



Medicare Behavioral Health Authorization List

Effective 1/1/2019

CODE	SERVICE DESCRIPTION	AUTHORIZATION REQUIREMENT	Comments (0 = No Additional Comments)
100	All inclusive room and board	Yes	0
101	All inclusive room and board	Yes	0
104	Anesthesia, ECT	Yes	0
114	Room and Board - private psychiatric	Yes	0
116	Room and Board - private room detoxification	Yes	0
118	Room and Board - private rehabilitation	Yes	0
120	Residential Treatment	Yes	0
124	Room and Board - semi private psychiatric	Yes	0
126	Room and Board - semi- private room detoxification	Yes	0
128	Room and Board - semi private rehabilitation	Yes	0
134	Room and Board - 3-4 bed psychiatric	Yes	0
136	Room and Board - 3-4 bed detoxification	Yes	0
138	Room and Board - 3-4 bed rehabilitation	Yes	0
144	Room and board private psychiatric	Yes	0
146	Room and board private - detoxification	Yes	0
154	Room and Board - ward psychiatric	Yes	0
156	Room and Board - detoxification ward	Yes	0
158	Room and Board - ward rehabilitation	Yes	0
180	Leave of absence from residential	Yes	0
183	Therapeutic home time	Yes	0
190	Sub Acute Inpatient	Yes	0
204	Intensive Care - psychiatric	Yes	0
240	Intensive Care - psychiatric	Yes	0
450	Emergency Room	No	0
451	Emergency Room	No	0
510	Clinic encounter all inclusive	No	0
513	Psych clinic	No	0
516	Urgent Care Clinic	No	0
519	Other clinic - med supervised withdrawal	No	0
520	Freestanding clinic	No	0
521	Rural Clinic	No	0
529	Other freestanding clinic	No	0



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900	BH treatment services	No	0
901	ECT - electroshock treatment	Yes	0
905	Intensive Outpatient - providers should be instructed to use proper code with 915	Yes	0
906	Intensive Outpatient - providers should be instructed to use proper code with 915	Yes	0
910	BH treatment services	Yes	0
911	Substance abuse rehabilitation	No	0
914	Psychiatric/Psychological Services - Individual therapy	No	0
916	Psychiatric/Psychological Services - Family therapy	No	0
917	Biofeedback	Yes	0
918	Testing	No	0
919	Other BH treatment services	No	0
944	Drug Rehabilitation	No	0
945	Alcohol Rehabilitation	No	0
1001	Behavioral Health Residential - psychiatric	Yes	0
1002	Detox - Docimillary (DASA)	Yes	0
90785	Interactive complexity add-on code	No	0
90791	Psychiatric diagnostic evaluation (no medical Services)	No	0
90792	Psychiatric diagnostic evaluation with medical services	No	0
90832	Psychotherapy, 30 mins	Yes	On At visit 21
90833	30 min psychotherapy add on code when performed with E/M Service - (list separately)	No	0
90834	Psychotherapy, 45 mins	Yes	On At visit 21
90836	45 minute psychotherapy add on code when performed with E/M Service (list separately)	No	0
90837	Psychotherapy, 60 mins	Yes	On At visit 21
90838	60 min psychotherapy when performed with E/M service (list separately)	No	0



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90839	Psychotherapy for crisis, first 60 min.	Yes	On At visit 21
90840	Crisis code add on for each additional 30 min.	No	0
90845	Psychoanalysis	No	0
90846	Family Psychotherapy, without patient present	Yes	On At visit 21
90847	Family Psychotherapy, 45 min	Yes	On At visit 21
90849	Multiple-family group psychotherapy	Yes	On At visit 21
90853	Group psychotherapy	Yes	On At visit 21
90863	Pharmacologic management, add on code	No	0
90865	Narcosynthesis	No	0
90867	Therapeutic Repetitive Transcranial (TMS)	Yes	0
90868	Therapeutic Repetitive Transcranial (TMS)	Yes	0
90869	Therapeutic Repetitive Transcranial (TMS)	Yes	0
90870	Electroconvulsive Therapy	Yes	0
90875	Ind psycho therapy incorporating bio feedback 30 min	No	0
90876	Ind psycho therapy incorporating bio feedback 45 min	No	0
90880	Hypnotherapy	Yes	0
90882	Complex care management	No	0
90885	Psych eval of hospital records	No	0
90887	Interpretation or explan of results of psych exam and procedures Outpatient Collateral, 15 min.	Yes	0
90889	Prep of report of pt psych status	No	0
90899	Unlisted Psychiatric procedure	Yes	0
96001	comp.comput.motion analysis	No	0
96020	Functional brain mapping	No	0
96105	Assessment of Aphasia of speech/lang	Yes	0
96110	Developmental screening with interp	No	0



