



Secretary Taylor N. Hatch

# BEHAVIORAL HEALTH SERVICES AND MEDICAID FUNDING COMPARISON REPORT

**Florida  
Department of  
Children and  
Families**

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Office of Substance Abuse  
and Mental Health



## Introduction

The Department of Children and Families (Department) serves as the single state authority overseeing the comprehensive system of care for substance use and mental health services across Florida. Through the Substance Abuse and Mental Health (SAMH) program office, the Department leads the development, regulation, and coordination of prevention, treatment, and recovery support services designed to meet the diverse behavioral health needs of Floridians. The Department's responsibilities include statewide strategic planning, adoption of rules and standards, and administration of funding streams to optimize behavioral health outcomes and ensure access to services for priority populations.

The Department is responsible for developing and maintaining a coordinated behavioral health system of care that emphasizes prevention, early intervention, treatment, and long-term recovery supports in the least restrictive and most appropriate setting. This includes oversight of licensed substance use treatment providers and the designation of Baker Act receiving facilities to ensure services meet established quality and safety standards.

The Agency for Health Care Administration (Agency) serves as the single state Medicaid agency responsible for administering the Florida Medicaid program. Medicaid is an entitlement program that provides health coverage to eligible individuals, including low-income adults, children, pregnant women, elderly adults, and individuals with disabilities, and is administered by states in accordance with federal requirements codified in the Social Security Act. The Agency is also responsible for licensure and oversight of certain mental health treatment providers, including Crisis Stabilization Units, residential treatment facilities, and hospitals operating within Florida's behavioral health system.

Medicaid provides coverage for medically necessary behavioral health services for eligible recipients within defined federal and state parameters, including eligibility categories, covered benefits, and service limitations. The Department's behavioral health system operates alongside the Medicaid program to provide prevention services, recovery supports, community-based interventions, and other services that fall outside Medicaid coverage or eligibility requirements. State general revenue and federal grant funding administered by the Department are structured to complement Medicaid and other third-party coverage sources and to avoid duplication of payment when services are reimbursable through Medicaid or other insurance programs.

Florida's behavioral health system of care emphasizes a community-based, person-centered approach, ensuring that services are accessible, responsive, and integrated with other health and social supports. Through cross-sector partnerships among state agencies, local governments, nonprofit organizations, and service providers, Florida seeks to maintain a coordinated infrastructure capable of addressing the full continuum of behavioral health care needs across the lifespan.

Collectively, the Department and the Agency support a comprehensive array of behavioral health services, ranging from prevention and early intervention to acute treatment and long-term recovery. Services funded by the Department and services covered through Medicaid are intended to complement, rather than duplicate, one another. The Department funds prevention, rehabilitative, and community support services essential to long-term recovery, including services not covered by Medicaid due to federal coverage limitations or medical necessity requirements. For example, the Department may fund services provided in Institutions for Mental Disease (IMDs) beyond the limitations on Medicaid reimbursement for adults ages 21 through

64, establish multidisciplinary teaming models for special populations through bundled service approaches, and support statewide public education and awareness initiatives such as suicide prevention and school-based substance use prevention.

Collaboration between the Department and the Agency is essential to the continued integration of services within Florida's behavioral health system of care, helping to avoid duplication, improve coordination of services, and increase access to care through effective system navigation. Both agencies continually seek opportunities to strengthen alignment between programs and improve access to evidence-based and high-quality behavioral health services. In 2023, the Department and the Agency worked collaboratively to establish the Florida Assertive Community Treatment (FACT) service model as a Medicaid state plan service. More recently, the Department supported the Agency's request for federal approval to establish Medicaid administrative claiming for Mobile Response Team services and to pursue an IMD waiver to expand access to community-based services, crisis stabilization, and residential treatment services, including extending covered lengths of stay from 15 days to up to 60 days.

Florida's behavioral health system prioritizes a holistic and integrated model of care that addresses co-occurring mental health and substance use disorders, supports individuals across their lifespan, and incorporates family and peer supports. Emphasis is placed on recovery-oriented practices, trauma-informed care, and interventions designed to enhance engagement and promote sustainable recovery outcomes. The Department continuously monitors performance and outcomes to guide quality improvement initiatives and ensure accountability, with the goal of reducing the impact of behavioral health conditions on individuals and families while promoting wellness, resilience, and community integration.

## Purpose

From the funds in the General Appropriations Act (GAA), 2025, Lines 354A through 370A, the Department was directed to submit a report by January 31, 2026, to the Executive Office of the Governor's Office of Policy and Budget, the chair of the Senate Appropriations Committee, and the chair of the House of Representatives Budget Committee. The report must include the number of Medicaid enrollees receiving mental health services through contracts with the seven Managing Entities, disaggregated by enrollee age, geographic location, and Managing Entity region, for Fiscal Year (FY) 2024-25 and for the first and second quarters of FY 2025-26. The report must also identify the sources of funds used to support these services and evaluate opportunities to maximize the use of federal matching funds during the same reporting period. For purposes of this report, Medicaid enrollees receiving services through Managing Entity contracts refers to individuals served in the Department's SAMH-funded system of care who are identified as Medicaid enrollees, regardless of whether the services provided were Medicaid-reimbursable.

## Florida's Behavioral Health System of Care Overview

### Definitions

The following definitions are provided to establish distinctions between Medicaid-covered services and Department-funded behavioral health services that are relevant to the analysis contained in this report.

1. **Authorization:** Approval to deliver Florida Medicaid covered services in accordance with applicable coverage policies, medical necessity requirements, and provider qualifications.
2. **Behavioral Health:** For purposes of this report, behavioral health refers to the prevention and treatment of, and recovery from, mental health disorders, substance use disorders, and co-occurring disorders, consistent with Florida’s behavioral health system of care established under Chapter 394, Florida Statutes.
3. **In Lieu of Service:** Services offered through Florida Medicaid as an alternative to a state plan covered service when a health plan determines the alternative service to be a medically appropriate and cost-effective substitute.
4. **Institution for Mental Disease (IMD):** As defined in the Social Security Act, a hospital, nursing facility, or other institution of more than sixteen beds that is primarily engaged in providing diagnosis, treatment, or care of persons with mental diseases, including medical attention, nursing care, and related services.
5. **Medical Necessity:** As defined in Rule 59G-1.010, Florida Administrative Code, medical necessity refers to medical or allied care, goods, or services that are necessary to protect life, prevent significant illness or disability, or alleviate severe pain, and that are individualized, clinically appropriate, and consistent with generally accepted professional medical standards. Services must be provided at the most appropriate and cost-effective level of care and may not be primarily for the convenience of the recipient, caregiver, or provider. A provider’s recommendation alone does not establish medical necessity.
6. **Procedure Code:** A standardized numerical code used to identify services rendered by a provider for purposes of billing, reimbursement, and service tracking.
7. **Service Limit:** The maximum amount, duration, or scope of a Medicaid-covered service as established by Medicaid coverage policy or fee schedule.
8. **Serious Mental Illness (SMI):** In accordance with 42 U.S.C. section 11360(25), a diagnosable mental, behavioral, or emotional disorder that results in serious functional impairment which substantially interferes with or limits one or more major life activities.
9. **Substance Use Disorder (SUD):** A pattern of substance use leading to clinically significant impairment or distress, as defined by the Diagnostic and Statistical Manual of Mental Disorders (DSM-5), characterized by impaired control, social impairment, risky use, and pharmacological indicators such as tolerance or withdrawal.

## **The Department of Children and Families, Office of Substance Abuse and Mental Health**

The Department’s Office of Substance Abuse and Mental Health (SAMH) serves as the single state authority for mental health and substance use services in Florida. The Office is comprised of four major operational areas:

- Community Substance Abuse and Mental Health
- State Mental Health Treatment Facilities

- Sexually Violent Predator Program
- Business Operations

The Office of SAMH administers a statewide system of care that provides prevention, treatment, and recovery support services for individuals with mental health and substance use disorders. This system functions as a behavioral health safety-net and serves children and adults who are uninsured, underinsured, or otherwise unable to obtain necessary behavioral health services through Medicaid or other third-party coverage. This includes individuals who are eligible for Medicaid but require services not covered or authorized under the Florida Medicaid program, as well as individuals who are not financially able to cover medical expenses independently.

In accordance with state and federal requirements, services reimbursable through Medicaid or other third-party coverage are not funded through the Department. Managing Entities are required to coordinate funding sources to avoid duplication of payment and to ensure that Medicaid and other available coverage sources are utilized when applicable.

Florida law requires the Department to implement a system of care to provide substance use and mental health services for priority populations, including:

- Adults and older adults with serious mental illness experiencing acute mental or emotional crises, including those at risk of placement in more restrictive settings due to mental illness
- Individuals involved in the criminal justice system, including those deemed incompetent to proceed or not guilty by reason of insanity under Chapter 916, F.S.
- Individuals with co-occurring mental illness and substance use disorders
- Children and youth at risk of, or diagnosed with, an emotional disturbance or serious emotional disturbance, including those with co-occurring substance use disorders
- Adults with substance use disorders and a history of intravenous drug use
- Individuals diagnosed with co-occurring substance use and mental health disorders
- Parents whose substance use disorder places their children at risk for involvement in the dependency system
- Individuals ordered by the court to receive treatment
- Children at risk for initiating substance use
- Children under state supervision
- Children with a substance use disorder who are not under court supervision or in state custody
- Individuals identified as priority populations under federal Substance Use Prevention, Treatment, and Recovery Services Block Grant requirements

The Department offers a comprehensive array of behavioral health services across multiple levels of care to meet the needs of individuals served through the system of care. Many services funded by the Department are not available through Medicaid or other insurance programs. Additionally, many behavioral health services covered by Medicaid or other payors are subject to medical necessity criteria, prior authorization requirements, and service limitations, which may necessitate Department-funded services to ensure continuity of care and community stability.

## **Behavioral Health Managing Entities**

To ensure effective service delivery, the Department contracts with seven regional Behavioral Health Managing Entities (MEs) for the planning, coordination, and management of community based behavioral health services, pursuant to 394.9082(3)(a), F.S. MEs serve as the operational foundation of the system, subcontracting with local providers to offer a comprehensive spectrum of services tailored to the unique needs of their communities. This structure promotes efficiency, service continuity, and responsiveness to the regional variation in demand and resources.

The MEs are statutorily responsible for:

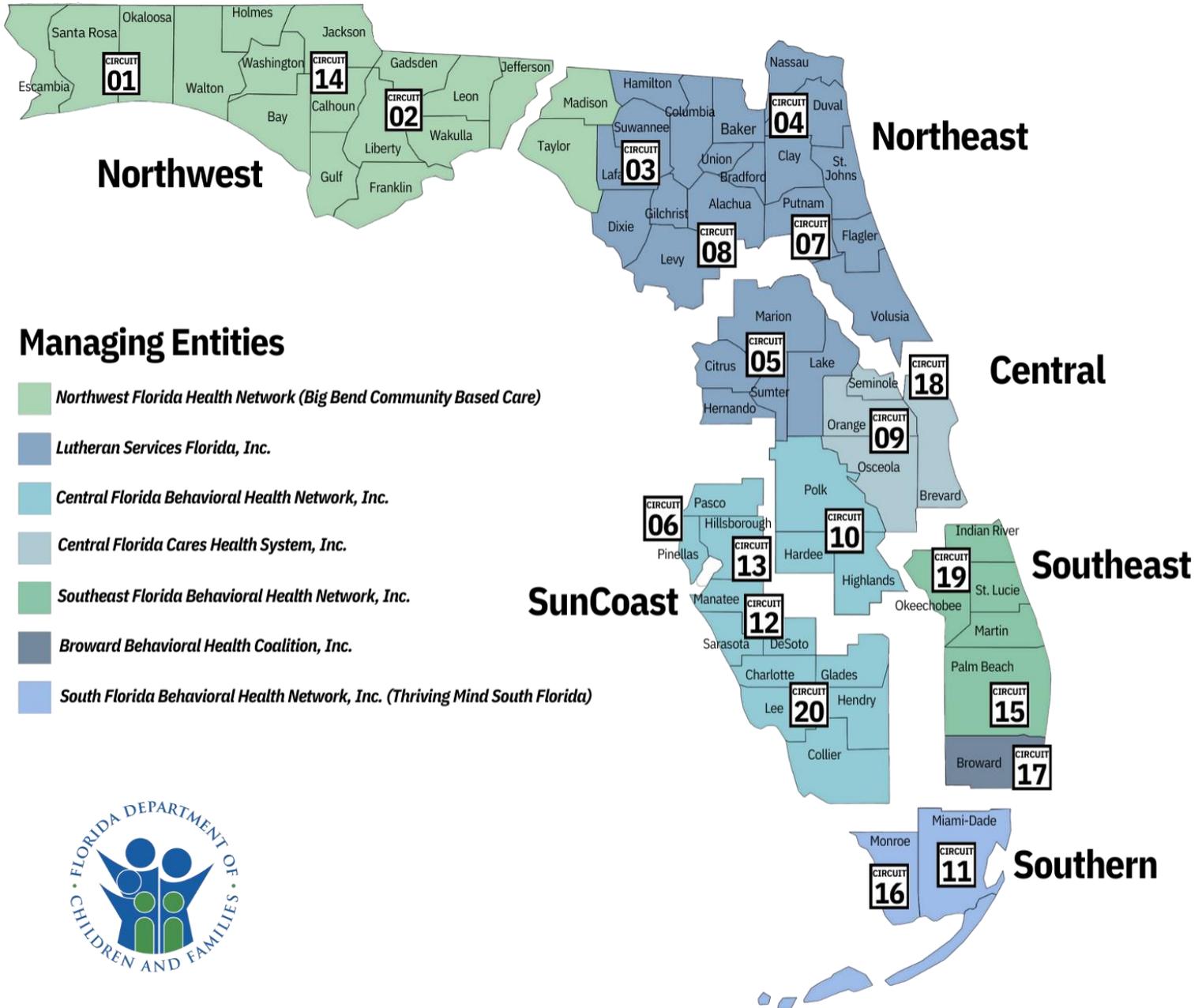
- Establishing a comprehensive network of qualified behavioral health providers sufficient to meet the needs of the region's population;
- Implementing a coordinated system that facilitates prompt information sharing among providers, referral agreements, and shared protocols to ensure improved health outcomes;
- Collaborating with public receiving facilities and housing providers to support individuals and prevent inpatient readmissions;
- Developing strategies to divert youth and adults with mental illness and/or substance use disorders from the criminal and juvenile justice systems while integrating behavioral health services with the Department's child welfare system;
- Promoting care coordination across the network and monitor provider performance to ensure compliance with state, federal, and grant requirements;
- Building and maintain relationships with local stakeholders, such as government entities (e.g., county or city commissions), community organizations, and the families of those served; and
- Managing funds and exploring additional funding sources, such as grants and local matching funds.

The following outlines the seven MEs and the areas that they serve:

- **Broward Behavioral Health Coalition (BBHC)- Contract JHME2**  
Serving Broward County.
- **Central Florida Behavioral Health Network (CFBHN)- Contract QHME2**  
Serving Charlotte, Collier, DeSoto, Glades, Hardee, Highlands, Hendry, Hillsborough, Lee, Manatee, Pasco, Pinellas, Polk, and Sarasota counties.
- **Central Florida Cares Health System (CFCHS)- Contract GHME2**  
Serving Brevard, Orange, Osceola, and Seminole counties.
- **Lutheran Services Florida Health Systems (LSF Health Systems) – Contract EHME2**  
Serving Alachua, Baker, Bradford, Citrus, Clay, Columbia, Dixie, Duval, Flagler, Gilchrist, Hamilton, Hernando, Lake, Lafayette, Levy, Marion, Nassau, Putnam, St. Johns, Sumter, Suwannee, Union, and Volusia counties.
- **Northwest Florida Behavioral Health Network (NWF Health Network) - Contract AHME2**  
Serving Bay, Calhoun, Escambia, Franklin, Gadsden, Gulf, Holmes, Jackson, Jefferson, Leon, Liberty, Madison, Okaloosa, Santa Rosa, Taylor, Wakulla, Walton, and Washington counties.
- **Southeast Florida Behavioral Health Network (SEFBHN) - Contract IHME2**  
Serving Indian River, Martin, Okeechobee, Palm Beach, and St. Lucie counties.

- **Thriving Mind South Florida (SFBHN)** - **Contract KHME2**  
Serving Miami-Dade and Monroe counties.

## DCF Regions and Managing Entities



## The Agency for Health Care Administration, Florida Medicaid Program

The Agency for Health Care Administration (Agency) serves as the single state Medicaid agency responsible for administering the Florida Medicaid program. Each state operating a Medicaid program maintains a state plan approved by the federal Centers for Medicare and Medicaid Services (CMS), which establishes how Medicaid services are delivered and reimbursed in accordance with federal requirements under the Social Security Act.

States may also request federal approval to implement waivers of certain requirements contained in section 1902(a) of the Social Security Act. Waivers allow states to test new or modified approaches to delivering and paying for health care services within Medicaid. The primary waiver authorities utilized include:

- Section 1115 Research and Demonstration Waivers
- Section 1915(b) Selective Contracting and Managed Care Waivers
- Section 1915(c) Home and Community-Based Services Waivers

The Agency administers multiple waiver authorities as part of the Florida Medicaid program to support service delivery, care coordination, and access to services for eligible recipients.

Medicaid is jointly funded by the state and federal government, with federal matching funds provided for allowable Medicaid expenditures in accordance with federal law. For every dollar that a state government spends on Medicaid, the federal government pays an average of 57 cents.

The Florida Medicaid program provides a comprehensive benefit package for eligible recipients. Recipients under the age of 21 years are entitled to a comprehensive array of prevention, diagnostic, and treatment services through the Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) benefit. The EPSDT benefit is more robust than the Medicaid benefit, which ensures early identification and treatment of health conditions and provides more expansive coverage for children than is available to adults under the Medicaid program.

The behavioral health services that are covered under the Medicaid state plan for adults and children include:

- Psychiatric physician services
- Individual, group, and family therapy services
- Assessment services
- Support/rehabilitative services
- Mental health targeted case management
- Florida Assertive Community Treatment
- Inpatient hospital services (psychiatric and medical detoxification services)
- Substance abuse county match services

In addition to these services, recipients under the age of 21 years may also receive:

- Therapeutic group care services
- Specialized therapeutic foster care services
- Statewide inpatient psychiatric program services

- Therapeutic behavioral on-site services

## **Statewide Medicaid Managed Care - Managed Medical Assistance Program**

Florida has transitioned to a delivery model in which the majority of fully Medicaid eligible recipients receive their services through a health plan. The Agency received approval from the Centers for Medicare and Medicaid Services (CMS) to operate the Statewide Medicaid Managed Care (SMMC) program through an 1115 Research and Demonstration waiver. In February 2025 the Agency implemented the new SMMC 3.0 program. The SMMC program has three components: the Managed Medicaid Assistance (MMA) program, the Long-term Care program, and the Dental Program. Under the managed care model, health plans are responsible for coordinating care across covered services and assisting enrollees in accessing services that may not be directly covered under the plan. Medicaid-covered behavioral health services are subject to federal and state requirements related to eligibility, medical necessity, prior authorization, and service limitations. As a result, Medicaid primarily reimburses clinical treatment services, while prevention services, certain recovery supports, and other community-based services may fall outside Medicaid coverage parameters.

The MMA program covers most medical and acute care services for Medicaid enrollees, including substance use and mental health treatment services. Under the SMMC program, contracted health plans are responsible for authorizing and coordinating covered services for their enrollees in accordance with Medicaid eligibility requirements, medical necessity standards, and service limitations.

