



CHAPTER 503 AND LICENSED BEHAVIORAL HEALTH CENTERS (LBHCS)

## Chapter 503

### Licensed Behavioral Health Center (LBHC) Services

## Appendix 503I.2

### Certified Community Behavioral Health Clinics Service Codes

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| CCBHC Service Code Matrix     |                                      |              |   |                          |                     |                         |                     |                     |            |               |                               |   |
|-------------------------------|--------------------------------------|--------------|---|--------------------------|---------------------|-------------------------|---------------------|---------------------|------------|---------------|-------------------------------|---|
| Required (R) or Allowable (A) | Service Category                     | Service Code | Service Description   | Service Eligible for DCO | PPS Trigger Service | Included in Cost Report | Provider Claim Form | Prior Authorization | Carved-out | Reimbursement | CLIA Certified as Appropriate | Additional Information  |
| R                             | Encounter                            | T1040        | CCBHC Encounter Code<br><br>Note: Claims with T1040 must include the services rendered to the member on the same date of service (except carved-out services). The T1040 does not require prior authorization; however, if a trigger code does not have required authorization, the T1040 will deny for no prior authorization. | No                       | Yes                 | Yes                     | UB-04               | No                  | No         | PPS           | N/A                           | Claims with T1040 must include the services rendered to the member on the same date of service (except carved-out services). The T1040 does not require prior authorization; however, if a trigger code does not have required authorization, the T1040 will deny for no prior authorization. |
| R                             | Screening, Assessment, and Diagnosis | H0031        | Mental Health Assessment by Non-Physician   | No                       | Yes                 | Yes                     | UB-04               | No                  | No         | Pays \$0      | N/A                           |   |
| R                             | Screening, Assessment, and Diagnosis | 90791        | Psychiatric Diagnostic Evaluation (No Medical Services)   | No                       | Yes                 | Yes                     | UB-04               | No                  | No         | Pays \$0      | N/A                           |   |
| R                             | Screening, Assessment, and Diagnosis | 90792        | Psychiatric Diagnostic Evaluation with Medical Services (Includes Prescribing of Medications)   | No                       | Yes                 | Yes                     | UB-04               | No                  | No         | Pays \$0      | N/A                           |   |

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|---|--------------------------------------|-----------|--|-----|-----|-----|-------|----------|----|----------|-----|--|
| R | Screening, Assessment, and Diagnosis | T1023, HE | Screening By Licensed Psychologist   | No  | Yes | Yes | UB-04 | No       | No | Pays \$0 | N/A |  |
| R | Screening, Assessment, and Diagnosis | 96110     | Developmental Testing: Limited   | Yes | Yes | Yes | UB-04 | No       | No | Pays \$0 | N/A |  |
| R | Screening, Assessment, and Diagnosis | 96112     | Developmental test administration by qualified professional with interpretation and report, first hour   | Yes | Yes | Yes | UB-04 | Required | No | Pays \$0 | N/A |  |
| R | Screening, Assessment, and Diagnosis | 96113     | Developmental test administration by qualified professional with interpretation and report, each additional 30 minutes   | Yes | Yes | Yes | UB-04 | Required | No | Pays \$0 | N/A |  |
| R | Screening, Assessment, and Diagnosis | 96116     | Developmental Testing Neurobehavioral status exam, administration, face to face time with patient and time interpreting test results and preparing report                        | Yes | Yes | Yes | UB-04 | Required | No | Pays \$0 | N/A |  |
| R | Screening, Assessment, and Diagnosis | 96130     | Psychological testing evaluation services by qualified health care professional, including interpretation, report preparation and feedback to patient and caregivers, first hour | Yes | Yes | Yes | UB-04 | Required | No | Pays \$0 | N/A |  |

