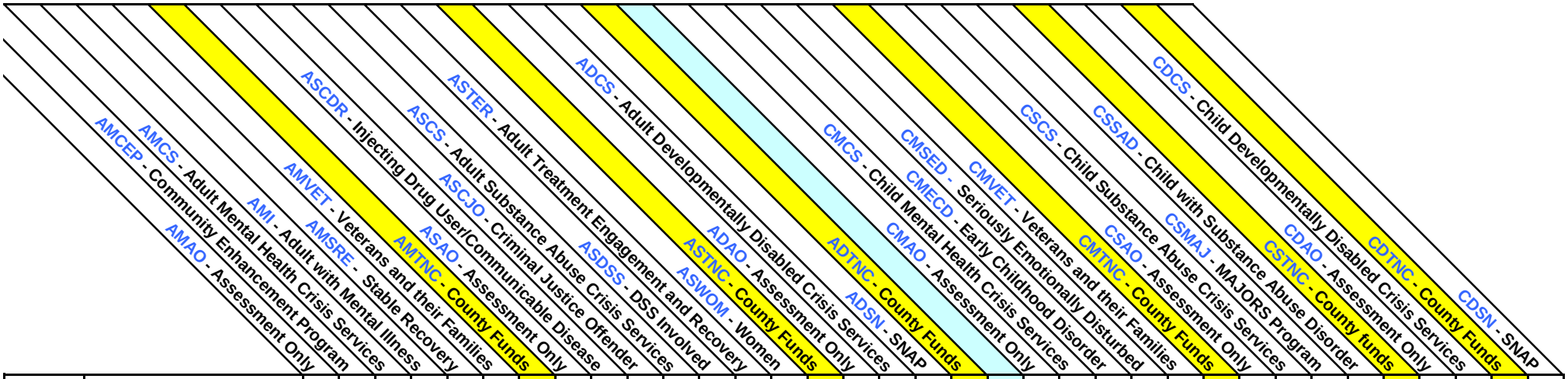

IPRS Code	Service Description - For Target Populations	AMH	AMH	AMH	AMH	AMH	AMH	AMH	ASA	ASA	ASA	ASA	ASA	ASA	ASA	ASA	ADD	ADD	ADD	ADD		CMH	CMH	CMH	CMH	CMH	CMH	CSA	CSA	CSA	CSA	CSA	CDD	CDD	CDD	CDD
90772	Medication Administration				x	x	x	x		x	x		x	x	x	x			x	x				x	x	x	x			x	x	x			x	x
90801	Clinical Evaluation/Intake	x		x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x		x	x	x	x	x	x	x	x	x	x	x	x	x	x	x
90801:GT	Clinical Evaluation/Intake - Telemedicine	x		x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x		x	x	x	x	x	x	x	x	x	x	x	x	x	x	x
90802	Interactive Evaluation	x			x		x	x	x							x	x		x	x		x		x	x	x	x	x				x	x		x	x
90804	Individual Therapy (20-30 min.)				x	x	x	x		x	x		x	x	x	x			x	x				x	x	x	x			x	x	x			x	x
90804:GT	Individual Therapy (20-30 min.) - Telemedicine				x	x	x	x		x	x		x	x	x	x			x	x				x	x	x	x			x	x	x			x	x
90805	Individual Therapy (20-30 min.)--MD				x	x	x	x		x	x		x	x	x	x			x	x				x	x	x	x			x	x	x			x	x
90805:GT	Individual Therapy (20-30 min.)--MD - Telemedicine				x	x	x	x		x	x		x	x	x	x			x	x				x	x	x	x			x	x	x			x	x
90806	Individual Therapy (45-50 min.)				x	x	x	x		x	x		x	x	x	x			x	x				x	x	x	x			x	x	x			x	x
90806:GT	Individual Therapy (45-50 min.) - Telemedicine				x	x	x	x		x	x		x	x	x	x			x	x				x	x	x	x			x	x	x			x	x
90807	Individual Therapy (45-50 min.)--MD				x	x	x	x		x	x		x	x	x	x			x	x				x	x	x	x			x	x	x			x	x
90807:GT	Individual Therapy (45-50 min.)--MD - Telemedicine				x	x	x	x		x	x		x	x	x	x			x	x				x	x	x	x			x	x	x			x	x
90810	Interactive Therapy (30 min.)				x		x	x		x	x		x	x	x	x			x	x				x	x	x	x			x	x	x			x	x
90811	Interactive Therapy (30 min.)--MD				x		x	x		x	x		x	x	x	x			x	x				x	x	x	x			x	x	x			x	x
90812	Interactive Therapy (50 min.)				x		x	x		x	x		x	x	x	x			x	x				x	x	x	x			x	x	x			x	x