Most Medicaid recipients who are eligible for the full array of benefits are enrolled in a managed care plan. In addition to providing coverage for behavioral health treatment services, health plans are responsible for coordinating care across providers and assisting enrollees in accessing services that may not be directly covered under the plan. Through care coordination activities, health plans assess enrollee needs and identify factors that may impact health outcomes, including housing instability, co-occurring conditions, and other social or environmental factors affecting access to care.

## **Medicaid Comparison and Medical Code Set Crosswalk**

This analysis compares the services funded by the Department with services that Medicaid is permitted to reimburse under federal and state rules.

In 2025, to support the identification of every behavioral health service that is covered by the Department and the Agency's Medicaid program using standard national procedure codes, the Department contracted with North Highlands to develop a Medicaid Comparison and Medical Code Set Crosswalk. The Crosswalk serves as an analytical tool to evaluate how Department-funded behavioral health services align with Florida's Medicaid reimbursement framework administered through the Agency. The full Medicaid Comparison and Medical Code Set Crosswalk can be reviewed in Appendix B of this report.

The North Highlands team identified a total of 277 Florida Medicaid behavioral health-related services from the Florida Medicaid Fee Schedules, Expanded Benefits Program, and In-Lieu of Services. Using procedure codes and service descriptions, 290 services (rows, which may include duplicate codes) were successfully mapped from the 712 behavioral health services outlined in the Department's Medical Code Set Matrix.

Based on this mapping, 40.8 percent of the Department service rows reviewed had an identifiable Medicaid reimbursement pathway. The remaining 422 services, representing 59.2 percent, did not have an identifiable Medicaid reimbursement pathway and are therefore supported through state general revenue and federal grant funding.

Service alignment varies significantly by category. Services involving direct clinical interventions, including treatment and ancillary services, showed stronger alignment with Medicaid coverage. In contrast, prevention services, recovery support services, and certain assessment and community-based services demonstrated lower alignment rates. For example, Medicaid reimburses individual behavioral health therapy and medication management services, while recovery peer support and substance use prevention services fall outside Medicaid coverage parameters. This pattern reflects differences in Medicaid's medical necessity and covered benefit requirements and the Department's broader public health and recovery-oriented responsibilities.

Among the mapped rows, only 11 reflected the same procedure code or a similar description as those listed in the Department's matrix, and no mapped row reflected a clear one-to-one service equivalency across the two systems. This reflects structural differences in how procedure codes are applied across systems. Medicaid typically associates procedure codes with narrowly defined covered services and specific reimbursement criteria, while the Department utilizes broader service classifications to support flexible service delivery across eligible populations. As a result, the presence of similar procedure codes does not necessarily indicate equivalent services or reimbursement eligibility.

The services without Medicaid reimbursement pathways primarily fall into the following categories:

- Prevention and early intervention services that fall outside Medicaid's medical necessity framework;
- Specialized assessments unique to Department specific populations including forensic and child-welfare-related evaluations;
- Recovery support services that are non-clinical in nature such as peer support, recovery housing, and supported housing;
- Incidental supports not typically reimbursable under Medicaid, including transportation, housing-related assistance, and other stabilization supports; and
- State-developed service models designed to address specific population needs not otherwise addressed through Medicaid-covered services.

The presence of Medicaid-enrolled individuals receiving Department-funded services may not indicate duplication of payment. Rather, it reflects circumstances in which services fall outside Medicaid coverage parameters, are not authorized under Medicaid at the time services are needed or are not reimbursable under Medicaid benefit limitations.

Several operational considerations also affect alignment between Department-funded services and Medicaid reimbursement. Some behavioral health providers elect not to enroll in Medicaid due to administrative requirements associated with enrollment, credentialing, and managed care processes. Additionally, Medicaid reimbursement is often contingent upon prior and continued authorization based on medical necessity criteria, and denials or authorization limitations are not

captured within claims-based data systems. These factors limit the Department's ability to fully evaluate unmet need using available data.

Certain Medicaid eligibility categories provide limited benefits that do not include behavioral health services. The Department's current behavioral health data system does not identify Medicaid eligibility category at the service level, limiting the ability to determine whether services could have been reimbursed through Medicaid. The Department anticipates addressing this limitation through the development of a new claims-based data system and ongoing collaboration with the Agency to obtain more detailed Medicaid eligibility information.

Medicaid fee schedules further establish service limitations on certain covered services, including restrictions on duration or scope of services. While these limitations support program integrity and fiscal management, they may also result in Department-funded services being utilized to maintain continuity of care when Medicaid service limits are reached. For example, Clubhouse services are limited to 1,940 quarter-hour units, or approximately 480 hours annually. Individuals with serious mental illness may require services beyond established Medicaid limits, and Department-funded services may support continued engagement in community-based services when those limits are reached.

Collectively, the findings of the Crosswalk analysis demonstrate that the level of alignment between Department-funded services and Medicaid reimbursement pathways reflects structural differences in program design rather than duplication of services. Department funding and federal grant funding serve a complementary role within Florida's behavioral health system of care by supporting prevention, recovery, and community stabilization services that operate alongside Medicaid-covered clinical treatment.

## **The Department's Office of Substance Abuse and Mental Health Initiatives and Programs**

In addition to funding behavioral health treatment and recovery services through the Managing Entity system, the Department's Office of SAMH administers several statewide initiatives designed to strengthen prevention, crisis response, treatment engagement, and long-term recovery outcomes. These initiatives complement Medicaid-covered clinical services by addressing prevention, early intervention, crisis diversion, and recovery support functions that fall outside traditional Medicaid reimbursement structures.

### **Overdose Prevention Program**

The Overdose Prevention Program is a statewide distribution initiative intended to reduce opioid overdose deaths by increasing access to the overdose reversal drug naloxone among individuals and communities most likely to experience or witness an overdose. Naloxone is distributed through a network of community-based providers and partners to support rapid overdose reversal and connection to treatment services.

### **Hospital Bridge Program**

The Hospital Bridge Program focuses on initiating substance use disorder treatment in emergency department settings and facilitating rapid linkage to ongoing care through community-based

providers. The program is designed to reduce gaps in care following emergency treatment and improve engagement in ongoing recovery services.

### **Coordinated Opioid Recovery (CORE) Network**

The Coordinated Opioid Recovery (CORE) Network is a statewide initiative designed to create an integrated system of care for individuals with substance use disorders, particularly opioid use disorder. CORE connects emergency stabilization, medication-assisted treatment, behavioral health care, peer support, and long-term recovery services into a coordinated continuum. All 67 counties have launched a CORE Network, marking full statewide implementation during FY 2025–26.

### **Statewide Office for Suicide Prevention and Suicide Prevention Coordinating Council**

The Statewide Office for Suicide Prevention and the Suicide Prevention Coordinating Council support statewide suicide prevention initiatives, including development and implementation of Florida’s Statewide Plan for Suicide Prevention, preparation of the Council’s annual report, and coordination of public awareness and prevention strategies across state and community partners.

### **988 Florida Lifeline**

The 988 Florida Lifeline is a free, 24-hour a day, 7-days a week behavioral health support service that connects individuals experiencing suicidal thoughts, mental health crises, substance use crises, or emotional distress with trained crisis counselors located within the state. The 988 system serves as a primary entry point into Florida’s crisis continuum of care. The majority of contacts are resolved through telephonic intervention, with a small percentage requiring Mobile Response Team deployment or emergency rescue services when higher levels of intervention are necessary.

### **Disaster Behavioral Health Support**

As Florida’s mental health authority, SAMH administers disaster behavioral health programs funded through federal discretionary grants following presidentially declared disasters. These programs provide crisis counseling, outreach, psychoeducational resources, and referrals to longer-term behavioral health treatment for individuals impacted by natural or man-made disasters.

### **Statewide Council on Opioid Abatement**

The Statewide Council on Opioid Abatement is responsible for enhancing coordination of state and local efforts to address the opioid epidemic and support affected individuals and families. The Council advises state and local governments on the use of opioid settlement funds, reviews expenditure and outcome data, collaborates with related advisory bodies, and evaluates statewide and regional trends to inform strategic response efforts. The Council is chaired by the Florida Attorney General, with the Secretary of the Department of Children and Families serving as vice chair.

## Commission on Mental Health and Substance Use Disorder

The Commission on Mental Health and Substance Use Disorder, established pursuant to section 394.9086, Florida Statutes, evaluates the effectiveness of Florida's behavioral health system, identifies barriers to service delivery, assesses crisis response infrastructure including the 988 system, and provides recommendations for improvements to law, rule, and policy.

### The Department's Behavioral Health Funding Structure

The Department uses a combination of state general revenue and federal grant funding to administer behavioral health programs and services. As described in the Medicaid Comparison and Medical Code Set Crosswalk, many prevention, recovery support, and community-based services fall outside Medicaid reimbursement parameters. Federal grants and state general revenue therefore serve a complementary role in supporting services that are not otherwise reimbursable through Medicaid.

Federal behavioral health funding administered by the Department falls into two categories: block grants and discretionary grants.

Federal discretionary grants are meant to address a specific issue or population of focus, and all activities must align with the requirements of the Notice of Funding Opportunity (NOFO) Announcement and the approved grant application. Two current examples are:

- The State Opioid Response Grant which provides targeted prevention, treatment, and recovery services for individuals with or at risk of opioid and stimulant use disorders.
- The 988 State and Territories Cooperative Agreement Grant which provides funding to assist states in operating the 988 Suicide and Crisis Lifeline. Eligible activities include salaries and operational costs of the state's 988 call centers, training and technical assistance, and the development of awareness and marketing materials.

Discretionary grants are time-limited and new NOFOs at the end of a grant period are not guaranteed.

Federal block grants are non-competitive formula grants mandated by Congress and available to all 50 states, U.S. territories, and the District of Columbia. The Department receives two federal block grants for behavioral health services: the Substance Use Prevention, Treatment, and Recovery Services (SUPTRS) Block Grant, and the Community Mental Health Services (CMHS) Block Grant. The purpose of block grant programs is to supplement state funding for behavioral health services. Specifically, these awards are meant to:

- Fund priority treatment and support services for individuals who are uninsured or under-insured. Those who are under-insured include individuals who require services that are not covered by Medicaid or private insurance, or for whom the allowable number of services is capped by their Medicaid or private insurance plan. An example would be an individual with a serious mental illness that requires regular, consistent services such as case management.
- Fund priority treatment and support services that demonstrate success in improving outcomes and/or supporting recovery that are not covered by Medicaid or private insurance.

- Fund primary substance use prevention services through universal, selective, and indicated prevention activities for individuals who have not been identified as needing treatment.
- Collect performance and outcome data to determine ongoing effectiveness of behavioral health promotion, treatment, and recovery services.

Each block grant has specific requirements and restrictions set forth in the U.S. Code of Federal Regulations that states must abide by to remain in compliance. These include specified populations of service, percentage-based set-asides for particular populations or services, minimum threshold amounts, and a state maintenance of effort.

### **Substance Use Prevention, Treatment, and Recovery Services (SUPTRS) Block Grant**

Populations of Service: Uninsured or under-insured individuals with a substance use disorder or at risk of substance use.

Set-asides: The SUPTRS Block Grant requires the state to expend a percentage of the total award towards the following set-asides.

- 20 percent for Primary Substance Use Prevention – These services are universal, selective, and indicated prevention activities for individuals who have not been identified as needing treatment. This is a minimum requirement. The state can expend more than the minimum, but not less.
- 5 percent for Early Intervention Services for HIV – This set-aside is intended to pay for HIV testing, pre and post-test counseling, and medical services needed to mitigate the deteriorating effects of HIV/AIDS for individuals in treatment for a diagnosed substance use disorder. This is a minimum and a maximum requirement. The state cannot spend more than or less than the exact 5 percent. Additionally, this set-aside is only required of designated states. A designated state is defined as a state with an HIV/AIDS case rate of 10 or more per 100,000.

Thresholds: A threshold requirement is a minimum amount that must be spent on a specific service or population. For the SUPTRS Block Grant, the state is required to expend at least \$9.3 million towards services to pregnant and parenting women. This threshold can be met with any combination of SUPTRS Block Grant dollars and/or state general revenue. This represents a minimum expenditure requirement.

### **Community Mental Health Services (CMHS) Block Grant**

Populations of Service: Uninsured or under-insured adults with serious mental illness, children with serious emotional disturbance, and individuals in crisis.

Set-asides: The CMHS Block Grant requires the state to expend a percentage of the total award towards the following set-asides.

- 10 percent for Coordinated Specialty Care (CSC) for First Episode Psychosis – This is an evidence-based multi-disciplinary teaming model that provides early intervention services for individuals experiencing the first symptoms of a serious mental illness that includes psychotic features. This represents a minimum expenditure requirement.

- 5 percent for Core Crisis Services – This set-aside is for services to individuals in crisis. Eligible services include the 988 Suicide and Crisis Lifeline and Mobile Response Teams. The state can expend more than the minimum, but not less.

Thresholds: A threshold requirement is a minimum amount that must be spent on a specific service or population. For the CMHS Block Grant, the state is required to expend at least \$39.7 million in services to children diagnosed with a serious emotional disturbance. Unlike the threshold for pregnant and parenting women found in the SUPTRS Block Grant, this threshold can only be met with state general revenue. This represents a minimum expenditure requirement.

## **Maintenance of Effort**

As defined in the U.S. Code of Federal Regulations, maintenance of effort (MOE) refers to the minimum amount states must allocate of state general funds to support federal assistance programs. The intent is to ensure that states do not reduce their financial commitment to these programs when receiving federal funds. The goal is to maintain a consistent level of funding for essential services.

A MOE requirement applies to both the SUPTRS and the CMHS Block Grants. MOE is different from matching funds which are generally based on a ratio of state to federal dollars. Instead, the calculation of MOE each year is the average of the MOE expenditures reported in the previous two reporting cycles.

Funds eligible for MOE must be in alignment with the populations and services allowable under the respective block grant. State funds used to meet a threshold requirement can also be used towards meeting the maintenance of effort requirement.

- SUPTRS Block Grant MOE – Eligible programs and services are those that provide treatment of or recovery from substance use disorders, or strategies and activities designed to prevent substance use in individuals who may be at risk of substance use.
- CMHS Block Grant MOE – Eligible programs and services are those that serve individuals diagnosed with a serious mental illness, or serious emotional disturbance in a community setting.

Failure to meet MOE requirements may result in federal funding reductions.

## **Restrictions**

Federal block grants include restrictions intended to ensure funds supplement, rather than replace, state funding and are used for allowable community-based services. The following restrictions apply to both the SUPTRS and CMHS Block Grants. Funds cannot be used to:

- Fund inpatient hospital services.
- Supplant or replace non-federal funding.
- Purchase or improve land, buildings, or major medical equipment.
- Purchase promotional items.
- Make cash payments to intended recipients of services.
- Pay an executive salary more than \$212,100.

Additionally, each block grant has individualized restrictions.

- SUPTRS cannot be used to fund any services within a penal or correctional institution and primary prevention set aside funds cannot be used to fund individuals with a substance use disorder; enforcement of alcohol, tobacco, or drug laws; or Screening Brief Intervention and Referral to Treatment (SBIRT) programs.
- CMHS cannot be used to fund standalone suicide prevention or mental health first aid; and cannot be used in a jail setting unless services are provided by programs that also treat the nonincarcerated community at-large and provide continuity of care through discharge planning and case management.

## **Funding Structure**

To ensure compliance with federal and state funding requirements, the Department utilizes cost pools to align allowable services with appropriate funding sources. Cost pools function as a bridge between program activities and eligible funding streams and may capture one or more services supported by one or more funding sources. Examples include block grant set-asides, multidisciplinary team models, discretionary grant-funded activities, special programs and initiatives, and state proviso projects.

## **Behavioral Health Services Also Covered by Medicaid Overview**

Certain behavioral health services are funded through both Medicaid and the Department's behavioral health system of care. The following examples illustrate how Medicaid coverage and Department funding operate together to support service delivery.

### **1. Florida Assertive Community Treatment (FACT)**

In December 2023, Florida Medicaid adopted Rule 59G-4.127, Florida Administrative Code (F.A.C.) (FACT Services Coverage Policy) to mirror the Department's Managing Entity contract Guidance Document 16. FACT teams are a multidisciplinary team-based approach to behavioral health intervention, and the teams are available 24 hours per day, seven days per week. FACT teams serve individuals where they live, work, attend school, or spend their leisure time.

Medicaid's bundled payment model does not reimburse certain non-clinical or operational components typically included in the FACT model, including:

- Peer Support Services (aside from the in lieu of service)
- Supportive Employment
- Supportive Housing - through subsidies via enhancement funding
- Daily FACT Treatment Planning Meetings
- FACT team staff travel time, related to serving the recipient in the community

The adoption of Medicaid's FACT Services Coverage policy as an administrative rule introduces additional administrative requirements for FACT providers when required positions are vacant. FACT providers must submit a variance request to Medicaid if they are unable to fill a vacant position. Ongoing behavioral health workforce shortages have contributed to delays in filling

required positions despite provider efforts to offer competitive salaries, sign-on bonuses, and other recruitment incentives.

Additionally, as currently implemented by the Department, FACT teams can provide housing subsidies via enhancement funding. Enhancement funding is a separate allocation distributed to FACT teams by the Department. Enhancement funding can pay for incidental costs that an individual served needs to maintain stability in the community, such as educational classes, assistance with vehicle repair for employment and education, or other recovery goals. The Department's internal data indicates that, in FY 2024-25, 751 individuals had their FACT services paid for by Medicaid while also receiving enhancement funding from the Department.

Since FACT became a Medicaid-covered service, a portion of the overall appropriation must be reserved to support the required state share for Medicaid reimbursement. As a result, a smaller portion of the appropriation is available for direct distribution to FACT teams through the Department. This has limited the Department's ability to expand enhancement funding and other program supports. During the same period, the required state share reflected in the General Appropriations Act has increased from FY 2022–23 through FY 2025–26, while internal data indicates a decline in the number of Medicaid-eligible individuals served by FACT teams. Together, these factors have affected the Department's ability to distribute the full appropriation directly to FACT team services. Importantly, any monetary gain or revenue maximization Florida achieves by covering FACT services through Florida Medicaid do not directly benefit the behavioral health system of care and are not reinvested in the FACT program itself.

## **2. Statewide Inpatient Psychiatric Program**

When Florida Medicaid implemented Statewide Medicaid Managed Care in 2016, the Agency transitioned the Statewide Inpatient Psychiatric Program (SIPP) from a waiver-based model to a Medicaid state plan covered service. Since that time, the majority of SIPP services have been reimbursed through the Medicaid Managed Care program. The Agency licenses and regulates Residential Treatment Centers, including SIPP providers, while reimbursement and service authorization functions are administered through Medicaid managed care plans. This structure results in oversight responsibilities being distributed across multiple entities and has coincided with declining accessibility and increased waitlists in certain regions. The Department established a SIPP workgroup, including representatives from the Agency, to support collaboration among providers and state partners and to identify opportunities to improve access and coordination.

## **Data Overview**

The following section presents data on individuals served through the Department's system of care who are also enrolled in Medicaid and examines how those services were funded.

The Department assessed the Financial and Services Accountability Management System (FASAMS) to determine the instances of individuals provided behavioral health services through SAMH funding who are enrolled in Medicaid from July 2024- September 2025. While individuals were identified as Medicaid enrollees based on the available enrollment indicators in FASAMS, eligibility status may not have fully reflected active Medicaid coverage at the time services were delivered. Ongoing data-sharing improvements and system updates are strengthening the accuracy and timeliness of eligibility information. The Medicaid eligibility category is also unknown, making it further difficult to determine if behavioral health services were available to the individual through their Medicaid benefit. Table 1 below demonstrates the unduplicated

number of individuals served through SAMH that were enrolled in Medicaid and had a Medicaid claim for behavioral health services.

