes	Yes	Yes	Yes	Yes	No	Yes***	No	No	No	No	No	No	No	N/C	N/C	N/C	No	N/C	N/C	N/C	N/C	N/C	N/C	N/A		
	99223				90833		Initial Hospital Care - Attending Physician Only			Visit		Yes	Yes	Yes	Yes	Yes	No	Yes***	No	No	No	No	No	No	No	N/C	N/C	N/C	No	N/C	N/C	N/C	N/C	N/C	N/C	N/A		

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											Benefit Package	FMC1	SMC1	FDU1	SDU1	SK02	FTB1	UIN1	SGA1	UHD1	SER1	SBA1	MACR													
											Mapset	MD1	MD8	MD3	MDC	MDD	MD5	MD6	MDH	MDF	MD7	MD9	MDA													
											Medicaid Federally Funded	Medicaid State Funded	Federally Funded/Medicaid	State Funded Medicare/Medicaid (SLMB and OMB)	X02	FTBI	Uninsured	State-funded Gambling	Hospital Diversion	Emergency Petition	Baltimore Project (SF)	Courtesy Reviews	Medicaid Federally Funded	Medicaid State Funded	Federally Funded/Medicaid	State Funded Medicare/Medicaid (SLMB and OMB)	X02	19151	FTBI	Uninsured	State-funded Gambling	Hospital Diversion	Emergency Petition	Baltimore Project	Courtesy Reviews	
TIN	90791 90792						Psychiatric Diagnostic Interview Diagnostic Interview--medical services	Psychiatric	MH/SUD/AUT	Visit	03, 11, 12, 13, 21, 22, 32, 33, 34, 53, 62, 71, 72	Yes	Yes	Yes	Yes	No	No	Yes*	No	Yes	No	No	Yes	Yes	Yes	No	No	N/C	N/C	N/C	Yes	No	No	N/C	N/C	Yes
	90791 90792	GT	GT				Psychiatric Diagnostic Interview- Telehealth Diagnostic Interview--medical services-telehealth	Psychiatric	MH/SUD/AUT	Visit	11, 12, 21, 22, 23, 53	Yes	Yes	Yes	Yes	No	No	Yes*	No	Yes	No	No	Yes	Yes	Yes	No	No	N/C	N/C	N/C	Yes	No	No	N/C	N/C	Yes
TN4	90791 90792		22				Psychiatric Diagnostic Interview Diagnostic Interview--medical services	Psychiatric	MH/SUD	Visit	11, 12, 21, 22, 23, 53	No	No	Yes	Yes	No	No	Yes*	No	No	No	No	No	N/C	N/C	No	No	N/C	N/C	N/C	No	No	N/C	N/C	N/C	
TIN	90832						Individual Psychotherapy (30 Minutes)		MH/SUD	Visit	03, 11, 12, 21, 22, 23, 24, 53	Yes	Yes	Yes	Yes	No	No	Yes*	No	Yes	No	No	Yes	Yes	Yes	No	No	N/C	N/C	N/C	Yes	No	No	N/C	N/C	Yes
	90832	GT					Individual Psychotherapy (30 Minutes) - Telehealth		MH/SUD	Visit	03, 11, 12, 21, 22, 23, 24, 53	Yes	Yes	Yes	Yes	No	No	Yes*	No	Yes	No	No	Yes	Yes	Yes	No	No	N/C	N/C	N/C	Yes	No	No	N/C	N/C	Yes
	90834						Individual Psychotherapy (45 Minutes)		MH/SUD	Visit	03, 11, 12, 21, 22, 23, 24, 53	Yes	Yes	Yes	Yes	No	No	Yes*	No	Yes	No	No	Yes	Yes	Yes	No	No	N/C	N/C	N/C	Yes	No	No	N/C	N/C	Yes
	90834	GT					Individual Psychotherapy (45 Minutes) - Telehealth		MH/SUD	Visit	03, 11, 12, 21, 22, 23, 24, 53	Yes	Yes	Yes	Yes	No	No	Yes*	No	Yes	No	No	Yes	Yes	Yes	No	No	N/C	N/C	N/C	Yes	No	No	N/C	N/C	Yes
	99201 99202 99203 99204 99205 99211 99212 99213 99214 99215			90833 90836 90838			Med Eval/Mgmt with Individual Psychotherapy (Add on codes add 30 or 45 or 60 Minutes) (90838 allowed for OMHCs only)		MH/SUD	Visit	03, 11, 12, 21, 22, 23, 24, 53	Yes	Yes	Yes	Yes	No	No	Yes*	No	Yes	No	No	Yes	Yes	Yes	No	No	N/C	N/C	N/C	Yes	No	No	N/C	N/C	Yes
	99201 99202 99203 99204 99205 99211 99212 99213 99214 99215	GT GT GT GT GT GT GT GT GT GT		90833 90836 90838	GT GT GT		Med Eval/Mgmt with Individual Psychotherapy (Add on codes add 30 or 45 or 60 Minutes) - telehealth (90838 allowed for OMHCs only)		MH/SUD	Visit	03, 11, 12, 21, 22, 23, 24, 53	Yes	Yes	Yes	Yes	No	No	Yes*	No	Yes	No	No	Yes	Yes	Yes	No	No	N/C	N/C	N/C	Yes	No	No	N/C	N/C	Yes
	90846						Family Psychotherapy without Patient Present		MH/SUD	Visit	03, 11, 12, 13, 21, 22, 23, 53	Yes	Yes	Yes	Yes	No	No	Yes*	No	No	No	No	Yes	Yes	Yes	No	No	N/C	N/C	N/C	Yes	No	N/C	N/C	N/C	Yes
	90846	GT					Family Psychotherapy without Patient Present - Video Interactive and Video Audio Telecommunications Systems		MH/SUD	Visit	03, 11, 12, 13, 21, 22, 23, 53	Yes	Yes	Yes	Yes	No	No	Yes*	No	No	No	No	Yes	Yes	Yes	No	No	N/C	N/C	N/C	Yes	No	N/C	N/C	N/C	Yes
	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	No	No	No	No	Yes	Yes	Yes	No	No	N/C	N/C	N/C	N/C	No	N/C	N/C	N/C	Yes
	0917, 0510, 0513									?		Yes	Yes	Yes	Yes	No	No	No	No	No	No	No	Yes	Yes	Yes	No	No	N/C	N/C	N/C	N/C	No	N/C	N/C	N/C	Yes
	0919									?		Yes	Yes	Yes	Yes	No	No	No	No	No	No	No	Yes	Yes	Yes	No	No	N/C	N/C	N/C	N/C	No	N/C	N/C	N/C	Yes
	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	No	No	No	No	Yes	Yes	Yes	No	N/C	N/C	N/C	N/C	No	N/C	N/C	N/C	Yes	
	90837						Psychotherapy, 60 Minutes with Patient and/or family member (OMHC Only)		MH/SUD	Visit	03, 11, 12, 13, 21, 22, 23, 31, 32, 53	Yes	Yes	Yes	Yes	No	No	Yes*	No	No	No	No	Yes	Yes	Yes	No	No	N/C	N/C	N/C	Yes	No	N/C	N/C	N/C	Yes

Proprietary not for redisclosure



MARYLAND SERVICE MATRIX 04/08/2019

Fund Codes	FMCD	SMCD	FDUL (2)	SDUL (2)	SK02	FTBI (6)	UINS	SGAM	UHDV	SERP #	SBAL	MCOU
Benefit Package	FMC1	SMC1	FDU1	SDU1	SK02	FTB1	UIN1	SGA1	UHD1	SER1	SBA1	MACR
Mapset	MD1	MD8	MD3	MDC	MDD	MD5	MD6	MDH	MDI	MD7	MD9	MDA

NOTE: Uninsured, Hospital Diversion, State Funded Medicaid, State Funded Duals Medicaid/Medicare - no SUD claims payment on 01/01/15 with the exception of MDRN.

Pre-Authorization Required

Reason Auth Service Class	CPT/Rev Code	Modifier 1	Modifier 2	Add on Codes	Modifier 1	Modifier 2	Service Description	Coverable Dx Category	Billing Unit	Place of Service	Medicaid Federally Funded	Medicaid State Funded	Federally Funded/Medicare/Medicaid	State Funded Medicare/Medicaid (SLMB and OMB)	X02	TBI	Uninsured	State-funded Gambling	Hospital Diversion	Emergency Petition	Baltimore Project (SF)	Courtesy Reviews	Medicaid Federally Funded	Medicaid State Funded	Federally Funded/Medicare/Medicaid	State Funded Medicare/Medicaid (SLMB and OMB)	X02	1915I	TBI	Uninsured	State-funded Gambling	Hospital Diversion	Emergency Petition	Baltimore Project	Courtesy Reviews
	90837	GT					Psychotherapy, 60 Minutes with Patient and/or family member - Telehealth (OMHC Only)	MH/SUD	Visit	03, 11, 12, 13, 21, 22, 23, 31, 32, 53	Yes	Yes	Yes	Yes	No	No	Yes*	No	No	No	No	Yes	Yes	Yes	No	N/C	N/C	N/C	Yes	No	N/C	N/C	N/C	Yes	
	90847						Family Psychotherapy with Patient Present	MH/SUD	Visit	03, 11, 12, 13, 21, 22, 23, 53	Yes	Yes	Yes	Yes	No	No	Yes*	No	No	No	No	Yes	Yes	Yes	No	N/C	N/C	N/C	Yes	No	N/C	N/C	N/C	Yes	
	90847	GT		Family Psychotherapy with Patient Present -				MH/SUD		03, 11, 12, 13, 21, 22, 23, 53	Yes	Yes	Yes	Yes	No	No	Yes*	No	No	No	No	Yes	Yes	Yes	No	N/C	N/C	N/C	Yes	No	N/C	N/C	N/C	Yes	
	90847	52		Family Psychotherapy with Patient Present - abbreviated services				MH/SUD	Visit	03, 11, 12, 13, 21, 22, 23, 53	Yes	Yes	Yes	Yes	No	No	Yes*	No	No	No	No	Yes	Yes	Yes	No	N/C	N/C	N/C	Yes	No	N/C	N/C	N/C	Yes	
	90847	52	GT	Family Psychotherapy with Patient Present - abbreviated services				MH/SUD	Visit	03, 11, 12, 13, 21, 22, 23, 53	Yes	Yes	Yes	Yes	No	No	Yes*	No	No	No	No	Yes	Yes	Yes	No	N/C	N/C	N/C	Yes	No	N/C	N/C	N/C	Yes	
	90849			Multiple Family Group				MH/SUD	Visit	03, 11, 12, 13, 21, 22, 23, 53	Yes	Yes	Yes	Yes	No	No	Yes*	No	No	No	No	Yes	Yes	Yes	No	N/C	N/C	N/C	Yes	No	N/C	N/C	N/C	Yes	
	90849	52		Multiple Family Group - Abbreviated services				MH/SUD	Visit	03, 11, 12, 13, 21, 22, 23, 53	Yes	Yes	Yes	Yes	No	No	Yes*	No	No	No	No	Yes	Yes	Yes	No	N/C	N/C	N/C	Yes	No	N/C	N/C	N/C	Yes	
	90853			Group Psychotherapy				MH/SUD	Visit	03, 11, 12, 13, 21, 22, 23, 53	Yes	Yes	Yes	Yes	No	No	Yes*	No	No	No	No	Yes	Yes	Yes	No	N/C	N/C	N/C	Yes	No	N/C	N/C	N/C	Yes	
	90875			Individual psychotherapy w/ Biofeedback				MH/SUD	Visit	03, 11, 12, 13, 21, 22, 23, 53	Yes	Yes	Yes	Yes	No	No	Yes*	No	No	No	No	Yes	Yes	Yes	No	N/C	N/C	N/C	Yes	No	N/C	N/C	N/C	Yes	
	90876			Individual Psychotherapy w/ biofeedback				MH/SUD	Visit	03, 11, 12, 13, 21, 22, 23, 53	Yes	Yes	Yes	Yes	No	No	Yes*	No	No	No	No	Yes	Yes	Yes	No	N/C	N/C	N/C	Yes	No	N/C	N/C	N/C	Yes	
TIN7	99201	HH		Evaluation and Management - Nursing Home				MH	Visit	03, 11, 12, 13, 21, 22, 23, 53	Yes	Yes	Yes	Yes	No	No	Yes*	No	No	No	No	Yes	Yes	Yes	No	N/C	N/C	N/C	Yes	No	N/C	N/C	N/C	Yes	
	99202	HH																																	
	99203	HH																																	
	99204	HH																																	
	99205	HH																																	
	99211	HH																																	
	99212	HH																																	
	99213	HH																																	
	99214	HH																																	
TIN	0011E	HH																																	
	90889			Discharge				MH/SUD/GAM	Visit	03, 11, 12, 13, 21, 22, 23, 53	Yes	Yes	Yes	Yes	No	No	Yes*	Yes	No	No	No	Yes	Yes	Yes	No	N/C	N/C	N/C	Yes	Yes	N/C	N/C	N/C	Yes	
	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*	No	No	No	No	Yes	Yes	Yes	No	N/C	N/C	N/C	Yes	No	N/C	N/C	N/C	Yes	
	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*	No	No	No	No	Yes	Yes	Yes	No	N/C	N/C	N/C	Yes	No	N/C	N/C	N/C	Yes	
	90846	GT		Family Psychotherapy w/o the identified patient present - Video Interactive and Video Audio Telecommunications Systems				MH/SUD	Visit	03, 11, 12, 13, 21, 22, 23, 53	Yes	Yes	Yes	Yes	No	No	Yes*	No	No	No	No	Yes	Yes	Yes	No	N/C	N/C	N/C	Yes	No	N/C	N/C	N/C	Yes	
	T1015			FOHC clinic visit/encounter (all inclusive)				MH/SUD	Day	03, 11	Yes	Yes	Yes	Yes	No	No	Yes*	No	Yes	No	No	Yes	Yes	Yes	No	N/C	N/C	N/C	Yes	No	No	N/C	N/C	Yes	
	T1015	GT		FOHC clinic visit/encounter (all inclusive) - Telehealth					Day		Yes	Yes	Yes	Yes	No	No	Yes*	No	Yes	No	No	Yes	Yes	Yes	No	N/C	N/C	N/C	Yes	No	No	N/C	N/C	Yes	
TIN	T1015	HE		FOHC clinic visit/encounter (all inclusive) - MH Program				MH/SUD	Day	03, 11	Yes	Yes	Yes	Yes	No	No	Yes*	No	Yes	No	No	Yes	No	No	No	N/C	N/C	N/C	No	No	No	N/C	N/C	No	
TIN	H0016	SC		FOHCs - Alcohol and/or drug services				SUD		11	Yes	Yes	Yes	Yes	No	No	Yes*	No	No	No	No	Yes	Yes	Yes	Yes	N/C	N/C	N/C	Yes	No	N/C	N/C	N/C	Yes	
	H0001	SC		FOHCs - Alcohol and/or drug assessment				SUD		11	Yes	Yes	Yes	Yes	No	No	Yes	No	No	No	No	Yes	No	No	No	N/C	N/C	N/C	No	No	N/C	N/C	N/C	No	
	H0001	SC	GT	FOHCs - Alcohol and/or drug assessment - Video Interactive and Video Audio Telecommunications Systems				SUD		11	Yes	Yes	Yes	Yes	No	No	Yes	No	No	No	No	Yes	No	No	No	N/C	N/C	N/C	No	No	N/C	N/C	N/C	No	
	H0015	SC		FOHCs - Alcohol and/or drug; Intensive OP including assessment				SUD		11	Yes	Yes	Yes	Yes	No	No	Yes	No	No	No	No	Yes	Yes	Yes	Yes	N/C	N/C	N/C	Yes	No	N/C	N/C	N/C	Yes	
	H0004	SC		FOHCs - Behavior Health Counseling and Therapy				SUD		11	Yes	Yes	Yes	Yes	No	No	Yes	No	No	No	No	Yes	Yes	Yes	Yes	N/C	N/C	N/C	Yes	No	N/C	N/C	N/C	Yes	