Effective July 1, 2010

Last Update: 12/10/2010

		AMAO - Assessment Only	AMCEP - Community Enhancement Program	AMCS - Adult Mental Health Crisis Services	AMI - Adult with Mental Illness	AMSRE - Stable Recovery	AMVET - Veterans and their Families	AMTNC - County Funds	ASAO - Assessment Only	ASCDR - Injecting Drug User/Communicable Disease	ASCJO - Criminal Justice Offender	ASCS - Adult Substance Abuse Crisis Services	ASDSS - DSS Involved	ASTER - Adult Treatment Engagement and Recovery	ASTNC - County Funds	ASWOM - Women	ADAO - Assessment Only	ADCS - Adult Developmentally Disabled Crisis Services	ADTNC - County Funds	ADSN - SNAP	CMAO - Assessment Only	CMCS - Child Mental Health Crisis Services	CMECD - Early Childhood Disorder	CMSED - Seriously Emotionally Disturbed	CMVET - Veterans and their Families	CMTNC - County Funds	CSAO - Assessment Only	CSCS - Child Substance Abuse Crisis Services	CSSAD - Child with Substance Abuse Disorder	CSMAJ - MAJORS Program	CSTNC - County funds	CDAO - Assessment Only	CDCS - Child Developmentally Disabled Crisis Services	CDTNC - County Funds	CDSN - SNAP
90813	Interactive Therapy (50 min.)--MD				x		x	x		x	x		x	x	x	x			x	x				x	x	x	x			x	x	x			x	x
90814	Interactive Therapy (80 min.)				x		x	x		x	x		x	x	x	x			x	x				x	x	x	x			x	x	x			x	x
90815	Interactive Therapy (80 min.)--MD				x		x	x		x	x		x	x	x	x			x	x				x	x	x	x			x	x	x			x	x
90816	Individual Therapy (30 min.) - Inpatient/Partial Hospitalization				x		x	x		x	x		x	x	x	x			x	x				x	x	x	x			x	x	x			x	x
90817	Individual Therapy (30 min.)--MD - Inpatient/Partial Hospitalization				x		x	x		x	x		x	x	x	x			x	x				x	x	x	x			x	x	x			x	x
90818	Individual Therapy (50 min.) - Inpatient/Partial Hospitalization				x		x	x		x	x		x	x	x	x			x	x				x	x	x	x			x	x	x			x	x
90819	Individual Therapy (50 min.)--MD - Inpatient/Partial Hospitalization				x		x	x		x	x		x	x	x	x			x	x				x	x	x	x			x	x	x			x	x
90823	Interactive Therapy (30 min.) - Inpatient/Partial Hospitalization				x		x	x		x	x		x	x	x	x			x	x				x	x	x	x			x	x	x			x	x
90824	Interactive Therapy (30 min.)--MD - Inpatient/Partial Hospitalization				x		x	x		x	x		x	x	x	x			x	x				x	x	x	x			x	x	x			x	x

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90826	Interactive Therapy (50 min.) - Inpatient/Partial Hospitalization				x		x	x		x	x		x	x	x	x			x	x				x	x	x	x			x	x	x			x	x
90827	Interactive Therapy (50 min.)--MD - Inpatient/Partial Hospitalization				x		x	x		x	x		x	x	x	x			x	x				x	x	x	x			x	x	x			x	x
90828	Interactive Therapy (80 min.) - Inpatient/Partial Hospitalization				x		x	x		x	x		x	x	x	x			x	x				x	x	x	x			x	x	x			x	x
90829	Interactive Therapy (80 min.)--MD - Inpatient/Partial Hospitalization				x		x	x		x	x		x	x	x	x			x	x				x	x	x	x			x	x	x			x	x
90846	Family Therapy without patient				x	x	x	x		x	x		x	x	x	x			x	x				x	x	x	x			x	x	x			x	x
90847	Family Therapy with patient				x	x	x	x		x	x		x	x	x	x			x	x				x	x	x	x			x	x	x			x	x
90849	Group Therapy (Multiple Family Group)				x	x	x	x		x	x		x	x	x	x				x				x	x	x	x			x	x	x			x	
90853	Group Therapy (non-multiple family group)				x	x	x	x		x	x		x	x	x	x				x				x	x	x	x			x	x	x			x	
90862	Medication Check-Individual			x	x	x	x	x		x	x	x	x	x	x	x		x	x	x			x	x	x	x	x		x	x	x	x		x	x	x
90862:GT	Medication Check-Individual - Telemedicine			x	x	x	x	x		x	x	x	x	x	x	x		x	x	x			x	x	x	x	x		x	x	x	x		x	x	x
96101	Psychological Testing				x		x	x		x	x		x	x	x	x			x	x				x	x	x	x			x	x	x			x	x
96105	Aphasia Assessment						x	x								x				x						x	x					x			x	