For purposes of this analysis, data were extracted for the period July 1, 2024, through December 31, 2025, which includes FY 2024–25 and the first two quarters of FY 2025–26. Certain tables reflect subsets of this period based on data availability at the time of extraction.

**Table 1: Substance Abuse and Mental Health (SAMH) Individuals Served July 2024- September 2025**

Total unduplicated SAMH individuals served	227,024
SAMH clients identified as Medicaid enrollees	90,489
SAMH Medicaid client with a Medicaid claim	65,138

**Table 2: SAMH Individuals Enrolled in Medicaid by Managing Entity July 2024- September 2025**

Managing Entity Name	Medicaid clients with SAMH service
Southeast Florida Behavioral Health Network (SEFBHN)	8,154
NWF Health Network (NWFN)	15,253
South Florida Behavioral Health Network (SFBHN)	5,869
Broward Behavioral Health Coalition (BBHC)	4,526
Central Florida Cares Health System (CFCHS)	9,531
Central Florida Behavioral Health Network (CFBHN)	34,398
Lutheran Services Florida (LSF)	14,123
Sum Total (may include duplicates)	91,854
Unduplicated Client Count	90,489

Data Source: FASAMS, Medicaid Module and FASAMS, Service Event Module

- (1) Some Medicaid enrollees may be part of multiple Managing Entity networks during the 15-month time period
- (2) It is unknown if the Medicaid enrollee had Medicaid eligibility at the time of SAMH service, as Medicaid eligibility in FASAMS is not up to date
- (3) Data is as of 12/2/2025 and is subject to change

**Table 3: SAMH Individuals Enrolled in Medicaid by Age Range July 2024- September 2025**

Service Age Category	Medicaid clients with SAMH service
<18	21,997
18-21	6,568
22-29	10,996
30-39	18,917
40-49	14,481
50-59	10,497
60-69	9,163
70-79	2,125
80-89	294
>=90	29

Data Source: FASAMS, Medicaid Module and FASAMS service Event Module

- (1) Age category is calculated based on age at the date of service. If a service was provided in various age ranges, they would be calculated under each age range they were served.
- (2) It is unknown if the Medicaid enrollee had Medicaid eligibility at the time of SAMH service, as the eligibility data in FASMAS is not up to date
- (3) Data is as of 12/2/2025

**Table 4: SAMH Individuals enrolled in Medicaid by County July 2024- September 2025**

<b>County</b>	<b>Medicaid Enrollee with SAMH Service</b>
Alachua	1,170
Baker	226
Bay	3,312
Bradford	152
Brevard	3,459
Broward	4,536
Calhoun	233
Charlotte	858
Citrus	135
Clay	1,258
Collier	673
Columbia	638
DeSoto	72
Dixie	42
Duval	2,632
Escambia	7,773
Flagler	431
Franklin	90
Gadsden	237
Gilchrist	79
Glades	49
Gulf	86
Hamilton	52
Hardee	119
Hendry	61
Hernando	2,410
Highlands	595
Hillsborough	7,852
Holmes	915
Indian River	698
Jackson	887
Jefferson	72
Lafayette	2
Lake	1,005
Lee	4,597
Leon	1,999
Levy	173
Liberty	89
Madison	109

Manatee	3,208
Marion	1,310
Martin	477
Miami-Dade	5,223
Monroe	692
Nassau	679
Okaloosa	1,079
Okeechobee	432
Orange	5,379
Osceola	757
Palm Beach	4,857
Pasco	3,740
Pinellas	6,459
Polk	6,740
Putnam	328
Santa Rosa	1,005
Sarasota	1,476
Seminole	1,083
St. Johns	728
St. Lucie	2,451
Sumter	103
Suwanee	169
Taylor	91
Union	34
Volusia	2,507
Wakulla	195
Walton	605
Washington	42

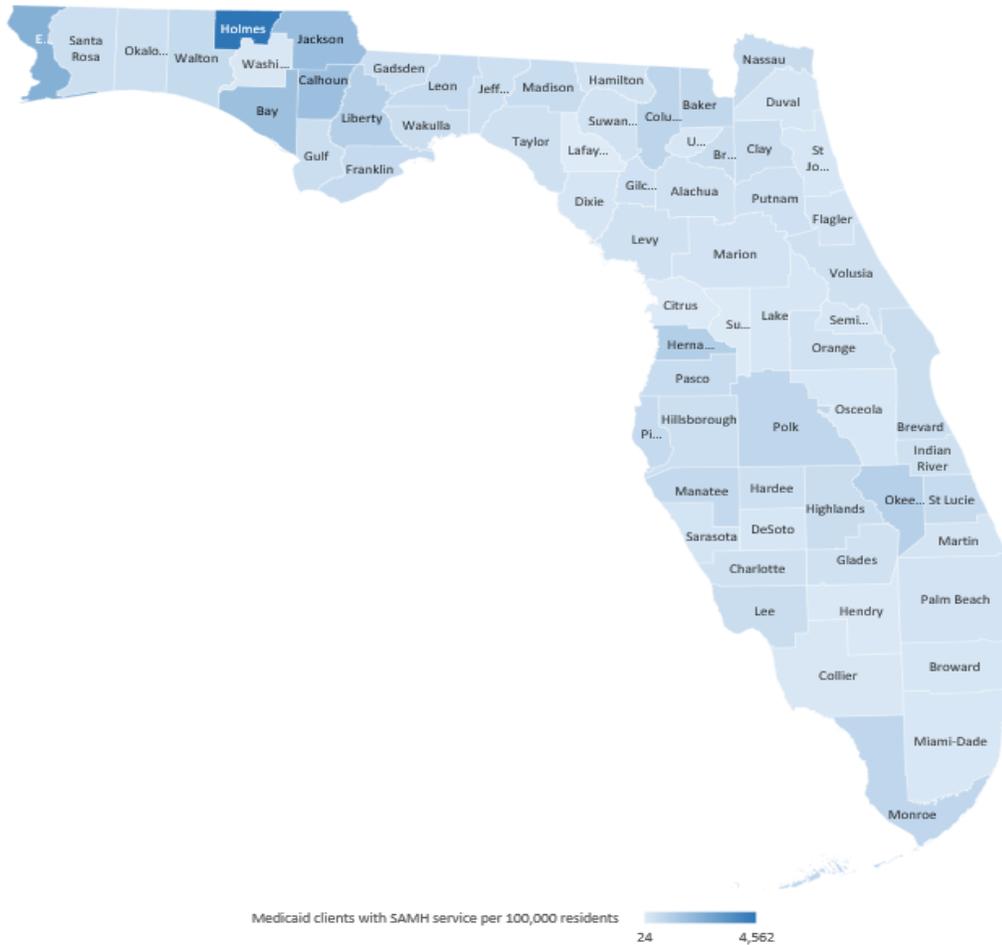
**Table 5.1 - SAMH Individuals enrolled in Medicaid by County’s population – Population estimates for 2024**

<b>County</b>	<b>Medicaid clients with SAMH service</b>	<b>2024 Population Estimate</b>	<b>Medicaid clients with SAMH service per 100,000 residents</b>
Alachua	1,170	296,313	394.9
Baker	226	28,899	782.0
Bay	3,312	196,112	1688.8
Bradford	152	27,335	556.1
Brevard	3,459	653,703	529.1
Broward	4,536	1,981,888	228.9
Calhoun	233	13,700	1700.7
Charlotte	858	210,645	407.3
Citrus	135	166,151	81.3

Clay	1,258	236,365	532.2
Collier	673	408,381	164.8
Columbia	638	72,155	884.2
DeSoto	72	35,487	202.9
Dixie	42	17,555	239.2
Duval	2,632	1,062,593	247.7
Escambia	7,773	336,358	2310.9
Flagler	431	136,310	316.2
Franklin	90	13,321	675.6
Gadsden	237	44,853	528.4
Gilchrist	79	19,503	405.1
Glades	49	12,815	382.4
Gulf	86	16,947	507.5
Hamilton	52	14,228	365.5
Hardee	119	25,883	459.8
Hendry	61	45,413	134.3
Hernando	2,410	210,577	1144.5
Highlands	595	106,109	560.7
Hillsborough	7,852	1,560,449	503.2
Holmes	915	20,059	4561.5
Indian River	698	171,029	408.1
Jackson	887	49,345	1797.5
Jefferson	72	15,667	459.6
Lafayette	2	8,504	23.5
Lake	1,005	433,331	231.9
Lee	4,597	827,016	555.9
Leon	1,999	302,197	661.5
Levy	173	45,845	377.4
Liberty	89	8,016	1110.3
Madison	109	18,649	584.5
Manatee	3,208	455,356	704.5
Marion	1,310	419,510	312.3
Martin	477	164,853	289.3
Miami-Dade	5,223	2,774,841	188.2
Monroe	692	84,147	822.4
Nassau	679	103,990	652.9
Okaloosa	1,079	221,806	486.5
Okeechobee	432	40,230	1073.8
Orange	5,379	1,511,568	355.9
Osceola	757	451,231	167.8
Palm Beach	4,851	1,545,905	313.8
Pasco	3,740	633,029	590.8

Pinellas	6,459	971,218	665.0
Polk	6,740	826,090	815.9
Putnam	328	76,138	430.8
Santa Rosa	1,005	207,983	483.2
Sarasota	1,476	479,027	308.1
Seminole	1,083	493,282	219.5
St. Johns	728	331,479	219.6
St. Lucie	2,451	385,746	635.4
Sumter	103	156,743	65.7
Suwannee	169	46,519	363.3
Taylor	91	21,802	417.4
Union	34	16,100	211.2
Volusia	2,507	594,643	421.6
Wakulla	195	37,313	522.6
Walton	605	87,728	689.6
Washington	42	26,568	158.1

## Florida Map - SAMH Individuals enrolled in Medicaid by County's population per 100,000 residents (Data from 2024)



### Enrollment Data

For this report, the Department performed a preliminary analysis of 2,933,440 service records of individuals enrolled in Medicaid who were also receiving behavioral health services through the Department between July 2024 and December 2025.

This analysis represents a preliminary service-level categorization intended to identify potential Medicaid reimbursement pathways and does not represent a determination of Medicaid eligibility or reimbursement appropriateness for individual services.

Based on this analysis, 33.4 percent of these records were for Medicaid compensable services, 4.7 percent were for services that were Medicaid compensable with caveats. Of the 44.7 percent of records that were for services only provided by the Department, 8.3 percent of records were for adults receiving services for which Medicaid only covers children, and 9.9 percent were for services delivered through multidisciplinary teaming models not covered under Medicaid.

Medicaid provides services to pregnant women, but some eligibility categories only cover services related to the pregnancy and do not include behavioral health services. A total of 1.6 percent of records were identified as behavioral health services to pregnant women.

An additional 15.7 percent of records were associated with federal grant activities or requirements, such as mandatory set-asides. Of the records associated with grant activities, the vast majority were associated with the State Opioid Response Grant.

Of the total 2.9 million records, only 6,089 were for mobile response team services, and of those only 234 records were for a type of mobile response service that would be Medicaid eligible. 200 records, representing less than 1 percent of the total records, were for Case Management and 34 records were Medical Services.

At the time of the initial review, the Department’s Medicaid enrollment data was too limited to determine if service records were for individuals who exceeded the maximum number of service days for which Medicaid would pay or whose enrollments occurred later than the service but within the same month. Continued analysis of these data is ongoing as the Department works with the Agency to access more robust data sets for individuals enrolled in Medicaid.

**Table 6: SAMH Individuals Enrolled in Medicaid by Funding Source**

Managing Entity	Medicaid Compensable	In Lieu of or Max Days	Under 21 Only	Pregnant Women	Non-Medicaid	Federal Grant Activities/ Requirements
NWF Health Network	40.4%	3.7%	0.1%	1.7%	52.0%	2.1%
Lutheran Services of Florida	25.4%	1.1%	2.1%	0.6%	45.8%	25.0%
Central Florida Cares Health Systems	30.0%	3.9%	2.5%	3.8%	42.6%	17.1%
Central Florida Behavioral Health Network	43.4%	2.2%	0.4%	0.8%	36.7%	16.5%
Southeast Florida Behavioral	26.8%	4.7%	3.5%	1.2%	40.1%	23.7%

Managing Entity	Medicaid Compensable	In Lieu of or Max Days	Under 21 Only	Pregnant Women	Non-Medicaid	Federal Grant Activities/ Requirements
Health Network						
Broward Behavioral Health Coalition	20.6%	4.9%	2.1%	3.3%	64.8%	4.4%
Thriving Minds South Florida	23.4%	4.0%	5.1%	3.3%	60.3%	3.9%
<b>Statewide Total</b>	<b>33.4%</b>	<b>2.9%</b>	<b>1.8%</b>	<b>1.6%</b>	<b>44.7%</b>	<b>15.7%</b>

## Conclusion

The analysis in this report demonstrates that a significant number of individuals served through the Department’s behavioral health system of care are also enrolled in Medicaid. However, the presence of Medicaid enrollment does not, by itself, indicate that services provided through the Department were eligible for Medicaid reimbursement. Differences between Medicaid-covered benefits and Department-funded services reflect structural differences in program design, including Medicaid medical necessity requirements, service limitations, eligibility categories, and federal funding restrictions associated with block grants and discretionary grants.

The Department’s behavioral health system of care plays a complementary role to the Florida Medicaid program by supporting prevention, crisis response, recovery support, and community-based stabilization services that are not consistently reimbursable through Medicaid. Service-level analysis indicates that a substantial portion of services provided to Medicaid enrollees fall outside Medicaid reimbursement pathways or are associated with federal grant requirements or state-funded initiatives designed to support continuity of care and long-term recovery outcomes.

The Department has identified several opportunities to improve alignment between Department-funded services and Medicaid reimbursement where appropriate. This includes continued collaboration with the Agency to improve consistent data sharing and eligibility verification, as well as ongoing evaluation of Medicaid-covered service alignment. The Department’s development of a claims-based data system is expected to improve future analysis by allowing for more precise identification of service provision and potential alignment with services eligible for Medicaid reimbursement. Additional insights into Medicaid eligibility, authorization status, and reimbursement potential at the service level will require enhanced data feeds from the Agency.

The Department will continue to work in coordination with the Agency to ensure that available federal matching funds are utilized in accordance with state and federal requirements while maintaining compliance with federal and state requirements and preserving access to prevention, treatment, and recovery support services for priority populations served through Florida's behavioral health system of care.

## Appendix B: Medical Code Crosswalk Medicaid Comparison

Behavioral Health Services	DCF 	Medicaid	DJJ	Schools Districts <sup>2</sup>	CHIP <sup>4</sup>	FDOC	APD	Medicare	Commercial Group Health Plans	Tricare
<b>Assessment/Treatment Plan Development and Modifications</b>										
Assessment	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Treatment Plan Development	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Treatment Plan Review	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
<b>Therapy Services</b>										
Group Therapy	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Individual Therapy	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Family Therapy	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
<b>Psychosocial Rehabilitation</b>										
Day Treatment	✓	✓	✓							
Psychosocial Rehabilitation Services		✓								
Supportive Housing	✓	✓ <sup>1</sup>								
Supportive Employment	✓									
Recovery Support (Individual/Group)	✓	✓	✓		✓					
Mental Health Clubhouse Services	✓	✓			✓					
Drop-In Center	✓	✓ <sup>3</sup>								
Peer Support Services	✓	✓			✓					✓
<b>Medical Services</b>										
Medical Services	✓	✓	✓		✓	✓	✓	✓	✓	✓
Medication-assisted treatment services	✓	✓			✓	✓		✓	✓	✓
<b>Residential Services</b>										
Residential Treatment for Substance Use	✓	✓ <sup>3</sup>			✓	✓			✓	✓
Substance Abuse Short- term Residential Treatment Services		✓ <sup>3</sup>			✓					
Room and Board with Supervision	✓									
Statewide Inpatient Psychiatric Program Services	✓	✓			✓					
Specialized Therapeutic Services	✓	✓			✓					
Therapeutic Group Care Services	✓	✓			✓					
Residential Commitment Programs			✓							
State Mental Health Treatment Facilities	✓	✓ <sup>5</sup>								

## Appendix B: Medical Code Crosswalk Medicaid Comparison

Behavioral Health Services	DCF 	Medicaid	DJJ	Schools Districts <sup>2</sup>	CHIP <sup>4</sup>	FDOC	APD	Medicare	Commercial Group Health Plans	Tricare
<b>Case Management Services</b>										
Case Management	✓	✓	✓		✓	✓	✓			
Intensive Team Case Management	✓	✓								
<b>Crisis Management</b>										
Crisis Stabilization	✓	✓			✓			✓	✓	✓
Crisis Support/Mobile Response Team	✓	✓ <sup>3</sup>			✓					
Substance Abuse Inpatient Detoxification	✓	✓			✓			✓	✓	✓
Inpatient Hospital Services	✓	✓			✓			✓	✓	✓
Addictions Receiving Facility Services	✓	✓ <sup>3</sup>	✓		✓			✓	✓	

## Appendix B: Medical Code Crosswalk Medicaid Comparison

Behavioral Health Services	DCF 	Medicaid	DJJ	Schools Districts <sup>2</sup>	CHIP <sup>4</sup>	FDOC	APD	Medicare	Commercial Group Health Plans	Tricare
<b>Other Support Services</b>										
Outpatient/Ambulatory Detoxification	✓	✓			✓					
Day Care Services	✓									
Therapeutic Behavioral On- Site Services / In-Home and On-Site	✓	✓			✓					
Drop-in Center/Self Help	✓	✓ <sup>3</sup>								
Respite	✓									
Intervention (Individual/ Group)	✓	✓								
Treatment Alternative for Safer Communities (TASC)	✓									
Incidental Expenses	✓									
Aftercare/Follow-up	✓					✓				
Outreach	✓		✓							
Florida Assertive Community Treatment (FACT)	✓	✓								
Prevention	✓	✓ <sup>6</sup>	✓	✓						
Comprehensive Community Service Team	✓									
Community Action Treatment (CAT)	✓									
Family Intensive Treatment (FIT)	✓									
HIV Early Intervention/Counseling Services	✓	✓								
Care Coordination	✓	✓	✓		✓			✓	✓	✓
Individual Educational Plan or Family Support Plan (IEP or FSP) consultation and coordination				✓						
Community- Based Wrap-Around Services	✓	✓	✓		✓					
Partial Hospitalization Services		✓ <sup>3</sup>			✓			✓	✓	✓
Multi-Systemic Therapy Services		✓ <sup>3</sup>	✓		✓					

## Appendix B: Medical Code Crosswalk Medicaid Comparison

Behavioral Health Services	DCF 	Medicaid	DJJ	Schools Districts <sup>2</sup>	CHIP <sup>4</sup>	FDOC	APD	Medicare	Commercial Group Health Plans	Tricare
<b>Other Support Services</b>										
Substance Abuse Intensive Outpatient Program Services	✓	✓ <sup>3</sup>			✓			✓		✓
Substance Abuse Partial Hospitalization Program Services		✓ <sup>3</sup>			✓			✓	✓	✓
Behavioral Health Overlay Services	✓	✓			✓					
Family Training and Counseling for Child Development		✓			✓					
Information and Referral	✓									
Early Childhood Mental Health Consultation	✓	✓								

1 The Agency obtained approval for a pilot program to provide housing support services under the Medicaid MMA program.

2 School district services funded through Medicaid Certified School Match and MSD Mental Health Assistance Allocation.

3 Florida Medicaid's health plans have the flexibility to offer this service as an "in lieu of service" when medically appropriate.

4 The Children's Health Insurance Program - Children's Medical Services' Health Plan Behavioral Health Services Benefits.