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96112	Developmental test administration (including assessment of fine and/or gross motor, language, cognitive level, social, memory and/or executive functions by standardized developmental instruments when performed), by physician or other qualified health care professional, with interpretation and report; first hour	Yes	On after 5 Hours
96113	Developmental test administration (including assessment of fine and/or gross motor, language, cognitive level, social, memory and/or executive functions by standardized developmental instruments when performed), by physician or other qualified health care professional, with interpretation and report; each additional 30 minutes (List separately in addition to code for primary procedure)	Yes	On after 5 Hours
96116	Neurobehavioral status exam w clin assess	Yes	On after 5 Hours
96121	Neurobehavioral status exam (clinical assessment of thinking, reasoning and judgment, [eg, acquired knowledge, attention, language, memory, planning and problem solving, and visual spatial abilities]), by physician or other qualified health care professional, both face-to-face time with the patient and time interpreting test results and preparing the report; each additional hour (List separately in addition to code for primary procedure)	Yes	On after 5 Hours
96125	Standardized cognitive perf testing	Yes	On after 5 Hours
96127	Brief emotional needs assessment	No	0



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96130	Psychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report, and interactive feedback to the patient, family member(s) or caregiver(s), when performed; first hour	Yes	On after 5 Hours
96131	Psychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report, and interactive feedback to the patient, family member(s) or caregiver(s), when performed; each additional hour (List separately in addition to code for primary procedure)	Yes	On after 5 Hours
96132	Neuropsychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report, and interactive feedback to the patient, family member(s) or caregiver(s), when performed; first hour	Yes	On after 5 Hours



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96133	Neuropsychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report, and interactive feedback to the patient, family member(s) or caregiver(s), when performed; each additional hour (List separately in addition to code for primary procedure)	Yes	On after 5 Hours
96136	Psychological or neuropsychological test administration and scoring by physician or other qualified health care professional, two or more tests, any method; first 30 minutes	Yes	On after 5 Hours
96137	Psychological or neuropsychological test administration and scoring by physician or other qualified health care professional, two or more tests, any method; each additional 30 minutes (List separately in addition to code for primary procedure)	Yes	On after 5 Hours
96138	Psychological or neuropsychological test administration and scoring by technician, two or more tests, any method; first 30 minutes	Yes	On after 5 Hours
96139	Psychological or neuropsychological test administration and scoring by technician, two or more tests, any method; each additional 30 minutes (List separately in addition to code for primary procedure)	Yes	On after 5 Hours
96146	Psychological or neuropsychological test administration, with single automated, standardized instrument via electronic platform, with automated result only	Yes	On after 5 Hours
96150	Nursing Assessment and Care-Initial	No	0



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CODE	SERVICE DESCRIPTION	AUTHORIZATION REQUIREMENT	Comments (0 = No Additional Comments)
96151	Nursing Assessment and Care-Re-Assessment	No	0
96152	H&B individual intervention	No	0
96153	H&B group intervention	No	0
96154	Health & Behavior Intervention with patient present	No	0
96155	Health & Behavior Intervention without patient present	No	0
96160	Administration of patient-focused health risk assessment instrument (eg, health hazard appraisal) with scoring and documentation, per standardized instrument	No	0
96161	Administration of caregiver-focused health risk assessment instrument (eg, depression inventory) for the benefit of the patient, with scoring and documentation, per standardized instrument	No	0
96372	Medication administration	No	0
97537	Community integration counseling	Yes	0
99051	Services rendered after hours	No	0
99058	Office Emergency Services	No	0
99201	New Patient Office Visit Level 1	No	0
99202	New Patient Office Visit Level 2	No	0
99203	New Patient Office Visit Level 3	No	0
99204	New Patient Office Visit Level 4	No	0
99205	New Patient Office Visit Level 5	No	0
99211	Est Patient Office Visit Level 1	No	0
99212	Est Patient Office Visit Level 2	No	0
99213	Est Patient Office Visit Level 3	No	0
99214	Est Patient Office Visit Level 4	No	0
99215	Est Patient Office Visit Level 5	No	0
99221	Initial Hospital Care - comprehensive; low complexity	No	0
99222	Initial Hospital Care - comprehensive; moderate complexity	No	0