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|---|--------------------------------------|-------|---|-----|-----|-----|-------|----------|----|----------|-----|
| R | Screening, Assessment, and Diagnosis | 96131 | Psychological testing evaluation services by qualified health care professional, including interpretation, report preparation and feedback to patient and caregivers, each subsequent hour. | Yes | Yes | Yes | UB-04 | Required | No | Pays \$0 | N/A |
| R | Screening, Assessment, and Diagnosis | 96132 | Neuropsychological testing evaluation services by qualified health care professional, including interpretation, report prep, feedback to patient and caregivers, first hour.                | Yes | Yes | Yes | UB-04 | Required | No | Pays \$0 | N/A |
| R | Screening, Assessment, and Diagnosis | 96133 | Neuropsychological testing evaluation services by qualified health care professional, including interpretation, report prep, feedback to patient and caregivers, each additional hour.      | Yes | Yes | Yes | UB-04 | Required | No | Pays \$0 | N/A |
| R | Screening, Assessment, and Diagnosis | 96136 | Psychological or neuropsychological test administration and scoring by qualified health care professional, two or more tests, any method, first 30 minutes.                                 | Yes | Yes | Yes | UB-04 | Required | No | Pays \$0 | N/A |
| R | Screening, Assessment, and Diagnosis | 96137 | Psychological or neuropsychological test administration and scoring by qualified health care professional, two or more tests, any method, Each additional 30 minutes.                       | Yes | Yes | Yes | UB-04 | Required | No | Pays \$0 | N/A |

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|---|--|-----------|---|-----|-----|-----|-------|----------|----|----------|-----|--|
| R | Screening, Assessment, and Diagnosis                   | 96146     | Psychological or neuropsychological test administration, with single automated instrument via electronic platform, with automated result only, event. | Yes | No  | Yes | UB-04 | Required | No | Pays \$0 | N/A |  |
| R | Person-Centered and Family-Centered Treatment Planning | H0032     | Mental Health Service Plan Development  | No  | Yes | Yes | UB-04 | No       | No | Pays \$0 | N/A |  |
| R | Person-Centered and Family-Centered Treatment Planning | H0032, AH | Mental Health Service Plan Development by Psychologist  | No  | No  | Yes | UB-04 | No       | No | Pays \$0 | N/A |  |
| R | Person-Centered and Family-Centered Treatment Planning | 90887     | Case Consultation   | No  | Yes | Yes | UB-04 | No       | No | Pays \$0 | N/A |  |
| R | Person-Centered and Family-Centered Treatment Planning | G8008     | Physician coordinated care oversight services   | No  | Yes | Yes | UB-04 | No       | No | Pays \$0 | N/A |  |
| R | Outpatient Mental Health and Substance Use Services    | H2019     | Therapeutic Behavioral Services-Implementation  | No  | Yes | Yes | UB-04 | No       | No | Pays \$0 | N/A |  |

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|---|---|---------------|---|----|-----|-----|-------|----|----|----------|-----|--|
| R | Outpatient Mental Health and Substance Use Services | H2019, HO     | Therapeutic Behavioral Services-Development   | No | Yes | Yes | UB-04 | No | No | Pays \$0 | N/A |  |
| R | Outpatient Mental Health and Substance Use Services | H0004, HO     | Behavioral health counseling, Professional, Individual  | No | Yes | Yes | UB-04 | No | No | Pays \$0 | N/A |  |
| R | Outpatient Mental Health and Substance Use Services | H0004, HO, HQ | Behavioral health counseling, Professional, Group   | No | No  | Yes | UB-04 | No | No | Pays \$0 | N/A |  |
| R | Outpatient Mental Health and Substance Use Services | H0004         | Behavioral health counseling, Supportive, Individual  | No | Yes | Yes | UB-04 | No | No | Pays \$0 | N/A |  |
| R | Outpatient Mental Health and Substance Use Services | H0004, HQ     | Behavioral health counseling, Supportive, Group   | No | No  | Yes | UB-04 | No | No | Pays \$0 | N/A |  |
| R | Outpatient Mental Health and Substance Use Services | 90832         | Psychotherapy, 30 minutes with patient  | No | Yes | Yes | UB-04 | No | No | Pays \$0 | N/A |  |
| R | Outpatient Mental Health and Substance Use Services | 90833         | Psychotherapy, 30 minutes with patient when performed with an evaluation and management service | No | Yes | Yes | UB-04 | No | No | Pays \$0 | N/A |  |