5 Florida Medicaid pays for recipients over 65 who are receiving treatment in a state mental health facility.

6 "Prevention" for Florida Medicaid is not a specific service but rather an intervention approach/strategy designed to mitigate the onset or exacerbation of disease, problematic behavior, etc.

Note: Medicare, Tricare, and Commercial Health Plan benefits derived from research, not direct confirmation from subject matter experts.

## Appendix B: Medical Code Crosswalk Medicaid Comparison

DCF Code	DCF Service Description	FL Medicaid Code	FL Medicaid Modifier	FL Medicaid Modifier 2	FL Medicaid Service Description (from Fee Schedules)	Health Plan's In Lieu Of Services (ILOS)	FL Medicaid State Plan Services	Fee Schedule / Medicaid Policy	Same	Different
<b>Prevention</b>										
96164	Health behavior intervention, group (2 or more patients), face-to-face; initial 30 minutes	N/A	N/A	N/A	N/A	N/A	N/A	N/A	-	-
96165	Health behavior intervention, group (2 or more patients), face-to-face; each additional 15 minutes (List separately in addition to code for primary service)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	-	-
96167	Health behavior intervention, family (with the patient present), face-to-face; initial 30 minutes	N/A	N/A	N/A	N/A	N/A	N/A	N/A	-	-
96168	Health behavior intervention, family (with the patient present), face-to-face; each additional 15 minutes (List separately in addition to code for primary service)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	-	-
96170	Health behavior intervention, family (without the patient present), face-to-face; initial 30 minutes	N/A	N/A	N/A	N/A	N/A	N/A	N/A	-	-
96171	Health behavior intervention, family (without the patient present), face-to-face; each additional 15 minutes (List separately in addition to code for primary service)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	-	-

## Appendix B: Medical Code Crosswalk Medicaid Comparison

96202	Multiple-family group behavior management/modification training for parent(s)/guardian(s)/caregiver(s) of patients with a mental or physical health diagnosis, administered by physician or other qualified health care professional (without the patient present), face-to-face with multiple sets of parent(s)/guardian(s)/caregiver(s); initial 60 minutes	N/A	N/A	N/A	N/A	N/A	N/A	N/A	-	-
96203	Multiple-family group behavior management/modification training for parent(s)/guardian(s)/caregiver(s) of patients with a mental or physical health diagnosis, administered by physician or other qualified health care professional (without the patient present), face-to-face with multiple sets of parent(s)/guardian(s)/caregiver(s); each additional 15 minutes (List separately in addition to code for primary service)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	-	-
G0012	Injection of pre-exposure prophylaxis (PrEP) drug for HIV prevention, under skin or into muscle	N/A	N/A	N/A	N/A	N/A	N/A	N/A	-	-
G1028	Take-home supply of nasal naloxone; 2-pack of 8 mg per 0.1 ml nasal spray (provision of the services by a Medicare-enrolled Opioid Treatment Program); list separately in addition to code for primary procedure	N/A	N/A	N/A	N/A	N/A	N/A	N/A	-	-
H0022	Alcohol and/or drug intervention service (planned facilitation)	H0022	N/A	N/A	Substance use intervention service	N/A	N/A	Community-Based Substance Abuse County Match	X	

## Appendix B: Medical Code Crosswalk Medicaid Comparison

H0024	Behavioral health prevention information dissemination service (one-way direct or nondirect contact with service audiences to affect knowledge and attitude)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	-	-
H0025	Behavioral health prevention education service (delivery of services with target population to affect knowledge, attitude and/or behavior)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	-	-
H0026	Alcohol and/or drug prevention process service, community-based (delivery of services to develop skills of impactors)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	-	-
H0027	Alcohol and/or drug prevention environmental service (broad range of external activities geared toward modifying systems in order to mainstream prevention through policy and law)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	-	-
H0028	Alcohol and/or drug prevention problem identification and referral service (e.g., student assistance and employee assistance programs), does not include assessment	N/A	N/A	N/A	N/A	N/A	N/A	N/A	-	-
H0050	Alcohol and/or drug services, brief intervention, per 15 minutes	N/A	N/A	N/A	N/A	N/A	N/A	N/A	-	-
H2015	Comprehensive community support services, per 15 minutes	H2015	HN	N/A	Comprehensive community support services for substance abuse: Aftercare	N/A	N/A	Community-Based Substance Abuse County Match	X	
H2015	Comprehensive community support services, per 15 minutes	H2015	HQ	N/A	Comprehensive community support services: Group peer recovery	N/A	N/A	Community-Based Substance Abuse County Match	X	
H2015	Comprehensive community support services, per 15 minutes	H2015	N/A	N/A	Comprehensive community support	N/A	N/A	Community-Based Substance	X	

## Appendix B: Medical Code Crosswalk Medicaid Comparison

					services: Individual peer recovery			Abuse County Match		
H2016	Comprehensive community support services, per diem	N/A	N/A	N/A	N/A	N/A	N/A	N/A	-	-
H2027	Psychoeducational service, per 15 minutes	N/A	N/A	N/A	N/A	N/A	N/A	N/A	-	-
H2037	Developmental delay prevention activities, dependent child of client, per 15 minutes	N/A	N/A	N/A	N/A	N/A	N/A	N/A	-	-
H2038	Skills training and development, per diem	N/A	N/A	N/A	N/A	N/A	N/A	N/A	-	-
S9444	Parenting classes, nonphysician provider, per session	N/A	N/A	N/A	N/A	N/A	N/A	N/A	-	-
S9445	Patient education, not otherwise classified, nonphysician provider, individual, per session	N/A	N/A	N/A	N/A	N/A	N/A	N/A	-	-
S9446	Patient education, not otherwise classified, nonMD, provider, individual, per session	N/A	N/A	N/A	N/A	N/A	N/A	N/A	-	-
<b>Assessment/Evaluation</b>										
90791	Psychiatric diagnostic evaluation	N/A	N/A	N/A	N/A	N/A	N/A	N/A	-	-
90792	Psychiatric diagnostic evaluation with medical services	N/A	N/A	N/A	N/A	N/A	N/A	N/A	-	-
90865	Narcosynthesis for psychiatric diagnostic and therapeutic purposes (eg, sodium amobarbital (Amytal) interview)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	-	-
90882	Environmental intervention for medical management purposes on a psychiatric patient's behalf with agencies, employers, or institutions	N/A	N/A	N/A	N/A	N/A	N/A	N/A	-	-
90885	Psychiatric evaluation of hospital records, other psychiatric reports, psychometric and/or projective tests, and other accumulated data for medical diagnostic purposes	N/A	N/A	N/A	N/A	N/A	N/A	N/A	-	-

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96116	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; first hour	N/A	-	-						
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)	N/A	-	-						
96127	Brief emotional/behavioral assessment (eg, depression inventory, attention-deficit/hyperactivity disorder [ADHD] scale), with scoring and documentation, per standardized instrument	N/A	-	-						

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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	N/A	-	-						
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)	N/A	-	-						
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	N/A	-	-						

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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)	N/A	-	-						
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	N/A	-	-						
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)	N/A	-	-						
96138	Psychological or neuropsychological test administration and scoring by technician, two or more tests, any method; first 30 minutes	N/A	-	-						
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)	N/A	-	-						

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96156	Health behavior assessment, or re-assessment (ie, health-focused clinical interview, behavioral observations, clinical decision making)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	-	-
96158	Health behavior intervention, individual, face-to-face; initial 30 minutes	N/A	N/A	N/A	N/A	N/A	N/A	N/A	-	-
96159	Health behavior intervention, individual, face-to-face; each additional 15 minutes (List separately in addition to code for primary service)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	-	-
96160	Administration of patient-focused health risk assessment instrument (eg, health hazard appraisal) with scoring and documentation, per standardized instrument	N/A	N/A	N/A	N/A	N/A	N/A	N/A	-	-
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	N/A	N/A	N/A	N/A	N/A	N/A	N/A	-	-
97151	Behavior identification assessment, administered by a physician or other qualified health care professional, each 15 minutes of the physician's or other qualified health care professional's time face-to-face with patient and/or guardian(s)/caregiver(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	97151	N/A	N/A	Behavior identification - assessment	N/A	N/A	Behavioral Analysis	X	

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97151	Behavior identification assessment, administered by a physician or other qualified health care professional, each 15 minutes of the physician's or other qualified health care professional's time face-to-face with patient and/or guardian(s)/caregiver(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	97151	TS	N/A	Behavior Reassessment	N/A	N/A	Behavioral Analysis	X	
97152	Behavior identification-supporting assessment, administered by one technician under the direction of a physician or other qualified health care professional, face-to-face with the patient, each 15 minutes	97152	N/A	N/A	Behavior identification - supporting assessment	N/A	N/A	Behavioral Analysis	X	
98000	Synchronous audio-video visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and straightforward medical decision making. When using total time on the date of the encounter for code selection, 15 minutes must be met or exceeded.	N/A	N/A	N/A	N/A	N/A	N/A	N/A	-	-
98001	Synchronous audio-video visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and low medical decision making. When using total time on the date of the encounter for code selection, 30 minutes must be met or exceeded.	N/A	N/A	N/A	N/A	N/A	N/A	N/A	-	-

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98002	Synchronous audio-video visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and moderate medical decision making. When using total time on the date of the encounter for code selection, 45 minutes must be met or exceeded.	N/A	-	-						
98003	Synchronous audio-video visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and high medical decision making. When using total time on the date of the encounter for code selection, 60 minutes must be met or exceeded.	N/A	-	-						
98004	Synchronous audio-video visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and straightforward medical decision making. When using total time on the date of the encounter for code selection, 10 minutes must be met or exceeded.	N/A	-	-						
98005	Synchronous audio-video visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and low medical decision making. When using total time on the date of the encounter for code selection, 20 minutes must be met or exceeded.	N/A	-	-						

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98006	Synchronous audio-video visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and moderate medical decision making. When using total time on the date of the encounter for code selection, 30 minutes must be met or exceeded.	N/A	-	-						
98007	Synchronous audio-video visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and high medical decision making. When using total time on the date of the encounter for code selection, 40 minutes must be met or exceeded.	N/A	-	-						
98008	Synchronous audio-only visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination, straightforward medical decision making, and more than 10 minutes of medical discussion. When using total time on the date of the encounter for code selection, 15 minutes must be met or exceeded.	N/A	-	-						
98009	Synchronous audio-only visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination, low medical decision making, and more than 10 minutes of medical discussion. When using total time on the date of the encounter for code selection, 30 minutes must be met or exceeded.	N/A	-	-						

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98010	<p>Synchronous audio-only visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination, moderate medical decision making, and more than 10 minutes of medical discussion.</p> <p>When using total time on the date of the encounter for code selection, 45 minutes must be met or exceeded.</p>	N/A	-	-						
98011	<p>Synchronous audio-only visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination, high medical decision making, and more than 10 minutes of medical discussion.</p> <p>When using total time on the date of the encounter for code selection, 60 minutes must be met or exceeded.</p>	N/A	-	-						
98012	<p>Synchronous audio-only visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination, straightforward medical decision making, and more than 10 minutes of medical discussion.</p> <p>When using total time on the date of the encounter for code selection, 10 minutes must be exceeded.</p>	N/A	-	-						

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98013	<p>Synchronous audio-only visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination, low medical decision making, and more than 10 minutes of medical discussion.</p> <p>When using total time on the date of the encounter for code selection, 20 minutes must be met or exceeded.</p>	N/A	-	-						
98014	<p>Synchronous audio-only visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination, moderate medical decision making, and more than 10 minutes of medical discussion.</p> <p>When using total time on the date of the encounter for code selection, 30 minutes must be met or exceeded.</p>	N/A	-	-						
98015	<p>Synchronous audio-only visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination, high medical decision making, and more than 10 minutes of medical discussion.</p> <p>When using total time on the date of the encounter for code selection, 40 minutes must be met or exceeded.</p>	N/A	-	-						

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98016	Brief communication technology-based service (eg, virtual check-in) by a physician or other qualified health care professional who can report evaluation and management services, provided to an established patient, not originating from a related evaluation and management service provided within the previous 7 days nor leading to an evaluation and management service or procedure within the next 24 hours or soonest available appointment, 5-10 minutes of medical discussion.	N/A	N/A	N/A	N/A	N/A	N/A	N/A	-	-
98975	Remote therapeutic monitoring (eg, therapy adherence, therapy response, digital therapeutic intervention); initial set-up and patient education on use of equipment	N/A	N/A	N/A	N/A	N/A	N/A	N/A	-	-
98976	Remote therapeutic monitoring (eg, therapy adherence, therapy response, digital therapeutic intervention); device(s) supply for data access or data transmissions to support monitoring of respiratory system, each 30 days	N/A	N/A	N/A	N/A	N/A	N/A	N/A	-	-
98977	Remote therapeutic monitoring (eg, therapy adherence, therapy response, digital therapeutic intervention); device(s) supply for data access or data transmissions to support monitoring of musculoskeletal system, each 30 days	N/A	N/A	N/A	N/A	N/A	N/A	N/A	-	-
98978	Remote therapeutic monitoring (eg, therapy adherence, therapy response, digital therapeutic intervention); device(s) supply for data access or data transmissions to support monitoring of cognitive	N/A	N/A	N/A	Computerized Cognitive Behavioral Therapy	N/A	N/A	Expanded Benefits	X	

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	behavioral therapy, each 30 days									
99408	Alcohol and/or substance (other than tobacco) abuse structured screening (eg, AUDIT, DAST), and brief intervention (SBI) services; 15 to 30 minutes	N/A	N/A	N/A	Opioid Use Disorder/Substance Use Disorder Support	N/A	N/A	Expanded Benefits	X	
99409	Alcohol and/or substance (other than tobacco) abuse structured screening (eg, AUDIT, DAST), and brief intervention (SBI) services; greater than 30 minutes	N/A	N/A	N/A	Opioid Use Disorder/Substance Use Disorder Support	N/A	N/A	Expanded Benefits	X	
99446	Interprofessional telephone/Internet/electronic health record assessment and management service provided by a consultative physician or other qualified health care professional, including a verbal and written report to the patient's treating/requesting physician or other qualified health care professional; 5-10 minutes of medical consultative discussion and review	N/A	N/A	N/A	N/A	N/A	N/A	N/A	-	-
99447	Interprofessional telephone/Internet/electronic health record assessment and management service provided by a consultative physician or other qualified health care professional, including a verbal and written report to the patient's treating/requesting physician or other qualified health care professional; 11-20 minutes of medical consultative discussion and review	N/A	N/A	N/A	N/A	N/A	N/A	N/A	-	-

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99448	Interprofessional telephone/Internet/electronic health record assessment and management service provided by a consultative physician or other qualified health care professional, including a verbal and written report to the patient's treating/requesting physician or other qualified health care professional; 21-30 minutes of medical consultative discussion and review	N/A	-	-						
99449	Interprofessional telephone/Internet/electronic health record assessment and management service provided by a consultative physician or other qualified health care professional, including a verbal and written report to the patient's treating/requesting physician or other qualified health care professional; 31 minutes or more of medical consultative discussion and review	N/A	-	-						

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99484	Care management services for behavioral health conditions, at least 20 minutes of clinical staff time, directed by a physician or other qualified health care professional, per calendar month, with the following required elements: initial assessment or follow-up monitoring, including the use of applicable validated rating scales, behavioral health care planning in relation to behavioral/psychiatric health problems, including revision for patients who are not progressing or whose status changes, facilitating and coordinating treatment such as psychotherapy, pharmacotherapy, counseling and/or psychiatric consultation, and continuity of care with a designated member of the care team.	N/A	-	-						
G0432	Infectious agent antibody detection by enzyme immunoassay (EIA) technique, HIV-1 and/or HIV-2, screening	N/A	-	-						
G0433	Infectious agent antibody detection by enzyme-linked immunosorbent assay (ELISA) technique, HIV-1 and/or HIV-2, screening	N/A	-	-						
G0435	Infectious agent antibody detection by rapid antibody test, HIV-1 and/or HIV-2, screening	N/A	-	-						
G0442	Annual alcohol misuse screening, 5 to 15 minutes	N/A	-	-						
G0444	Annual depression screening, 5 to 15 minutes	N/A	-	-						
G0475	HIV antigen/antibody, combination assay, screening	N/A	-	-						

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G2077	Periodic assessment; assessing periodically by an OTP practitioner and includes a review of MOUD dosing, treatment response, other substance use disorder treatment needs, responses and patient-identified goals, and other relevant physical and psychiatric treatment needs and goals; assessment may be informed by administration of a standardized, evidence-based social determinants of health risk assessment to identify unmet health-related social needs, or the need and interest for harm reduction interventions and recovery support services (provision of the services by a Medicare-enrolled opioid treatment program); list separately in addition to each primary code	N/A	N/A	N/A	N/A	N/A	N/A	N/A	-	-
G2214	Initial or subsequent psychiatric collaborative care management, first 30 minutes in a month of behavioral health care manager activities, in consultation with a psychiatric consultant, and directed by the treating physician or other qualified health care professional	N/A	N/A	N/A	N/A	N/A	N/A	N/A	-	-
G9012	Other specified case management service not elsewhere classified	N/A	N/A	N/A	N/A	N/A	N/A	N/A	-	-
H0001	Alcohol and/or drug assessment	H0001	HN	N/A	Bio- psychosocial evaluation, substance abuse	N/A	N/A	CBH- Behavioral Health Assessmen t Services Coverage Policy (59G- 4.028)	X	

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H0001	Alcohol and/or drug assessment	H0001	HO	N/A	In-depth assessment, new patient, substance abuse	N/A	N/A	CBH-Behavioral Health Assessment Services Coverage Policy (59G-4.028)	X	
H0001	Alcohol and/or drug assessment	H0001	TS	N/A	In-depth assessment, established patient, substance abuse	N/A	N/A	CBH-Behavioral Health Assessment Services Coverage Policy (59G-4.028)	X	
H0001	Alcohol and/or drug assessment	H0001	N/A	N/A	Limited functional assessment, substance abuse	N/A	N/A	CBH-Behavioral Health Assessment Services Coverage Policy (59G-4.028)	X	
H0002	Behavioral health screening to determine eligibility for admission to treatment program	H0002	HA	N/A	Certified Behavior Analyst (Bachelor's Level) and Certified Assistant Behavior Analyst - Individual Service Evaluation	N/A	N/A	Medicaid Certified School Match Program	X	
H0002	Behavioral health screening to determine eligibility for admission to treatment program	H0002	HN	N/A	Social Worker (Bachelor's Level) - Individual Service Evaluation	N/A	N/A	Medicaid Certified School Match Program	X	
H0002	Behavioral health screening to determine eligibility for admission to treatment program	H0002	N/A	N/A	Behavioral Health Screening Services	N/A	N/A	Medicaid Certified School Match Program	X	

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H0003	Alcohol and/or drug screening; laboratory analysis of specimens for presence of alcohol and/or drugs	N/A	N/A	N/A	N/A	N/A	N/A	N/A	-	-
H0031	Mental health assessment, by nonphysician	H0031	HO	N/A	In-depth assessment, new patient, mental health	N/A	N/A	CBH-Behavioral Health Assessment Services Coverage Policy (59G-4.028)	X	
H0031	Mental health assessment, by nonphysician	H0031	TS	N/A	In-depth assessment, established patient, mental health	N/A	N/A	CBH-Behavioral Health Assessment Services Coverage Policy (59G-4.028)	X	
H0031	Mental health assessment, by nonphysician	H0031	HN	N/A	Bio- psychosocial Evaluation, mental health	N/A	N/A	CBH-Behavioral Health Assessment Services Coverage Policy (59G-4.028)	X	
H0031	Mental health assessment, by nonphysician	H0031	N/A	N/A	Limited functional assessment, mental health	N/A	N/A	CBH-Behavioral Health Assessment Services Coverage Policy (59G-4.028)	X	
H0031	Mental health assessment, by nonphysician	H0031	HA	N/A	Comprehensive Behavioral Health Assessment	N/A	N/A	Specialized Therapeutic Services	X	
H0031	Mental health assessment, by nonphysician	H0031	HU	N/A	Social Worker (LCSW or Master's Level) - Individual Evaluations/Assessments	N/A	N/A	County Health Department Certified Match Program	X	