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CODE	SERVICE DESCRIPTION	AUTHORIZATION REQUIREMENT	Comments (0 = No Additional Comments)
99223	Initial Hospital Care - comprehensive; high complexity	No	0
99224	Subsequent observation Care	No	0
99225	Subsequent observation Care	No	0
99226	Subsequent observation Care	No	0
99231	Subsequent Hospital Care - focused; low complexity	No	0
99232	Subsequent Hospital Care - focused; moderate complexity	No	0
99233	Subsequent Hospital Care - focused; high complexity	No	0
99234	Observation - comprehensive; low complexity	No	0
99235	Observation - comprehensive; moderate complexity	No	0
99236	Observation - comprehensive; high complexity	No	0
99238	Discharge Day Management - 30 min or less	No	0
99239	Discharge Day Management - more than 30 min	No	0
99241	Problem focused; straightforward -15 min	No	0
99242	Expanded; straightforward - 30 min	No	0
99243	Detailed; low complexity - 40 min	No	0
99244	Comprehensive; moderate complexity - 60 min	No	0
99245	Comprehensive; high complexity - 80 min	No	0
99251	Initial Consultation - focused, straightforward	No	0
99252	Initial Consultation - expanded, straightforward	No	0
99253	Initial Consultation - detailed, low complexity	No	0
99254	Initial Consultation - comprehensive, moderate complexity	No	0
99255	Initial Consultation - comprehensive, high complexity	No	0
99281	ER Consultation - focused, straightforward	No	0
99282	ER Consultation - expanded; low complexity	No	0
99283	ER Consultation - expanded; moderate complexity	No	0
99284	ER Consultation - detailed; moderate complexity	No	0
99285	ER Consultation - comprehensive; high complexity	No	0
99304	Nursing facility consultation, 25 min	No	0



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99305	Nursing facility consultation, 35 min	No	0
99306	Nursing facility consultation, 45 min	No	0
99307	Evaluation Management nursing facility, 10 min	No	0
99308	Evaluation Management nursing facility, 15 min	No	0
99309	Evaluation Management nursing facility, 25 min	No	0
99310	Evaluation Management nursing facility, 35 min	No	0
99341	Home visit, new patient	No	0
99342	Home visit, new patient	No	0
99343	Home visit, new patient	No	0
99344	Home visit, new patient	No	0
99345	Home visit, new patient	No	0
99347	Home visit, est patient	No	0
99348	Home visit, est patient	No	0
99349	Home visit, est patient	No	0
99350	Home visit, est patient	No	0
99354	Prolonged evaluation and mgmt psycho therapy svcs	No	0
99355	Prolonged evaluation and mgmt psycho therapy svcs	No	0
99366	Medical team conference	No	0
99367	Medical team conference with family	No	0
99368	Medical team conference without family	No	0
99401	Preventive counseling, individual	No	0
99402	Preventive counseling, individual, 30 min	No	0
99403	Preventive counseling, individual, 45 min	No	0
99404	Preventive counseling, individual	No	0
99406	Smoking cessation	No	0
99407	Smoking cessation	No	0
99408	Alcohol substance abuse BH change intervention	No	0
99409	Alcohol and substance abuse screening and brief intervention	No	0
99411	Preventive counseling, individual, 60 min	No	0
99412	Preventive medicine group counseling, 60 min	No	0
99510	Home visit, single, family counseling	No	0