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|---|---|-------|---|----|-----|-----|-------|----|----|----------|-----|
| R | Outpatient Mental Health and Substance Use Services | 90834 | Psychotherapy, 45 minutes with a patient  | No | Yes | Yes | UB-04 | No | No | Pays \$0 | N/A |
| R | Outpatient Mental Health and Substance Use Services | 90836 | Psychotherapy, 45 minutes with patient when performed with an evaluation and management service | No | Yes | Yes | UB-04 | No | No | Pays \$0 | N/A |
| R | Outpatient Mental Health and Substance Use Services | 90837 | Psychotherapy, 60 minutes with patient  | No | Yes | Yes | UB-04 | No | No | Pays \$0 | N/A |
| R | Outpatient Mental Health and Substance Use Services | 90875 | Individual Psychotherapy Biofeedback  | No | Yes | Yes | UB-04 | No | No | Pays \$0 | N/A |
| R | Outpatient Mental Health and Substance Use Services | 90876 | Individual Psychotherapy Biofeedback  | No | Yes | Yes | UB-04 | No | No | Pays \$0 | N/A |
| R | Outpatient Mental Health and Substance Use Services | 90853 | Group Psychotherapy (Other than of a multiple-family group)                                     | No | No  | Yes | UB-04 | No | No | Pays \$0 | N/A |

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|---|---|-------|---|----|-----|-----|-------|----|----|----------|-----|--|
| R | Outpatient Mental Health and Substance Use Services | 90839 | Psychotherapy for Crisis Procedure  | No | Yes | Yes | UB-04 | No | No | Pays \$0 | N/A |  |
| R | Outpatient Mental Health and Substance Use Services | 90840 | Psychotherapy for Crisis Services and Procedures  | No | Yes | Yes | UB-04 | No | No | Pays \$0 | N/A |  |
| R | Outpatient Mental Health and Substance Use Services | 90846 | Family Psychotherapy (without the patient present)  | No | Yes | Yes | UB-04 | No | No | Pays \$0 | N/A |  |
| A | Outpatient Mental Health and Substance Use Services | H2010 | Comprehensive medication services, Mental health  | No | No  | Yes | UB-04 | No | No | Pays \$0 | N/A |  |
| R | Primary Care Screening and Monitoring               | 99202 | Office or other outpatient visit for the evaluation and management of a new patient 15-29 minutes, straight forward | No | Yes | Yes | UB-04 | No | No | Pays \$0 | N/A |  |
| R | Primary Care Screening and Monitoring               | 99203 | Office or other outpatient visit for the evaluation and management of a new patient 30-44 minutes, low              | No | Yes | Yes | UB-04 | No | No | Pays \$0 | N/A |  |
| R | Primary Care Screening and Monitoring               | 99204 | Office or other outpatient visit for the evaluation and management of a new patient 45-59 min, moderate             | No | Yes | Yes | UB-04 | No | No | Pays \$0 | N/A |  |



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|---|---|-----------|---|----|-----|-----|-------|----|----|----------|-----|
| R | Primary Care Screening and Monitoring         | 99205     | Office or other outpatient visit for the evaluation and management of a new patient 60-74 min, high             | No | Yes | Yes | UB-04 | No | No | Pays \$0 | N/A |
| R | Primary Care Screening and Monitoring         | 99211     | Office or other outpatient visit for the evaluation and management of an established patient                    | No | Yes | Yes | UB-04 | No | No | Pays \$0 | N/A |
| R | Primary Care Screening and Monitoring         | 99212     | Office or other outpatient visits for the evaluation and management of an established patient, straight forward | No | Yes | Yes | UB-04 | No | No | Pays \$0 | N/A |
| R | Primary Care Screening and Monitoring         | 99213     | Office or other outpatient visits for the evaluation and management of an established patient, low              | No | Yes | Yes | UB-04 | No | No | Pays \$0 | N/A |
| R | Primary Care Screening and Monitoring         | 99214     | Office or other outpatient visits for the evaluation and management of an established patient, moderate         | No | Yes | Yes | UB-04 | No | No | Pays \$0 | N/A |
| R | Primary Care Screening and Monitoring         | 99215     | Office or other outpatient visits for the evaluation and management of an established patient, high             | No | Yes | Yes | UB-04 | No | No | Pays \$0 | N/A |
| R | CCBHC Targeted case management (TCM) Services | T1017     | TCM services  | No | Yes | Yes | UB-04 | No | No | Pays \$0 | N/A |
| R | Psychiatric Rehabilitation Services           | H2014, U4 | Skills Training and Development, paraprofessional 1:1   | No | No  | Yes | UB-04 | No | No | Pays \$0 | N/A |