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96110	Developmental Testing (Limited)							x									x				x				x	x	x	x					x			x	x
96111	Developmental Testing (Extended)							x									x				x				x	x	x	x					x			x	x
96116	Neurobehavioral Exam				x		x	x									x			x	x				x	x	x	x					x			x	x
96118	Neuropsychological testing battery				x		x	x									x			x	x				x	x	x	x					x			x	x
96372	Therapeutic, prophylactic, or diagnostic injection				x	x	x	x		x	x		x	x	x		x			x	x				x	x	x	x			x	x	x			x	x
97001	Physical Therapy Evaluation							x									x			x	x				x	x		x					x			x	x
97002	Physical Therapy Re-Evaluation							x									x			x	x				x	x		x					x			x	x
97003	Occupational Therapy Evaluation							x									x			x	x				x	x		x					x			x	x
97004	Occupational Therapy Re-Evaluation							x									x			x	x				x	x		x					x			x	x
97110	Physcial Therapy each 15 min.							x									x			x	x				x	x		x					x			x	x
97112	Physical Therapy (Nueromuscular re-education) each 15 min.							x									x			x	x				x	x		x					x			x	x
97113	Aquatic Therapy							x									x			x	x							x					x			x	x
97116	Gait Training each 15 min.							x									x			x	x							x					x			x	x
97124	Massage Therapy each 15 min.							x									x			x	x							x					x			x	x
97140	Manual Therapy each 15 min.							x									x			x	x							x					x			x	x

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97530	PT and OT Therapy							x								x			x	x							x					x			x	x
97750	Physical Performance Testing							x								x			x	x							x					x			x	x
97761	Prosthetic Training each 15 min.							x								x			x	x							x					x			x	x
97762	Checkout for Orthotic/Prosthetic Use							x								x			x	x							x					x			x	x
99201	Evaluation and Management-Problem Focused-New Patient	x		x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x		x	x	x	x	x	x	x	x	x	x	x	x	x	x	x
99201:GT	Evaluation and Management-Problem Focused-New Patient - Telemedicine	x		x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x		x	x	x	x	x	x	x	x	x	x	x	x	x	x	x
99202	Evaluation and Management-Expanded-New Patient	x		x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x		x	x	x	x	x	x	x	x	x	x	x	x	x	x	x
99202:GT	Evaluation and Management-Expanded-New Patient - Telemedicine	x		x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x		x	x	x	x	x	x	x	x	x	x	x	x	x	x	x
99203	Evaluation and Management-Detailed-New Patient	x		x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x		x	x	x	x	x	x	x	x	x	x	x	x	x	x	x
99203:GT	Evaluation and Management-Detailed-New Patient - Telemedicine	x		x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x		x	x	x	x	x	x	x	x	x	x	x	x	x	x	x

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99204	Evaluation and Management-Moderate-New Patient	x		x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x		x	x	x	x	x	x	x	x	x	x	x	x	x	x
99204:GT	Evaluation and Management-Moderate-New Patient - Telemedicine	x		x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x		x	x	x	x	x	x	x	x	x	x	x	x	x	x
99205	Evaluation and Management-High-New Patient	x		x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x		x	x	x	x	x	x	x	x	x	x	x	x	x	x
99205:GT	Evaluation and Management-High-New Patient - Telemedicine	x		x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x		x	x	x	x	x	x	x	x	x	x	x	x	x	x
99211	Evaluation and Management-Problem Focused-Established Patient				x	x	x	x		x	x		x	x	x	x			x	x				x	x	x	x			x	x	x		x	x
99211:GT	Evaluation and Management-Problem Focused-Established Patient - Telemedicine				x	x	x	x		x	x		x	x	x	x			x	x				x	x	x	x			x	x	x		x	x
99212	Evaluation and Management-Expanded-Established Patient				x	x	x	x		x	x		x	x	x	x			x	x				x	x	x	x			x	x	x		x	x
99212:GT	Evaluation and Management-Expanded-Established Patient - Telemedicine				x	x	x	x		x	x		x	x	x	x			x	x				x	x	x	x			x	x	x		x	x