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CODE	SERVICE DESCRIPTION	AUTHORIZATION REQUIREMENT	Comments (0 = No Additional Comments)
907, H2012	Community behavioral program (day treatment)	Yes	0
915 and G0410, G0411, or H0035	Partial Hospitalization	Yes	
915, H0015	BH intensive outpatient substance abuse	Yes	0
915, S9480	BH intensive outpatient psychiatric	Yes	0
G0176	Recreation, related to the care and treatment of patients disabling mental health problems; per session (45 minutes or more)	No	0
G0177	Training and educational services related to the care and treatment of patients disabling mental health problems per session (45 minutes or more)	No	0
G0396	Alcohol/subs interv 15-30min	Yes	0
G0397	Alcohol/subs interv >30 min	Yes	0
G0409	Social work and psychological services, directly relating to and/or furthering the patient's rehabilitation goals	No	0
G0410	Partial Hospitalization	Yes	0
G0411	BH intensive outpatient substance abuse	Yes	0
G0436	Tobacco-use counsel 3-10 min	No	0
G0437	Tobacco-use counsel>10min	No	0
G0442	Annual alcohol misuse screening 15 min	No	0
G0443	Alcohol mis use and screening -various markets; lowa=face to face BH counseling, 15 min	No	0
G0444	Depression Screening	No	0
G0445	High intensity BH counseling, 30 min	No	0
G0446	Intensive BH therapy	No	0
G0447	Face to face behavioral counseling, 15 min	No	0
G0451	Developmental testing with I & R	No	0
G0463	Hospital outpatient clinic visit	No	0
G0473	Face to face behavioral counseling, 15 min	No	0



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CODE	SERVICE DESCRIPTION	AUTHORIZATION REQUIREMENT	Comments (0 = No Additional Comments)
G2011	Alcohol and/or substance (other than tobacco) abuse structured assessment (e.g., audit, DAST), and brief intervention, 5-14 minutes	Yes	0
H0001	Alcohol and/or drug assessment	No	0
H0002	Behavioral Health Screen to determine eligibility for admission to treatment program	No	0
H0003	Alcohol and/or drug screening; laboratory analysis of specimens for presence of alcohol or drugs	No	0
H0004	Behavioral health counseling and therapy; per 15 minutes	No	0
H0005	Alcohol and/or drug services; group counseling by a clinician	No	0
H0006	Alcohol and/or drug services; case management	Yes	0
H0007	Alcohol and/or drug services; crisis intervention (outpatient)	No	0
H0008	Alcohol and/or drug services; sub acute detoxification (outpatient)	Yes	0
H0009	Alcohol and/or drug services; acute detoxification (hospital inpatient)	Yes	0
H0010	Alcohol and/or drug services; sub-acute detoxification (residential addiction program inpatient)	Yes	0
H0011	Alcohol and/or drug services; acute detoxification (residential addiction program inpatient)	Yes	0
H0012	Alcohol and/or drug services; sub-acute detoxification (residential addiction program outpatient)	Yes	0
H0013	Alcohol and/or drug services; acute detoxification (residential addiction program outpatient)	Yes	0
H0014	Alcohol and/or drug services; ambulatory detoxification	Yes	0



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CODE	SERVICE DESCRIPTION	AUTHORIZATION REQUIREMENT	Comments (0 = No Additional Comments)
H0015	Alcohol and/or drug services; intensive outpatient treatment (treatment program that operates at least 3 hours/day and at least 3 days/week and is based on an individualized treatment plan) including assessment, counseling, crisis intervention, and activity therapies or education	Yes	0
H0016	Alcohol and/or drug services; medical/somatic (medical intervention in ambulatory setting)	Yes	0
H0017	Behavioral health; residential (hospital residential treatment program), without room and board; per diem	Yes	0
H0018	Behavioral health; short-term residential (non hospital residential treatment program), without room and board; per diem	Yes	0
H0019	Behavioral health; long term residential (non-medical, non-acute care in a residential treatment program where stay is typically longer than 30 days), without room and board; per diem	Yes	0
H0020	Alcohol and/or drug services; methadone administration and/or service (provisions of the drug by a licensed program)	Yes	No auth requirement up to 200 units. Prior Authorization Request = ON after 200 Units Total of all HCPC Series Codes.
H0021	Alcohol and Drug training service for staff	No	0
H0022	Alcohol and/or drug intervention service (planned facilitation)	No	0
H0023	Behavioral health outreach service (planned approach to reach a targeted population)	No	0
H0024	Behavioral health prevention information dissemination service (one way direct or non-direct contact with service audiences to affect knowledge and attitude); 15 minutes	No	0