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|---|---|---------------|--|----|-----|-----|-------|----------|----|----------|-----|--|
| R | Psychiatric Rehabilitation Services         | H2014, U1     | Skills Training and Development paraprofessional 1:2-4 | No | No  | Yes | UB-04 | No       | No | Pays \$0 | N/A |  |
| R | Psychiatric Rehabilitation Services         | H2014, HN, U4 | Skills Training and Development                        | No | No  | Yes | UB-04 | No       | No | Pays \$0 | N/A |  |
| R | Psychiatric Rehabilitation Services         | H2014, HN, U1 | Skills Training and Development                        | No | No  | Yes | UB-04 | No       | No | Pays \$0 | N/A |  |
| R | Psychiatric Rehabilitation Services         | H2015         | Comprehensive Community Support Services               | No | No  | Yes | UB-04 | No       | No | Pays \$0 | N/A |  |
| A | Psychiatric Rehabilitation Services         | H2012         | Day treatment  | No | No  | Yes | UB-04 | Required | No | Pays \$0 | N/A |  |
| R | Peer Supports and Family/Caregiver Supports | H0038, HF     | Peer support services Substance use disorder           | No | Yes | Yes | UB-04 | No       | No | Pays \$0 | N/A |  |
| R | Peer Supports and Family/Caregiver Supports | H0038, HE     | Peer support services Mental health                    | No | Yes | Yes | UB-04 | No       | No | Pays \$0 | N/A |  |
| R | Peer Supports and Family/Caregiver Supports | H0038, HA     | Peer support services Family peer                      | No | Yes | Yes | UB-04 | No       | No | Pays \$0 | N/A |  |

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|---|---|-------|--|----|-----|-----|-------|----|----|----------|-----|--|
| R | Crisis Services (Emergency Crisis Services, 24-Hour Mobile Teams) | H2011 | Crisis Intervention  | No | Yes | Yes | UB-04 | No | No | Pays \$0 | N/A |  |
| R | Crisis Services (Emergency Crisis Services, 24-Hour Mobile Teams) | 90839 | Psychotherapy for Crisis   | No | Yes | Yes | UB-04 | No | No | Pays \$0 | N/A |  |
| R | Crisis Services (Emergency Crisis Services, 24-Hour Mobile Teams) | S9485 | Mobile Crisis Per Diem (Up to three hours for initial crisis intervention)   | No | Yes | Yes | UB-04 | No | No | Pays \$0 | N/A |  |
| R | Crisis Services (Emergency Crisis Services, 24-Hour Mobile Teams) | S9484 | Mobile Crisis Add-On (Every hour beyond the first three hours of intervention)   | No | Yes | Yes | UB-04 | No | No | Pays \$0 | N/A |  |
| R | Crisis Services (Emergency Crisis Services, 24-Hour Mobile Teams) | T1016 | Mobile Crisis Follow-Up (Follow-up services provided by mobile crisis teams should not continue beyond four weeks post contact/ response; by this time, teams should have provided links and warm handoffs to further care and services, as necessary) | No | Yes | Yes | UB-04 | No | No | Pays \$0 | N/A |  |