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99213	Evaluation and Management-Detailed-Established Patient				x	x	x	x		x	x		x	x	x	x			x	x				x	x	x	x			x	x	x			x	x
99213:GT	Evaluation and Management-Detailed-Established Patient - Telemedicine				x	x	x	x		x	x		x	x	x	x			x	x				x	x	x	x			x	x	x			x	x
99214	Evaluation and Management-Moderate-Established Patient				x	x	x	x		x	x		x	x	x	x			x	x				x	x	x	x			x	x	x			x	x
99214:GT	Evaluation and Management-Moderate-Established Patient - Telemedicine				x	x	x	x		x	x		x	x	x	x			x	x				x	x	x	x			x	x	x			x	x
99215	Evaluation and Management-High-Established Patient				x	x	x	x		x	x		x	x	x	x			x	x				x	x	x	x			x	x	x			x	x
99215:GT	Evaluation and Management-High-Established Patient - Telemedicine				x	x	x	x		x	x		x	x	x	x			x	x				x	x	x	x			x	x	x			x	x
99221	Initial Hospital Care Low Severity			x	x		x	x		x	x	x	x	x	x	x		x		x			x	x	x	x	x		x	x	x	x		x	x	
99222	Initial Hospital Care Mod Severity			x	x		x	x		x	x	x	x	x	x	x		x		x			x	x	x	x	x		x	x	x	x		x	x	
99223	Initial Hospital Care High Severity			x	x		x	x		x	x	x	x	x	x	x		x		x			x	x	x	x	x		x	x	x	x		x	x	
99231	Subsequent Hospital Care per Day			x	x		x	x		x	x	x	x	x	x	x		x		x			x	x	x	x	x		x	x	x	x		x	x	

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99232	Subsequent Hospital Care per Day			x	x		x	x		x	x	x	x	x	x	x		x		x			x			x	x	x	x	x		x	x	x	x	x	
99233	Subsequent Hospital Care per Day			x	x		x	x		x	x	x	x	x	x	x		x		x			x			x	x	x	x	x		x	x	x	x	x	
99234	Observation or Inpatient Hospital Care, Low Complexity			x	x		x	x		x	x	x	x	x	x	x		x		x			x			x	x	x	x	x		x	x	x	x	x	
99235	Observation or Inpatient Hospital Care, Moderate Complexity			x	x		x	x		x	x	x	x	x	x	x		x		x			x			x	x	x	x	x		x	x	x	x	x	
99236	Observation or Inpatient Hospital Care, High Complexity			x	x		x	x		x	x	x	x	x	x	x		x		x			x			x	x	x	x	x		x	x	x	x	x	
99238	Hospital Discharge Day 30 min or less			x	x		x	x		x	x	x	x	x	x	x		x		x			x			x	x	x	x	x		x	x	x	x	x	
99239	Hospital Discharge Day more than 30 min			x	x		x	x		x	x	x	x	x	x	x		x		x			x			x	x	x	x	x		x	x	x	x	x	
99241	Office Consultation	x		x	x		x	x	x	x	x	x	x	x	x	x	x	x		x		x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	
99241:GT	Office Consultation - Telemedicine	x		x	x		x	x	x	x	x	x	x	x	x	x	x	x		x		x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	
99242	Office Consultation	x		x	x		x	x	x	x	x	x	x	x	x	x	x	x		x		x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	
99242:GT	Office Consultation - Telemedicine	x		x	x		x	x	x	x	x	x	x	x	x	x	x	x		x		x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	
99243	Office Consultation	x		x	x		x	x	x	x	x	x	x	x	x	x	x	x		x		x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	
99243:GT	Office Consultation - Telemedicine	x		x	x		x	x	x	x	x	x	x	x	x	x	x	x		x		x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	
99244	Office Consultation	x		x	x		x	x	x	x	x	x	x	x	x	x	x	x		x		x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	
99244:GT	Office Consultation - Telemedicine	x		x	x		x	x	x	x	x	x	x	x	x	x	x	x		x		x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	