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CODE	SERVICE DESCRIPTION	AUTHORIZATION REQUIREMENT	Comments (0 = No Additional Comments)
H0025	Behavioral health prevention education service (delivered services with target population to affect knowledge, attitude and/or behavior), 15 minutes	No	0
H0026	Alcohol and/or drug intervention service (planned facilitation)	No	0
H0027	Alcohol and drug prevention service	No	0
H0028	Alcohol and/or drug prevention problem identification and referral service	No	0
H0029	Alcohol and/or drug prevention alternatives service (services for populations that exclude alcohol and other drug use, e.g. alcohol-free social events)	No	0
H0030	Behavioral health hotline service	No	0
H0031	Mental health assessment, by non-physician	No	0
H0032	Mental health service plan development by non-physician	No	0
H0033	Oral medication administration, direct observation	No	0
H0034	Medication training and support; per 15 minutes	No	0
H0035	Mental health partial hospitalization, treatment, less than 24 hours	Yes	0
H0036	Community psychiatric supportive treatment, face to face	Yes	0
H0037	Community psychiatric supportive treatment program; per diem	Yes	0
H0038	Self-help/peer services; per 15 minutes	No	0
H0039	Assertive Community Treatment; per 15 min	Yes	0
H0040	Assertive Community Treatment; per diem	Yes	0
H0041	Foster Care child, non therapeutic per diem	No	0
H0042	Foster Care child, non therapeutic per month	No	0
H0043	Supported housing; per diem	No	0
H0044	Supported housing; per month	No	0
H0045	Respite care services, not in the home; per diem	No	0
H0046	Mental Health Services NOS	No	0



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H0047	Alcohol and drug services not otherwise specified	Yes	0
H0048	Alcohol and/or other drug testing: collection and handling only, specimens other than blood	No	0
H0049	Alcohol and/or drug Screening	No	0
H0050	Alcohol and/or Drug Service, Brief Intervention; per 15 minutes	No	0
H1000	Prenatal care, at-risk assessment	No	0
H1001	Prenatal care, at-risk enhanced service; antepartum management	No	0
H1002	Prenatal care, at-risk enhanced service; care coordination	No	0
H1003	Prenatal care, at-risk enhanced service; education	No	0
H1004	Prenatal care, at-risk enhanced service; follow-up home visit	No	0
H1005	Prenatal care, at-risk enhanced service package (includes H1001-H)	No	0
H1010	Non-medical family planning education; per session	No	0
H1011	Family assessment by licensed behavioral health professional for state defined purposes	No	0
H2000	Comprehensive multidisciplinary evaluation	Yes	0
H2001	Rehab program 1/2 day	Yes	0
H2010	Comprehensive medication services; per 15 minutes	No	0
H2011	Crisis Intervention Services; per 15 Minutes	Yes	0
H2012	Behavioral health day treatment; per hour	Yes	0
H2013	Psychiatric health facility service; per diem	Yes	0
H2014	Skills training and development; per 15 minutes	Yes	0
H2015	Comprehensive community support services; per 15 minutes	Yes	0
H2016	Comprehensive community support services; per diem	Yes	0
H2017	Psychosocial rehabilitation services; per 15 minutes	Yes	0
H2018	Psychosocial rehabilitation services; per diem	Yes	0



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CODE	SERVICE DESCRIPTION	AUTHORIZATION REQUIREMENT	Comments (0 = No Additional Comments)
H2019	Therapeutic behavioral services; per 15 minutes	Yes	0
H2020	Therapeutic behavioral services; per diem In NE Therapeutic group home	Yes	0
H2021	Community-based wrap-around services; per 15 min	Yes	0
H2022	Community-based wrap-around services; per diem (intensive in-home services)	Yes	0
H2023	Supported employment; per 15 minutes	No	0
H2024	Supported employment; per diem	No	0
H2025	Ongoing support to maintain employment; per 15 minutes	No	0
H2026	Ongoing support to maintain employment; per diem	No	0
H2027	See Notes - per 15 minutes	No	0
H2028	Sexual offender treatment service, per 15 minutes	Yes	0
H2029	Sex Offend Tx Svc, Per Diem	Yes	0
H2030	Clubhouse services ; per 15 min	Yes	No auth requirement up to 200 units. Prior Authorization Request = ON after 200 Units Total of all HCPC Series Codes.
H2031	Clubhouse services; per diem	Yes	No auth requirement up to 200 units. Prior Authorization Request = ON after 200 Units Total of all HCPC Series Codes.
H2032	Activity Therapy	No	0
H2033	Multi-systemic therapy for juveniles; per 15 minutes	Yes	0
H2034	Alcohol and/or drug abuse halfway house services; per diem	Yes	0
H2035	Alcohol and/or drug treatment program; per hour	Yes	0
H2036	Alcohol and/or other drug treatment program; per diem	Yes	0
H2037	Developmental delay prevention activities, dependent child of client, per 15 minutes	Yes	0