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											Yes	Yes	Yes	Yes	No	No	Yes	No	No	No	No	No	No	No	No	No	No	No	No	No	No	Yes	No	No	No
	H0002	HA					Behavioral Health Screening PRP Assessment	MH	Visit	11, 15	Yes	Yes	Yes	Yes	No	No	Yes	No	No	No	No	Yes	No	No	No	No	N/C	N/C	N/C	No	No	N/C	N/C	N/C	N/A
	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	Yes	No	No	No	No	No	No	N/C	N/C	N/C	No	No	N/C	N/C	N/C	N/A	
	H0045	HA					Respite Care Services - Not in home (per diem)	MH	Day	11, 52	Yes*	Yes*	Yes	Yes	No	No	Yes*	No	No	No	No	Yes	Yes	Yes	Yes	N/C	N/C	N/C	Yes	No	N/C	N/C	N/C	Yes	
	T1005	HA					Respite Care Services - In home	MH	Unit	15	Yes	Yes	Yes	Yes	No	No	Yes*	No	No	No	No	Yes	Yes	Yes	No	N/C	N/C	N/C	Yes	No	N/C	N/C	N/C	Yes	
	S9485	HA					Residential Crisis Service	MH	Day	11, 12, 15, 21, 51, 52, 56, 62, 99	Yes	Yes	Yes	Yes	No	No	Yes*	No	No	No	No	Yes	Yes	Yes	Yes	N/C	N/C	N/C	Yes	No	N/C	N/C	N/C	Yes	
	S5145	HA					Treatment Foster Care	MH	Day		Yes	Yes	Yes	Yes	No	No	Yes*	No	No	No	No	Yes	Yes	Yes	Yes	N/C	N/C	N/C	Yes	No	N/C	N/C	N/C	Yes	
	96152	HA					TBS BCARS	MH	Unit	12	Yes	Yes	Yes	Yes	No	No	No	No	No	No	No	Yes	Yes	Yes	No	N/C	N/C	N/C	Yes	No	N/C	N/C	N/C	Yes	
TMS	90867						Therapeutic Repetitive Transcranial Magnetic Stimulation - planning	MH		11, 49	Yes	Yes	Yes	Yes	No	No	Yes	No	No	No	No	Yes	Yes	Yes	Yes	N/C	N/C	N/C	Yes	N/C	N/C	N/C	N/C	Yes	
TMS	90868						Therapeutic Repetitive Transcranial Magnetic Stimulation - Delivery and management per session	MH		11, 49	Yes	Yes	Yes	Yes	No	No	Yes	No	No	No	No	Yes	Yes	Yes	Yes	N/C	N/C	N/C	Yes	N/C	N/C	N/C	N/C	Yes	
TMS	90869						Therapeutic Repetitive Transcranial Magnetic Stimulation - Subsequent motor threshold re-determination w/delivery and	MH		11, 49	Yes	Yes	Yes	Yes	No	No	Yes	No	No	No	No	Yes	Yes	Yes	Yes	N/C	N/C	N/C	Yes	N/C	N/C	N/C	N/C	Yes	
TMS	99201	25					New patient/focused examination - separate identifiable E/M service by same physician	MH		11, 49	Yes	Yes	Yes	Yes	No	No	Yes	No	No	No	No	Yes	Yes	Yes	Yes	N/C	N/C	N/C	Yes	N/C	N/C	N/C	N/C	Yes	
TMS	99202	25					New patient/expanded examination - separate identifiable E/M service by same physician	MH		11, 49	Yes	Yes	Yes	Yes	No	No	Yes	No	No	No	No	Yes	Yes	Yes	Yes	N/C	N/C	N/C	Yes	N/C	N/C	N/C	N/C	Yes	
TMS	99203	25					Office or other outpatient visit for the evaluation and management of a new patient - separate identifiable E/M service	MH		11, 49	Yes	Yes	Yes	Yes	No	No	Yes	No	No	No	No	Yes	Yes	Yes	Yes	N/C	N/C	N/C	Yes	N/C	N/C	N/C	N/C	Yes	
TMS	99204	25					New Patient/comprehensive exam - separate identifiable E/M service by same physician	MH		11, 49	Yes	Yes	Yes	Yes	No	No	Yes	No	No	No	No	Yes	Yes	Yes	Yes	N/C	N/C	N/C	Yes	N/C	N/C	N/C	N/C	Yes	
TMS	99205	25					New Patient/complex exam - separate identifiable E/M service by same physician	MH		11, 49	Yes	Yes	Yes	Yes	No	No	Yes	No	No	No	No	Yes	Yes	Yes	Yes	N/C	N/C	N/C	Yes	N/C	N/C	N/C	N/C	Yes	
TMS	99211	25					Established patient/evaluation separate - separate identifiable E/M service by same physician	MH		11, 49	Yes	Yes	Yes	Yes	No	No	Yes	No	No	No	No	Yes	Yes	Yes	Yes	N/C	N/C	N/C	Yes	N/C	N/C	N/C	N/C	Yes	
TMS	99212	25					Established patient/focused examination - separate identifiable E/M service by same physician	MH		11, 49	Yes	Yes	Yes	Yes	No	No	Yes	No	No	No	No	Yes	Yes	Yes	Yes	N/C	N/C	N/C	Yes	N/C	N/C	N/C	N/C	Yes	
TMS	99213	25					Established patient/expanded examination - separate identifiable E/M service by same physician	MH		11, 49	Yes	Yes	Yes	Yes	No	No	Yes	No	No	No	No	Yes	Yes	Yes	Yes	N/C	N/C	N/C	Yes	N/C	N/C	N/C	N/C	Yes	
TMS	99214	25					Office or other outpatient visit for the evaluation and management of an established patient - separate identifiable E/M	MH		11, 49	Yes	Yes	Yes	Yes	No	No	Yes	No	No	No	No	Yes	Yes	Yes	Yes	N/C	N/C	N/C	Yes	N/C	N/C	N/C	N/C	Yes	
TMS	99215	25					Established patient/comprehensive examination - separate identifiable E/M service by same physician	MH		11, 49	Yes	Yes	Yes	Yes	No	No	Yes	No	No	No	No	Yes	Yes	Yes	Yes	N/C	N/C	N/C	Yes	N/C	N/C	N/C	N/C	Yes	
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	Yes	No	No	No	No	No	No	N/C	N/C	N/C	No	No	N/C	N/C	N/C	N/A	
	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	Yes	No	No	No	No	No	No	N/C	N/C	N/C	No	No	N/C	N/C	N/C	N/A	
Outpatient Psychotherapy Services-Consults																																			
TCN	90840			90840			Crisis Psychotherapy 60 Minutes (Add on Code add 30 Minutes)	MH	Visit	03, 11, 12, 21, 22, 23, 24, 31, 32, 53	Yes	Yes	Yes	Yes	No	No	Yes*	No	No	No	No	Yes	Yes	Yes	No	N/C	N/C	N/C	Yes	No	N/C	N/C	N/C	Yes	
	90839	GT					Psychotherapy for crisis, first 60 minutes	MH	Visit	03, 11, 12, 21, 22, 23, 24, 31, 32, 53	Yes	Yes	Yes	Yes	No	No	Yes*	No	No	No	No	Yes	Yes	Yes	No	N/C	N/C	N/C	Yes	No	N/C	N/C	N/C	Yes	
	90839						Psychotherapy for crisis, first 60 minutes	MH	Visit	03, 11, 12, 21, 22, 23, 24, 31, 32, 53	Yes	Yes	Yes	Yes	No	No	Yes*	No	No	No	No	Yes	Yes	Yes	No	N/C	N/C	N/C	Yes	No	N/C	N/C	N/C	Yes	



MARYLAND SERVICE MATRIX 04/08/2019

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	99241						Office Consult - MDs only	MH/SUD	Visit	11, 22, 53	Yes	Yes	Yes	Yes	No	No	Yes*	No	No	No	No	Yes	Yes	Yes	No	N/C	N/C	N/C	Yes	No	N/C	N/C	N/C	Yes	
	99241	GT	90836	GT	90836	90838	Office Consult - MDs only - Via Interactive Audio and VideoTelecommunication	MH/SUD	Visit	11, 22, 53	Yes	Yes	Yes	Yes	No	No	Yes*	No	No	No	No	Yes	Yes	Yes	No	N/C	N/C	N/C	Yes	No	N/C	N/C	N/C	Yes	
	99242						Office Consult - MDs only	MH/SUD	Visit	11, 22, 53	Yes	Yes	Yes	Yes	No	No	Yes*	No	No	No	No	Yes	Yes	Yes	No	N/C	N/C	N/C	Yes	No	N/C	N/C	N/C	Yes	
	99242	GT	90836	GT	90836	90838	Office Consult - MDs only - Via Interactive Audio and VideoTelecommunication	MH/SUD	Visit	11, 22, 53	Yes	Yes	Yes	Yes	No	No	Yes*	No	No	No	No	Yes	Yes	Yes	No	N/C	N/C	N/C	Yes	No	N/C	N/C	N/C	Yes	
	99243						Office Consult - MDs only	MH/SUD	Visit	11, 22, 53	Yes	Yes	Yes	Yes	No	No	Yes*	No	No	No	No	Yes	Yes	Yes	No	N/C	N/C	N/C	Yes	No	N/C	N/C	N/C	Yes	
	99243	GT	90836	GT	90836	90838	Office Consult - MDs only - Via Interactive Audio and VideoTelecommunication	MH/SUD	Visit	11, 22, 53	Yes	Yes	Yes	Yes	No	No	Yes*	No	No	No	No	Yes	Yes	Yes	No	N/C	N/C	N/C	Yes	No	N/C	N/C	N/C	Yes	
	99244						Office Consult - MDs only	MH/SUD	Visit	11, 22, 53	Yes	Yes	Yes	Yes	No	No	Yes*	No	No	No	No	Yes	Yes	Yes	No	N/C	N/C	N/C	Yes	No	N/C	N/C	N/C	Yes	
	99244	GT	90836	GT	90836	90838	Office Consult - MDs only - Via Interactive Audio and VideoTelecommunication	MH/SUD	Visit	11, 22, 53	Yes	Yes	Yes	Yes	No	No	Yes*	No	No	No	No	Yes	Yes	Yes	No	N/C	N/C	N/C	Yes	No	N/C	N/C	N/C	Yes	
	99245						Office Consult - MDs only	MH/SUD	Visit	11, 22, 53	Yes	Yes	Yes	Yes	No	No	Yes*	No	No	No	No	Yes	Yes	Yes	No	N/C	N/C	N/C	Yes	No	N/C	N/C	N/C	Yes	
	99245	GT	90836	GT	90836	90838	Office Consult - MDs only - Via Interactive Audio and VideoTelecommunication	MH/SUD	Visit	11, 22, 53	Yes	Yes	Yes	Yes	No	No	Yes*	No	No	No	No	Yes	Yes	Yes	No	N/C	N/C	N/C	Yes	No	N/C	N/C	N/C	Yes	
	99354						Prolonged Service Requiring Face to Face Patient Contact beyond the usual service	MH/SUD	Visit	11, 12, 13, 22, 32, 33, 34, 53, 62, 71, 72	Yes	Yes	Yes	Yes	No	No	Yes*	No	No	No	No	Yes	Yes	Yes	No	N/C	N/C	N/C	Yes	No	N/C	N/C	N/C	Yes	
	99354	GT	90836	GT	90836	90838	Prolonged Service Requiring Face to Face Patient Contact beyond the usual service - Video Interactive and Video Audio	MH/SUD	Visit	11, 12, 13, 22, 32, 33, 34, 53, 62, 71, 72	Yes	Yes	Yes	Yes	No	No	Yes*	No	No	No	No	Yes	Yes	Yes	No	N/C	N/C	N/C	Yes	No	N/C	N/C	N/C	Yes	
	99355						Each Additional 30 minutes of a prolonged Psych Service	MH/SUD	Unit		Yes	Yes	Yes	Yes	No	No	Yes*	No	No	No	No	Yes	Yes	Yes	No	N/C	N/C	N/C	Yes	No	N/C	N/C	N/C	Yes	
	99355	GT	90836	GT	90836	90838	Each Additional 30 minutes of a prolonged Psych Service - Video Interactive and Video Audio Telecommunications Systems	MH/SUD	Unit		Yes	Yes	Yes	Yes	No	No	Yes*	No	No	No	No	Yes	Yes	Yes	No	N/C	N/C	N/C	Yes	No	N/C	N/C	N/C	Yes	
	H2027						Family Psycho-education (Evidence Based Practice) With Consumer Present	MH/GAM	Unit		Yes	Yes	Yes	Yes	No	No	Yes*	Yes	No	No	No	Yes	Yes	Yes	No	N/C	N/C	N/C	Yes	Yes	N/C	N/C	N/C	Yes	
	H1011						Family Psycho-education - Without Consumer Present	MH/GAM	Unit		Yes	Yes	Yes	Yes	No	No	Yes*	Yes	No	No	No	Yes	Yes	Yes	No	N/C	N/C	N/C	Yes	Yes	N/C	N/C	N/C	Yes	
TNS Therapeutic Nursery Services																																			
	H0046						Therapeutic Nursery Services	MH	Unit	11, 12, 13, 22, 32, 33, 34, 53, 62, 71, 72	Yes	Yes	Yes	Yes	No	No	Yes*	No	No	No	No	Yes	Yes	Yes	No	N/C	N/C	N/C	Yes	No	N/C	N/C	N/C	Yes	
SUD Services																																			
	H0001						Assessment	SUD, AUT	?	03, 11, 50, 57, 71	Yes	Yes	Yes	Yes	No	No	Yes	No	No	No	No	Yes	No	No	No	N/C	N/C	N/C	No	No	N/C	N/C	N/C	No	
	H0001	GT					Assessment - Video Interactive and Video Audio Telecommunications Systems	SUD, AUT	?	03, 11, 50, 57, 72	Yes	Yes	Yes	Yes	No	No	Yes	No	No	No	No	Yes	No	No	No	N/C	N/C	N/C	No	No	N/C	N/C	N/C	No	
	H0001	GA						GAM	?	03, 11, 50, 57, 72	No*	No*	No*	No*	No*	No*	No*	Yes	No	No	No	No*	No	No	No	N/C	N/C	N/C	No	Yes	N/C	N/C	N/C	No	
	H0001	GT GA						GAM	?	03, 11, 50, 57, 72	No*	No*	No*	No*	No*	No*	No*	Yes	No	No	No	No*	No	No	No	N/C	N/C	N/C	No	Yes	N/C	N/C	N/C	No	
Ambulatory Detox																																			
	H0014						Ambulatory Detox	SUD	?	11, 50, 57, 71	Yes	Yes	Yes	Yes	No	No	Yes	No	No	No	No	Yes	Yes	Yes	Yes	N/C	N/C	N/C	Yes	No	N/C	N/C	N/C	Yes	
Individual/Family Therapy - (Community Based)																																			
	H0004						Individual/Family Therapy - (Community Based)	SUD	?	03, 11, 31, 32, 50, 57, 71	Yes	Yes	Yes	Yes	No	No	Yes	No	No	No	No	Yes	Yes	Yes	Yes	N/C	N/C	N/C	Yes	No	N/C	N/C	N/C	Yes	
	H0004	GT					Individual/Family Therapy - (Community Based) - Video Interactive and Video Audio Telecommunications Systems	SUD	?	03, 11, 31, 32, 50, 57, 72	Yes	Yes	Yes	Yes	No	No	Yes	No	No	No	No	Yes	Yes	Yes	Yes	N/C	N/C	N/C	Yes	No	N/C	N/C	N/C	Yes	

Fund Codes	FMCD	SMCD	FDUL (2)	SDUL (2)	SK02	FTBI (6)	UINS	SGAM	UHDV	SERP #	SBAL	MCOU
Benefit Package	FMC1	SMC1	FDU1	SDU1	SK02	FTB1	UIN1	SGA1	UHD1	SER1	SBA1	MACR
Mapset	MD1	MD8	MD3	MDC	MDD	MD5	MD6	MDH	MDF	MD7	MD9	MDA

NOTE: Uninsured, Hospital Diversion, State Funded Medicaid, State Funded Duals Medicaid/Medicare - no SUD claims payment on 01/01/15 with the exception of MDRN.