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99245	Office Consultation	x		x	x		x	x	x	x	x	x	x	x	x	x	x	x	x		x		x	x	x	x	x	x	x	x	x	x	x	x	x	x	
99245:GT	Office Consultation - Telemedicine	x		x	x		x	x	x	x	x	x	x	x	x	x	x	x	x		x		x	x	x	x	x	x	x	x	x	x	x	x	x	x	
99251	Initial Inpatient Consultation			x	x		x	x		x	x	x	x	x	x	x	x		x		x			x	x	x	x	x		x	x	x	x		x	x	
99251:GT	Initial Inpatient Consultation - Telemedicine			x	x		x	x		x	x	x	x	x	x	x	x		x		x			x	x	x	x	x		x	x	x	x		x	x	
99252	Initial Inpatient Consultation			x	x		x	x		x	x	x	x	x	x	x	x		x		x			x	x	x	x	x		x	x	x	x		x	x	
99252:GT	Initial Inpatient Consultation - Telemedicine			x	x		x	x		x	x	x	x	x	x	x	x		x		x			x	x	x	x	x		x	x	x	x		x	x	
99253	Initial Inpatient Consultation			x	x		x	x		x	x	x	x	x	x	x	x		x		x			x	x	x	x	x		x	x	x	x		x	x	
99253:GT	Initial Inpatient Consultation - Telemedicine			x	x		x	x		x	x	x	x	x	x	x	x		x		x			x	x	x	x	x		x	x	x	x		x	x	
99254	Initial Inpatient Consultation			x	x		x	x		x	x	x	x	x	x	x	x		x		x			x	x	x	x	x		x	x	x	x		x	x	
99254:GT	Initial Inpatient Consultation - Telemedicine			x	x		x	x		x	x	x	x	x	x	x	x		x		x			x	x	x	x	x		x	x	x	x		x	x	
99255	Initial Inpatient Consultation			x	x		x	x		x	x	x	x	x	x	x	x		x		x			x	x	x	x	x		x	x	x	x		x	x	
99255:GT	Initial Inpatient Consultation - Telemedicine			x	x		x	x		x	x	x	x	x	x	x	x		x		x			x	x	x	x	x		x	x	x	x		x	x	

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H0001	Alcohol and/or Drug Assessment			x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x			x	x	x	x	x	x	x	x	x	x	x	x	x
H0004	Behavioral Health Counseling				x	x	x	x		x	x		x	x	x	x			x	x				x	x	x	x			x	x	x			x	x
H0004-HQ	Behavioral Health Counseling - Group Therapy				x	x	x	x		x	x		x	x	x	x			x	x				x	x	x	x			x	x	x			x	x
H0004-HR	Behavioral Health Counseling - Family Therapy with Client				x	x	x	x		x	x		x	x	x	x			x	x				x	x	x	x			x	x	x			x	x
H0004-HS	Behavioral Health Counseling - Family Therapy without Client				x	x	x	x		x	x		x	x	x	x			x	x				x	x	x	x			x	x	x			x	x
H0005	Alcohol and/or Drug Group Counseling				x	x		x		x	x		x	x	x	x			x	x				x	x	x	x			x	x	x			x	x
H0010	Non-Hospital Medical Detox			x	x		x	x		x	x	x	x	x	x	x		x		x							x					x			x	
H0012:HB	SA Non-Medical Community Residential Treatment - Adult							x		x	x		x	x	x	x				x							x					x			x	
H0013	SA Medically Monitored Community Residential Treatment				x			x		x	x		x	x	x	x				x							x					x			x	
H0014	Ambulatory Detox				x		x	x		x	x		x	x	x	x				x							x					x			x	
H0015	SA Intensive Outpatient Program				x			x		x	x		x	x	x	x				x				x	x		x			x	x	x			x	
H0019	Behavorial Health - Long Term Residential							x								x				x				x	x		x			x	x	x			x	
H0020	Opioid Treatment							x		x						x				x							x					x			x	

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H0031	Mental Health Assessment	x		x	x	x	x	x		x	x	x	x	x	x	x	x	x	x	x		x	x	x	x	x	x		x	x	x	x	x	x	x	x
H0035	Mental Health - Partial Hospitalization				x			x								x				x				x	x		x				x	x			x	
H0036:HA	Community Support: Individual Child																					x		x	x	x	x		x		x	x			x	
H0036:HB	Community Support: Individual Adult	x			x		x	x	x	x	x		x	x	x	x			x	x							x				x			x	
H0036:HQ	Community Support: Group				x		x	x		x	x		x	x	x	x			x	x				x	x	x	x			x	x			x	
H0038	Peer support Services (CISA)	x	x	x	x	x	x	x	x	x	x	x	x	x		x																				
H0040	Assertive Community Treatment Program				x			x								x				x							x							x	
H2011	Mobile Crisis Management			x	x		x	x		x	x	x	x	x	x	x		x	x	x			x	x	x	x	x		x	x	x		x	x	x
H2012-HA	Mental Health - Day Treatment - Child																							x	x		x			x	x			x	
H2014	Developmental Therapy Service Professional							x								x			x	x							x				x			x	x
H2014-HM	Developmental Therapy Service Paraprofessional							x								x			x	x							x				x			x	x
H2014-HQ	Developmental Therapy Service Professional - Group							x								x			x	x							x				x			x	x
H2014-U1	Developmental Therapy Service Paraprofessional - Group							x								x			x	x							x				x			x	x
H2015:HT	Community Support Team				x			x		x	x		x	x	x	x				x							x				x			x	