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H0031	Mental health assessment, by nonphysician	H0031	AH	N/A	Psychologist - Individual Service-Evaluation	N/A	N/A	Medicaid Certified School Match Program	X	
H0031	Mental health assessment, by nonphysician	H0031	SE	N/A	Certified Behavior Analyst - Individual Service-Evaluation	N/A	N/A	Medicaid Certified School Match Program	X	
H0031	Mental health assessment, by nonphysician	H0031	HU	N/A	Social Worker (Master's Level); Marriage and Family Therapist; Mental Health and Guidance Counselors - Individual Service-Evaluation	N/A	N/A	Medicaid Certified School Match Program	X	
H0048	Alcohol and/or other drug testing: collection and handling only, specimens other than blood	H0048	N/A	N/A	Behavioral health-related medical services: alcohol and other drug screening specimen	N/A	N/A	CBH-Behavioral Health Medication Management Services Coverage Policy (59G-4.029)	X	
H0049	Alcohol and/or drug screening	N/A	N/A	N/A	N/A	N/A	N/A	N/A	-	-
H1000	Prenatal care, at-risk assessment	N/A	N/A	N/A	N/A	N/A	N/A	N/A	-	-
H1011	Family assessment by licensed behavioral health professional for state defined purposes	N/A	N/A	N/A	N/A	N/A	N/A	N/A	-	-
H2000	Comprehensive multidisciplinary evaluation	H2000	HO	N/A	Psychiatric evaluation by a non-physician	N/A	N/A	CBH-Behavioral Health Assessment Services Coverage Policy (59G-4.028)	X	
H2000	Comprehensive multidisciplinary evaluation	H2000	HP	N/A	Psychiatric evaluation by a physician	N/A	N/A	CBH-Behavioral Health	X	

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								Assessment Services Coverage Policy (59G-4.028)		
H2000	Comprehensive multidisciplinary evaluation	H2000	N/A	N/A	Psychiatric review of records	N/A	N/A	CBH-Behavioral Health Assessment Services Coverage Policy (59G-4.028)		X
S3645	HIV-1 antibody testing of oral mucosal transudate	N/A	N/A	N/A	N/A	N/A	N/A	N/A	-	-
T1001	Nursing assessment/evaluation	N/A	N/A	N/A	N/A	Nursing Facility	Inpatient Hospital	N/A		X
T1023	Screening to determine the appropriateness of consideration of an individual for participation in a specified program, project or treatment protocol, per encounter	T1023	HE	N/A	Behavioral health medical screening, mental health	N/A	N/A	CBH-Behavioral Health Medication Management Services Coverage Policy (59G-4.029)	X	
T1023	Screening to determine the appropriateness of consideration of an individual for participation in a specified program, project or treatment protocol, per encounter	T1023	HF	N/A	Behavioral health medical screening, substance abuse	N/A	N/A	CBH-Behavioral Health Medication Management Services Coverage Policy (59G-4.029)	X	
T1023	Screening to determine the appropriateness of consideration of an individual for participation in a specified program, project or treatment protocol, per encounter	T1023	N/A	N/A	Screening	N/A	N/A	Early Intervention Services	X	
T1024	Evaluation and treatment by an integrated, specialty team contracted to provide coordinated care to multiple or severely handicapped children, per encounter	T1024	GN	UK	Initial Psychosocial and Developmental Evaluation rendered by a	N/A	N/A	Early Intervention Services	X	

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					Speech Therapist					
T1024	Evaluation and treatment by an integrated, specialty team contracted to provide coordinated care to multiple or severely handicapped children, per encounter	T1024	GN	TS	Follow-up Psychosocial and Developmental Evaluation rendered by a Speech Therapist	N/A	N/A	Early Intervention Services	X	
T1024	Evaluation and treatment by an integrated, specialty team contracted to provide coordinated care to multiple or severely handicapped children, per encounter	T1024	GO	UK	Initial Psychosocial and Developmental Evaluation rendered by a Occupational Therapist	N/A	N/A	Early Intervention Services	X	
T1024	Evaluation and treatment by an integrated, specialty team contracted to provide coordinated care to multiple or severely handicapped children, per encounter	T1024	GO	TS	Follow-up Psychosocial and Developmental Evaluation rendered by a Occupational Therapist	N/A	N/A	Early Intervention Services	X	
T1024	Evaluation and treatment by an integrated, specialty team contracted to provide coordinated care to multiple or severely handicapped children, per encounter	T1024	GP	UK	Initial Psychosocial and Developmental Evaluation rendered by a Physical Therapist	N/A	N/A	Early Intervention Services	X	
T1024	Evaluation and treatment by an integrated, specialty team contracted to provide coordinated care to multiple or severely handicapped children, per encounter	T1024	GP	TS	Follow-up Psychosocial and Developmental Evaluation rendered by a Physical Therapist	N/A	N/A	Early Intervention Services	X	

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T1024	Evaluation and treatment by an integrated, specialty team contracted to provide coordinated care to multiple or severely handicapped children, per encounter	T1024	HN	UK	Initial Psychosocial and Developmental Evaluation rendered by an ITDS	N/A	N/A	Early Intervention Services	X	
T1024	Evaluation and treatment by an integrated, specialty team contracted to provide coordinated care to multiple or severely handicapped children, per encounter	T1024	TL	N/A	Initial Psychosocial and Developmental Evaluation rendered by a Licensed Early Interventions Professional	N/A	N/A	Early Intervention Services	X	
T1024	Evaluation and treatment by an integrated, specialty team contracted to provide coordinated care to multiple or severely handicapped children, per encounter	T1024	TS	TL	Follow-up Psychosocial and Developmental Evaluation rendered by a Licensed Early Interventions Professional	N/A	N/A	Early Intervention Services	X	
T1024	Evaluation and treatment by an integrated, specialty team contracted to provide coordinated care to multiple or severely handicapped children, per encounter	T1024	TS	N/A	Follow-up Psychosocial and Developmental Evaluation rendered by an ITDS	N/A	N/A	Early Intervention Services	X	
T1028	Assessment of home, physical and family environment, to determine suitability to meet patient's medical needs	N/A	N/A	N/A	N/A	N/A	N/A	N/A	-	-
T2010	Preadmission screening and resident review (PASRR) Level I identification screening, per screen	N/A	N/A	N/A	N/A	N/A	N/A	N/A	-	-
T2011	Preadmission screening and resident review (PASRR) Level II evaluation, per evaluation	N/A	N/A	N/A	N/A	N/A	N/A	N/A	-	-
T2024	Service assessment/plan of care development, waiver	N/A	N/A	N/A	N/A	N/A	N/A	N/A	-	-
0545F	Plan for follow-up care for major depressive disorder, documented (MDD ADOL)1	N/A	N/A	N/A	N/A	N/A	N/A	N/A	-	-

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1040F	DSM-5 criteria for major depressive disorder documented at the initial evaluation (MDD, MDD ADOL)1	N/A	-	-						
1125F	Pain severity quantified; pain present (COA) (ONC)	N/A	-	-						
1126F	Pain severity quantified; no pain present (COA) (ONC)	N/A	-	-						
1160F	Review of all medications by a prescribing practitioner or clinical pharmacist (such as, prescriptions, OTCs, herbal therapies and supplements) documented in the medical record (COA)	N/A	-	-						
1170F	Functional status assessed (COA) (RA)	N/A	-	-						
1175F	Functional status for dementia assessed and results reviewed (DEM)1	N/A	-	-						
1181F	Neuropsychiatric symptoms assessed and results reviewed (DEM)1	N/A	-	-						
1182F	Neuropsychiatric symptoms, one or more present (DEM)1	N/A	-	-						
1183F	Neuropsychiatric symptoms, absent (DEM)1	N/A	-	-						
1220F	Patient screened for depression (SUD)5	N/A	-	-						
1490F	Dementia severity classified, mild (DEM)1	N/A	-	-						
1491F	Dementia severity classified, moderate (DEM)1	N/A	-	-						
1493F	Dementia severity classified, severe (DEM)1	N/A	-	-						
1494F	Cognition assessed and reviewed (DEM)1	N/A	-	-						
2014F	Mental status assessed (CAP)1 (EM)5	N/A	-	-						
2060F	Patient interviewed directly on or before date of diagnosis of major depressive disorder (MDD ADOL)1	N/A	-	-						

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3016F	Patient screened for unhealthy alcohol use using a systematic screening method (PV)1 (DSP)8	N/A	-	-						
3085F	Suicide risk assessed (MDD, MDD ADOL)	N/A	-	-						
3088F	Major depressive disorder, mild (MDD)1	N/A	-	-						
3089F	Major depressive disorder, moderate (MDD)1	N/A	-	-						
3090F	Major depressive disorder, severe without psychotic features (MDD)1	N/A	-	-						
3091F	Major depressive disorder, severe with psychotic features (MDD)1	N/A	-	-						
3092F	Major depressive disorder, in remission (MDD)1	N/A	-	-						
3093F	Documentation of new diagnosis of initial or recurrent episode of major depressive disorder (MDD)1	N/A	-	-						
3351F	Negative screen for depressive symptoms as categorized by using a standardized depression screening/assessment tool (MDD)2	N/A	-	-						
3352F	No significant depressive symptoms as categorized by using a standardized depression assessment tool (MDD)2	N/A	-	-						
3353F	Mild to moderate depressive symptoms as categorized by using a standardized depression screening/assessment tool (MDD)2	N/A	-	-						
3354F	Clinically significant depressive symptoms as categorized by using a standardized depression screening/assessment tool (MDD)2	N/A	-	-						
3725F	Screening for depression performed (DEM)1	N/A	-	-						

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4060F	Psychotherapy services provided (MDD, MDD ADOL)1	N/A	-	-						
4062F	Patient referral for psychotherapy documented (MDD, MDD ADOL)1	N/A	-	-						
4063F	Antidepressant pharmacotherapy considered and not prescribed (MDD ADOL)1	N/A	-	-						
4064F	Antidepressant pharmacotherapy prescribed (MDD, MDD ADOL)1	N/A	-	-						
4065F	Antipsychotic pharmacotherapy prescribed (MDD)1	N/A	-	-						
4066F	Electroconvulsive therapy (ECT) provided (MDD)1	N/A	-	-						
4067F	Patient referral for electroconvulsive therapy (ECT) documented (MDD)1	N/A	-	-						
4158F	Patient counseled about risks of alcohol use (HEP-C)1	N/A	-	-						
4290F	Patient screened for injection drug use (HIV)5	N/A	-	-						
4293F	Patient screened for high-risk sexual behavior (HIV)	N/A	-	-						
4306F	Patient counseled regarding psychosocial and pharmacologic treatment options for opioid addiction (SUD)1	N/A	-	-						
4320F	Patient counseled regarding psychosocial and pharmacologic treatment options for alcohol dependence (SUD)5	N/A	-	-						
4322F	Caregiver provided with education and referred to additional resources for support (DEM)1	N/A	-	-						
6070F	Patient queried and counseled about anti-epileptic drug (AED) side effects (EPI)8	N/A	-	-						
6101F	Safety counseling for dementia provided (DEM)	N/A	-	-						
6102F	Safety counseling for dementia ordered (DEM)	N/A	-	-						

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0362T	Behavior identification supporting assessment, each 15 minutes of technicians' time face-to-face with a patient, requiring the following components: administration by the physician or other qualified health care professional who is on site; with the assistance of two or more technicians; for a patient who exhibits destructive behavior; completion in an environment that is customized to the patient's behavior	0362T	N/A	N/A	Assessment add-on practitioner	N/A	N/A	Behavioral Analysis	X	
T2024	Service assessment/plan of care development, waiver	N/A	N/A	N/A	N/A	N/A	N/A	N/A	-	-
<b>Treatment- Inpatient</b>										
H0008	Alcohol and/or drug services; subacute detoxification (hospital inpatient)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	-	-
H0009	Alcohol and/or drug services; acute detoxification (hospital inpatient)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	-	-
H0010	Alcohol and/or drug services; subacute detoxification (residential addiction program inpatient)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	-	-
H0011	Alcohol and/or drug services; acute detoxification (residential addiction program inpatient)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	-	-
H0012	Alcohol and/or drug services; subacute detoxification (residential addiction program outpatient)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	-	-
H0013	Alcohol and/or drug services; acute detoxification (residential addiction program outpatient)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	-	-
H0016	Alcohol and/or drug services; medical/somatic (medical intervention in ambulatory setting)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	-	-

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H0017	Behavioral health; residential (hospital residential treatment program), without room and board, per diem [Daily inpatient behavioral health program.]	N/A	N/A	N/A	N/A	Substance Abuse Short-term Residential Treatment (SRT)	Inpatient Detoxification Hospital Care	N/A		X	
H0018	Behavioral health; short-term residential (nonhospital residential treatment program), without room and board, per diem	N/A	N/A	N/A	N/A	Substance Abuse Short-term Residential Treatment (SRT)	Inpatient Detoxification Hospital Care	N/A		X	
H0019	Behavioral health; long-term residential (nonmedical, nonacute care in a residential treatment program where stay is typically longer than 30 days), without room and board, per diem	H0019	HM	N/A	Qualified Residential Treatment Program (QRTP) Services	N/A	N/A	Specialized Therapeutic Services		X	
H0019	Behavioral health; long-term residential (nonmedical, nonacute care in a residential treatment program where stay is typically longer than 30 days), without room and board, per diem	H0019	N/A	N/A	Therapeutic Group Care Services	N/A	N/A	Specialized Therapeutic Services			X
H0019	Behavioral health; long-term residential (nonmedical, nonacute care in a residential treatment program where stay is typically longer than 30 days), without room and board, per diem	N/A	N/A	N/A	N/A	Substance Abuse Short-term Residential Treatment (SRT)	Inpatient Detoxification Hospital Care	N/A		X	
S0201	Partial hospitalization services, less than 24 hours, per diem	N/A	N/A	N/A	N/A	Partial Hospitalization in a Hospital	Inpatient Psychiatric Care	N/A		X	
GZ50ZZ Z	Individual Psychotherapy, Interactive	N/A	N/A	N/A	N/A	N/A	N/A	N/A		-	-
GZ51ZZ Z	Individual Psychotherapy, Behavioral	N/A	N/A	N/A	N/A	N/A	N/A	N/A		-	-
GZ52ZZ Z	Individual Psychotherapy, Cognitive	N/A	N/A	N/A	N/A	N/A	N/A	N/A		-	-
GZ53ZZ Z	Individual Psychotherapy, Interpersonal	N/A	N/A	N/A	N/A	N/A	N/A	N/A		-	-
GZ54ZZ Z	Individual Psychotherapy, Psychoanalysis	N/A	N/A	N/A	N/A	N/A	N/A	N/A		-	-
GZ55ZZ Z	Individual Psychotherapy, Psychodynamic	N/A	N/A	N/A	N/A	N/A	N/A	N/A		-	-
GZ56ZZ Z	Individual Psychotherapy, Supportive	N/A	N/A	N/A	N/A	N/A	N/A	N/A		-	-

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GZ58ZZ Z	Individual Psychotherapy, Cognitive-Behavioral	N/A	N/A	N/A	N/A	N/A	N/A	N/A	-	-
GZ59ZZ Z	Individual Psychotherapy, Psychophysiological	N/A	N/A	N/A	N/A	N/A	N/A	N/A	-	-
GZB0ZZ Z	Electroconvulsive Therapy, Unilateral-Single Seizure	N/A	N/A	N/A	N/A	N/A	N/A	N/A	-	-
GZB2ZZ Z	Electroconvulsive Therapy, Bilateral-Single Seizure	N/A	N/A	N/A	N/A	N/A	N/A	N/A	-	-
GZB4ZZ Z	Other Electroconvulsive Therapy	N/A	N/A	N/A	N/A	N/A	N/A	N/A	-	-
HZ2ZZZ Z	Detoxification Services for Substance Abuse Treatment	N/A	N/A	N/A	N/A	Detox or Addictions Receiving Facilities	Inpatient Detox Hospital	N/A	X	
<b>Treatment- Outpatient</b>										
90785	Interactive complexity	N/A	N/A	N/A	N/A	N/A	N/A	N/A	-	-
90832	Psychotherapy, 30 minutes with patient	N/A	N/A	N/A	Therapy/Psych otherapy- Group Therapy and/or Individual/Fam ily Therapy	N/A	N/A	Expanded Benefits	X	-
90833	Psychotherapy, 30 minutes with patient when performed with an evaluation and management service (List separately in addition to the code for primary procedure)	N/A	N/A	N/A	Therapy/Psych otherapy- Group Therapy and/or Individual/Fam ily Therapy	N/A	N/A	Expanded Benefits	X	-
90834	Psychotherapy, 45 minutes with patient	N/A	N/A	N/A	Therapy/Psych otherapy- Group Therapy and/or Individual/Fam ily Therapy	N/A	N/A	Expanded Benefits	X	-
90836	Psychotherapy, 45 minutes with patient when performed with an evaluation and management service (List separately in addition to the code for primary procedure)	N/A	N/A	N/A	Therapy/Psych otherapy- Group Therapy and/or Individual/Fam ily Therapy	N/A	N/A	Expanded Benefits	X	-
90837	Psychotherapy, 60 minutes with patient	N/A	N/A	N/A	Therapy/Psych otherapy- Group Therapy and/or Individual/Fam ily Therapy	N/A	N/A	Expanded Benefits	X	-

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90838	Psychotherapy, 60 minutes with patient when performed with an evaluation and management service (List separately in addition to the code for primary procedure).Code first (99202-99255, [98000, 98001, 98002, 98003, 98004, 98005, 98006, 98007, 98008, 98009, 98010, 98011, 98012, 98013, 98014, 98015], 99304-99316, 99341-99350)	N/A	N/A	N/A	Therapy/Psychotherapy-Group Therapy and/or Individual/Family Therapy	N/A	N/A	Expanded Benefits	X	-
90839	Psychotherapy for crisis; first 60 minutes	N/A	N/A	N/A	Therapy/Psychotherapy-Group Therapy and/or Individual/Family Therapy	N/A	N/A	Expanded Benefits	X	-
90840	Psychotherapy for Crisis, each additional 30 mins	N/A	N/A	N/A	Therapy/Psychotherapy-Group Therapy and/or Individual/Family Therapy	N/A	N/A	Expanded Benefits	X	-
90845	Psychoanalysis	N/A	N/A	N/A	N/A	N/A	N/A	N/A	-	-
90846	Family psychotherapy (without the patient present), 50 minutes	N/A	N/A	N/A	Therapy/Psychotherapy-Group Therapy and/or Individual/Family Therapy	N/A	N/A	Expanded Benefits	X	-
90847	Family psychotherapy (conjoint psychotherapy) (with patient present), 50 minutes	N/A	N/A	N/A	Therapy/Psychotherapy-Group Therapy and/or Individual/Family Therapy	N/A	N/A	Expanded Benefits	X	-
90849	Multiple-family group psychotherapy	N/A	N/A	N/A	Therapy/Psychotherapy-Group Therapy and/or Individual/Family Therapy	N/A	N/A	Expanded Benefits	X	-