Pre-Authorization Required

Reason Auth Service Class	CPT/Rev Code	Modifier 1	Modifier 2	Add on Codes	Modifier 1	Modifier 2	Service Description	Coverable Dx Category	Billing Unit	Place of Service	Medicaid Federally Funded	Medicaid State Funded	Federally Funded/Medicare/Medicaid	State Funded Medicare/Medicaid (SLMB and OMB)	X02	TBI	Uninsured	State-funded Gambling	Hospital Diversion	Emergency Petition	Baltimore Project (SF)	Courtesy Reviews	Medicaid Federally Funded	Medicaid State Funded	Federally Funded/Medicare/Medicaid	State Funded Medicare/Medicaid (SLMB and OMB)	X02	1915I	TBI	Uninsured	State-funded Gambling	Hospital Diversion	Emergency Petition	Baltimore Project	Courtesy Reviews
	H0004	GA					Group Therapy - (Comm Based)	GAM	?	03, 11, 31, 32, 50, 57, 71	No*	No*	No*	No*	No*	No	No	Yes	No	No	No	Yes	Yes	Yes	Yes	N/C	N/C	N/C	Yes	Yes	N/C	N/C	N/C	Yes	
	H0004	GT	GA				Group Therapy - (Comm Based)	GAM	?	03, 11, 31, 32, 50, 57, 71	No*	No*	No*	No*	No*	No	No	Yes	No	No	No	No*	Yes	Yes	Yes	Yes	N/C	N/C	N/C	Yes	Yes	N/C	N/C	N/C	Yes
Group Therapy - (Comm Based)																																			
SUD	H0005						Group Therapy - (Comm Based)	SUD	?	03, 11, 50, 57, 71	Yes	Yes	Yes	Yes	No	No	Yes	No	No	No	No	Yes	Yes	Yes	Yes	N/C	N/C	N/C	Yes	No	N/C	N/C	N/C	Yes	
	H0005	GA					Group Therapy - (Comm Based)	GAM	?	03, 11, 50, 57, 71	No*	No*	No*	No*	No*	No	No	Yes	No	No	No	No*	Yes	Yes	Yes	Yes	N/C	N/C	N/C	Yes	Yes	N/C	N/C	N/C	Yes
Intensive Outpatient - (Community Based)																																			
IOP	H0015						Intensive Outpatient - (Community Based)	SUD	?	11, 50, 57, 71	Yes	Yes	Yes	Yes	No	No	Yes	No	No	No	No	Yes	Yes	Yes	Yes	N/C	N/C	N/C	Yes	No	N/C	N/C	N/C	Yes	
	H0015	GA					Intensive Outpatient - (Community Based)	GAM	?	11, 50, 57, 71	No*	No*	No*	No*	No*	No	No	Yes	No	No	No	No*	Yes	Yes	Yes	Yes	N/C	N/C	N/C	Yes	Yes	N/C	N/C	N/C	Yes
Partial Hospitalization (Community Based)																																			
SHP	H2036						Partial Hospitalization (Community Based)	SUD	?	11, 50, 57, 71	Yes	Yes	Yes	Yes	No	No	Yes	No	No	No	No	Yes	Yes	Yes	Yes	N/C	N/C	N/C	Yes	No	N/C	N/C	N/C	Yes	
	H2036	22					Partial Hospitalization (Community Based) Increased Procedural Services	SUD	?	11, 50, 57, 71	Yes	Yes	Yes	Yes	No	No	Yes	No	No	No	No	Yes	Yes	Yes	Yes	N/C	N/C	N/C	Yes	No	N/C	N/C	N/C	Yes	
Methadone Maintenance - (Community Based)																																			
MDM	H0020						Methadone Maintenance - (Community Based)	SUD	?	11, 31, 32, 50, 57, 71	Yes	Yes	Yes	Yes	No	No	Yes	No	No	No	No	Yes	Yes	Yes	Yes	N/C	N/C	N/C	Yes	No	N/C	N/C	N/C	Yes	
SUD	H0020	HG					Methadone Maintenance - (Community Based) Opioid Addiction Treatment Program	SUD	?	11, 31, 32, 50, 57, 71	Yes	Yes	Yes	Yes	No	No	Yes	No	No	No	No	Yes	Yes	Yes	Yes	N/C	N/C	N/C	Yes	No	N/C	N/C	N/C	Yes	
Methadone Maintenance - (Hosp Based)																																			
MDM	0944						Methadone Maintenance - (Hosp Based)	SUD	?	22	Yes	Yes	Yes	No	No	No	No	No	No	No	No	Yes	Yes	Yes	Yes	N/C	N/C	N/C	N/C	No	N/C	N/C	N/C	Yes	
Inpatient Detox																																			
IDF	0116, 0126, 0136, 0156						Inpatient Detox	SUD	?	21, 51, 55, 56, 99	Yes	Yes	Yes	Yes	Yes	No	No	No	No	No	No	Yes	Yes	Yes	Yes	Yes	N/C	N/C	N/C	No	N/C	N/C	N/C	Yes	
Hosp OP Drug Rehabilitation																																			
SD2	0944						Hosp OP Drug Rehabilitation	SUD	?	22	Yes	Yes	Yes	No	No	No	No	No	No	No	No	Yes	Yes	Yes	Yes	N/C	N/C	N/C	N/C	No	N/C	N/C	N/C	Yes	
Hosp Alcohol Rehabilitation																																			
SUD	0945						Hosp OP Alcohol Rehabilitation	SUD	?	22	Yes	Yes	Yes	No	No	No	No	No	No	No	No	Yes	Yes	Yes	Yes	N/C	N/C	N/C	N/C	No	N/C	N/C	N/C	Yes	
New Patient/Focused Examination																																			
SUD	99201	HG					New Patient/Focused Examination	SUD	?	11	Yes	Yes	Yes	Yes	No	No	Yes	No	No	No	No	Yes	Yes	Yes	Yes	N/C	N/C	N/C	Yes	No	N/C	N/C	N/C	Yes	
New Patient/Expanded Examination																																			
	99202	HG					New Patient/Expanded Examination	SUD	?	11	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No
Office or Other Outpatient visit for the evaluation and management of a new patient.																																			
	99203	HG					Office or Other Outpatient visit for the evaluation and management of a new patient.	SUD	?	11	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No
New Patient/Comprehensive Examination																																			
	99204	HG					New Patient/Comprehensive Examination	SUD	?	11	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No
New Patient /Complex Examination																																			
	99205	HG					New Patient /Complex Examination	SUD	?	11	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No
	99201	HG	GA				Group Therapy - (Comm Based)	GAM	?	11	No*	No*	No*	No*	No*	No	No	Yes	No	No	No	No*	Yes	Yes	Yes	Yes	N/C	N/C	N/C	Yes	Yes	N/C	N/C	N/C	Yes
	99202	HG	GA				Group Therapy - (Comm Based)	GAM	?	11	No*	No*	No*	No*	No*	No	No	Yes	No	No	No	No*	Yes	Yes	Yes	Yes	N/C	N/C	N/C	Yes	Yes	N/C	N/C	N/C	Yes
	99203	HG	GA				Group Therapy - (Comm Based)	GAM	?	11	No*	No*	No*	No*	No*	No	No	Yes	No	No	No	No*	Yes	Yes	Yes	Yes	N/C	N/C	N/C	Yes	Yes	N/C	N/C	N/C	Yes
	99204	HG	GA				Group Therapy - (Comm Based)	GAM	?	11	No*	No*	No*	No*	No*	No	No	Yes	No	No	No	No*	Yes	Yes	Yes	Yes	N/C	N/C	N/C	Yes	Yes	N/C	N/C	N/C	Yes
	99205	HG	GA				Group Therapy - (Comm Based)	GAM	?	11	No*	No*	No*	No*	No*	No	No	Yes	No	No	No	No*	Yes	Yes	Yes	Yes	N/C	N/C	N/C	Yes	Yes	N/C	N/C	N/C	Yes
Evaluation and Management - Opioid Addiction Treatment Program																																			
SUD	99211	HG					Evaluation and Management - Opioid Addiction Treatment Program	SUD	?	11	Yes	Yes	Yes	Yes	No	No	Yes	No	No	No	No	Yes	Yes	Yes	Yes	N/C	N/C	N/C	Yes	No	N/C	N/C	N/C	Yes	
	99212	HG					Evaluation and Management - Opioid Addiction Treatment Program	SUD	?	11	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No
	99213	HG					Evaluation and Management - Opioid Addiction Treatment Program	SUD	?	11	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No
	99214	HG					Evaluation and Management - Opioid Addiction Treatment Program	SUD	?	11	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No
	99215	HG					Evaluation and Management - Opioid Addiction Treatment Program	SUD	?	11	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No
	99211	HG	GA				Group Therapy - (Comm Based)	GAM	?	11	No*	No*	No*	No*	No*	No	No	Yes	No	No	No	No*	Yes	Yes	Yes	Yes	N/C	N/C	N/C	Yes	Yes	N/C	N/C	N/C	Yes



MARYLAND SERVICE MATRIX 04/08/2019

Fund Codes	FMCD	SMCD	FDUL (2)	SDUL (2)	SK02	FTBI (6)	UINS	SGAM	UHDV	SERP #	SBAL	MCOU
Benefit Package	FMC1	SMC1	FDU1	SDU1	SK02	FTB1	UIN1	SGA1	UHD1	SER1	SBA1	MACR
Mapset	MD1	MD8	MD3	MDC	MDD	MD5	MD6	MDH	MDF	MD7	MD9	MDA

NOTE: Uninsured, Hospital Diverson, State Funded Medicaid, State Funded Duals Medicaid/Medicare - no SUD claims payment on 01/01/15 with the exception of MDRN.

Pre-Authorization Required

Reason Auth Service Class	CPT/Rev Code	Modifier 1	Modifier 2	Add on Codes	Modifier 1	Modifier 2	Service Description	Coverable Dx Category	Billing Unit	Place of Service	Medicaid Federally Funded	Medicaid State Funded	Federally Funded/Medicare/Medicaid	State Funded Medicare/Medicaid (SLMB and OMB)	X02	FTBI	Uninsured	State-funded Gambling	Hospital Diversion	Emergency Petition	Baltimore Project (SF)	Courtesy Reviews	Medicaid Federally Funded	Medicaid State Funded	Federally Funded/Medicare/Medicaid	State Funded Medicare/Medicaid (SLMB and OMB)	X02	1915I	FTBI	Uninsured	State-funded Gambling	Hospital Diversion	Emergency Petition	Baltimore Project	Courtesy Reviews
	99212	HG	GA				GAM		11	11	No*	No*	No*	No*	No*	No	No	Yes	No	No	No	No*	Yes	Yes	Yes	Yes	N/C	N/C	N/C	Yes	Yes	N/C	N/C	N/C	Yes
	99213	HG	GA				GAM		11	11	No*	No*	No*	No*	No*	No	No	Yes	No	No	No	No*	Yes	Yes	Yes	Yes	N/C	N/C	N/C	Yes	Yes	N/C	N/C	N/C	Yes
	99214	HG	GA				GAM		11	11	No*	No*	No*	No*	No*	No	No	Yes	No	No	No	No*	Yes	Yes	Yes	Yes	N/C	N/C	N/C	Yes	Yes	N/C	N/C	N/C	Yes
	99215	HG	GA				GAM		11	11	No*	No*	No*	No*	No*	No	No	Yes	No	No	No	No*	Yes	Yes	Yes	Yes	N/C	N/C	N/C	Yes	Yes	N/C	N/C	N/C	Yes
SUD	90889	HG					SUD			03, 11, 12, 13, 21, 22, 23, 53	Yes	Yes	Yes	Yes	No	No	Yes	No	No	No	No	Yes	Yes	Yes	Yes	N/C	N/C	N/C	Yes	N/C	N/C	N/C	N/C	Yes	
Hosp OP Behavioral Health Treatments/Services - General Classification																																			
SUD	0900						Hosp OP Behavioral Health Treatments/Services - General Classification	SUD	?	22, 53, 99	Yes	Yes	Yes	No	No	No	No	No	No	No	No	Yes	Yes	Yes	Yes	N/C	N/C	N/C	N/C	N/C	No	N/C	N/C	N/C	Yes
Urgent Care																																			
SUD	0456						Urgent Care	SUD	?	22, 99	Yes	Yes	Yes	No	No	No	No	No	No	No	No	Yes	Yes	Yes	Yes	N/C	N/C	N/C	N/C	N/C	No	N/C	N/C	N/C	Yes
Buprenorphine																																			
SUD	H0047						Buprenorphine - Induction, Ongoing, Medication	SUD	?	11, 50, 57, 71	Yes	Yes	Yes	Yes	No	No	Yes	No	No	No	No	Yes	Yes	Yes	Yes	N/C	N/C	N/C	Yes	No	N/C	N/C	N/C	Yes	
SD8	J8499 - TERMD 7/31/17						Buprenorphine - Pharmacy	SUD	?	11, 50, 57, 71	Yes	Yes	Yes	Yes	No	No	Yes	No	No	No	No	Yes	No	No	No	No	N/C	N/C	N/C	No	No	N/C	N/C	N/C	Yes
SD8	J0574						Buprenorphine: Film (8mg)	SUD	?	11, 50, 57, 71	Yes	Yes	Yes	Yes	No	No	Yes	No	No	No	No	Yes	No	No	No	No	N/C	N/C	N/C	No	No	N/C	N/C	N/C	Yes
SD8	J0571						Subutex 8 mg	SUD	?	11, 50, 57, 71	Yes	Yes	Yes	Yes	No	No	Yes	No	No	No	No	Yes	No	No	No	No	N/C	N/C	N/C	No	No	N/C	N/C	N/C	Yes
SD8	J0571	51					Subutex 2 mg	SUD	?	11, 50, 57, 71	Yes	Yes	Yes	Yes	No	No	Yes	No	No	No	No	Yes	No	No	No	No	N/C	N/C	N/C	No	No	N/C	N/C	N/C	Yes
SD8	J0572	51					ZUBSOLV 1.4-0.36 MG Tablet	SUD	?	11, 50, 57, 71	Yes	Yes	Yes	Yes	No	No	Yes	No	No	No	No	Yes	No	No	No	No	N/C	N/C	N/C	No	No	N/C	N/C	N/C	Yes
SD8	J0572						ZUBSOLV 2.9-0.71 MG Tablet	SUD	?	11, 50, 57, 71	Yes	Yes	Yes	Yes	No	No	Yes	No	No	No	No	Yes	No	No	No	No	N/C	N/C	N/C	No	No	N/C	N/C	N/C	Yes
SD8	J0572	HF					Bunavail 2.1-0.3 mg film	SUD	?	11, 50, 57, 71	Yes	Yes	Yes	Yes	No	No	Yes	No	No	No	No	Yes	No	No	No	No	N/C	N/C	N/C	No	No	N/C	N/C	N/C	Yes
SD8	J0572	HG					Bunavail 2.1 - 0.3 mg film	SUD	?	11, 50, 57, 72	Yes	Yes	Yes	Yes	No	No	Yes	No	No	No	No	Yes	No	No	No	No	N/C	N/C	N/C	No	No	N/C	N/C	N/C	Yes
SD8	J0572	SC					Buprenorphine film (suboxone) 2mg	SUD	?	11, 50, 57, 73	Yes	Yes	Yes	Yes	No	No	Yes	No	No	No	No	Yes	No	No	No	No	N/C	N/C	N/C	No	No	N/C	N/C	N/C	Yes
SD8	J0573						SUBSOLV 5.7-1.4 MG Tablet	SUD	?	11, 50, 57, 71	Yes	Yes	Yes	Yes	No	No	Yes	No	No	No	No	Yes	No	No	No	No	N/C	N/C	N/C	No	No	N/C	N/C	N/C	Yes
SD8	J0573	51					Bunavail 4.2 - 0.7 mg film	SUD	?	11, 50, 57, 71	Yes	Yes	Yes	Yes	No	No	Yes	No	No	No	No	Yes	No	No	No	No	N/C	N/C	N/C	No	No	N/C	N/C	N/C	Yes
SD8	J0573	SC					Bunavail 4.2 - 0.7 mg film	SUD	?	11, 50, 57, 71	Yes	Yes	Yes	Yes	No	No	Yes	No	No	No	No	Yes	No	No	No	No	N/C	N/C	N/C	No	No	N/C	N/C	N/C	Yes
SD8	J0574	51					Bunavail 6.3 - 1.0 mg film	SUD	?	11, 50, 57, 71	Yes	Yes	Yes	Yes	No	No	Yes	No	No	No	No	Yes	No	No	No	No	N/C	N/C	N/C	No	No	N/C	N/C	N/C	Yes
SD8	J0574	SC					Bunavail 6.3 - 1.0 mg film	SUD	?	11, 50, 57, 71	Yes	Yes	Yes	Yes	No	No	Yes	No	No	No	No	Yes	No	No	No	No	N/C	N/C	N/C	No	No	N/C	N/C	N/C	Yes
SUD	H0016						Buprenorphine - Induction, Ongoing, Medication	SUD	?	11, 50, 57, 71	Yes	Yes	Yes	Yes	No	No	Yes	No	No	No	No	Yes	No	No	No	No	N/C	N/C	N/C	No	No	N/C	N/C	N/C	No
Vivitrol																																			
VIV	J2315						Vivitrol	SUD	?	11, 50, 57, 71	Yes	No	Yes	No	No	No	No	No	No	No	No	Yes	No	N/C	No	N/C	N/C	N/C	N/C	N/C	No	N/C	N/C	N/C	Yes
Guest Dosing																																			
SUD	W9520						Guest Dosing - Methadone	SUD		11, 31, 32, 50, 57, 71	Yes	Yes	Yes	Yes	No	No	Yes	No	No	No	No	Yes	No	No	No	No	N/C	N/C	N/C	No	No	N/C	N/C	N/C	No
SUD	W9521						Guest Dosing - Bup	SUD		11, 31, 32, 50, 57, 71	Yes	Yes	Yes	Yes	No	No	Yes	No	No	No	No	Yes	No	No	No	No	N/C	N/C	N/C	No	No	N/C	N/C	N/C	No
Case Management Services																																			
CM1	H0031						Case Management Assessment	MH	Day	11, 12, 15, 23, 49, 52	Yes	Yes	Yes	Yes	No	No	Yes	No	Yes	No	No	Yes	Yes	Yes	Yes	N/C	N/C	N/C	Yes	No	No	N/C	N/C	Yes	

Fund Codes	FMCD	SMCD	FDUL (2)	SDUL (2)	SK02	FTBI (6)	UINS	SGAM	UHDV	SERP #	SBAL	MCOU
Benefit Package	FMCI	SMCI	FDU1	SDU1	SK02	FTB1	UIN1	SGA1	UHD1	SER1	SBA1	MACR
Mapset	MD1	MD8	MD3	MDC	MDD	MD5	MD6	MDH	MD7	MD7	MD9	MDA

NOTE: Uninsured, Hospital Diverson, State Funded Medicaid, State Funded Duals Medicaid/Medicare - no SUD claims payment on 01/01/15 with the exception of MDRN.