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M0064	Brief Office Visit for the Sole Purpose of Monitoring or Changing Drug Prescriptions Used in the Treatment of Mental Psychoneurotic and Personality Disorders	No	0
Q3014	Telehealth original site facility	No	0
S0109	Methadone, oral, 5mg	No	0
S0201	Alcohol and/or drug treatment program; per hour	Yes	0
S5108	Home care training to home care client, per 15 minutes	Yes	0
S5110	Home care training, family; per 15 minutes	Yes	0
S5145	Behavioral health specialized foster care	Yes	0
S5150	Unskilled respite care, not hospice; per 15 minutes	Yes	0
S9110	In-home telemonitoring	No	0
S9123	In-home psychiatric nursing	Yes	0
S9475	Ambulatory setting substance abuse treatment or detoxification services; per diem	Yes	0
S9480	Intensive outpatient psychiatric services; per diem; in IL use 913 in combination with this code	Yes	0
S9482	Family stabilization services; per 15 minutes	Yes	0
S9484	Crisis intervention mental health services; per hour	Yes	0
S9485	Crisis intervention mental health services; per diem	Yes	0
T1001	Nursing Assessment/Evaluation	Yes	0
T1002	RN services up to 15 minutes	No	0
T1003	LPN/ LVN services up to 15 minutes	Yes	0
T1005	Respite care services, up to 15 minutes	No	0
T1006	Alcohol and/or substance abuse services, family/couple counseling	Yes	0
T1007	Alcohol and/or substance abuse services, treatment plan development and/or modification	Yes	0
T1012	Alcohol and/or substance abuse services, skills development	No	0



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T1013	Sign language or oral interpretive services; per 15 minutes	No	0
T1014	Telehealth telemedicine	No	0
T1015	Clinic encounter all inclusive	No	0
T1016	Case management, each 15 minutes	No	0
T1017	Targeted case management, each 15 minutes	Yes	0
T1019	Personal care services; per 15 minutes	Yes	0
T1020	Personal care services; per diem	Yes	0
T1023	Screening to determine the appropriateness of consideration of an individual for participation in a specified program, project or treatment protocol; per encounter	No	0
T1024	Team evaluation & management	No	0
T1027	Family training & counseling	No	0
T1502	Psychotropic Medication Administration	No	0
T2001	Non emergency transportation; patient attendant/escort	Yes	0
T2002	Non-emergency transportation; per diem	Yes	0
T2003	Non-emergency transportation; encounter/trip	Yes	0
T2004	Non-emergency transport; commercial carrier, multi-pass	Yes	0
T2005	Non-emergency transportation; stretch van	Yes	0
T2010	Preadmission screening and resident review (pasrr) level 1 identification screening; per screen	No	0
T2011	Preadmission screening and resident review level II evaluation; per evaluation	No	0
T2012	Children's Day Treatment	No	0
T2014	Pre-vocational Services - per diem	No	0
T2015	Pre-vocational Services - per hour	No	0
T2017	Community integration counseling	No	0
T2018	Supported Employment Job Development	No	0
T2019	Supported Employment	No	0



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T2020	Day Habilitation	No	0
T2021	Preadmission PASSR assessment	No	0
T2022	Other specified case management service not elsewhere classified	No	0
T2023	Targeted Case Management- per month	Yes	0
T2024	Service Assessment Plan of Care Dev	No	0
T2025	Waiver Services; Not Otherwise Specified (NOS)	No	0
T2027	Specialized childcare, waiver; per 15 minutes	Yes	0
T2033	Psychiatric residential treatment facility - per diem	Yes	0
T2036	Therapeutic camping, overnight, waiver; each session	Yes	0
T2037	Therapeutic camping, day, waiver; each session	Yes	0
T2048	Behavioral health; long-term care residential (non-acute care in a residential treatment program community-based per diem)	Yes	0