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H2017	Psychosocial Rehab Services				x			x									x				x						x					x			x	
H2020	Residential Treatment - Level II - Program Type (Therapeutic Behavioral Service)																							x	x		x			x	x	x			x	
H2022	Intensive In-Home Services																							x	x	+	x			x	x	x			x	
H2033	Multisystemic Therapy																							x	x	x	x			x	x	x			x	
H2034	SA Halfway House							x		x	x		x	x	x	x				x							x			x	x	x			x	
H2035	SA Comprehensive Outpatient Treatment Program				x			x		x	x		x	x	x	x				x							x					x			x	
H2036	Medically Supervised or ADATC Detox			x				x		x	x	x	x	x	x	x		x		x							x					x			x	
S5145	Residential Treatment - Level II - Family Type (Foster Care Therapeutic Child)																							x	x		x			x	x	x			x	
S9484	Facility Based Crisis Service			x	x		x	x		x	x	x	x	x	x	x		x	x	x							x					x			x	
S9484:HA	Facility Based Crisis Service - Child																										x					x			x	
T1017-HI	Targeted Case Management - Developmental Disability							x									x	x		x	x						x					x	x		x	x
T1017-HE	Targeted Case Management - Developmental Disability																	x		x	x												x		x	x

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T1023	Diagnostic Assessment	x		x	x		x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x
T1023:GT	Diagnostic Assessment - telemedicine	x		x	x		x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x
0032 (T202	Targeted Case Mgt - MH/SA	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x					x	x	x	x	x	x	x	x		x	x			
Q3014:GT	Telehealth originating site facility fee	x		x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x		x	x	x	x	x	x	x	x	x	x	x	x	x	x
YA125	Hourly Respite							x								x				x			x	x	x	x	x		x			x		x	x
YA213	Community Respite							x								x				x			x	x	x	x	x		x			x		x	x
YA230	Psychiatric Residential Treatment Facility							x								x				x				x	x		x			x	x	x			x
YA232	Room and Board - Level III (1-4 Beds)							x								x				x				x	x		x			x	x	x			x
YA233	Room and Board - Level III (5+ Beds)							x								x				x				x	x		x			x	x	x			x
YA234	(Age 5 or less)							x								x				x				x	x		x					x			x
YA235	Room and Board - Level II (Age 6-12)							x								x				x				x	x		x			x	x	x			x
YA236	Room and Board - Level II (Age 13+)							x								x				x				x	x		x			x	x	x			x
YA237	Room and Board - Level IV (1-4 Beds)							x								x				x				x	x		x			x	x	x			x
YA238	Room and Board - Level IV (5+ Beds)							x								x				x				x	x		x			x	x	x			x
YA241	Wilderness Camp							x								x				x				x	x		x					x			x
YA254	Therapeutic Leave - Resid Level II - Therapeutic Foster Care							x								x				x				x	x		x			x	x	x			x

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YA255	Therapeutic Leave - Residential Level II/Program Type							x									x				x					x	x		x			x	x		x	
YA256	Therapeutic Leave - Residential Level III (1-4 Beds)							x									x				x					x	x		x			x	x		x	
YA257	Therapeutic Leave - Residential Level III (5+ Beds)							x									x				x					x	x		x			x	x		x	
YA258	Therapeutic Leave - Residential Level IV (1-4 Beds)							x									x				x					x	x		x			x	x		x	
YA259	Therapeutic Leave - Residential Level IV (5+ Beds)							x									x				x					x	x		x			x	x		x	
YA263	Therapeutic Leave Room and Board - Level III (1-4 Beds)							x									x				x					x	x		x						x	
YA264	Therapeutic Leave Room and Board - Level III (5+ Beds)							x									x				x					x	x		x						x	
YA265	Therapeutic Leave Room and Board - Level II (Age 5 or less)							x									x				x					x	x		x						x	
YA266	Therapeutic Leave Room and Board - Level II (Age 6-12)							x									x				x					x	x		x						x	