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90853	Group psychotherapy (other than of a multiple-family group)	N/A	N/A	N/A	Therapy/Psychotherapy-Group Therapy and/or Individual/Family Therapy	N/A	N/A	Expanded Benefits	X	-
90863	Pharmacologic management, including prescription and review of medication, when performed with psychotherapy services (List separately in addition to the code for primary procedure)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	-	-
90867	Therapeutic repetitive transcranial magnetic stimulation (TMS) treatment; initial, including cortical mapping, motor threshold determination, delivery and management	N/A	N/A	N/A	N/A	N/A	N/A	N/A	-	-
90868	Therapeutic repetitive transcranial magnetic stimulation (TMS) treatment; subsequent delivery and management, per session	N/A	N/A	N/A	N/A	N/A	N/A	N/A	-	-
90869	Therapeutic repetitive transcranial magnetic stimulation (TMS) treatment; subsequent motor threshold re-determination with delivery and management	N/A	N/A	N/A	N/A	N/A	N/A	N/A	-	-
90870	Electroconvulsive therapy (includes necessary monitoring)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	-	-
90875	Individual psychophysiological therapy incorporating biofeedback training by any modality (face-to-face with the patient), with psychotherapy (eg, insight oriented, behavior modifying or supportive psychotherapy); 30 minutes	N/A	N/A	N/A	N/A	N/A	N/A	N/A	-	-
90876	Individual psychophysiological therapy incorporating biofeedback with psychotherapy	N/A	N/A	N/A	N/A	N/A	N/A	N/A	-	-
90880	Hypnotherapy	N/A	N/A	N/A	N/A	N/A	N/A	N/A	-	-

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90887	Interpretation or explanation of results of psychiatric, other medical examinations and procedures, or other accumulated data to family or other responsible persons, or advising them how to assist patient	N/A	-	-						
90889	Preparation of report of patient's psychiatric status, history, treatment, or progress (other than for legal or consultative purposes) for other individuals, agencies, or insurance carriers	N/A	-	-						
96372	Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); subcutaneous or intramuscular	N/A	-	-						
97129	Therapeutic interventions that focus on cognitive function (eg, attention, memory, reasoning, executive function, problem solving, and/or pragmatic functioning) and compensatory strategies to manage the performance of an activity (eg, managing time or schedules, initiating, organizing, and sequencing tasks), direct (one-on-one) patient contact; initial 15 minutes	N/A	-	-						

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97130	Therapeutic interventions that focus on cognitive function (eg, attention, memory, reasoning, executive function, problem solving, and/or pragmatic functioning) and compensatory strategies to manage the performance of an activity (eg, managing time or schedules, initiating, organizing, and sequencing tasks), direct (one-on-one) patient contact; each additional 15 minutes (List separately in addition to code for primary procedure)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	-	-
97153	Adaptive behavior treatment by protocol, administered by technician under the direction of a physician or other qualified health care professional, face-to-face with one patient, each 15 minutes	97153	XP	N/A	Behavior treatment by protocol, under concurrent supervision, per 15 minutes, non-reimbursable	N/A	N/A	Behavioral Analysis	X	
97153	Adaptive behavior treatment by protocol, administered by technician under the direction of a physician or other qualified health care professional, face-to-face with one patient, each 15 minutes	97153	N/A	N/A	Behavior treatment by protocol	N/A	N/A	Behavioral Analysis	X	
97154	Group adaptive behavior treatment by protocol, administered by technician under the direction of a physician or other qualified health care professional, face-to-face with two or more patients, each 15 minutes	97154	UN	N/A	Group BA services by protocol, <b>two</b> clients in group	N/A	N/A	Behavioral Analysis	X	
97154	Group adaptive behavior treatment by protocol, administered by technician under the direction of a physician or other qualified health care professional, face-to-face with two or more patients, each 15 minutes	97154	UP	N/A	Group BA services by protocol, <b>three</b> clients in group	N/A	N/A	Behavioral Analysis	X	

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97154	Group adaptive behavior treatment by protocol, administered by technician under the direction of a physician or other qualified health care professional, face-to-face with two or more patients, each 15 minutes	97154	UQ	N/A	Group BA services by protocol, <b>four</b> clients in group	N/A	N/A	Behavioral Analysis	X	
97154	Group adaptive behavior treatment by protocol, administered by technician under the direction of a physician or other qualified health care professional, face-to-face with two or more patients, each 15 minutes	97154	UR	N/A	Group BA services by protocol, <b>five</b> clients in group	N/A	N/A	Behavioral Analysis	X	
97154	Group adaptive behavior treatment by protocol, administered by technician under the direction of a physician or other qualified health care professional, face-to-face with two or more patients, each 15 minutes	97154	US	N/A	Group BA services by protocol, <b>six</b> clients in group	N/A	N/A	Behavioral Analysis	X	
97155	Adaptive behavior treatment with protocol modification, administered by physician or other qualified health care professional, which may include simultaneous direction of technician, face-to-face with one patient, each 15 minutes	97155	HN	N/A	Behavior treatment with protocol modification (Service provided by an assistant behavior analyst (BCaBA))	N/A	N/A	Behavioral Analysis	X	
97155	Adaptive behavior treatment with protocol modification, administered by physician or other qualified health care professional, which may include simultaneous direction of technician, face-to-face with one patient, each 15 minutes	97155	XP	N/A	Behavior treatment with protocol modification, under concurrent supervision, per 15 minutes, nonreimbursable	N/A	N/A	Behavioral Analysis	X	
97155	Adaptive behavior treatment with protocol modification, administered by physician or other qualified health care	97155	N/A	N/A	Behavior treatment with protocol modification	N/A	N/A	Behavioral Analysis	X	

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	professional, which may include simultaneous direction of technician, face-to-face with one patient, each 15 minutes				(service provided by a Lead Analyst)					
97156	Family adaptive behavior treatment guidance, administered by physician or other qualified health care professional (with or without the patient present), face-to-face with guardian(s)/caregiver(s), each 15 minutes	97156	GT	N/A	Family training via telemedicine	N/A	N/A	Behavioral Analysis	X	
97156	Family adaptive behavior treatment guidance, administered by physician or other qualified health care professional (with or without the patient present), face-to-face with guardian(s)/caregiver(s), each 15 minutes	97156	HN	N/A	Family training by assistant	N/A	N/A	Behavioral Analysis	X	
97156	Family adaptive behavior treatment guidance, administered by physician or other qualified health care professional (with or without the patient present), face-to-face with guardian(s)/caregiver(s), each 15 minutes	97156	N/A	N/A	Family training by Lead Analyst	N/A	N/A	Behavioral Analysis	X	
97156	Family adaptive behavior treatment guidance, administered by physician or other qualified health care professional (with or without the patient present), face-to-face with guardian(s)/caregiver(s), each 15 minutes	N/A	N/A	N/A	Behavioral Health-Individual Therapy Sessions to Caregivers	N/A	N/A	Expanded Benefits	X	
97157	Multiple-family group adaptive behavior treatment guidance, administered by physician or other qualified health care professional (without the patient present), face-to-face with multiple sets of guardians/caregivers, each 15 minutes	N/A	N/A	N/A	N/A	N/A	N/A	N/A	-	-

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97158	Group adaptive behavior treatment with protocol modification, administered by physician or other qualified health care professional, face-to-face with multiple patients, each 15 minutes	97158	UN	N/A	Group BA services with protocol modification, two clients in group	N/A	N/A	Behavioral Analysis	X	
97158	Group adaptive behavior treatment with protocol modification, administered by physician or other qualified health care professional, face-to-face with multiple patients, each 15 minutes	97158	UP	N/A	Group BA services with protocol modification, three clients in group	N/A	N/A	Behavioral Analysis	X	
97158	Group adaptive behavior treatment with protocol modification, administered by physician or other qualified health care professional, face-to-face with multiple patients, each 15 minutes	97158	UQ	N/A	Group BA services with protocol modification, four clients in group	N/A	N/A	Behavioral Analysis	X	
97158	Group adaptive behavior treatment with protocol modification, administered by physician or other qualified health care professional, face-to-face with multiple patients, each 15 minutes	97158	UR	N/A	Group BA services with protocol modification, five clients in group	N/A	N/A	Behavioral Analysis	X	
97158	Group adaptive behavior treatment with protocol modification, administered by physician or other qualified health care professional, face-to-face with multiple patients, each 15 minutes	97158	US	N/A	Group BA services with protocol modification, six clients in group	N/A	N/A	Behavioral Analysis	X	
99202	Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and straightforward medical decision making. When using total time on the date of the encounter for code selection, 15 minutes must be met or exceeded	N/A	N/A	N/A	N/A	N/A	N/A	N/A	-	-

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99203	Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and low level of medical decision making. When using total time on the date of the encounter for code selection, 30 minutes must be met or exceeded.	N/A	-	-						
99204	Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and moderate level of medical decision making. When using total time on the date of the encounter for code selection, 45 minutes must be met or exceeded.	N/A	-	-						
99205	Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and high level of medical decision making. When using total time on the date of the encounter for code selection, 60 minutes must be met or exceeded.	N/A	-	-						

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99493	<p>Subsequent psychiatric collaborative care management, first 60 minutes in a subsequent month of behavioral health care manager activities, in consultation with a psychiatric consultant, and directed by the treating physician or other qualified health care professional, with the following required elements: tracking patient follow-up and progress using the registry, with appropriate documentation, participation in weekly caseload consultation with the psychiatric consultant, ongoing collaboration with and coordination of the patient's mental health care with the treating physician or other qualified health care professional and any other treating mental health providers, additional review of progress and recommendations for changes in treatment, as indicated, including medications, based on recommendations provided by the psychiatric consultant, provision of brief interventions using evidence-based techniques such as behavioral activation, motivational interviewing, and other focused treatment strategies, monitoring of patient outcomes using validated rating scales, and relapse prevention planning with patients as they achieve remission of symptoms and/or other treatment goals and are prepared for discharge from active treatment.</p>	N/A	-	-						
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99494	Initial or subsequent psychiatric collaborative care management, each additional 30 minutes in a calendar month of behavioral health care manager activities, in consultation with a psychiatric consultant, and directed by the treating physician or other qualified health care professional (List separately in addition to code for primary procedure)	N/A	-	-						
99605	Medication therapy management service(s) provided by a pharmacist, individual, face-to-face with patient, with assessment and intervention if provided; initial 15 minutes, new patient	N/A	-	-						
99606	Medication therapy management service(s) provided by a pharmacist, individual, face-to-face with patient, with assessment and intervention if provided; initial 15 minutes, established patient	N/A	-	-						
99607	Medication therapy management service(s) provided by a pharmacist, individual, face-to-face with patient, with assessment and intervention if provided; each additional 15 minutes (List separately in addition to code for primary service)Code first (99605, 99606)	N/A	-	-						
G0017	Psychotherapy for crisis furnished in an applicable site of service (any place of service at which the nonfacility rate for psychotherapy for crisis services applies, other than the office setting); first 60 minutes	N/A	-	-						

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G0018	Psychotherapy for crisis furnished in an applicable site of service (any place of service at which the nonfacility rate for psychotherapy for crisis services applies, other than the office setting); each additional 30 minutes (list separately in addition to code for primary service)	N/A	-	-						
G0443	Brief face-to-face behavioral counseling for alcohol misuse, 15 minutes	N/A	-	-						
G0445	Semiannual high intensity behavioral counseling to prevent STIs, individual, face-to-face, includes education skills training & guidance on how to change sexual behavior	N/A	-	-						
G2067	Medication assisted treatment, methadone; weekly bundle including dispensing and/or administration, substance use counseling, individual and group therapy, and toxicology testing, if performed (provision of the services by a Medicare-enrolled opioid treatment program)	N/A	-	-						
G2068	Medication assisted treatment, buprenorphine (oral); weekly bundle including dispensing and/or administration, substance use counseling, individual and group therapy, and toxicology testing if performed (provision of the services by a Medicare-enrolled opioid treatment program)	N/A	-	-						

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G2069	Medication assisted treatment, buprenorphine (injectable) administered on a monthly basis; bundle including dispensing and/or administration, substance use counseling, individual and group therapy, and toxicology testing if performed (provision of the services by a Medicare-enrolled opioid treatment program)	N/A	-	-						
G2073	Medication assisted treatment, naltrexone; weekly bundle including dispensing and/or administration, substance use counseling, individual and group therapy, and toxicology testing if performed (provision of the services by a Medicare-enrolled opioid treatment program)	N/A	-	-						
G2074	Medication assisted treatment, weekly bundle not including the drug, including substance use counseling, individual and group therapy, and toxicology testing if performed (provision of the services by a Medicare-enrolled opioid treatment program)	N/A	-	-						
G2075	Medication assisted treatment, medication not otherwise specified; weekly bundle including dispensing and/or administration, substance use counseling, individual and group therapy, and toxicology testing, if performed (provision of the services by a Medicare-enrolled opioid treatment program)	N/A	-	-						

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G2082	Office or other outpatient visit for the evaluation and management of an established patient that requires the supervision of a physician or other qualified health care professional and provision of up to 56 mg of esketamine nasal self administration, includes 2 hours post administration observation	N/A	-	-						
G2083	Office or other outpatient visit for the evaluation and management of an established patient that requires the supervision of a physician or other qualified health care professional and provision of greater than 56 mg esketamine nasal self administration, includes 2 hours post administration observation	N/A	-	-						
G2086	Office-based treatment for opioid use disorder, including development of the treatment plan, care coordination, individual therapy and group therapy and counseling; at least 70 minutes in the first calendar month	N/A	-	-						
G2087	Office-based treatment for opioid use disorder, including care coordination, individual therapy and group therapy and counseling; at least 60 minutes in a subsequent calendar month	N/A	-	-						
G2088	Office-based treatment for opioid use disorder, including care coordination, individual therapy and group therapy and counseling; each additional 30 minutes beyond the first 120 minutes (list separately in addition to code for primary procedure)	N/A	-	-						

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G2213	Initiation of medication for the treatment of opioid use disorder in the emergency department setting, including assessment, referral to ongoing care, and arranging access to supportive services (list separately in addition to code for primary procedure)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	-	-
H0004	Behavioral health counseling and therapy, per 15 minutes	N/A	N/A	N/A	N/A	N/A	N/A	N/A	-	-
H0005	Alcohol and/or drug services; group counseling by a clinician	N/A	N/A	N/A	N/A	N/A	N/A	N/A	-	-
H0006	Alcohol and/or drug services; case management	N/A	N/A	N/A	N/A	N/A	N/A	N/A	-	-
H0007	Alcohol and/or drug services; crisis intervention (outpatient)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	-	-
H0014	Alcohol and/or drug services; ambulatory detoxification	N/A	N/A	N/A	N/A	Ambulatory Detox	Inpatient Detox Hospital	N/A	X	
H0015	Alcohol and/or drug services; intensive outpatient (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	N/A	N/A	N/A	N/A	Substance Abuse Intensive Outpatient Program (IOP)	Inpatient Detoxification Hospital Care	N/A	X	
H0020	Alcohol and/or drug services; methadone administration and/or service (provision of the drug by a licensed program)	H0020	N/A	N/A	Medication-assisted treatment services	N/A	N/A	CBH-Behavioral Health Medication Management Services Coverage Policy (59G-4.029)	X	
H0032	Mental health service plan development by nonphysician	H0032	N/A	N/A	Treatment plan development, new and established patient, mental health, Treatment	N/A	N/A	CBH-Behavioral Health Assessment Services Coverage Policy	X	

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					plan review, mental health			(59G-4.028)		
H0032	Mental health service plan development by nonphysician	H0032	TS	N/A	Treatment plan review, mental health	N/A	N/A	CBH-Behavioral Health Assessment Services Coverage Policy (59G-4.028)	X	
H0033	Oral medication administration, direct observation	N/A	N/A	N/A	N/A	N/A	N/A	N/A	-	-
H0035	Mental health partial hospitalization, treatment, less than 24 hours	N/A	N/A	N/A	N/A	Mental Health Partial Hospitalization Program	Inpatient Psychiatric Hospital Care	N/A	X	
H0036	Community psychiatric supportive treatment, face-to-face, per 15 minutes	N/A	N/A	N/A	N/A	N/A	N/A	N/A	-	-
H0037	Community psychiatric supportive treatment program, per diem	N/A	N/A	N/A	N/A	N/A	N/A	N/A	-	-
H0039	Assertive community treatment, face-to-face, per 15 minutes	N/A	N/A	N/A	N/A	N/A	N/A	N/A	-	-
H0040	Assertive community treatment program, per diem	H0040	N/A	N/A	Florida Assertive Community Treatment	N/A	N/A	CBH-Florida Assertive Community Treatment (FACT) Services (59G-4.127)	X	
H1001	Prenatal care, at-risk enhanced service; antepartum management	N/A	N/A	N/A	N/A	N/A	N/A	N/A	-	-
H1002	Prenatal care, at risk enhanced service; care coordination	N/A	N/A	N/A	N/A	N/A	N/A	N/A	-	-
H2010	Comprehensive medication services, per 15 minutes	H2010	HE	N/A	Brief individual medical psychotherapy, mental health	N/A	N/A	CBH-Behavioral Health Therapy Services (59G-4.052)		X
H2010	Comprehensive medication services, per 15 minutes	H2010	HF	N/A	Brief individual medical	N/A	N/A	CBH-Behavioral		X

## Appendix B: Medical Code Crosswalk Medicaid Comparison

					psychotherapy, substance abuse			Health Therapy Services (59G-4.052)		
H2010	Comprehensive medication services, per 15 minutes	H2010	HO	N/A	Brief behavioral health status exam	N/A	N/A	CBH-Behavioral Health Assessment Services Coverage Policy (59G-4.028)		X
H2010	Comprehensive medication services, per 15 minutes	H2010	HQ	N/A	Brief group medical therapy	N/A	N/A	CBH-Behavioral Health Therapy Services (59G-4.052)		X
H2012	Behavioral health day treatment, per hour	H2012	HF	N/A	Behavioral health day services, substance abuse	N/A	N/A	CBH-Behavioral Intervention Services (59G-4.370)	X	
H2012	Behavioral health day treatment, per hour	N/A	N/A	N/A	Behavioral Health Day Services/Day Treatment	N/A	N/A	Expanded Benefits	X	
H2012	Behavioral health day treatment, per hour	H2012	N/A	N/A	Behavioral health day services, mental health	N/A	N/A	CBH-Behavioral Intervention Services (59G-4.370)	X	
H2017	Psychosocial rehabilitation services, per 15 minutes	H2017	N/A	N/A	Psychosocial rehabilitation services	N/A	N/A	CBH-Behavioral Health Community Support Services Coverage Policy (59G-4.031)	X	
H2018	Psychosocial rehabilitation services, per diem	N/A	N/A	N/A	Behavioral Health Psychosocial Rehabilitation	N/A	N/A	Expanded Benefits	X	

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H2019	Therapeutic behavioral services, per 15 minutes	N/A	N/A	N/A	N/A	Behavioral Health Services – Child Welfare	Therapeutic Group Care or Statewide Inpatient Psychiatric Program	N/A	X	
H2019	Therapeutic behavioral services, per 15 minutes	H2019	HA	N/A	Certified Behavior Analyst - Individual Service-All Else	N/A	N/A	Medicaid Certified School Match Program	X	
H2019	Therapeutic behavioral services, per 15 minutes	H2019	HA	HQ	Certified Behavior Analyst - Group Service	N/A	N/A	Medicaid Certified School Match Program	X	
H2019	Therapeutic behavioral services, per 15 minutes	H2019	HM	N/A	Therapeutic behavioral on-site services, therapeutic support	N/A	N/A	CBH-Behavioral Intervention Services (59G-4.370)	X	
H2019	Therapeutic behavioral services, per 15 minutes	H2019	HN	N/A	Therapeutic behavioral on-site services, behavior management	N/A	N/A	CBH-Behavioral Intervention Services (59G-4.370)	X	
H2019	Therapeutic behavioral services, per 15 minutes	H2019	HO	N/A	Therapeutic behavioral on-site services, therapy	N/A	N/A	CBH-Behavioral Intervention Services (59G-4.370)	X	
H2019	Therapeutic behavioral services, per 15 minutes	H2019	HQ	N/A	Group therapy	N/A	N/A	CBH-Behavioral Health Therapy Services (59G-4.052)	X	
H2019	Therapeutic behavioral services, per 15 minutes	H2019	HR	N/A	Individual and family therapy	N/A	N/A	CBH-Behavioral Health Therapy Services (59G-4.052)	X	
H2019	Therapeutic behavioral services, per 15 minutes	H2019	N/A	N/A	Psychological testing	N/A	N/A	CBH-Behavioral Health		X