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|---|------------|-------|--------------------|----|----|------|-------|----|----|----------|-----|--|
| R | Laboratory | 80081 | Lipid Panel        | No | No | Yes* | UB-04 | No | No | Pays \$0 | Yes | *Only laboratory services provided by a CCBHC (in-house) are include in the cost report. |
| R | Laboratory | 84478 | Triglycerides      | No | No | Yes* | UB-04 | No | No | Pays \$0 | Yes | *Only laboratory services provided by a CCBHC (in-house) are include in the cost report. |
| R | Laboratory | 82465 | Total Cholesterol  | No | No | Yes* | UB-04 | No | No | Pays \$0 | Yes | *Only laboratory services provided by a CCBHC (in-house) are include in the cost report. |
| R | Laboratory | 83036 | Hemoglobin A1C     | No | No | Yes* | UB-04 | No | No | Pays \$0 | Yes | *Only laboratory services provided by a CCBHC (in-house) are include in the cost report. |
| R | Laboratory | 82948 | Glucose blood test | No | No | Yes* | UB-04 | No | No | Pays \$0 | Yes | *Only laboratory services provided by a CCBHC (in-house) are include in the cost report. |
| R | Laboratory | 82962 | Glucose blood test | No | No | Yes* | UB-04 | No | No | Pays \$0 | Yes | *Only laboratory services provided by a CCBHC (in-house) are include in the cost report. |
| R | Laboratory | 86701 | HIV 1 single RAPID | No | No | Yes* | UB-04 | No | No | Pays \$0 | Yes | *Only laboratory services provided by a CCBHC (in-house) are include in the cost report. |

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|---|------------|-------|--------------------------|----|----|------|-------|----|----|----------|-----|--|
| R | Laboratory | 86702 | HIV 2 single RAPID       | No | No | Yes* | UB-04 | No | No | Pays \$0 | Yes | *Only laboratory services provided by a CCBHC (in-house) are include in the cost report. |
| R | Laboratory | 86703 | HIV 1 and 2 <u>RAPID</u> | No | No | Yes* | UB-04 | No | No | Pays \$0 | Yes | *Only laboratory services provided by a CCBHC (in-house) are include in the cost report. |
| R | Laboratory | 86889 | Western Blot             | No | No | Yes* | UB-04 | No | No | Pays \$0 | Yes | *Only laboratory services provided by a CCBHC (in-house) are include in the cost report. |
| R | Laboratory | G0435 | RAPID 1 and/or 2         | No | No | Yes* | UB-04 | No | No | Pays \$0 | Yes | *Only laboratory services provided by a CCBHC (in-house) are include in the cost report. |
| R | Laboratory | 81000 | Urinalysis               | No | No | Yes* | UB-04 | No | No | Pays \$0 | Yes | *Only laboratory services provided by a CCBHC (in-house) are include in the cost report. |
| R | Laboratory | 80305 | Presumptive Drug testing | No | No | Yes* | UB-04 | No | No | Pays \$0 | Yes | *Only laboratory services provided by a CCBHC (in-house) are include in the cost report. |

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|----|-------------------------------------|------------|--|----|-----|------|----------|----------|-----|-----------------------|-----|--|
| R  | Laboratory                          | 80305      | Presumptive Drug testing   | No | No  | Yes* | UB-04    | No       | No  | Pays \$0              | Yes | *Only laboratory services provided by a CCBHC (in-house) are include in the cost report.   |
| R  | Laboratory                          | 80306      | Presumptive Drug testing   | No | No  | Yes* | UB-04    | No       | No  | Pays \$0              | Yes | *Only laboratory services provided by a CCBHC (in-house) are include in the cost report.   |
| R  | Laboratory                          | 80307      | Presumptive Drug testing   | No | No  | Yes* | UB-04    | No       | No  | Pays \$0              | Yes | *Only laboratory services provided by a CCBHC (in-house) are include in the cost report.   |
| R* | Crisis Stabilization                | H0036      | Crisis stabilization, Community Psychiatric Supportive Treatment | No | No  | No   | CMS 1500 | No       | Yes | Medicaid fee schedule | N/A | *CCBHCs are required to ensure crisis stabilization services are available to Medicaid members. The CCBHC may have a Memorandum of Understanding (MOU) with another provider for these services. |
| R  | Assertive Community Treatment (ACT) | H0040      | Assertive community treatment (ACT)                              | No | No  | No   | CMS 1500 | Required | Yes | Medicaid fee schedule | N/A |  |
| R  | Assertive Community Treatment (ACT) | H0040, XX* | Rural ACT  | No | TBD | TBD  | CMS 1500 | TBD      | Yes | Medicaid fee schedule | N/A | Future <u>service</u> ; criteria to be determined at a later date  |