Pre-Authorization Required

Reason/ Auth Service Class	CPT/Rev Code	Modifier 1	Modifier 2	Add on Codes	Modifier 1	Modifier 2	Service Description	Coverable Dx Category	Billing Unit	Place of Service	Medicaid Federally Funded	Medicaid State Funded	Federally Funded/Medicare/Medicaid	State Funded Medicare/Medicaid (SLMB and OMB)	X02	TBI	Uninsured	State-funded Gambling	Hospital Diversion	Emergency Petition	Baltimore Project (SF)	Courtesy Reviews	Medicaid Federally Funded	Medicaid State Funded	Federally Funded/Medicare/Medicaid	State Funded Medicare/Medicaid (SLMB and OMB)	X02	1915I	TBI	Uninsured	State-funded Gambling	Hospital Diversion	Emergency Petition	Baltimore Project	Courtesy Reviews
CM2	T1016						Case Management - Daily		Day	11, 12, 15, 22, 23, 49, 52, 53	Yes	Yes	Yes	Yes	No	No	Yes	No	Yes	No	No	Yes	Yes	Yes	Yes	N/C	N/C	N/C	Yes	No	No	N/C	N/C	Yes	
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	No	Yes	No	No	Yes	Yes	Yes	Yes	N/C	N/C	N/C	Yes	No	No	N/C	N/C	Yes	
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	No	No	No	No	Yes	Yes	Yes	Yes	N/C	N/C	N/C	Yes	No	N/C	N/C	N/C	Yes	
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	No	No	No	No	Yes	Yes	Yes	Yes	N/C	N/C	N/C	Yes	No	N/C	N/C	N/C	Yes	
TBS - Use DDA DXP, MH, and AUT																																			
	96150						Initial Assessment	MH, DDA, DXP, AUT	Unit	12	Yes	Yes	Yes	Yes	No	No	No	No	No	No	No	Yes	Yes	Yes	No	N/C	N/C	N/C	Yes	No	N/C	N/C	N/C	Yes	
	96151						Reassessment	MH, DDA, DXP, AUT	Unit	12	Yes	Yes	Yes	Yes	No	No	No	No	No	No	No	Yes	Yes	Yes	No	N/C	N/C	N/C	Yes	No	N/C	N/C	N/C	Yes	
	96152						TBS	MH, DDA, DXP, AUT	Unit	12	Yes	Yes	Yes	Yes	No	No	No	No	No	No	No	Yes	Yes	Yes	No	N/C	N/C	N/C	Yes	No	N/C	N/C	N/C	Yes	
OCT - Inpatient Therapy Services																																			
OCT	97003						Occupational Therapy Evaluation	MH	Visit	21, 52	Yes	Yes	Yes	Yes	No	No	Yes*	No	No	No	No	Yes	No	No	No	N/C	N/C	N/C	No	No	N/C	N/C	N/C	Yes	
OCT	97165						Occupational Therapy Evaluation, Low Complexity.	MH	visit	21,52	Yes	Yes	Yes	Yes	No	No	Yes*	No	No	No	No	Yes	No	No	No	N/C	N/C	N/C	No	No	N/C	N/C	N/C	Yes	
OCT	97166						Occupational Therapy Evaluation, Moderate Complexity.	MH	visit	21,52	Yes	Yes	Yes	Yes	No	No	Yes*	No	No	No	Yes	Yes	No	No	N/C	N/C	N/C	No	No	N/C	N/C	N/C	Yes		
OCT	97167						Occupational Therapy Evaluation, High Complexity	MH	visit	21,52	Yes	Yes	Yes	Yes	No	No	Yes*	No	No	No	Yes	Yes	No	No	N/C	N/C	N/C	No	No	N/C	N/C	N/C	Yes		
OCT	97168						Re-Evaluation of Occupational Therapy Established Plan of Care	MH	visit	21,52	Yes	Yes	Yes	Yes	No	No	Yes*	No	No	No	Yes	Yes	No	No	N/C	N/C	N/C	No	No	N/C	N/C	N/C	Yes		
OCT	97530						Therapeutic Activities, one on one patient contact, each 15 minutes	MH	Visit	21,52	Yes	Yes	Yes	Yes	No	No	Yes*	No	No	No	No	Yes	No	No	No	N/C	N/C	N/C	No	No	N/C	N/C	N/C	Yes	
OCT	97535						Self Care/Home Management Training, each 15 min.	MH	Visit	21,52	Yes	Yes	Yes	Yes	No	No	Yes*	No	No	No	No	Yes	No	No	No	N/C	N/C	N/C	No	No	N/C	N/C	N/C	Yes	
OCT	97537						Community/Work Reintegration Training, each 15 min.	MH	Visit	21,52	Yes	Yes	Yes	Yes	No	No	Yes*	No	No	No	No	Yes	No	No	No	N/C	N/C	N/C	No	No	N/C	N/C	N/C	Yes	
OCT	97532						Development of Cognitive Skills, each 15 minutes	MH	Visit	21,52	Yes	Yes	Yes	Yes	No	No	Yes*	No	No	No	No	Yes	No	No	No	N/C	N/C	N/C	No	No	N/C	N/C	N/C	Yes	
OCT	97150						Therapeutic Procedure, group (2 or more individuals)	MH	Visit	21,52	Yes	Yes	Yes	Yes	No	No	Yes*	No	No	No	No	Yes	No	No	No	N/C	N/C	N/C	No	No	N/C	N/C	N/C	Yes	
OCT	97004						Reevaluation (per 15 minutes)	MH	Visit	21,52	Yes	Yes	Yes	Yes	No	No	Yes*	No	No	No	No	Yes	No	No	No	N/C	N/C	N/C	No	No	N/C	N/C	N/C	Yes	
OCT - Outpatient Therapy Services																																			
OCT	97003						Occupational Therapy Evaluation	MH	Visit	11, 15	Yes	Yes	Yes	Yes	No	No	Yes*	No	No	No	No	Yes	Yes	Yes	Yes	N/C	N/C	N/C	Yes	No	N/C	N/C	N/C	Yes	

Proprietary not for redisclosure

Fund Codes	FMCD	SMCD	FDUL (2)	SDUL (2)	SK02	FTBI (6)	UINS	SGAM	UHDV	SERP #	SBAL	MCOU
Benefit Package	FMC1	SMC1	FDU1	SDU1	SK02	FTB1	UIN1	SGA1	UHD1	SER1	SBA1	MACR
Mapset	MD1	MD8	MD3	MDC	MDD	MD5	MD6	MDH	MDF	MD7	MD9	MDA

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OCT	97165						Occupational Therapy Evaluation, Low Complexity.	MH	Visit	11, 15	Yes	Yes	Yes	Yes	No	No	Yes*	No	No	No	No	Yes	Yes	Yes	Yes	N/C	N/C	N/C	Yes	No	N/C	N/C	N/C	Yes	
OCT	97166						Occupational Therapy Evaluation, Moderate Complexity.	MH	Visit	11, 15	Yes	Yes	Yes	Yes	No	No	Yes*	No	No	No	No	Yes	Yes	Yes	Yes	N/C	N/C	N/C	Yes	No	N/C	N/C	N/C	Yes	
OCT	97167						Occupational Therapy Evaluation, High Complexity	MH	Visit	11, 15	Yes	Yes	Yes	Yes	No	No	Yes*	No	No	No	No	Yes	Yes	Yes	Yes	N/C	N/C	N/C	Yes	No	N/C	N/C	N/C	Yes	
OCT	97168						Re-Evaluation of Occupational Therapy Established Plan of Care	MH	Visit	11, 15	Yes	Yes	Yes	Yes	No	No	Yes*	No	No	No	No	Yes	Yes	Yes	Yes	N/C	N/C	N/C	Yes	No	N/C	N/C	N/C	Yes	
OCT	97530						Therapeutic Activities, one on one patient contact, each 15 minutes	MH	Visit	11, 15	Yes	Yes	Yes	Yes	No	No	Yes*	No	No	No	No	Yes	Yes	Yes	Yes	N/C	N/C	N/C	Yes	No	N/C	N/C	N/C	Yes	
OCT	97535						Self Care/Home Management Training, each 15 min.	MH	Visit	11, 15	Yes	Yes	Yes	Yes	No	No	Yes*	No	No	No	No	Yes	Yes	Yes	Yes	N/C	N/C	N/C	Yes	No	N/C	N/C	N/C	Yes	
OCT	97537						Community/Work Reintegration Training, each 15 min.	MH	Visit	11, 15	Yes	Yes	Yes	Yes	No	No	Yes*	No	No	No	No	Yes	Yes	Yes	Yes	N/C	N/C	N/C	Yes	No	N/C	N/C	N/C	Yes	
OCT	97532						Development of Cognitive Skills, each 15 minutes	MH	Visit	11, 15	Yes	Yes	Yes	Yes	No	No	Yes*	No	No	No	No	Yes	Yes	Yes	Yes	N/C	N/C	N/C	Yes	No	N/C	N/C	N/C	Yes	
OCT	97150						Therapeutic Procedure, group (2 or more individuals)	MH	Visit	11, 15	Yes	Yes	Yes	Yes	No	No	Yes*	No	No	No	No	Yes	Yes	Yes	Yes	N/C	N/C	N/C	Yes	No	N/C	N/C	N/C	Yes	
OCT	97004						Reevaluation (per 15 minutes)	MH	Visit	11, 15	Yes	Yes	Yes	Yes	No	No	Yes*	No	No	No	No	Yes	Yes	Yes	Yes	N/C	N/C	N/C	Yes	No	N/C	N/C	N/C	Yes	

ation 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*	No	No	No	No	Yes	No	No	No	N/C	N/C	N/C	No	No	N/C	N/C	N/C	No
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*	No	No	No	No	Yes	Yes	Yes	Yes	N/C	N/C	N/C	Yes	No	N/C	N/C	N/C	Yes
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*	No	No	No	No	Yes	Yes	Yes	Yes	N/C	N/C	N/C	Yes	No	N/C	N/C	N/C	Yes
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*	No	No	No	No	Yes	Yes	Yes	Yes	N/C	N/C	N/C	Yes	No	N/C	N/C	N/C	Yes

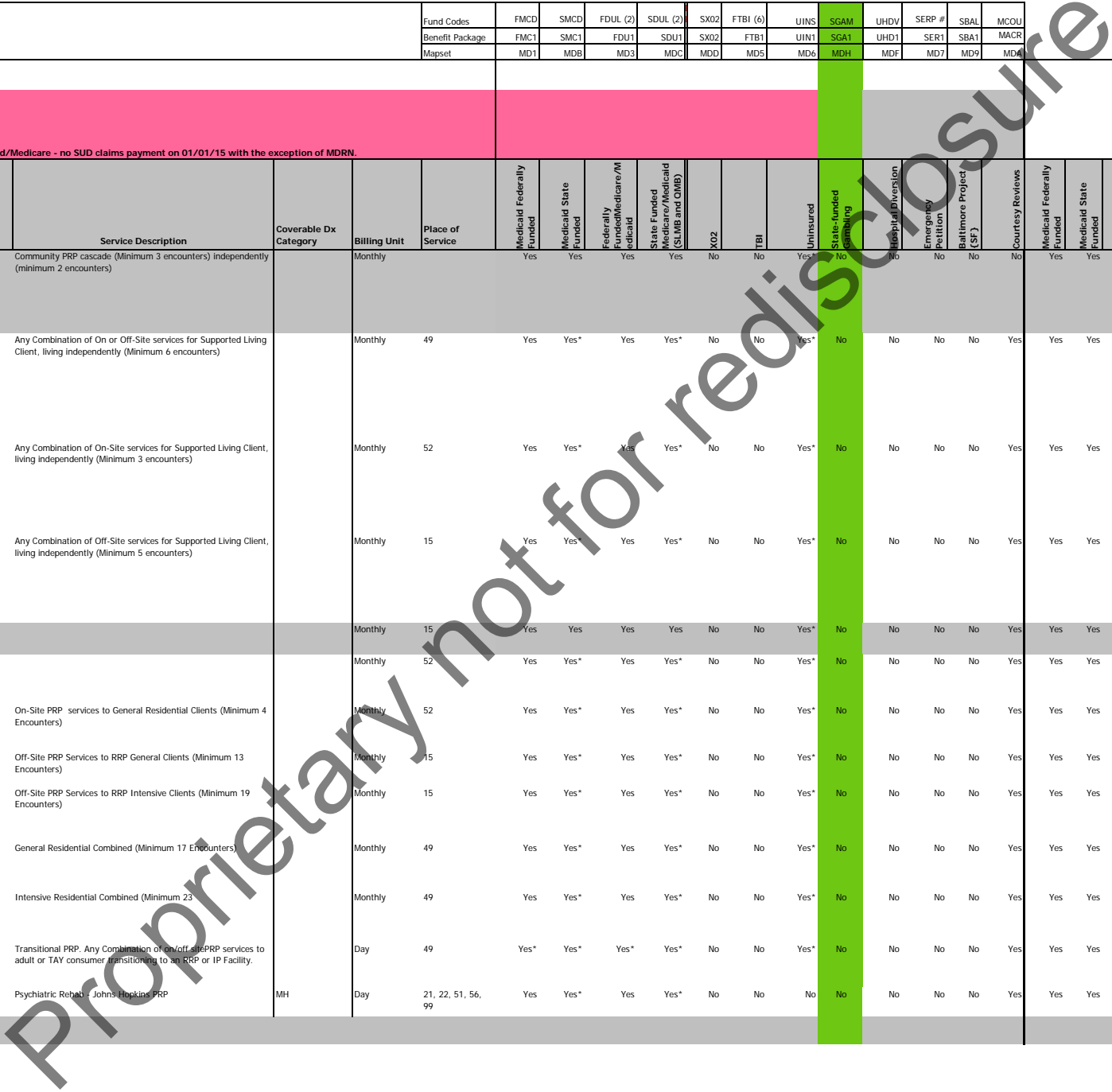
Fund Codes	FMCD	SMCD	FDUL (2)	SDUL (2)	SK02	FTBI (6)	UINS	SGAM	UHDV	SERP #	SBAL	MCOU
Benefit Package	FMC1	SMC1	FDU1	SDU1	SK02	FTB1	UIN1	SGA1	UHD1	SER1	SBA1	MACR
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PR1	H2018 Mod in Auth - 15						Community PRP cascade (Minimum 3 encounters) independently (minimum 2 encounters)		Monthly		Yes	Yes	Yes	Yes	No	No	Yes*	No	No	No	No	No	Yes	Yes	Yes	Yes	N/C	N/C	N/C	Yes	No	N/C	N/C	N/C	Yes
PR2	H2018	U3					Any Combination of On or Off-Site services for Supported Living Client, living independently (Minimum 6 encounters)		Monthly	49	Yes	Yes*	Yes	Yes*	No	No	Yes*	No	No	No	No	Yes	Yes	Yes	Yes	N/C	N/C	N/C	Yes	No	N/C	N/C	N/C	Yes	
PR2	H2018	U3					Any Combination of On-Site services for Supported Living Client, living independently (Minimum 3 encounters)		Monthly	52	Yes	Yes*	Yes	Yes*	No	No	Yes*	No	No	No	No	Yes	Yes	Yes	Yes	N/C	N/C	N/C	Yes	No	N/C	N/C	N/C	Yes	
PR2	H2018	U3					Any Combination of Off-Site services for Supported Living Client, living independently (Minimum 5 encounters)		Monthly	15	Yes	Yes	Yes	Yes*	No	No	Yes*	No	No	No	No	Yes	Yes	Yes	Yes	N/C	N/C	N/C	Yes	No	N/C	N/C	N/C	Yes	
PR2	H2018 Mod in Auth - 15								Monthly	15	Yes	Yes	Yes	Yes	No	No	Yes*	No	No	No	No	Yes	Yes	Yes	Yes	N/C	N/C	N/C	Yes	No	N/C	N/C	N/C	Yes	
PR4	H2018	U5							Monthly	52	Yes	Yes*	Yes	Yes*	No	No	Yes*	No	No	No	No	Yes	Yes	Yes	Yes	N/C	N/C	N/C	Yes	No	N/C	N/C	N/C	Yes	
PR3	H2018	U4					On-Site PRP services to General Residential Clients (Minimum 4 Encounters)		Monthly	52	Yes	Yes*	Yes	Yes*	No	No	Yes*	No	No	No	No	Yes	Yes	Yes	Yes	N/C	N/C	N/C	Yes	No	N/C	N/C	N/C	Yes	
PR3	H2018	U4					Off-Site PRP Services to RRP General Clients (Minimum 13 Encounters)		Monthly	15	Yes	Yes*	Yes	Yes*	No	No	Yes*	No	No	No	No	Yes	Yes	Yes	Yes	N/C	N/C	N/C	Yes	No	N/C	N/C	N/C	Yes	
PR4	H2018	U5					Off-Site PRP Services to RRP Intensive Clients (Minimum 19 Encounters)		Monthly	15	Yes	Yes*	Yes	Yes*	No	No	Yes*	No	No	No	No	Yes	Yes	Yes	Yes	N/C	N/C	N/C	Yes	No	N/C	N/C	N/C	Yes	
PR3	H2018	U6					General Residential Combined (Minimum 17 Encounters)		Monthly	49	Yes	Yes*	Yes	Yes*	No	No	Yes*	No	No	No	No	Yes	Yes	Yes	Yes	N/C	N/C	N/C	Yes	No	N/C	N/C	N/C	Yes	
PR4	H2018	U7					Intensive Residential Combined (Minimum 23 Encounters)		Monthly	49	Yes	Yes*	Yes	Yes*	No	No	Yes*	No	No	No	No	Yes	Yes	Yes	Yes	N/C	N/C	N/C	Yes	No	N/C	N/C	N/C	Yes	
PR5	T1023						Transitional PRP. Any Combination of on/off site PRP services to adult or TAY consumer transitioning to an RRP or IP Facility.		Day	49	Yes*	Yes*	Yes*	Yes*	No	No	Yes*	No	No	No	No	Yes	Yes	Yes	Yes	N/C	N/C	N/C	Yes	No	N/C	N/C	N/C	Yes	
PRJ	0911						Psychiatric Rehab - Johns Hopkins PRP	MH	Day	21, 22, 51, 56, 99	Yes	Yes*	Yes	Yes*	No	No	No	No	No	No	No	Yes	Yes	Yes	Yes	N/C	N/C	N/C	N/C	No	N/C	N/C	N/C	Yes	