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								Assessment Services Coverage Policy (59G-4.028)		
H2020	Therapeutic behavioral services, per diem	N/A	N/A	N/A	N/A	Behavioral Health Services – Child Welfare	Therapeutic Group Care or Statewide Inpatient Psychiatric Program	N/A	X	
H2020	Therapeutic behavioral services, per diem	H2020	HA	N/A	Behavioral health overlay services	N/A	N/A	Behavioral Health Overlay Services	X	
H2028	Sexual offender treatment service, per 15 minutes	N/A	N/A	N/A	N/A	N/A	N/A	N/A	-	-
H2029	Sexual offender treatment service, per diem	N/A	N/A	N/A	N/A	N/A	N/A	N/A	-	-
H2033	Multisystemic therapy for juveniles, per 15 minutes	N/A	N/A	N/A	N/A	N/A	N/A	N/A	-	-
H2035	Alcohol and/or other drug treatment program, per hour	N/A	N/A	N/A	N/A	N/A	N/A	N/A	-	-
H2036	Alcohol and/or other drug treatment program, per diem	N/A	N/A	N/A	N/A	N/A	N/A	N/A	-	-
J0401	Injection, aripiprazole (Abilify Maintena), 1 mg	N/A	N/A	N/A	N/A	N/A	N/A	N/A	-	-
J0402	Injection, aripiprazole (Abilify Asimtufii), 1 mg	N/A	N/A	N/A	N/A	N/A	N/A	N/A	-	-
J0571	Buprenorphine, oral, 1 mg (Use this code for Subutex.)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	-	-
J0572	Buprenorphine/naloxone, oral, less than or equal to 3 mg buprenorphine (Use this code for Bunavail, Suboxone, Zubsolv)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	-	-
J0573	Buprenorphine/naloxone, oral, greater than 3 mg, but less than or equal to 6 mg buprenorphine. (Use this code for Bunavail, Suboxone, Zubsolv.)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	-	-
J0574	Buprenorphine/naloxone, oral, greater than 6 mg, but less than or equal to 10 mg buprenorphine (Use this code for Bunavail, Suboxone.)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	-	-

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J0575	Buprenorphine/naloxone, oral, greater than 10 mg buprenorphine (Use this code for Suboxone.)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	-	-
J0577	Injection, buprenorphine extended-release (Brixadi), less than or equal to 7 days of therapy	N/A	N/A	N/A	N/A	N/A	N/A	N/A	-	-
J0578	Injection, buprenorphine extended-release (Brixadi), greater than 7 days and up to 28 days of therapy	N/A	N/A	N/A	N/A	N/A	N/A	N/A	-	-
J2312	Injection, naloxone HCl, not otherwise specified, 0.01 mg	N/A	N/A	N/A	N/A	N/A	N/A	N/A	-	-
J2313	Injection, naloxone HCl (Zimhi), 0.01 mg	N/A	N/A	N/A	N/A	N/A	N/A	N/A	-	-
J2315	Injection, naltrexone, depot form, 1 mg (Use this code for Vivitrol.)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	-	-
J2794	Injection, Risperidone(RISPERDAL CONSTA), long acting, 0.5 mg	N/A	N/A	N/A	N/A	N/A	N/A	N/A	-	-
Q9991	Injection, buprenorphine extended-release (Sublocade), less than or equal to 100 mg	N/A	N/A	N/A	N/A	N/A	N/A	N/A	-	-
Q9992	Injection, buprenorphine extended-release (Sublocade), greater than 100 mg	N/A	N/A	N/A	N/A	N/A	N/A	N/A	-	-
S0013	Esketamine, nasal spray, 1 mg	N/A	N/A	N/A	N/A	N/A	N/A	N/A	-	-
S9475	Ambulatory setting substance abuse treatment or detoxification services, per diem	N/A	N/A	N/A	N/A	Ambulatory Detox	Inpatient Detox Hospital	N/A	X	
S9480	Intensive outpatient psychiatric services, per diem	N/A	N/A	N/A	N/A	Behavioral-Intensive Outpatient Treatment	N/A	Expanded Benefits	X	
S9480	Intensive outpatient psychiatric services, per diem	N/A	N/A	N/A	N/A	Intensive Outpatient Mental Health	Inpatient Hospital	N/A	X	
T1006	Alcohol and/or substance abuse services, family/couple counseling	N/A	N/A	N/A	N/A	N/A	N/A	N/A	-	-

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GZ2ZZZ Z	Crisis intervention	N/A	N/A	N/A	N/A	N/A	N/A	N/A	-	-
GZ3ZZZ Z	Medication Management	N/A	N/A	N/A	N/A	N/A	N/A	N/A	-	-
0373T	Adaptive behavior treatment with protocol modification, each 15 minutes of technicians' time face-to-face with a patient, requiring the following components: administration by the physician or other qualified health care professional who is on site; with the assistance of two or more technicians; for a patient who exhibits destructive behavior; completion in an environment that is customized to the patient's behavior.	0373T	N/A	N/A	Treatment add-on practitioner	N/A	N/A	Behavioral Analysis	X	
J0592	Injection, buprenorphine HCl, 0.1 mg	N/A	N/A	N/A	N/A	N/A	N/A	N/A	-	-
ACC01	Adult Care Coordination	N/A	N/A	N/A	N/A	N/A	N/A	N/A	-	-
BCA01	Community Action Treatment Team for Age 0-10	N/A	N/A	N/A	N/A	N/A	N/A	N/A	-	-
BHN01	Behavioral Health Network	N/A	N/A	N/A	N/A	N/A	N/A	N/A	-	-
CAT01	Community Action Treatment (CAT) Team for Age 11-21	N/A	N/A	N/A	N/A	N/A	N/A	N/A	-	-
CBH01	Certified Community Behavioral Health Clinic	N/A	N/A	N/A	N/A	N/A	N/A	N/A	-	-
CC001	Care Coordination	N/A	N/A	N/A	N/A	N/A	N/A	N/A	-	-
CCS01	Comprehensive Community Service Team	N/A	N/A	N/A	N/A	N/A	N/A	N/A	-	-
COR01	Coordinated Opioid Recovery Teams	N/A	N/A	N/A	N/A	N/A	N/A	N/A	-	-
CSC01	Coordinated Specialty Care Team	N/A	N/A	N/A	N/A	N/A	N/A	N/A	-	-
FAC02	Florida Assertive Community Treatment Team Intermediate Level (HAT&LEAP)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	-	-
FFP01	Family First Prevention Services Act (FFPSA) Teams	N/A	N/A	N/A	N/A	N/A	N/A	N/A	-	-
FIT02	Family Well-Being Treatment Teams	N/A	N/A	N/A	N/A	N/A	N/A	N/A	-	-
FMT01	Forensic Multidisciplinary Team	N/A	N/A	N/A	N/A	N/A	N/A	N/A	-	-
FST01	Family Support Teams (FST)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	-	-

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HAT01	Community Health Activation Teams	N/A	-	-						
MRT01	Mobile Crisis Response Team	N/A	-	-						
SDC01	Florida Self-Directed Care Team	N/A	-	-						
T1041	Medicaid certified community behavioral health clinic services, per month	N/A	-	-						
YCC01	Youth Care Coordination	N/A	-	-						
<b>Treatment (Inpatient), Treatment (Outpatient)</b>										
GZ10ZZ Z	Psychological Tests, Developmental	N/A	-	-						
GZ11ZZ Z	Psychological Tests, Personality and Behavioral	N/A	-	-						
GZ12ZZ Z	Psychological Tests, Intellectual and Psychoeducational	N/A	-	-						
GZ13ZZ Z	Psychological Tests, Neuropsychological	N/A	-	-						
GZ14ZZ Z	Psychological Tests, Neurobehavioral and Cognitive Status	N/A	-	-						
GZ60ZZ Z	Educational Counseling	N/A	-	-						
GZ61ZZ Z	Vocational Counseling	N/A	-	-						
GZ63ZZ Z	Other Counseling	N/A	-	-						
GZ72ZZ Z	Family Psychotherapy	N/A	-	-						
GZC9ZZ Z	Biofeedback	N/A	-	-						
GZFZZZ Z	Hypnosis	N/A	-	-						
GZGZZZ Z	Narcosynthesis	N/A	-	-						
GZHZZZ Z	Group Psychotherapy	N/A	-	-						
GZJZZZ Z	Light Therapy	N/A	-	-						
HZ30ZZ Z	Individual Counseling for Substance Abuse Treatment, Cognitive	N/A	-	-						
HZ31ZZ Z	Individual Counseling for Substance Abuse Treatment, Behavioral	N/A	-	-						

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HZ32ZZ Z	Individual Counseling for Substance Abuse Treatment, Cognitive-Behavioral	N/A	N/A	N/A	N/A	N/A	N/A	N/A	-	-
HZ33ZZ Z	Individual Counseling for Substance Abuse Treatment, 12-Step	N/A	N/A	N/A	N/A	N/A	N/A	N/A	-	-
HZ34ZZ Z	Individual Counseling for Substance Abuse Treatment, Interpersonal	N/A	N/A	N/A	N/A	N/A	N/A	N/A	-	-
HZ35ZZ Z	Individual Counseling for Substance Abuse Treatment, Vocational	N/A	N/A	N/A	N/A	N/A	N/A	N/A	-	-
HZ36ZZ Z	Individual Counseling for Substance Abuse Treatment, Psychoeducation	N/A	N/A	N/A	N/A	N/A	N/A	N/A	-	-
HZ37ZZ Z	Individual Counseling for Substance Abuse Treatment, Motivational Enhancement	N/A	N/A	N/A	N/A	N/A	N/A	N/A	-	-
HZ38ZZ Z	Individual Counseling for Substance Abuse Treatment, Confrontational	N/A	N/A	N/A	N/A	N/A	N/A	N/A	-	-
HZ39ZZ Z	Individual Counseling for Substance Abuse Treatment, Continuing Care	N/A	N/A	N/A	N/A	N/A	N/A	N/A	-	-
HZ3BZZ Z	Individual Counseling for Substance Abuse Treatment, Spiritual	N/A	N/A	N/A	N/A	N/A	N/A	N/A	-	-
HZ3CZZ Z	Individual Counseling for Substance Abuse Treatment, Pre/Post-Test Infectious Disease	N/A	N/A	N/A	N/A	N/A	N/A	N/A	-	-
HZ40ZZ Z	Group Counseling for Substance Abuse Treatment, Cognitive	N/A	N/A	N/A	N/A	N/A	N/A	N/A	-	-
HZ41ZZ Z	Group Counseling for Substance Abuse Treatment, Behavioral	N/A	N/A	N/A	N/A	Behavioral Health Services – Child Welfare	Therapeutic Group Care or Statewide Inpatient Psychiatric Program	N/A	-	-
HZ42ZZ Z	Group Counseling for Substance Abuse Treatment, Cognitive-Behavioral	N/A	N/A	N/A	N/A	N/A	N/A	N/A	-	X
HZ43ZZ Z	Group Counseling for Substance Abuse Treatment, 12-Step	N/A	N/A	N/A	N/A	N/A	N/A	N/A	-	-

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HZ44ZZ Z	Group Counseling for Substance Abuse Treatment, Interpersonal	N/A	-	-						
HZ45ZZ Z	Group Counseling for Substance Abuse Treatment, Vocational	N/A	-	-						
HZ46ZZ Z	Group Counseling for Substance Abuse Treatment, Psychoeducation	N/A	-	-						
HZ47ZZ Z	Group Counseling for Substance Abuse Treatment, Motivational Enhancement	N/A	-	-						
HZ48ZZ Z	Group Counseling for Substance Abuse Treatment, Confrontational	N/A	-	-						
HZ49ZZ Z	Group Counseling for Substance Abuse Treatment, Continuing Care	N/A	-	-						
HZ4BZZ Z	Group Counseling for Substance Abuse Treatment, Spiritual	N/A	-	-						
HZ4CZZ Z	Group Counseling for Substance Abuse Treatment, Pre/Post-Test Infectious Disease	N/A	-	-						
HZ50ZZ Z	Individual Psychotherapy for Substance Abuse Treatment, Cognitive	N/A	-	-						
HZ51ZZ Z	Individual Psychotherapy for Substance Abuse Treatment, Behavioral	N/A	-	-						
HZ52ZZ Z	Individual Psychotherapy for Substance Abuse Treatment, Cognitive-Behavioral	N/A	-	-						
HZ53ZZ Z	Individual Psychotherapy for Substance Abuse Treatment, 12-Step	N/A	-	-						
HZ54ZZ Z	Individual Psychotherapy for Substance Abuse Treatment, Interpersonal	N/A	-	-						
HZ55ZZ Z	Individual Psychotherapy for Substance Abuse Treatment, Interactive	N/A	-	-						
HZ56ZZ Z	Individual Psychotherapy for Substance Abuse Treatment, Psychoeducation	N/A	-	-						

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HZ57ZZ Z	Individual Psychotherapy for Substance Abuse Treatment, Motivational Enhancement	N/A	-	-						
HZ58ZZ Z	Individual Psychotherapy for Substance Abuse Treatment, Confrontational	N/A	-	-						
HZ59ZZ Z	Individual Psychotherapy for Substance Abuse Treatment, Supportive	N/A	-	-						
HZ5BZZ Z	Individual Psychotherapy for Substance Abuse Treatment, Psychoanalysis	N/A	-	-						
HZ5CZZ Z	Individual Psychotherapy for Substance Abuse Treatment, Psychodynamic	N/A	-	-						
HZ5DZZ Z	Individual Psychotherapy for Substance Abuse Treatment, Psychophysiological	N/A	-	-						
HZ63ZZ Z	Family Counseling for Substance Abuse Treatment	N/A	-	-						
HZ80ZZ Z	Medication Management for Substance Abuse Treatment, Nicotine Replacement	N/A	-	-						
HZ81ZZ Z	Medication Management for Substance Abuse Treatment, Methadone Maintenance	N/A	-	-						
HZ82ZZ Z	Medication Management for Substance Abuse Treatment, Levo-alpha-acetyl-methadol (LAAM)	N/A	-	-						
HZ83ZZ Z	Medication Management for Substance Abuse Treatment, Antabuse	N/A	-	-						
HZ84ZZ Z	Medication Management for Substance Abuse Treatment, Naltrexone	N/A	-	-						
HZ85ZZ Z	Medication Management for Substance Abuse Treatment, Naloxone	N/A	-	-						
HZ86ZZ Z	Medication Management for Substance Abuse Treatment, Clonidine	N/A	-	-						
HZ87ZZ Z	Medication Management for Substance Abuse Treatment, Bupropion	N/A	-	-						

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HZ88ZZ Z	Medication Management for Substance Abuse Treatment, Psychiatric Medication	N/A	-	-						
HZ89ZZ Z	Medication Management for Substance Abuse Treatment, Other Replacement Medication	N/A	-	-						
HZ90ZZ Z	Pharmacotherapy for Substance Abuse Treatment, Nicotine Replacement	N/A	-	-						
HZ91ZZ Z	Pharmacotherapy for Substance Abuse Treatment, Methadone Maintenance	N/A	-	-						
HZ92ZZ Z	Pharmacotherapy for Substance Abuse Treatment, Levo-alpha-acetyl-methadol (LAAM)	N/A	-	-						
HZ93ZZ Z	Pharmacotherapy for Substance Abuse Treatment, Antabuse	N/A	-	-						
HZ94ZZ Z	Pharmacotherapy for Substance Abuse Treatment, Naltrexone	N/A	-	-						
HZ95ZZ Z	Pharmacotherapy for Substance Abuse Treatment, Naloxone	N/A	-	-						
HZ96ZZ Z	Pharmacotherapy for Substance Abuse Treatment, Clonidine	N/A	-	-						
HZ97ZZ Z	Pharmacotherapy for Substance Abuse Treatment, Bupropion	N/A	-	-						
HZ98ZZ Z	Pharmacotherapy for Substance Abuse Treatment, Psychiatric Medication	N/A	-	-						
HZ99ZZ Z	Pharmacotherapy for Substance Abuse Treatment, Other Replacement Medication	N/A	-	-						
J0592	Injection, buprenorphine HCl, 0.1 mg	N/A	-	-						
<b>Recovery</b>										
H0023	Behavioral health outreach service (planned approach to reach a targeted population)	N/A	-	-						

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H0029	Alcohol and/or drug prevention alternatives service (services for populations that exclude alcohol and other drug use e.g., alcohol free social events)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	-	-
H0038	Self-help/peer services, per 15 minutes	H0038	N/A	N/A	Peer Support Counseling- Individual and Group Counseling	N/A	N/A	Expanded Benefits	X	
H0038	Self-help/peer services, per 15 minutes	N/A	N/A	N/A	N/A	Self-help/Peer Services	Psychosocial Rehab	N/A	X	
H0043	Supported housing, per diem	N/A	N/A	N/A	N/A	N/A	N/A	N/A	-	-
H0044	Supported housing, per month	N/A	N/A	N/A	N/A	N/A	N/A	N/A	-	-
H0045	Respite care services, not in the home, per diem	N/A	N/A	N/A	N/A	N/A	N/A	N/A	-	-
H2001	Rehabilitation program, per 1/2 day	N/A	N/A	N/A	N/A	N/A	N/A	N/A	-	-
H2014	Skills training and development, per 15 minutes	H2014	N/A	N/A	Certified Behavior Analyst (Bachelor's Level) and Certified Assistant Behavior Analyst - Individual ServiceAll Else	N/A	N/A	Medicaid Certified School Match Program		X
H2014	Skills training and development, per 15 minutes	H2014	HA	HQ	Certified Behavior Analyst (Bachelor's Level) and Certified Assistant Behavior Analyst - Group Service	N/A	N/A	Medicaid Certified School Match Program		X
H2023	Supported employment, per 15 minutes	N/A	N/A	N/A	N/A	N/A	N/A	N/A	-	-
H2024	Supported employment, per diem	N/A	N/A	N/A	N/A	N/A	N/A	N/A	-	-
H2025	Ongoing support to maintain employment, per 15 minutes	N/A	N/A	N/A	N/A	N/A	N/A	N/A	-	-