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YA267	Therapeutic Leave Room and Board - Level II (Age 13+)							x									x				x				x	x		x					x		x	
YA268	Therapeutic Leave Room and Board - Level IV (1-4 Beds)							x									x				x				x	x		x					x		x	
YA269	Therapeutic Leave Room and Board - Level IV (5+ Beds)							x									x				x				x	x		x					x		x	
YM050	Personal Care							x									x			x	x							x					x		x	x
YM580	Day Supports							x									x			x	x							x					x		x	
YM600	Financial Support Services							x									x			x	x							x					x		x	
YM645	Long Term Support				x		x	x		x	x		x	x	x		x			x	x				x	x	x	x					x		x	x
YM686	Guardianship	x	x	x	x	x	x	x									x	x	x	x	x							x					x		x	
YM700	Independent Living-MR/MI							x									x			x	x							x					x		x	
YM716	Individual Supports							x									x			x	x							x					x		x	
YM725	Sup Liv – High				x			x		x	x		x	x	x		x			x	x							x			x	x	x		x	x
YM755	Family Living – High							x									x			x	x							x					x		x	x
YM811	Supervised Living – 1 Resident							x									x			x	x							x					x		x	
YM812	Supervised Living – 2 Resident							x									x			x	x							x					x		x	
YM813	Supervised Living – 3 Resident							x									x			x	x							x					x		x	
YM814	Supervised Living – 4 Resident							x									x			x	x							x					x		x	
YM815	Supervised Living – 5 Resident							x									x			x	x							x					x		x	

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YM816	Supervised Living – 6 Resident							x									x			x	x							x							x	
YM850	Residential Supports							x									x			x	x							x							x	
YP010	Hourly Respite – Individ			x	x			x				x					x		x	x	x			x	x	x	x	x		x			x	x	x
YP011	Hourly Respite – Group			x	x			x				x					x		x	x	x			x	x	x	x	x		x			x	x	x
YP020	Per Asst – Individ							x									x			x	x							x							x	x
YP118	Disaster/Emergency Services		x					x									x				x							x							x	
YP230	Assert Outreach							x									x				x							x							x	
YP485	Facility Based Crisis Program - Non-Medicaid			x	x		x	x		x	x	x	x	x	x		x		x	x	x							x							x	
YP610	Dev Day							x									x			x	x							x							x	x
YP620	ADVP							x									x			x	x							x							x	x
YP630	Sup Emp – Ind				x		x	x		x	x		x	x	x		x			x	x					x	x	x							x	x
YP640	Sup Emp – Group				x		x	x		x	x		x	x	x		x			x	x					x	x	x							x	x
YP650	Community Rehabilitation Program (Sheltered Workshop)				x			x									x			x	x							x							x	x
YP660	Day Activity				x			x									x			x	x							x							x	x
YP690	Drop In – Attend				x	x		x									x			x	x							x							x	
YP692	Drop In – Cover		x		x			x									x			x	x							x							x	
YP710	Sup Liv – Low				x			x		x	x		x	x	x		x			x	x							x			x	x			x	x
YP720	Sup Liv – Mod.				x			x		x	x		x	x	x		x			x	x							x			x	x			x	x
YP730	Comm Respite			x	x			x				x					x		x	x	x			x	x	x	x	x		x			x	x	x
YP740	Family Living – Low				x			x									x			x	x							x							x	x
YP750	Familiy Living – Mod				x			x									x			x	x							x							x	x
YP760	GP Liv – Low				x			x		x	x		x	x	x		x			x	x							x			x	x			x	x
YP770	GP Liv – Mod				x			x		x	x		x	x	x		x			x	x							x			x	x			x	x
YP780	GP Liv – Hi				x			x		x	x		x	x	x		x			x	x							x			x	x			x	x