Hosp OP Behavioral Health Rehabilitation





MARYLAND SERVICE MATRIX 04/08/2019

Fund Codes	FMCD	SMCD	FDUL (2)	SDUL (2)	SK02	FTB1 (6)	UINS	SGAM	UHDV	SERP #	SBAL	MCOU
Benefit Package	FMCI	SMCI	FDU1	SDU1	SK02	FTB1	UIN1	SGA1	UHD1	SER1	SBA1	MACR
Mapset	MD1	MD8	MD3	MDC	MDD	MD5	MD6	MDH	MDI	MD7	MD9	MDA

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PRJ	0911						Hosp OP Behavioral Health Rehabilitation	SUD	7	21, 22, 51, 56, 99	Yes	Yes	Yes	No	No	No	No	No	No	No	No	Yes	Yes	Yes	N/C	N/C	N/C	N/C	N/C	No	No	N/C	N/C	N/C	Yes	
ENC	H2016						Encounter for PRP	MH	Visit	15, 52	Yes	Yes*	Yes	Yes*	No	No	Yes*	No	No	No	No	No	No	No	No	N/C	N/C	N/C	No	No	N/C	N/C	N/C	N/C	Yes	
ENS	H2016	U8					Transitional PRP Encounter	MH	Visit	15, 52	Yes	Yes*	Yes	Yes*	No	No	Yes*	No	No	No	No	No	No	No	No	N/C	N/C	N/C	No	No	N/C	N/C	N/C	N/C	Yes	
RRP Bed																																				
RRP	H0019						Residential Bed Hold	MH	Day	11, 12, 15, 21, 22, 49, 51, 52, 56, 62, 99	Yes*	Yes*	Yes*	Yes*	No	No	Yes*	No	No	No	No	Yes	No	No	No	N/C	N/C	N/C	No	No	N/C	N/C	N/C	N/C	Yes	
	T2048						Residential Room and Board		Day		Yes*	Yes*	Yes*	Yes*	No	No	Yes*	No	N/C	No	No	No	No	No	No	N/C	N/C	N/C	No	No	N/C	N/C	N/C	N/C	Yes	
Housing Services																																				
HOU	S5150						Enhanced Support	MH	Hour	12, 15	Yes	Yes	Yes	Yes	No	No	Yes*	No	No	No	No	Yes	Yes	Yes	Yes	N/C	N/C	N/C	Yes	No	N/C	N/C	N/C	N/C	Yes	
Mobile Treatment																																				
MOB	H0040						Mobile Treatment Monthly (Non-Evidence Based)	MH	Month	11, 12, 15	Yes	Yes	Yes	Yes	No	No	Yes*	No	No	No	No	Yes	Yes	Yes	No	N/C	N/C	N/C	Yes	No	N/C	N/C	N/C	N/C	Yes	
	H0040	52					Mobile Treatment (for Medicare Recipients Monthly)		Month		No	No	Yes	Yes	No	No	Yes*	No	No	No	No	Yes	Yes	Yes	No	N/C	N/C	N/C	Yes	No	N/C	N/C	N/C	N/C	Yes	
	H0040	21					Mobile Treatment - ACT (Evidence Based Practice)		Month		Yes	Yes	Yes	Yes	No	No	Yes*	No	No	No	No	Yes	Yes	Yes	No	N/C	N/C	N/C	Yes	No	N/C	N/C	N/C	N/C	Yes	
	H0040	U9					Mobile Treatment - ACT (for Medicare)		Month		No	No	Yes	Yes	No	No	Yes*	No	No	No	No	Yes	Yes	Yes	No	N/C	N/C	N/C	Yes	No	N/C	N/C	N/C	N/C	Yes	
Respite Care																																				
REA	H0045						Respite Care Services - Not in home (per diem)	MH	Day	11, 52	Yes*	Yes*	Yes	Yes	No	No	Yes	No	No	No	No	Yes	Yes	Yes	Yes	N/C	N/C	N/C	Yes	No	N/C	N/C	N/C	N/C	Yes	
RES	T1005						Respite Care Services - In home		Unit	15	Yes	Yes	Yes	Yes	No	No	Yes	No	No	No	No	Yes	Yes	Yes	No	N/C	N/C	N/C	Yes	No	N/C	N/C	N/C	N/C	Yes	
Residential Crisis Services																																				
	S9485						Residential Crisis Service	MH	Day	11, 12, 15, 21, 51, 52, 56, 62, 99	Yes	Yes	Yes	Yes	No	No	Yes*	No	Yes	No	No	No	Yes	Yes	Yes	Yes	N/C	N/C	N/C	Yes	No	No	N/C	N/C	N/C	Yes
	S5145						Treatment Foster Care	MH	Day		Yes	Yes	Yes	Yes	No	No	Yes*	No	Yes	No	No	No	Yes	Yes	Yes	Yes	N/C	N/C	N/C	Yes	No	No	N/C	N/C	N/C	Yes
	T2048						Residential Room and Board	MH	Day		No	No	No	No	No	No	No	No	Yes	No	No	No	N/C	N/C	N/C	N/C	N/C	N/C	N/C	No	No	N/C	N/C	N/C	N/C	Yes
Supported Employment																																				
IJC	H2023						Supported Employment per 15 minutes (Intensive Job Coaching)	MH	Unit	11, 12, 15, 99	Yes*	Yes*	Yes*	Yes*	No	No	Yes*	No	No	No	No	Yes	Yes	Yes	Yes	N/C	N/C	N/C	Yes	No	N/C	N/C	N/C	N/C	Yes	
PPL	H2024						Supported Employment, Pre-Placement Phase		Unit		Yes*	Yes*	Yes*	Yes*	No	No	Yes*	No	No	No	No	Yes	Yes	Yes	Yes	N/C	N/C	N/C	Yes		N/C	N/C	N/C	N/C	Yes	
JPL	H2024	21					Supported Employment, Job Placement Phase		Unit		Yes*	Yes*	Yes*	Yes*	No	No	Yes*	No	No	No	No	Yes	Yes	Yes	Yes	N/C	N/C	N/C	Yes		N/C	N/C	N/C	N/C	Yes	



MARYLAND SERVICE MATRIX 04/08/2019

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ESS	H2026						Extended Support Services		Monthly		Yes*	Yes*	Yes*	Yes*	No	No	Yes*	No	No	No	No	Yes	Yes	Yes	Yes	N/C	N/C	N/C	Yes	No	N/C	N/C	N/C	Yes				
ESS	H2026	21					Ongoing Support (Evidence Based Practice)		Monthly		Yes	Yes	Yes	Yes	No	No	Yes	No	No	No	No	Yes	Yes	Yes	Yes	N/C	N/C	N/C	Yes	No	N/C	N/C	N/C	Yes				
CLC	S9445		52				Clinic Coordination (Evidence Based Practice)		Unit	11, 15, 49, 52	Yes*	Yes*	Yes*	Yes*	No	No	Yes*	No	No	No	No	Yes	Yes	Yes	Yes	N/C	N/C	N/C	Yes	No	N/C	N/C	N/C	Yes				
	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*	No	No	No	No	Yes	Yes	Yes	Yes	N/C	N/C	N/C	Yes	No	N/C	N/C	N/C	Yes				
ENS	H2016		U1				Encounter for Supported Employment		Unit	11, 15, 52, 99	Yes*	Yes*	Yes*	Yes*	No	No	Yes*	No	No	No	No	No	No	No	No	N/C	N/C	N/C	No	No	N/C	N/C	N/C	No				
Outpatient ECT																																						
PEC	90870						ECT Single Seizure with Monitoring	MH	Unit	11, 22, 53	Yes	Yes	Yes	Yes	No	No	No	No	No	No	No	Yes	Yes	Yes	No	N/C	N/C	N/C	Yes	No	N/C	N/C	N/C	Yes				
PAN	00104						Anesthesia for ECT		Visit		Yes	Yes	Yes	Yes	No	No	No	No	No	No	No	Yes	No (2)	No (2)	No	N/C	N/C	N/C	No (2)	No	N/C	N/C	N/C	Yes				
POH	0901						ECT Facility		Visit		Yes	Yes	Yes	Yes	No	No	No	No	No	No	No	Yes	No (4)	No (4)	No	N/C	N/C	N/C	N/C	No	N/C	N/C	N/C	Yes				
Inpatient ECT Treatment																																						
PEC	90870						ECT Single Seizure	MH	Visit	21, 51, 52, 56	Yes	Yes	Yes	Yes	No	No	No	No	No	No	No	Yes	Yes	Yes	No	N/C	N/C	N/C	N/C	No	N/C	N/C	N/C	Yes				
PAN	00104						Anesthesia for ECT		Visit		Yes	Yes	Yes	Yes	No	No	No	No	No	No	No	Yes	No (4)	No (4)	No	N/C	N/C	N/C	N/C	No	N/C	N/C	N/C	Yes				
POH	0901						ECT Facility		Visit		Yes	Yes	Yes	Yes	No	No	No	No	No	No	No	Yes	No (4)	No (4)	No	N/C	N/C	N/C	N/C	No	N/C	N/C	N/C	Yes				
Psych Testing																																						
TST	0918						Psychological Testing	MH/AUT	Unit	11, 21, 22, 51, 52, 53, 56, 99	Yes	Yes	Yes	Yes	No	No	No	No	No	No	No	Yes	Yes	Yes	No	N/C	N/C	N/C	Yes	No	N/C	N/C	N/C	Yes				
	96130			96131			Psychological Testing	MH/AUT	Unit		Yes	Yes	Yes	Yes	No	No	Yes*	No	No	No	No	Yes	Yes	Yes	Yes	N/C	N/C	N/C	Yes	No	N/C	N/C	N/C	Yes				
	96136			96137			Psychological Testing	MH/AUT	Unit		Yes	Yes	Yes	Yes	No	No	Yes*	No	No	No	No	Yes	Yes	Yes	Yes	N/C	N/C	N/C	Yes	No	N/C	N/C	N/C	Yes				
	96138			96139			Psychological Testing	MH/AUT	Unit		Yes	Yes	Yes	Yes	No	No	Yes*	No	No	No	No	Yes	Yes	Yes	Yes	N/C	N/C	N/C	Yes	No	N/C	N/C	N/C	Yes				
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	No	No	No	No	N/C	N/C	N/C	N/C	N/C	N/C	Yes	Yes	No	N/C	N/C	N/C	No			
T02	W0038						Residential habilitation Level 2 (per day)		Day		No	No	No	No	No	Yes	No	No	No	No	No	No	N/C	N/C	N/C	N/C	N/C	N/C	Yes	Yes	No	N/C	N/C	N/C	No			
T03	W0039						Residential habilitation Level 3 (per day)		Day		No	No	No	No	No	Yes	No	No	No	No	No	No	N/C	N/C	N/C	N/C	N/C	N/C	Yes	Yes	No	N/C	N/C	N/C	No			
T04	W0054						Day habilitation Level 1 (per day)		Day		No	No	No	No	No	Yes	No	No	No	No	No	No	N/C	N/C	N/C	N/C	N/C	N/C	Yes	Yes	No	N/C	N/C	N/C	No			
T05	W0055						Day habilitation Level 2 (per day)		Day		No	No	No	No	No	Yes	No	No	No	No	No	No	N/C	N/C	N/C	N/C	N/C	N/C	Yes	Yes	No	N/C	N/C	N/C	No			



MARYLAND SERVICE MATRIX 04/08/2019

Fund Codes	FMCD	SMCD	FDUL (2)	SDUL (2)	SK02	FTBI (6)	UINS	SGAM	UHDV	SERP #	SBAL	MCOU
Benefit Package	FMCI	SMCI	FDU1	SDU1	SK02	FTB1	UIN1	SGA1	UHD1	SER1	SBA1	MACR
Mapset	MD1	MD8	MD3	MDC	MDD	MD5	MD6	MDH	MDF	MD7	MD9	MDA