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|---|--|-----------|-----------------------------------|----|----|----|----------|----------------|-----|-----|-----|---|
| R | Children's Serious Emotional Disorder (CSED) waiver services | H0004, HA | In-home family support            | No | No | No | CMS 1500 | Per MCO Policy | Yes | MCO | N/A | Claims are submitted to MCO per MCO current policy. |
| R | Children's Serious Emotional Disorder (CSED) waiver services | H2033, HA | Independent Living/Skill building | No | No | No | CMS 1500 | Per MCO Policy | Yes | MCO | N/A | Claims are submitted to MCO per MCO current policy. |
| R | Children's Serious Emotional Disorder (CSED) waiver services | T1016, HA | Wraparound facilitation           | No | No | No | CMS 1500 | Per MCO Policy | Yes | MCO | N/A | Claims are submitted to MCO per MCO current policy. |
| R | Children's Serious Emotional Disorder (CSED) waiver services | T2021, HA | Job development                   | No | No | No | CMS 1500 | Per MCO Policy | Yes | MCO | N/A | Claims are submitted to MCO per MCO current policy. |

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|---|--|-----------|---|----|----|----|----------|----------------|-----|-----|-----|---|
| R | Children's Serious Emotional Disorder (CSED) waiver services | T2019, HA | Supported employment Individual                     | No | No | No | CMS 1500 | Per MCO Policy | Yes | MCO | N/A | Claims are submitted to MCO per MCO current policy. |
| R | Children's Serious Emotional Disorder (CSED) waiver services | T2038, HA | Community transition                                | No | No | No | CMS 1500 | Per MCO Policy | Yes | MCO | N/A | Claims are submitted to MCO per MCO current policy. |
| R | Children's Serious Emotional Disorder (CSED) waiver services | T2035, HA | Assistive equipment                                 | No | No | No | CMS 1500 | Per MCO Policy | Yes | MCO | N/A | Claims are submitted to MCO per MCO current policy. |
| R | Children's Serious Emotional Disorder (CSED) waiver services | G0178, HA | Extended professional services, specialized therapy | No | No | No | CMS 1500 | Per MCO Policy | Yes | MCO | N/A | Claims are submitted to MCO per MCO current policy. |



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|---|--|---------------|---------------------------|----|----|----|----------|----------------|-----|-----|-----|---|
| R | Children's Serious Emotional Disorder (CSED) waiver services | T1005, HA, HE | Respite care, out of home | No | No | No | CMS 1500 | Per MCO Policy | Yes | MCO | N/A | Claims are submitted to MCO per MCO current policy. |
| R | Children's Serious Emotional Disorder (CSED) waiver services | T1005, HA     | Respite care, in home     | No | No | No | CMS 1500 | Per MCO Policy | Yes | MCO | N/A | Claims are submitted to MCO per MCO current policy. |
| R | Children's Serious Emotional Disorder (CSED) waiver services | H0038, HA     | Peer Parent Support       | No | No | No | CMS 1500 | Per MCO Policy | Yes | MCO | N/A | Claims are submitted to MCO per MCO current policy. |
| R | Children's Serious Emotional Disorder (CSED) waiver services | H0004, HO, HA | Family therapy            | No | No | No | CMS 1500 | Per MCO Policy | Yes | MCO | N/A | Claims are submitted to MCO per MCO current policy. |

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|---|--|-----------|-----------------------------|----|----|-----|----------|----------------|-----|-----------------------|-----|---|
| R | Children's Serious Emotional Disorder (CSED) waiver services | A0160, HA | Non-medical transportation  | No | No | No  | CMS 1500 | Per MCO Policy | Yes | MCO                   | N/A | Claims are submitted to MCO per MCO current policy. |
| R | Telehealth Services  | Q3014     | Telehealth originating site | No | No | Yes | UB-04    | No             | No  | Pays \$0              | N/A |   |
| A | Residential Services   | H2036     | SUD Residential Services    | No | No | No  | CMS 1500 | Required       | Yes | Medicaid fee schedule | N/A |   |