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		AMAO - Assessment Only	AMCEP - Community Enhancement Program	AMCS - Adult Mental Health Crisis Services	AMI - Adult with Mental Illness	AMSRE - Stable Recovery	AMVET - Veterans and their Families	AMTNC - County Funds	ASAO - Assessment Only	ASCDR - Injecting Drug User/Communicable Disease	ASCJO - Criminal Justice Offender	ASCS - Adult Substance Abuse Crisis Services	ASDSS - DSS Involved	ASTER - Adult Treatment Engagement and Recovery	ASTNC - County Funds	ASWOM - Women	ADAO - Assessment Only	ADCS - Adult Developmentally Disabled Crisis Services	ADTNC - County Funds	ADSN - SNAP	CMAO - Assessment Only	CMCS - Child Mental Health Crisis Services	CMECD - Early Childhood Disorder	CMSED - Seriously Emotionally Disturbed	CMVET - Veterans and their Families	CMTNC - County Funds	CSAO - Assessment Only	CSCS - Child Substance Abuse Crisis Services	CSMAJ - MAJORS Program	CSSAD - Child with Substance Abuse Disorder	CSTNC - County funds	CDAO - Assessment Only	CDCS - Child Developmentally Disabled Crisis Services	CDTNC - County Funds	CDSN - SNAP
YP790	Detox – Soc Set			x	x		x	x		x	x	x	x	x	x	x		x		x			x				x					x			x
YP820	Inpat Hosp			x	x		x	x		x	x	x	x	x	x	x		x		x			x	x	x		x		x	x	x	x		x	x
YP821	3-Way Contract - IPU Bed			x	x	x	x	x		x	x	x	x	x	x	x		x	x	x							x					x			x
YP830	Alcohol and/or Drug Assessment - non-licensed provider						x	x	x	x	x	x	x	x	x	x				x						x	x	x	x	x	x			x
YP831	Behavioral Health Counseling - non-licensed provider						x	x		x	x		x	x	x	x				x						x	x			x	x	x			x
YP832	Behavioral Health Counseling - Group Therapy - non-licensed provider						x	x		x	x		x	x	x	x				x						x	x			x	x	x			x
YP833	Behavioral Health Counseling - Family Therapy with Client - non-licensed provider						x	x		x	x		x	x	x	x				x						x	x			x	x	x			x
YP834	Behavioral Health Counseling - Family Therapy without Client - non-licensed provider						x	x		x	x		x	x	x	x				x						x	x			x	x	x			x
YP835	Alcohol and/or Drug Group Counseling - non-licensed provider						x	x		x	x		x	x	x	x				x						x	x			x	x	x			x
YP836	Mental Health Assessment - non-licensed provider						x	x		x	x		x	x	x	x				x						x	x			x	x	x			x

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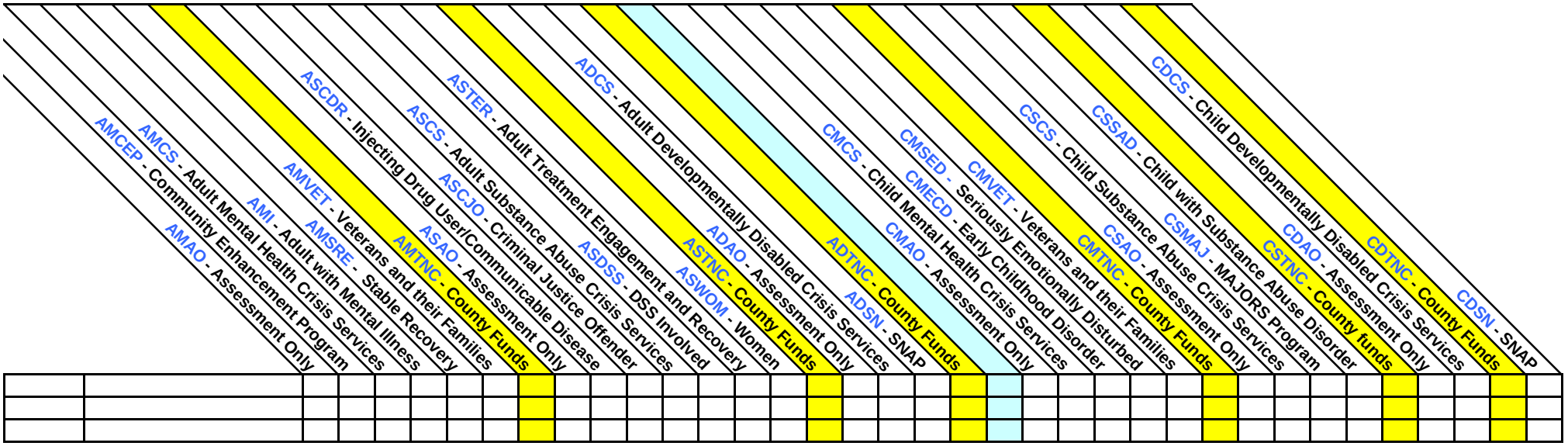
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