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	99242			90833 90836 ----- 90833 90836 90838			Office Consult - MDs only	MH/SUD/POI	Visit	23	Yes	Yes	Yes	Yes	Yes	No	Yes	No	No	No	No	Yes	No	No	No	No	N/C	N/C	No	No	No	N/C	N/C	N/C	No
	99242	GT		90833 90836 90838	GT		Office Consult - MDs only - Via Interactive Audio and Video Telecommunication	MH/SUD/POI	Visit	23	Yes	Yes	Yes	Yes	Yes	No	Yes	No	No	No	No	Yes	No	No	No	No	N/C	N/C	No	No	No	N/C	N/C	N/C	No
	99243			90833 90836 ----- 90833 90836 90838			Office Consult - MDs only	MH/SUD/POI	Visit	23	Yes	Yes	Yes	Yes	Yes	No	Yes	No	No	No	No	Yes	No	No	No	No	N/C	N/C	No	No	No	N/C	N/C	N/C	No
	99243	GT		90833 90836 90838	GT		Office Consult - MDs only - Via Interactive Audio and Video Telecommunication	MH/SUD/POI	Visit	23	Yes	Yes	Yes	Yes	Yes	No	Yes	No	No	No	No	Yes	No	No	No	No	N/C	N/C	No	No	No	N/C	N/C	N/C	No
	99244			90833 90836 ----- 90833 90836 90838			Office Consult - MDs only	MH/SUD/POI	Visit	23	Yes	Yes	Yes	Yes	Yes	No	Yes	No	No	No	No	Yes	No	No	No	No	N/C	N/C	No	No	No	N/C	N/C	N/C	No
	99244	GT		90833 90836 90838	GT		Office Consult - MDs only - Via Interactive Audio and Video Telecommunication	MH/SUD/POI	Visit	23	Yes	Yes	Yes	Yes	Yes	No	Yes	No	No	No	No	Yes	No	No	No	No	N/C	N/C	No	No	No	N/C	N/C	N/C	No
	99245			90833 90836 ----- 90833 90836 90838			Office Consult - MDs only	MH/SUD/POI	Visit	23	Yes	Yes	Yes	Yes	Yes	No	Yes	No	No	No	No	Yes	No	No	No	No	N/C	N/C	No	No	No	N/C	N/C	N/C	No
	99245	GT		90833 90836 90838	GT		Office Consult - MDs only - Via Interactive Audio and Video Telecommunication	MH/SUD/POI	Visit	23	Yes	Yes	Yes	Yes	Yes	No	Yes	No	No	No	No	Yes	No	No	No	No	N/C	N/C	No	No	No	N/C	N/C	N/C	No
Maryland Recovery Net Services – MDRN																																			
MDR	MDR1						Halfway House	SUD		55, 99	Yes	Yes	Yes	Yes	No	No	Yes	No	No	No	Yes	Yes	Yes	Yes	Yes	N/C	N/C	N/C	Yes	No	N/C	N/C	N/C	Yes	
	MDR2						Recovery/Supported Housing			14, 99	Yes	Yes	Yes	Yes	No	No	Yes	No	No	No	Yes	Yes	Yes	Yes	Yes	N/C	N/C	N/C	Yes	No	N/C	N/C	N/C	Yes	
	MDR3						RSAM Intake Interview			57, 99	Yes	Yes	Yes	Yes	No	No	Yes	No	No	No	Yes	Yes	Yes	Yes	Yes	N/C	N/C	N/C	Yes	No	N/C	N/C	N/C	Yes	
	MDR4						Care Coordination Check Ins			57, 99	Yes	Yes	Yes	Yes	No	No	Yes	No	No	No	Yes	Yes	Yes	Yes	Yes	N/C	N/C	N/C	Yes	No	N/C	N/C	N/C	Yes	
	MDR5						Transportation			99	Yes	Yes	Yes	Yes	No	No	Yes	No	No	No	Yes	Yes	Yes	Yes	Yes	N/C	N/C	N/C	Yes	No	N/C	N/C	N/C	Yes	
	MDR6						Vital Documents			57, 99	Yes	Yes	Yes	Yes	No	No	Yes	No	No	No	Yes	Yes	Yes	Yes	Yes	N/C	N/C	N/C	Yes	No	N/C	N/C	N/C	Yes	
	MDR7						Gap Services-Transitional Services			57, 99	Yes	Yes	Yes	Yes	No	No	Yes	No	No	No	Yes	Yes	Yes	Yes	Yes	N/C	N/C	N/C	Yes	No	N/C	N/C	N/C	Yes	
	MDR8						Gap Services - Clothing			57, 99	Yes	Yes	Yes	Yes	No	No	Yes	No	No	No	Yes	Yes	Yes	Yes	Yes	N/C	N/C	N/C	Yes	No	N/C	N/C	N/C	Yes	
	MDR9						Gap Services-Support Services			57, 99	Yes	Yes	Yes	Yes	No	No	Yes	No	No	No	Yes	Yes	Yes	Yes	Yes	N/C	N/C	N/C	Yes	No	N/C	N/C	N/C	Yes	
	MDR10						Gap Services-Medical			57, 99	Yes	Yes	Yes	Yes	No	No	Yes	No	No	No	Yes	Yes	Yes	Yes	Yes	N/C	N/C	N/C	Yes	No	N/C	N/C	N/C	Yes	
	MDR11						Peer Support Intake Interview			11, 55, 57, 99	Yes	Yes	Yes	Yes	No	No	Yes	No	No	No	Yes	Yes	Yes	Yes	Yes	N/C	N/C	N/C	Yes	No	N/C	N/C	N/C	Yes	
	MDR12						Peer Support Encounter			11, 55, 57, 99	Yes	Yes	Yes	Yes	No	No	Yes	No	No	No	Yes	Yes	Yes	Yes	Yes	N/C	N/C	N/C	Yes	No	N/C	N/C	N/C	Yes	
	MDR15						Follow-up Questionnaire Gift Card			11, 55, 57, 99	Yes	Yes	Yes	Yes	No	No	Yes	No	No	No	Yes	Yes	Yes	Yes	Yes	N/C	N/C	N/C	Yes	No	N/C	N/C	N/C	Yes	
	MDR16						Six month follow-up survey/MDRN satisfaction survey			11, 55, 57, 99	Yes	Yes	Yes	Yes	No	No	Yes	No	No	No	Yes	Yes	Yes	Yes	Yes	N/C	N/C	N/C	Yes	No	N/C	N/C	N/C	Yes	
	MDR13						Peer Support Leisure Activity			55, 57, 99	Yes	Yes	Yes	Yes	No	No	Yes	No	No	No	Yes	Yes	Yes	Yes	Yes	N/C	N/C	N/C	Yes	No	N/C	N/C	N/C	Yes	
	MDR14						Peer Support Recovery Call			11, 99	Yes	Yes	Yes	Yes	No	No	Yes	No	No	No	Yes	Yes	Yes	Yes	Yes	N/C	N/C	N/C	Yes	No	N/C	N/C	N/C	Yes	
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	No	No	No	Yes	Yes	Yes	Yes	Yes	N/C	N/C	N/C	Yes	No	N/C	N/C	N/C	Yes	
	T1027	TS					Continuing Care			57, 99	Yes	Yes	Yes	Yes	No	No	Yes	No	No	No	Yes	Yes	Yes	Yes	Yes	N/C	N/C	N/C	Yes	No	N/C	N/C	N/C	Yes	
	T2022						Coordination of Care			57, 99	Yes	Yes	Yes	Yes	No	No	Yes	No	No	No	Yes	Yes	Yes	Yes	Yes	N/C	N/C	N/C	Yes	No	N/C	N/C	N/C	Yes	
	H0038						Recovery Coaching			57, 99	Yes	Yes	Yes	Yes	No	No	Yes	No	No	No	Yes	Yes	Yes	Yes	Yes	N/C	N/C	N/C	Yes	No	N/C	N/C	N/C	Yes	
	H2034						Halfway House 3.1			55, 99	Yes	Yes	Yes	Yes	No	No	Yes	No	No	No	Yes	Yes	Yes	Yes	Yes	N/C	N/C	N/C	Yes	No	N/C	N/C	N/C	Yes	
	H0043						Recovery/Supported Housing			14, 99	Yes	Yes	Yes	Yes	No	No	Yes	No	No	No	Yes	Yes	Yes	Yes	Yes	N/C	N/C	N/C	Yes	No	N/C	N/C	N/C	Yes	
	H0013						Detox (Level 2)			57, 99	Yes	Yes	Yes	Yes	No	No	Yes	No	No	No	Yes	Yes	Yes	Yes	Yes	N/C	N/C	N/C	Yes	No	N/C	N/C	N/C	Yes	
	1004						Moderate Intensity Residential 3.3			55, 99	Yes	Yes	Yes	Yes	No	No	Yes	No	No	No	Yes	Yes	Yes	Yes	Yes	N/C	N/C	N/C	Yes	No	N/C	N/C	N/C	Yes	



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Mapset	MD1	MD8	MD3	MDC	MDD	MD5	MD6	MDH	MDI	MD7	MD9	MDA

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	0660						Moderate Intensity Residential 3.5			55, 99	Yes	Yes	Yes	Yes	No	No	No	Yes	No	No	No	No	Yes	Yes	Yes	Yes	N/C	N/C	N/C	Yes	No	N/C	N/C	N/C	Yes	
	H0012						Detox (Level 3.2)			55, 99	Yes	Yes	Yes	Yes	No	No	No	Yes	No	No	No	No	Yes	Yes	Yes	Yes	N/C	N/C	N/C	Yes	No	N/C	N/C	N/C	Yes	
	1005						High Intensity Residential 3.7			55, 99	Yes	Yes	Yes	Yes	No	No	No	Yes	No	No	No	No	Yes	Yes	Yes	Yes	N/C	N/C	N/C	Yes	No	N/C	N/C	N/C	Yes	
	H0010						Detox (Level 3.7 D)			55, 99	Yes	Yes	Yes	Yes	No	No	No	Yes	No	No	No	No	Yes	Yes	Yes	Yes	N/C	N/C	N/C	Yes	No	N/C	N/C	N/C	Yes	
IFB 8-507 Court Ordered Placement																																				
JUS	COP33						Criminal Justice Service ASAM 3.3	SUD	Day	55	Yes	Yes	Yes	Yes	No	No	No	Yes	No	No	No	No	Yes	Yes	Yes	Yes	N/C	N/C	N/C	Yes	No	N/C	N/C	N/C	Yes	
	COP35						Criminal Justice Service ASAM 3.5		Day	55	Yes	Yes	Yes	Yes	No	No	No	Yes	No	No	No	No	Yes	Yes	Yes	Yes	N/C	N/C	N/C	Yes	No	N/C	N/C	N/C	Yes	
IFB-Pregnant Women, Woman 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	No	Yes	No	No	No	No	Yes	Yes	Yes	Yes	N/C	N/C	N/C	Yes	No	N/C	N/C	N/C	Yes	
	PWC35						Invitation for Bid ASAM 3.5		Day	55	Yes	Yes	Yes	Yes	No	No	No	Yes	No	No	No	No	Yes	Yes	Yes	Yes	N/C	N/C	N/C	Yes	No	N/C	N/C	N/C	Yes	
1915i Waiver																																				
W01	W5014						Art Therapy Individual - certified	MH	45-50 min	11, 99	No	No	No	No	No	No	No	No	No	No	No	No	N/C	N/C	N/C	N/C	N/C	Yes	N/C	N/C	No	N/C	N/C	N/C	No	
	W5015						Art Therapy Group - certified		45-60 min		No	No	No	No	No	No	No	No	No	No	No	No	N/C	N/C	N/C	N/C	N/C	Yes	N/C	N/C	No	N/C	N/C	N/C	No	
	W5026						Art Therapy Individual - certified		75-80 min		No	No	No	No	No	No	No	No	No	No	No	No	N/C	N/C	N/C	N/C	N/C	Yes	N/C	N/C	No	N/C	N/C	N/C	No	
	W5027						Art Therapy Individual - licensed		45-60 min		No	No	No	No	No	No	No	No	No	No	No	No	N/C	N/C	N/C	N/C	N/C	Yes	N/C	N/C	No	N/C	N/C	N/C	No	
	W5028						Art Therapy Individual - licensed		75-80 min		No	No	No	No	No	No	No	No	No	No	No	No	N/C	N/C	N/C	N/C	N/C	Yes	N/C	N/C	No	N/C	N/C	N/C	No	
	W5029						Art Therapy Group - certified		75-80 min		No	No	No	No	No	No	No	No	No	No	No	No	N/C	N/C	N/C	N/C	N/C	Yes	N/C	N/C	No	N/C	N/C	N/C	No	
	W5030						Art Therapy Group - licensed		45-60 min		No	No	No	No	No	No	No	No	No	No	No	No	N/C	N/C	N/C	N/C	N/C	Yes	N/C	N/C	No	N/C	N/C	N/C	No	
	W5031						Art Therapy Group - licensed		75-80 min		No	No	No	No	No	No	No	No	No	No	No	No	N/C	N/C	N/C	N/C	N/C	Yes	N/C	N/C	No	N/C	N/C	N/C	No	
W02	W5012						Dance Therapy Individual - certified		45-50 min	11, 99	No	No	No	No	No	No	No	No	No	No	No	No	N/C	N/C	N/C	N/C	N/C	Yes	N/C	N/C	No	N/C	N/C	N/C	No	
	W5013						Dance Therapy Group - certified		45-60 min		No	No	No	No	No	No	No	No	No	No	No	No	N/C	N/C	N/C	N/C	N/C	Yes	N/C	N/C	No	N/C	N/C	N/C	No	
	W5032						Dance Therapy Individual - certified		75-80 min		No	No	No	No	No	No	No	No	No	No	No	No	N/C	N/C	N/C	N/C	N/C	Yes	N/C	N/C	No	N/C	N/C	N/C	No	
	W5033						Dance Therapy Individual - licensed		45-60 min		No	No	No	No	No	No	No	No	No	No	No	No	N/C	N/C	N/C	N/C	N/C	Yes	N/C	N/C	No	N/C	N/C	N/C	No	
	W5034						Dance Therapy Individual - licensed		75-80 min		No	No	No	No	No	No	No	No	No	No	No	No	N/C	N/C	N/C	N/C	N/C	Yes	N/C	N/C	No	N/C	N/C	N/C	No	
	W5035						Dance Therapy Group - certified		75-80 min		No	No	No	No	No	No	No	No	No	No	No	No	N/C	N/C	N/C	N/C	N/C	Yes	N/C	N/C	No	N/C	N/C	N/C	No	
	W5036						Dance Therapy Group - licensed		45-60 min		No	No	No	No	No	No	No	No	No	No	No	No	N/C	N/C	N/C	N/C	N/C	Yes	N/C	N/C	No	N/C	N/C	N/C	No	
	W5037						Dance Therapy Group - licensed		75-80 min		No	No	No	No	No	No	No	No	No	No	No	No	N/C	N/C	N/C	N/C	N/C	Yes	N/C	N/C	No	N/C	N/C	N/C	No	
W03	W5010						Equine Assisted Therapy Individual - certified		45-50 min	99	No	No	No	No	No	No	No	No	No	No	No	No	N/C	N/C	N/C	N/C	N/C	Yes	N/C	N/C	No	N/C	N/C	N/C	No	
	W5011						Equine Assisted Therapy Group - certified		45-60 min		No	No	No	No	No	No	No	No	No	No	No	No	N/C	N/C	N/C	N/C	N/C	Yes	N/C	N/C	No	N/C	N/C	N/C	No	
	W5044						Equine Assisted Therapy Individual - certified		75-80 min		No	No	No	No	No	No	No	No	No	No	No	No	N/C	N/C	N/C	N/C	N/C	Yes	N/C	N/C	No	N/C	N/C	N/C	No	
	W5045						Equine Assisted Therapy Individual - licensed		45-50 min		No	No	No	No	No	No	No	No	No	No	No	No	N/C	N/C	N/C	N/C	N/C	Yes	N/C	N/C	No	N/C	N/C	N/C	No	
	W5046						Equine Assisted Therapy Individual - licensed		75-80 min		No	No	No	No	No	No	No	No	No	No	No	No	N/C	N/C	N/C	N/C	N/C	Yes	N/C	N/C	No	N/C	N/C	N/C	No	
	W5047						Equine Assisted Therapy Group - certified		75-80 min		No	No	No	No	No	No	No	No	No	No	No	No	N/C	N/C	N/C	N/C	N/C	Yes	N/C	N/C	No	N/C	N/C	N/C	No	
	W5048						Equine Assisted Therapy Group - licensed		45-60 min		No	No	No	No	No	No	No	No	No	No	No	No	N/C	N/C	N/C	N/C	N/C	Yes	N/C	N/C	No	N/C	N/C	N/C	No	
	W5049						Equine Assisted Therapy Group - licensed		75-80 min		No	No	No	No	No	No	No	No	No	No	No	No	N/C	N/C	N/C	N/C	N/C	Yes	N/C	N/C	No	N/C	N/C	N/C	No	
W04	W5020						Horticultural Therapy Individual - certified		45-50 min	99	No	No	No	No	No	No	No	No	No	No	No	No	N/C	N/C	N/C	N/C	N/C	Yes	N/C	N/C	No	N/C	N/C	N/C	No	



MARYLAND SERVICE MATRIX 04/08/2019

Fund Codes	FMCD	SMCD	FDUL (2)	SDUL (2)	SK02	FTBI (6)	UINS	SGAM	UHDV	SERP #	SBAL	MCOU
Benefit Package	FMCI	SMCI	FDU1	SDU1	SK02	FTB1	UIN1	SGA1	UHD1	SER1	SBA1	MACR
Mapset	MD1	MD8	MD3	MDC	MDD	MD5	MD6	MDH	MDI	MD7	MD9	MDA

NOTE: Uninsured, Hospital Diverson, State Funded Medicaid, State Funded Duals Medicaid/Medicare - no SUD claims payment on 01/01/15 with the exception of MDRN.

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Reason Auth Service Class	CPT/Rev Code	Modifier 1	Modifier 2	Add on Codes	Modifier 1	Modifier 2	Service Description	Coverable Dx Category	Billing Unit	Place of Service	Medicaid Federally Funded	Medicaid State Funded	Federally Funded/Medicare/Medicaid	State Funded Medicare/Medicaid (SLMB and OMB)	X02	FTBI	Uninsured	State-funded Gambling	Hospital Diversion	Emergency Petition	Baltimore Project (SF)	Courtesy Reviews	Medicaid Federally Funded	Medicaid State Funded	Federally Funded/Medicare/Medicaid	State Funded Medicare/Medicaid (SLMB and OMB)	X02	1915I	FTBI	Uninsured	State-funded Gambling	Hospital Diversion	Emergency Petition	Baltimore Project	Courtesy Reviews	
W10	W5021						Horticultural Therapy Group - certified		45-60 min		No	No	No	No	No	No	No	No	No	No	No	No	N/C	N/C	N/C	N/C	N/C	Yes	N/C	N/C	No	N/C	N/C	N/C	No	
	W5050						Horticultural Therapy Individual - certified		75-80 min		No	No	No	No	No	No	No	No	No	No	No	No	N/C	N/C	N/C	N/C	N/C	Yes	N/C	N/C	No	N/C	N/C	N/C	No	
	W5051						Horticultural Therapy Individual - licensed		45-80 min		No	No	No	No	No	No	No	No	No	No	No	No	N/C	N/C	N/C	N/C	N/C	Yes	N/C	N/C	No	N/C	N/C	N/C	No	
	W5052						Horticultural Therapy Individual - licensed		75-80 min		No	No	No	No	No	No	No	No	No	No	No	No	N/C	N/C	N/C	N/C	N/C	Yes	N/C	N/C	No	N/C	N/C	N/C	No	
	W5053						Horticultural Therapy Group - certified		75-80 min		No	No	No	No	No	No	No	No	No	No	No	No	N/C	N/C	N/C	N/C	N/C	Yes	N/C	N/C	No	N/C	N/C	N/C	No	
	W5054						Horticultural Therapy Group - licensed		45-60 min			No	No	No	No	No	No	No	No	No	No	No	No	N/C	N/C	N/C	N/C	N/C	Yes	N/C	N/C	No	N/C	N/C	N/C	No
	W5055						Horticultural Therapy Group - licensed		75-80 min			No	No	No	No	No	No	No	No	No	No	No	No	N/C	N/C	N/C	N/C	N/C	Yes	N/C	N/C	No	N/C	N/C	N/C	No
	W5022						Face to face caregiver peer to peer support		15 min unit	11,12, 99		No	No	No	No	No	No	No	No	No	No	No	No	N/C	N/C	N/C	N/C	N/C	Yes	N/C	N/C	No	N/C	N/C	N/C	No
	W5023						Collateral (telephonic) caregiver peer to peer support		15 min unit			No	No	No	No	No	No	No	No	No	No	No	No	N/C	N/C	N/C	N/C	N/C	Yes	N/C	N/C	No	N/C	N/C	N/C	No
	W5024						Mobile Crisis and Stabilization		15 min unit	12, 99		No	No	No	No	No	No	No	No	No	No	No	No	N/C	N/C	N/C	N/C	N/C	Yes	N/C	N/C	No	N/C	N/C	N/C	No
W5025						Crisis Assessment		Hour			No	No	No	No	No	No	No	No	No	No	No	No	N/C	N/C	N/C	N/C	N/C	Yes	N/C	N/C	No	N/C	N/C	N/C	No	
W05	W5016						Music Therapy Individual - certified		45-50 min	11, 99	No	No	No	No	No	No	No	No	No	No	No	No	N/C	N/C	N/C	N/C	N/C	Yes	N/C	N/C	No	N/C	N/C	N/C	No	
	W5017						Music Therapy Group - certified		45-60 min		No	No	No	No	No	No	No	No	No	No	No	No	No	N/C	N/C	N/C	N/C	N/C	Yes	N/C	N/C	No	N/C	N/C	N/C	No
	W5038						Music Therapy Individual - certified		75-80 min		No	No	No	No	No	No	No	No	No	No	No	No	N/C	N/C	N/C	N/C	N/C	Yes	N/C	N/C	No	N/C	N/C	N/C	No	
	W5039						Music Therapy Individual - licensed		45-50 min		No	No	No	No	No	No	No	No	No	No	No	No	No	N/C	N/C	N/C	N/C	N/C	Yes	N/C	N/C	No	N/C	N/C	N/C	No
	W5040						Music Therapy Individual - licensed		75-80 min		No	No	No	No	No	No	No	No	No	No	No	No	No	N/C	N/C	N/C	N/C	N/C	Yes	N/C	N/C	No	N/C	N/C	N/C	No
	W5041						Music Therapy Group - certified		75-80 min		No	No	No	No	No	No	No	No	No	No	No	No	No	N/C	N/C	N/C	N/C	N/C	Yes	N/C	N/C	No	N/C	N/C	N/C	No
	W5042						Music Therapy Group - licensed		45-60 min		No	No	No	No	No	No	No	No	No	No	No	No	No	N/C	N/C	N/C	N/C	N/C	Yes	N/C	N/C	No	N/C	N/C	N/C	No
	W5043						Music Therapy Group - licensed		75-80 min		No	No	No	No	No	No	No	No	No	No	No	No	No	N/C	N/C	N/C	N/C	N/C	Yes	N/C	N/C	No	N/C	N/C	N/C	No
W06	W5018						Drama Therapy Individual - certified		45-50 min	11, 99	No	No	No	No	No	No	No	No	No	No	No	No	N/C	N/C	N/C	N/C	N/C	Yes	N/C	N/C	No	N/C	N/C	N/C	No	
	W5019						Drama Therapy Group - certified		45-60 min		No	No	No	No	No	No	No	No	No	No	No	No	No	N/C	N/C	N/C	N/C	N/C	Yes	N/C	N/C	No	N/C	N/C	N/C	No
	W5056						Drama Therapy Individual - certified		75-80 min		No	No	No	No	No	No	No	No	No	No	No	No	N/C	N/C	N/C	N/C	N/C	Yes	N/C	N/C	No	N/C	N/C	N/C	No	
	W5057						Drama Therapy Individual - licensed		45-60 min		No	No	No	No	No	No	No	No	No	No	No	No	No	N/C	N/C	N/C	N/C	N/C	Yes	N/C	N/C	No	N/C	N/C	N/C	No
	W5058						Drama Therapy Individual - licensed		75-80 min		No	No	No	No	No	No	No	No	No	No	No	No	No	N/C	N/C	N/C	N/C	N/C	Yes	N/C	N/C	No	N/C	N/C	N/C	No
	W5059						Drama Therapy Group - certified		75-80 min		No	No	No	No	No	No	No	No	No	No	No	No	No	N/C	N/C	N/C	N/C	N/C	Yes	N/C	N/C	No	N/C	N/C	N/C	No
	W5060						Drama Therapy Group - licensed		45-60 min		No	No	No	No	No	No	No	No	No	No	No	No	No	N/C	N/C	N/C	N/C	N/C	Yes	N/C	N/C	No	N/C	N/C	N/C	No
	W5061						Drama Therapy Group - licensed		75-80 min		No	No	No	No	No	No	No	No	No	No	No	No	No	N/C	N/C	N/C	N/C	N/C	Yes	N/C	N/C	No	N/C	N/C	N/C	No
W07	W5000						Respite Care In Home/Community Based		Hour	12, 99	No	No	No	No	No	No	No	No	No	No	No	No	N/C	N/C	N/C	N/C	N/C	Yes	N/C	N/C	No	N/C	N/C	N/C	No	
	W5001						Respite Care Residential/Out of Home		Hour (minimum of 12 hrs)	12,99	No	No	No	No	No	No	No	No	No	No	No	No	N/C	N/C	N/C	N/C	N/C	Yes	N/C	N/C	No	N/C	N/C	N/C	No	
W12	W5062						Intensive In Home Services (EBP option)		Visit (Weekly)	12	No	No	No	No	No	No	No	No	No	No	No	No	N/C	N/C	N/C	N/C	N/C	Yes	N/C	N/C	No	N/C	N/C	N/C	No	
	W5063						Intensive In Home Services (non-EBP option)		Visit (Weekly)		No	No	No	No	No	No	No	No	No	No	No	No	No	N/C	N/C	N/C	N/C	N/C	Yes	N/C	N/C	No	N/C	N/C	N/C	No
W09	W5066						Customized Goods and Services		?	99	No	No	No	No	No	No	No	No	No	No	No	No	N/C	N/C	N/C	N/C	N/C	Yes	N/C	N/C	No	N/C	N/C	N/C	No	
AMB	Transport						Ambulance service, BLS, emergency transport, mileage, and disposable supplies separately billed	MH	Unit	41, 42	No	No	No	No	No	No	No	No	No	No	No	No	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	No	N/C	Yes	N/C	No	

Fund Codes	FMCD	SMCD	FDUL (2)	SDUL (2)	SK02	FTBI (6)	UINS	SGAM	UHDV	SERP #	SBAL	MCOU
Benefit Package	FMCI	SMCI	FDU1	SDU1	SK02	FTB1	UIN1	SGA1	UHD1	SER1	SBA1	MACR
Mapset	MD1	MD2	MD3	MD4	MD5	MD6	MD7	MD8	MD9	MDA		

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Reason/ Auth Service Class	CPT/Rev Code	Modifier 1	Modifier 2	Add on Codes	Modifier 1	Modifier 2	Service Description	Coverable Dx Category	Billing Unit	Place of Service	Medicaid Federally Funded	Medicaid State Funded	Federally Funded/Medicare/Medicaid	State Funded Medicare/Medicaid (SLMB and OMB)	X02	TBI	Uninsured	State-funded Gambling	Hospital Diversion	Emergency Petition	Baltimore Project (SF)	Courtesy Reviews	Medicaid Federally Funded	Medicaid State Funded	Federally Funded/Medicare/Medicaid	State Funded Medicare/Medicaid (SLMB and OMB)	X02	1915I	TBI	Uninsured	State-funded Gambling	Hospital Diversion	Emergency Petition	Baltimore Project	Courtesy Reviews
	A0380						BLS Mileage (Per Mile)		Unit		No	No	No	No	No	No	No	No	No	No	No	No	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	No	No	No	No	No
	A0080						Non-Emergency transportation; Per Mile volunteer, with no vested or personal interest.		Unit		No	No	No	No	No	No	No	No	No	Yes	No	No	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	No	No	Yes	N/C	No
	A0170						Non-Emergency transportation; ancillary, parking fees, tolls		Unit		No	No	No	No	No	No	No	No	No	Yes	No	No	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	No	No	Yes	N/C	No
LAB	Lab Services																																		
	36415						Collection blood by Venipuncture	MH	Visit	11, 21, 22, 23, 53, 81	Yes	Yes	Yes	Yes	Yes	No	Yes*	No	Yes	No	No	No	No	No	No	No	N/C	N/C	N/C	No	No	No	No	No	No
	36415		HW				Collection blood by Venipuncture		Visit		Yes	Yes	Yes	Yes	Yes	No	Yes*	No	Yes	No	No	No	No	No	No	No	N/C	N/C	N/C	No	No	No	No	No	No
	80002-89999						Lab Services	MH	Visit		Yes	Yes	Yes	Yes	Yes	No	Yes*	No	Yes	No	Yes	No	No	No	No	No	N/C	N/C	N/C	No	No	No	No	No	No
	80300 - 80304? (replacing 80101)						Drug Screen, Single Drug Class, Each Drug Class	MH	Visit		Yes	Yes	Yes	Yes	Yes	No	Yes*	No	Yes	No	Yes	No	No	No	No	No	N/C	N/C	N/C	No	No	No	No	No	No
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	Yes	No	No	Yes	Yes	No	No	No	No	No	No	No	No	N/C	N/C	N/C	No	No	N/C	N/C	N/C	N/C
	G0431						Drug screening, qualitative; multiple classes by high complexity test method, per patient encounter				Yes	Yes	Yes	No	No	No	No	Yes	No	No	No	No	No	No	No	No	N/C	N/C	N/C	No	No	N/C	N/C	N/C	N/C
	G0434						Drug Screen, Other than Chromatographic, any number of drug classes, by CLIA waived test or Moderate Complexity Test per patient encounter.				Yes	Yes	Yes	No	No	No	No	Yes	No	No	No	No	No	No	No	N/C	N/C	N/C	N/C	No	No	N/C	N/C	N/C	N/C
	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	Yes	No	No	Yes	Yes	No	No	No	No	No	No	No	No	N/C	N/C	N/C	No	No	N/C	N/C	N/C	N/C
	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 immunoassay, or other methods				Yes	Yes	Yes	Yes	No	No	Yes	Yes	No	No	No	No	No	No	No	No	N/C	N/C	N/C	No	No	N/C	N/C	N/C	N/C
	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	Yes	No	No	Yes	Yes	No	No	No	No	No	No	No	No	N/C	N/C	N/C	No	No	N/C	N/C	N/C	N/C
	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	Yes	No	No	No	No	No	No	No	No	N/C	N/C	N/C	No	No	N/C	N/C	N/C	N/C
	G0482						Definitive drug testing utilizing drug id methods able to identify individual drugs and distinguish between structural isomers; per day, 15-21 drug classes				No	No	No	No	No	No	No	Yes	No	No	No	No	No	No	No	No	N/C	N/C	N/C	No	No	N/C	N/C	N/C	N/C
	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				No	No	No	No	No	No	No	Yes	No	No	No	No	No	No	No	No	N/C	N/C	N/C	No	No	N/C	N/C	N/C	N/C
	G6031						Benzodiazepines				Yes	Yes	Yes	No	No	No	No	Yes	No	No	No	No	No	No	No	No	N/C	N/C	N/C	No	No	N/C	N/C	N/C	N/C
	G6040						Alcohol; any specimen except breath				Yes	Yes	Yes	No	No	No	No	Yes	No	No	No	No	No	No	No	No	N/C	N/C	N/C	No	No	N/C	N/C	N/C	N/C
	G6042						Amphetamine or Methamphetamine				Yes	Yes	Yes	No	No	No	No	Yes	No	No	No	No	No	No	No	No	N/C	N/C	N/C	No	No	N/C	N/C	N/C	N/C
	G6043						Barbiturates; NOS				Yes	Yes	Yes	No	No	No	No	Yes	No	No	No	No	No	No	No	No	N/C	N/C	N/C	No	No	N/C	N/C	N/C	N/C
	G6044						Cocaine or Metabolite				Yes	Yes	Yes	No	No	No	No	Yes	No	No	No	No	No	No	No	No	N/C	N/C	N/C	No	No	N/C	N/C	N/C	N/C
	G6053						Methadone				Yes	Yes	Yes	No	No	No	No	Yes	No	No	No	No	No	No	No	No	N/C	N/C	N/C	No	No	N/C	N/C	N/C	N/C
	G6056						Opiate(s), drug and metabolites, each procedure				Yes	Yes	Yes	No	No	No	No	Yes	No	No	No	No	No	No	No	No	N/C	N/C	N/C	No	No	N/C	N/C	N/C	N/C
	80348						Buprenorphine				Yes	Yes	Yes	No	No	No	No	Yes	No	No	No	No	No	No	No	No	N/C	N/C	N/C	No	No	N/C	N/C	N/C	N/C
LB6	96372		HG				Therapeutic injection; SUD only	SUD	Visit	11, 53	Yes	Yes	Yes	Yes	Yes	No	Yes*	No	Yes	No	No	No	No	No	No	No	N/C	N/C	N/C	No	No	No	No	No	N/C

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											Yes	Yes	Yes	Yes	Yes	No	Yes	No	Yes	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No
LAB	96372						Therapeutic Injection	MH	Visit	11, 53	Yes	Yes	Yes	Yes	Yes	No	Yes	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No		
LB2	0300; 0301; 0302; 0304; 0305; 0306; 0307; 0309; 0310; 0311; 0312; 0730						Lab & EKG Services	MH	Day	21, 22, 23	Yes	Yes	Yes	Yes	Yes	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	
LB2	0637						Self Administered Drugs	MH	Day	21, 22, 23	Yes	Yes	Yes	Yes	Yes	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	
LB3	0940						Therapeutic Injection	MH	Day	11, 21, 22, 23, 53, 81	Yes	Yes	Yes	Yes	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	
	0221						Special Charges - Admission Charge	MH; SUD		11, 12, 13, 21, 22, 32, 33, 34, 51, 52, 53, 56, 62, 71, 72, 99	Yes	Yes***	Yes	Yes***	Yes	No	Yes***	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No
	0250						Pharmacy - General Classification	*POI DX		*21, 22, 23, 51, 56	Yes	Yes***	Yes	Yes***	Yes	No	Yes***	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	
	0251						Pharmacy - General Drugs	MH, SUD, Preg DX w/BH DX as secondary DX,		21, 22, 23	Yes	Yes***	Yes	Yes***	Yes	No	Yes***	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	
	0257						Pharmacy - Non Prescription Drugs				Yes	Yes***	Yes	Yes***	Yes	No	Yes***	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	
	0258						Pharmacy - IV Solutions				Yes	No	Yes	No	Yes	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	
	0259						Pharmacy - Other Pharmacy				Yes	No	Yes	No	Yes	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	
	0260						Equipment for and administration of Ivs				Yes	No	Yes	No	Yes	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	
	0270						Medl/Surg Supplies and Devices General				Yes	No	Yes	No	Yes	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	
	0271						Medl/Surg Supplies				Yes	No	Yes	No	Yes	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	
	0272						Med/Surg Supplies and Devices - Sterile				Yes	No	Yes	No	Yes	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	
	0300						Laboratory - General Classification	MH/SUD		11, 12, 13, 21, 22, 23, 32, 33, 34, 52, 53, 62, 71, 72	Yes	Yes***	Yes	Yes***	Yes	No	Yes***	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No
	0301						Laboratory - Chemistry				Yes	Yes***	Yes	Yes***	Yes	No	Yes***	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	
	0302						Laboratory - Immunology	*POI DX		*21, 22, 23, 51, 56	Yes	Yes***	Yes	Yes***	Yes	No	Yes***	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No
	0304						Non-Routine Dialysis				Yes	No	Yes	No	Yes	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	
	0305						Laboratory - Hematology			21, 51, 56, 99	Yes	Yes***	Yes	Yes***	Yes	No	Yes***	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No
	0306						Laboratory - Bacteriology & Microbiology				Yes	Yes***	Yes	Yes***	Yes	No	Yes***	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No
	0307						Laboratory - Urology				Yes	Yes***	Yes	Yes***	Yes	No	Yes***	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	
	0309						Laboratory - Other				Yes	Yes***	Yes	Yes***	Yes	No	Yes***	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	
	0310						Laboratory Pathology - General				Yes	No	Yes	No	Yes	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	
	0311						Laboratory Pathological - Cytology				Yes	No	Yes	No	Yes	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	
	0312						Histology				Yes	No	Yes	No	Yes	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No		

Fund Codes	FMCD	SMCD	FDUL (2)	SDUL (2)	SK02	FTBI (6)	UINS	SGAM	UHDV	SERP #	SBAL	MCOU
Benefit Package	FMCI	SMCI	FDU1	SDU1	SK02	FTB1	UIN1	SGA1	UHD1	SER1	SBA1	MACR
Mapset	MD1	MD8	MD3	MDC	MDD	MD5	MD6	MDH	MDF	MD7	MD9	MDA

NOTE: Uninsured, Hospital Diverson, State Funded Medicaid, State Funded Duals Medicaid/Medicare - no SUD claims payment on 01/01/15 with the exception of MDRN.

Reason Auth Service Class	CPT/Rev Code	Modifier 1	Modifier 2	Add on Codes	Modifier 1	Modifier 2	Service Description	Coverable Dx Category	Billing Unit	Place of Service	Medicaid Federally Funded	Medicaid State Funded	Federally Funded/Medicare/Medicaid	State Funded Medicare/Medicaid (SLMB and OMB)	X02	FTBI	Uninsured	State-funded Gambling	Hospital Diversion	Emergency Petition	Baltimore Project (SF)	Courtesy Reviews	Medicaid Federally Funded	Medicaid State Funded	Federally Funded/Medicare/Medicaid	State Funded Medicare/Medicaid (SLMB and OMB)	X02	19151	FTBI	Uninsured	State-funded Gambling	Hospital Diversion	Emergency Petition	Baltimore Project	Courtesy Reviews			
											Yes	Yes***	Yes	Yes***	Yes	No	Yes***	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No
	0320						Radiology-Diagnostic General Class	*POI DX		*21, 23, 51, 56	Yes	Yes***	Yes	Yes***	Yes	No	Yes***	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No			
	0321						Angiocardiography				Yes	No	Yes	No	Yes	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No		
	0324						Radiology-Diagnostic Chest X-Ray				Yes	Yes***	Yes	Yes***	Yes	No	Yes***	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	
	0333						Radiation Therapy				Yes	No	Yes	No	Yes	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	
	0335						Chemotherapy Administration - IV				Yes	No	Yes	No	Yes	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	
	0340						Nuclear Medicine - Diagnostic Procedures				Yes	No	Yes	No	Yes	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	
	0341						Nuclear Medicine - General				Yes	No	Yes	No	Yes	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	
	0349						Nuclear Medicine - Other				Yes	No	Yes	No	Yes	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	
	0350						CT Scan - General				Yes	No	Yes	No	Yes	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No
	0351						CT Scan - Head				Yes	No	Yes	No	Yes	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No
	0352						CT Scan - Body				Yes	No	Yes	No	Yes	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No
	0360						Operating Room Services - General				Yes	No	Yes	No	Yes	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No
	0361						Operating Room Services - Minor Surgery				Yes	No	Yes	No	Yes	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No
	0370						Anesthesia - General				Yes	No	Yes	No	Yes	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No
	0390						Blood - General				Yes	No	Yes	No	Yes	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No
	0391						Blood - Administration (transfusion)				Yes	No	Yes	No	Yes	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No
	0402						Ultrasound				Yes	No	Yes	No	Yes	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No
	0404						Positron Emission Tomography (PET)				Yes	No	Yes	No	Yes	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No
	0410						Respiratory Services - General				Yes	No	Yes	No	Yes	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No
	0412						Respiratory Services - Inhalation				Yes	No	Yes	No	Yes	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No
	0420						Physical Therapy - General				Yes	No	Yes	No	Yes	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No
	0424						Physical Therapy - Eval/Re-Eval				Yes	No	Yes	No	Yes	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No
	0430						Occupational Therapy - General				Yes	Yes***	Yes	Yes***	Yes	No	Yes***	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No
	0433						Occupational Therapy - Group				Yes	Yes***	Yes	Yes***	Yes	No	Yes***	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No
	0434						Occupational Therapy - Eval				Yes	Yes***	Yes	Yes***	Yes	No	Yes***	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No
	0440						Speech/Language Pathology - General				Yes	No	Yes	No	Yes	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No
	0444						Speech/Language Path - Eval/Re-Eval				Yes	No	Yes	No	Yes	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No
	0460						Pulmonary Function - General				Yes	No	Yes	No	Yes	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No
	0480						Cardiology - General				Yes	No	Yes	No	Yes	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No

Proprietary not for redistribution

Fund Codes	FMCD	SMCD	FDUL (2)	SDUL (2)	SK02	FTBI (6)	UINS	SGAM	UHDV	SERP #	SBAL	MCOU
Benefit Package	FMC1	SMC1	FDU1	SDU1	SK02	FTB1	UIN1	SGA1	UHD1	SER1	SBA1	MACR
Mapset	MD1	MD8	MD3	MDC	MDD	MD5	MD6	MDH	MDI	MD7	MD9	MD4

NOTE: Uninsured, Hospital Diversion, State Funded Medicaid, State Funded Duals Medicaid/Medicare - no SUD claims payment on 01/01/15 with the exception of MDRN.

Pre-Authorization Required

Reason/Auth Service Class	CPT/Rev Code	Modifier 1	Modifier 2	Add on Codes	Modifier 1	Modifier 2	Service Description	Coverable Dx Category	Billing Unit	Place of Service	Medicaid Federally Funded	Medicaid State Funded	Federally Funded/Medicare/Medicaid	State Funded Medicare/Medicaid (SLMB and OMB)	X02	TBI	Uninsured	State-funded Gambling	Hospital Diversion	Emergency Petition	Baltimore Project (SF)	Courtesy Reviews	Medicaid Federally Funded	Medicaid State Funded	Federally Funded/Medicare/Medicaid	State Funded Medicare/Medicaid (SLMB and OMB)	X02	1915I	TBI	Uninsured	State-funded Gambling	Hospital Diversion	Emergency Petition	Baltimore Project	Courtesy Reviews		
	0919						Psychiatric/Psychological Services - Other				Yes	Yes***	Yes	Yes***	Yes	No	Yes**	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	
	0929						Other Diagnostic Services				Yes	Yes***	Yes	Yes***	Yes	No	Yes***	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	
	0509						Other Outpatient Care	MH/SUD/POI/PDX		21, 51, 56, 99	Yes	No	Yes	No	Yes	No	No	No	No	No	No	No	No	N/C	No	N/C	No	N/C	N/C	No	N/C	N/C	N/C	N/C	N/C	N/C	N/C
	0949						Other Therapeutic Services			11, 12, 13, 32, 33, 34, 62, 71, 99	Yes	No	Yes	No	Yes	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No
	0901						ECT Facility	MH		12, 13, 32, 33, 34, 62, 71, 99	Yes	No	Yes	No	Yes	No	No	No	No	No	No	No	No	No	No	No	N/C	N/C	No	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C

ABA Services

ABT	97153			N/A			Adaptive behavior treatment by protocol, administered by technician under the direction of physician or other QHP, face-to-face with one patient, each 15 minutes.	AUT	15 Mins.	03, 11, 12, 14, 49, 53	Yes	No	Yes	No	No	No	No	No	No	No	No	No	Yes	No	Yes	No	No	No	No	No	No	No	No	No	No	No	No	
ABT	97154			N/A			Group adaptive behavior treatment by protocol, administered by technician under the direction of a physician or other QHP, face-to-face with 2 or more patients, each 15 minutes.	AUT	15 Mins.	03, 11, 12, 14, 49, 53	Yes	No	Yes	No	No	No	No	No	No	No	No	No	Yes	No	Yes	No	No	No	No	No	No	No	No	No	No	No	No	
ABF	97156			N/A			Family adaptive behavior treatment guidance administered by physician or other QHP (without the patient present), face-to-face with guardian(s)/caregiver(s), each 15 minutes.	AUT	15 Mins.	03, 11, 12, 14, 49, 53	Yes	No	Yes	No	No	No	No	No	No	No	No	No	Yes	No	Yes	No	No	No	No	No	No	No	No	No	No	No	No	No
ABH	97156	U2		N/A			Family adaptive behavior treatment guidance administered by physician or other QHP (with the patient present), face-to-face with guardian(s)/caregiver(s), each 15 minutes.	AUT	15 Mins.	03, 11, 12, 14, 49, 53	Yes	No	Yes	No	No	No	No	No	No	No	No	No	Yes	No	Yes	No	No	No	No	No	No	No	No	No	No	No	No	No
ABF	97157			N/A			Multiple-family group adaptive behavior treatment guidance administered by physician or other qualified healthcare professional (without the patient present) face-to-face with multiple sets of guardian(s)/caregiver(s).	AUT	15 Mins.	03, 11, 12, 14, 49, 53	Yes	No	Yes	No	No	No	No	No	No	No	No	No	Yes	No	Yes	No	No	No	No	No	No	No	No	No	No	No	No	No
ABG	97158			N/A			Group adaptive behavior treatment with protocol modifications, administered by a physician or other QHP, face-to-face with multiple patient's, each 15 minutes.	AUT	15 Mins.	03, 11, 12, 14, 49, 53	Yes	No	Yes	No	No	No	No	No	No	No	No	No	Yes	No	Yes	No	No	No	No	No	No	No	No	No	No	No	No	No
ABO	97151			N/A			Behavior identification assessment, administered by a physician or other qualified healthcare professional, each 15 minutes of the physician's or other QHP's time face-to-face with patient, and/or guardian(s) administering assessments and discussing findings and recommendations, and non face-to-face analyzing past data, scoring/interpreting the assessment, and preparing the report/treatment plan.	AUT	15 Mins.	03, 11, 12, 14, 49, 53	Yes	No	Yes	No	No	No	No	No	No	No	No	No	Yes	No	Yes	No	No	No	No	No	No	No	No	No	No	No	No	No



MARYLAND SERVICE MATRIX 04/08/2019

Fund Codes	FMCD	SMCD	FDUL (2)	SDUL (2)	SKO2	FTBI (6)	UINS	SGAM	UHDV	SERP #	SBAL	MCOU
Benefit Package	FMC1	SMC1	FDU1	SDU1	SKO2	FTB1	UIN1	SGA1	UHD1	SER1	SBA1	MACR
Mapset	MD1	MD8	MD3	MDC	MDD	MD5	MD6	MDH	MDF	MD7	MD9	MDA

NOTE: Uninsured, Hospital Diversion, State Funded Medicaid, State Funded Duals Medicaid/Medicare - no SUD claims payment on 01/01/15 with the exception of MDRN.

Pre-Authorization Required

Reason Auth Service Class	CPT/Rev Code	Modifier 1	Modifier 2	Add on Codes	Modifier 1	Modifier 2	Service Description	Coverable Dx Category	Billing Unit	Place of Service	Medicaid Federally Funded	Medicaid State Funded	Federally Funded/Medicare/Medicaid	State Funded Medicare/Medicaid (SLMB and OMB)	X02	TBI	Uninsured	State-funded Gambling	Hospital Diversion	Emergency Petition	Baltimore Project (SF)	Courtesy Reviews	Medicaid Federally Funded	Medicaid State Funded	Federally Funded/Medicare/Medicaid	State Funded Medicare/Medicaid (SLMB and OMB)	X02	1915I	TBI	Uninsured	State-funded Gambling	Hospital Diversion	Emergency Petition	Baltimore Project	Courtesy Reviews	
ABO	97152			N/A			Behavior identification supporting assessment, administered by one technician under the direction of a physician or other qualified healthcare professional, face to face with the patient, each 15 minutes.	AUT	15 Mins.	03, 11, 12, 14, 49, 53	Yes	No	Yes	No	No	No	No	No	No	No	No	Yes	No	Yes	No	No	No	No	No	No	No	No	No	No	No	
ABO	H2012			N/A			ABA Treatment Planning	AUT	15 Mins.	03, 11, 12, 14, 49, 53	Yes	No	Yes	No	No	No	No	No	No	No	No	Yes	No	Yes	No	No	No	No	No	No	No	No	No	No	No	
ABS	0362T			N/A			Behavior identification is supporting assessment, each 15 minutes of technician's time face-to-face with a patient requiring the following components: *administered by the physician or other qualified healthcare professional who is on-site, *with the assistance of two or more technicians, *for a patient who exhibits destructive behavior, *completed in an environment that is customized to a patient's behavior.	AUT	15 Mins.	03, 11, 12, 14, 49, 53	Yes	No	Yes	No	No	No	No	No	No	No	No	Yes	No	Yes	No	No	No	No	No	No	No	No	No	No	No	No
ABE	0373T			N/A			Adaptive behavior treatment with protocol modification, each 15 minutes of technician's time face-to-face with a patient requiring the following components: *administered by the physician or other qualified healthcare professional who is on site, *with the assistance of two or more technicians, *for a patient who exhibits destructive behavior, *completed in an environment that is customized to a patient's behavior.	AUT	15 Mins.	03, 11, 12, 14, 49, 53	Yes	No	Yes	No	No	No	No	No	No	No	No	Yes	No	Yes	No	No	No	No	No	No	No	No	No	No	No	No
ABV	97155			N/A			Adaptive behavior treatment, with protocol modification, administered by physician or other QHP, which includes simultaneous direction of technician, face-to-face with one patient, each 15 minutes	AUT	15 Mins.	03, 11, 12, 14, 49, 53	Yes	No	Yes	No	No	No	No	No	No	No	No	Yes	No	Yes	No	No	No	No	No	No	No	No	No	No	No	No
ABR	97155	GT		N/A			Adaptive behavior treatment, with protocol modification, administered by physician or other QHP, which includes simultaneous direction of technician, face-to-face with one patient, each 15 minutes via interactive audio video telecom.	AUT	15 Mins.	03, 11, 12, 14, 49, 53	Yes	No	Yes	No	No	No	No	No	No	No	No	Yes	No	Yes	No	No	No	No	No	No	No	No	No	No	No	No

NOTE: No* -- Services are payable to consumers with these financial classes. Payment to come from State of Md gambling funds

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 date 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

Fund Codes	FMCD	SMCD	FDUL (2)	SDUL (2)	SK02	FTBI (6)	UINS	SGAM	UHDV	SERP #	SBAL	MCOU
Benefit Package	FMCI	SMCI	FDU1	SDU1	SK02	FTB1	UIN1	SGA1	UHD1	SER1	SBA1	MACR
Mapset	MD1	MD8	MD3	MDC	MDD	MD5	MD6	MDH	MDI	MD7	MD9	MDA

NOTE: Uninsured, Hospital Diverson, State Funded Medicaid, State Funded Duals Medicaid/Medicare - no SUD claims payment on 01/01/15 with the exception of MDRN.

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	52 21 U1 U2 U3 U4 U5 U6 U7																																			

Pre-Authorization Required

- ^ 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.

(2) Medicare/Medicaid Dual Eligibles - Claims will only be paid for LPC's and when Medicare is exhausted; Authorization is required for PRP, Case Management, IOP and crisis bed.

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

(5) PRP Services - Medicaid or Medicaid-PAC services are authorized by ValueOptions, except when receiving RRP, then services are authorized by 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.

	State Funded Services
	Non HSCRC space only
	IMD Providers - State Funded Services

State Funded Services
Non HSCRC space only
IMD Providers - State Funded Services

Under the Covered Services:

- Yes = Covered
- No = Not Covered

Under Auth Requirements:

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

Proprietary not for redisclosure