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H2026	Ongoing support to maintain employment, per diem	N/A	N/A	N/A	N/A	N/A	N/A	N/A	-	-
H2032	Activity therapy, per 15 minutes	N/A	N/A	N/A	N/A	N/A	N/A	N/A	-	-
S9125	Respite care, in the home, per diem	N/A	N/A	N/A	N/A	N/A	N/A	N/A	-	-
T1005	Respite care services, up to 15 minutes	N/A	N/A	N/A	N/A	N/A	N/A	N/A	-	-
T1007	Alcohol and/or substance abuse services, treatment plan development and/or modification	T1007	N/A	N/A	Treatment plan development, new and established patient, substance abuse	N/A	N/A	CBH-Behavioral Health Assessment Services Coverage Policy (59G-4.028)	X	
T1007	Alcohol and/or substance abuse services, treatment plan development and/or modification	T1007	TS	N/A	Treatment plan review, substance abuse	N/A	N/A	CBH-Behavioral Health Assessment Services Coverage Policy (59G-4.028)	X	
T1009	Child sitting services for children of the individual receiving alcohol and/or substance abuse services	N/A	N/A	N/A	N/A	N/A	N/A	N/A	-	-
T1010	Meals for individuals receiving alcohol and/or substance abuse services (when meals not included in the program)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	-	-
T1012	Alcohol and/or substance abuse services, skills development	N/A	N/A	N/A	N/A	N/A	N/A	N/A	-	-
T2047	Habilitation, prevocational, waiver; per 15 minutes	N/A	N/A	N/A	N/A	N/A	N/A	N/A	-	-
T2048	Behavioral health; long-term care residential (nonacute care in a residential treatment program where stay is typically longer than 30 days), with room and board, per diem	N/A	N/A	N/A	N/A	N/A	N/A	N/A	-	-
<b>Ancillary Services</b>										
80320	Alcohols	80320	N/A	N/A	Alcohols	N/A	N/A	Independent Lab Services	X	

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80321	Alcohol biomarkers; 1 or 2	80321	N/A	N/A	Alcohol biomarkers; 1 or 2	N/A	N/A	Independent Lab Services	X	
80322	Alcohol biomarkers; 3 or more	80322	N/A	N/A	Alcohol biomarkers; 3 or more	N/A	N/A	Independent Lab Services	X	
80323	Alkaloids, not otherwise specified	80323	N/A	N/A	Alkaloids, not otherwise specified	N/A	N/A	Independent Lab Services	X	
80324	Amphetamines; 1 or 2	80324	N/A	N/A	Amphetamines ; 1 or 2	N/A	N/A	Independent Lab Services	X	
80325	Amphetamines; 3 or 4	80325	N/A	N/A	Amphetamines ; 3 or 4	N/A	N/A	Independent Lab Services	X	
80326	Amphetamines; 5 or more	80326	N/A	N/A	Amphetamines ; 5 or more	N/A	N/A	Independent Lab Services	X	
80327	Anabolic steroids; 1 or 2	80327	N/A	N/A	Anabolic steroids; 1 or 2	N/A	N/A	Independent Lab Services	X	
80328	Anabolic steroids; 3 or more	80328	N/A	N/A	Anabolic steroids; 3 or more	N/A	N/A	Independent Lab Services	X	
80329	Analgesics, non-opioid; 1 or 2	80329	N/A	N/A	Analgesics, non-opioid; 1 or 2	N/A	N/A	Independent Lab Services	X	
80330	Analgesics, non-opioid; 3-5	80330	N/A	N/A	Analgesics, non-opioid; 3-5	N/A	N/A	Independent Lab Services	X	
80331	Analgesics, non-opioid; 6 or more	80331	N/A	N/A	Analgesics, non-opioid; 6 or more	N/A	N/A	Independent Lab Services	X	
80332	Antidepressants, serotonergic class; 1 or 2	80332	N/A	N/A	Antidepressants, serotonergic class; 1 or 2	N/A	N/A	Independent Lab Services	X	
80333	Antidepressants, serotonergic class; 3-5	80333	N/A	N/A	Antidepressants, serotonergic class; 3-5	N/A	N/A	Independent Lab Services	X	
80334	Antidepressants, serotonergic class; 6 or more	80334	N/A	N/A	Antidepressants, serotonergic class; 6 or more	N/A	N/A	Independent Lab Services	X	
80335	Antidepressants, tricyclic and other cyclicals; 1 or 2	80335	N/A	N/A	Antidepressants, tricyclic and other cyclicals; 1 or 2	N/A	N/A	Independent Lab Services	X	

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80336	Antidepressants, tricyclic and other cyclicals; 3-5	80336	N/A	N/A	Antidepressants, tricyclic and other cyclicals; 3-5	N/A	N/A	Independent Lab Services	X	
80337	Antidepressants, tricyclic and other cyclicals; 6 or more	80337	N/A	N/A	Antidepressants, tricyclic and other cyclicals; 6 or more	N/A	N/A	Independent Lab Services	X	
80338	Antidepressants, not otherwise specified	80338	N/A	N/A	Antidepressants, not otherwise specified	N/A	N/A	Independent Lab Services	X	
80339	Antiepileptics, not otherwise specified; 1-3	80339	N/A	N/A	Antiepileptics, not otherwise specified; 1-3	N/A	N/A	Independent Lab Services	X	
80340	Antiepileptics, not otherwise specified; 4-6	80340	N/A	N/A	Antiepileptics, not otherwise specified; 4-6	N/A	N/A	Independent Lab Services	X	
80341	Antiepileptics, not otherwise specified; 7 or more	80341	N/A	N/A	Antiepileptics, not otherwise specified; 7 or more	N/A	N/A	Independent Lab Services	X	
80342	Antipsychotics, not otherwise specified; 1-3	80342	N/A	N/A	Antipsychotics, not otherwise specified; 1-3	N/A	N/A	Independent Lab Services	X	
80343	Antipsychotics, not otherwise specified; 4-6	80343	N/A	N/A	Antipsychotics, not otherwise specified; 4-6	N/A	N/A	Independent Lab Services	X	
80344	Antipsychotics, not otherwise specified; 7 or more	80344	N/A	N/A	Antipsychotics, not otherwise specified; 7 or more	N/A	N/A	Independent Lab Services	X	
80345	Barbiturates	80345	N/A	N/A	Barbiturates	N/A	N/A	Independent Lab Services	X	
80346	Benzodiazepines; 1-12	80346	N/A	N/A	Benzodiazepines; 1-12	N/A	N/A	Independent Lab Services	X	
80347	Benzodiazepines; 13 or more	80347	N/A	N/A	Benzodiazepines; 13 or more	N/A	N/A	Independent Lab Services	X	
80348	Buprenorphine	80348	N/A	N/A	Buprenorphine	N/A	N/A	Independent Lab Services	X	
80349	Cannabinoids, natural	80349	N/A	N/A	Cannabinoids, natural	N/A	N/A	Independent Lab Services	X	
80350	Cannabinoids, synthetic; 1-3	80350	N/A	N/A	Cannabinoids, synthetic; 1-3	N/A	N/A	Independent Lab Services	X	

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80351	Cannabinoids, synthetic; 4-6	80351	N/A	N/A	Cannabinoids, synthetic; 4-6	N/A	N/A	Independent Lab Services	X	
80352	Cannabinoids, synthetic; 7 or more	80352	N/A	N/A	Cannabinoids, synthetic; 7 or more	N/A	N/A	Independent Lab Services	X	
80353	Cocaine	80353	N/A	N/A	Cocaine	N/A	N/A	Independent Lab Services	X	
80354	Fentanyl	80354	N/A	N/A	Fentanyl	N/A	N/A	Independent Lab Services	X	
80355	Gabapentin, non-blood	N/A	N/A	N/A	N/A	N/A	N/A	N/A	X	
80356	Heroin metabolite	80356	N/A	N/A	Heroin metabolite	N/A	N/A	Independent Lab Services	X	
80357	Ketamine and norketamine	80357	N/A	N/A	Ketamine and norketamine	N/A	N/A	Independent Lab Services	X	
80358	Methadone	80358	N/A	N/A	Methadone	N/A	N/A	Independent Lab Services	X	
80359	Methylenedioxyamphetamines (MDA, MDEA, MDMA)	80359	N/A	N/A	Methylenedioxyamphetamines (MDA, MDEA, MDMA)	N/A	N/A	Independent Lab Services	X	
80360	Methylphenidate	80360	N/A	N/A	Methylphenidate	N/A	N/A	Independent Lab Services	X	
80361	Opiates, 1 or more	80361	N/A	N/A	Opiates, 1 or more	N/A	N/A	Independent Lab Services	X	
80362	Opioids and opiate analogs; 1 or 2	80362	N/A	N/A	Opioids and opiate analogs; 1 or 2	N/A	N/A	Independent Lab Services	X	
80363	Opioids and opiate analogs; 3 or 4	80363	N/A	N/A	Opioids and opiate analogs; 3 or 4	N/A	N/A	Independent Lab Services	X	
80364	Opioids and opiate analogs; 5 or more	80364	N/A	N/A	Opioids and opiate analogs; 5 or more	N/A	N/A	Independent Lab Services	X	
80365	Oxycodone	80365	N/A	N/A	Oxycodone	N/A	N/A	Independent Lab Services	X	
80366	Pregabalin	80366	N/A	N/A	Pregabalin	N/A	N/A	Independent Lab Services	X	
80367	Propoxyphene	80367	N/A	N/A	Propoxyphene	N/A	N/A	Independent Lab Services	X	

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80368	Sedative hypnotics (non-benzodiazepines)	80368	N/A	N/A	Sedative hypnotics (non-benzodiazepines)	N/A	N/A	Independent Lab Services	X	
80369	Skeletal muscle relaxants; 1 or 2	80369	N/A	N/A	Skeletal muscle relaxants; 1 or 2	N/A	N/A	Independent Lab Services	X	
80370	Skeletal muscle relaxants; 3 or more	80370	N/A	N/A	Skeletal muscle relaxants; 3 or more	N/A	N/A	Independent Lab Services	X	
80371	Stimulants, synthetic	80371	N/A	N/A	Stimulants, synthetic	N/A	N/A	Independent Lab Services	X	
80372	Tapentadol	80372	N/A	N/A	Tapentadol	N/A	N/A	Independent Lab Services	X	
80373	Tramadol	80373	N/A	N/A	Tramadol	N/A	N/A	Independent Lab Services	X	
80374	Stereoisomer (enantiomer) analysis, single drug class	80374	N/A	N/A	Stereoisomer (enantiomer) analysis, single drug class	N/A	N/A	Independent Lab Services	X	
80375	Drug(s) or substance(s), definitive, qualitative or quantitative, not otherwise specified; 1-3	80375	N/A	N/A	Drug(s) or substance(s), definitive, qualitative or quantitative, not otherwise specified; 1-3	N/A	N/A	Independent Lab Services	X	
80376	Drug(s) or substance(s), definitive, qualitative or quantitative, not otherwise specified; 4-6	80376	N/A	N/A	Drug(s) or substance(s), definitive, qualitative or quantitative, not otherwise specified; 4-6	N/A	N/A	Independent Lab Services	X	
80377	Drug(s) or substance(s), definitive, qualitative or quantitative, not otherwise specified; 7 or more	80377	N/A	N/A	Drug(s) or substance(s), definitive, qualitative or quantitative, not otherwise specified; 7 or more	N/A	N/A	Independent Lab Services	X	
83992	Phencyclidine (PCP)	83992	N/A	N/A	Phencyclidine (PCP)	N/A	N/A	Independent Lab Services	X	

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86592	Syphilis test, non-treponemal antibody; qualitative (eg, VDRL, RPR, ART)	86592	N/A	N/A	Syphilis test, non-treponemal antibody; qualitative (eg, VDRL, RPR, ART)	N/A	N/A	Independent Lab Services	X	
86593	Syphilis test, non-treponemal antibody; quantitative	86593	N/A	N/A	Syphilis test, non-treponemal antibody; quantitative	N/A	N/A	Independent Lab Services	X	
86631	Antibody; Chlamydia	86631	N/A	N/A	Antibody; Chlamydia	N/A	N/A	Independent Lab Services	X	
86632	Antibody; Chlamydia, IgM	86632	N/A	N/A	Antibody; Chlamydia, IgM	N/A	N/A	Independent Lab Services	X	
86701	Antibody; HIV-1	86701	N/A	N/A	Antibody; HIV-1	N/A	N/A	Independent Lab Services	X	
86702	Antibody; HIV-2	86702	N/A	N/A	Antibody; HIV-2	N/A	N/A	Independent Lab Services	X	
86703	Antibody; HIV-1 and HIV-2, single result	86703	N/A	N/A	Antibody; HIV-1 and HIV-2, single result	N/A	N/A	Independent Lab Services	X	
86704	Hepatitis B core antibody (HBcAb); total	86704	N/A	N/A	Hepatitis B core antibody (HBcAb); total	N/A	N/A	Independent Lab Services	X	
86705	Hepatitis B core antibody (HBcAb); IgM antibody	86705	N/A	N/A	Hepatitis B core antibody (HBcAb); IgM antibody	N/A	N/A	Independent Lab Services	X	
86706	Hepatitis B surface antibody testing -Hepatitis B surface antibody (HBsAb)	86706	N/A	N/A	Hepatitis B surface antibody testing - Hepatitis B surface antibody (HBsAb)	N/A	N/A	Independent Lab Services	X	
86708	Hepatitis A antibody (HAAb), IgM antibody	86708	N/A	N/A	Hepatitis A antibody (HAAb), IgM antibody	N/A	N/A	Independent Lab Services	X	
86709	Hepatitis A antibody testing - Hepatitis A antibody (HAAb), IgM antibody	86709	N/A	N/A	Hepatitis A antibody testing - Hepatitis A antibody	N/A	N/A	Independent Lab Services	X	

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					(HAAb), IgM antibody					
86780	Antibody; Treponema pallidum	86780	N/A	N/A	Antibody; Treponema pallidum	N/A	N/A	Independent Lab Services	X	
87110	Culture, chlamydia, any source	87110	N/A	N/A	Culture, chlamydia, any source	N/A	N/A	Independent Lab Services	X	
87116	Culture, tubercle or other acid-fast bacilli (eg, TB, AFB, mycobacteria) any source, with isolation and presumptive identification of isolates	87116	N/A	N/A	Culture, tubercle or other acid-fast bacilli (eg, TB, AFB, mycobacteria) any source, with isolation and presumptive identification of isolates	N/A	N/A	Independent Lab Services	X	
87118	Culture, mycobacterial, definitive identification, each isolate	87118	N/A	N/A	Culture, mycobacterial, definitive identification, each isolate	N/A	N/A	Independent Lab Services	X	
87270	Infectious agent antigen detection by immunofluorescent technique; Chlamydia trachomatis	87270	N/A	N/A	Infectious agent antigen detection by immunofluorescent technique; Chlamydia trachomatis	N/A	N/A	Independent Lab Services	X	
87320	Infectious agent antigen detection by immunoassay technique, (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], fluorescence immunoassay [FIA], immunochemiluminometric assay [IMCA]) qualitative or semiquantitative; Chlamydia trachomatis	87320	N/A	N/A	Infectious agent antigen detection by immunoassay technique, (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], fluorescence immunoassay [FIA], immunochemiluminometric assay [IMCA])	N/A	N/A	Independent Lab Services	X	

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					qualitative or semiquantitative; Chlamydia trachomatis					
87340	Infectious agent antigen detection by immunoassay technique, (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], fluorescence immunoassay [FIA], immunochemiluminometric assay [IMCA]) qualitative or semiquantitative; hepatitis B surface antigen (HBsAg)	87340	N/A	N/A	Infectious agent antigen detection by immunoassay technique, (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], fluorescence immunoassay [FIA], immunochemiluminometric assay [IMCA]) qualitative or semiquantitative; hepatitis B surface antigen (HBsAg)	N/A	N/A	Independent Lab Services	X	
87341	Infectious agent antigen detection by immunoassay technique, (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], fluorescence immunoassay [FIA], immunochemiluminometric assay [IMCA]) qualitative or semiquantitative; hepatitis B surface antigen (HBsAg) neutralization	87341	N/A	N/A	Infectious agent antigen detection by immunoassay technique, (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], fluorescence immunoassay [FIA], immunochemiluminometric	N/A	N/A	Independent Lab Services	X	

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					assay [IMCA]) qualitative or semiquantitative; hepatitis B surface antigen (HBsAg) neutralization					
87389	Infectious agent antigen detection by immunoassay technique, (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], fluorescence immunoassay [FIA], immunochemiluminometric assay [IMCA]) qualitative or semiquantitative; HIV-1 antigen(s), with HIV-1 and HIV-2 antibodies, single result	87389	N/A	N/A	Infectious agent antigen detection by immunoassay technique, (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], fluorescence immunoassay [FIA], immunochemiluminometric assay [IMCA]) qualitative or semiquantitative; HIV-1 antigen(s), with HIV-1 and HIV-2 antibodies, single result	N/A	N/A	Independent Lab Services	X	
87390	Infectious agent antigen detection by immunoassay technique, (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], fluorescence immunoassay [FIA], immunochemiluminometric assay [IMCA]) qualitative or semiquantitative; HIV-1	87390	N/A	N/A	Infectious agent antigen detection by immunoassay technique, (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], fluorescence immunoassay	N/A	N/A	Independent Lab Services	X	

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					[FIA], immunochemiluminometric assay [IMCA] qualitative or semiquantitative; HIV-1					
87490	Infectious agent detection by nucleic acid (DNA or RNA); Chlamydia trachomatis, direct probe technique	87490	N/A	N/A	Infectious agent detection by nucleic acid (DNA or RNA); Chlamydia trachomatis, direct probe technique	N/A	N/A	Independent Lab Services	X	
87491	Infectious agent detection by nucleic acid (DNA or RNA); Chlamydia trachomatis, amplified probe technique	87491	N/A	N/A	Infectious agent detection by nucleic acid (DNA or RNA); Chlamydia trachomatis, amplified probe technique	N/A	N/A	Independent Lab Services	X	
87590	Infectious agent detection by nucleic acid (DNA or RNA); Neisseria gonorrhoeae, direct probe technique	87590	N/A	N/A	Infectious agent detection by nucleic acid (DNA or RNA); Neisseria gonorrhoeae, direct probe technique	N/A	N/A	Independent Lab Services	X	
87591	Infectious agent detection by nucleic acid (DNA or RNA); Neisseria gonorrhoeae, amplified probe technique	87591	N/A	N/A	Infectious agent detection by nucleic acid (DNA or RNA); Neisseria gonorrhoeae, amplified probe technique	N/A	N/A	Independent Lab Services	X	
87810	Infectious agent antigen detection by immunoassay with direct optical (ie, visual)	87810	N/A	N/A	Infectious agent antigen detection by immunoassay	N/A	N/A	Independent Lab Services	X	

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	observation; Chlamydia trachomatis				with direct optical (ie, visual) observation; Chlamydia trachomatis					
87850	Infectious agent antigen detection by immunoassay with direct optical (ie, visual) observation; Neisseria gonorrhoeae	87850	N/A	N/A	Infectious agent antigen detection by immunoassay with direct optical (ie, visual) observation; Neisseria gonorrhoeae	N/A	N/A	Independent Lab Services	X	
90460	Immunization administration through 18 years of age via any route of administration, with counseling by physician or other qualified health care professional; first or only component of each vaccine or toxoid administered	90460	N/A	N/A	Administration of first vaccine or toxoid component through 18 years of age, with counseling	N/A	N/A	Prescribed Drugs Immunization	X	
90461	Immunization administration through 18 years of age via any route of administration, with counseling by physician or other qualified health care professional; each additional vaccine or toxoid component administered (List separately in addition to code for primary procedure)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	-	-
90471	Immunization administration (includes percutaneous, intradermal, subcutaneous, or intramuscular injections); 1 vaccine (single or combination vaccine/toxoid)	90471	N/A	N/A	Administration of one vaccine, single or combination vaccine/toxoid. (percutaneous, intradermal, subcutaneous or intramuscular)	N/A	N/A	Prescribed Drugs Immunization	X	

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90472	Immunization administration (includes percutaneous, intradermal, subcutaneous, or intramuscular injections); each additional vaccine (single or combination vaccine/toxoid) (List separately in addition to code for primary procedure)	90472	N/A	N/A	Administration of each additional vaccine, single or combination vaccine/toxoid. (percutaneous, intradermal, subcutaneous or intramuscular)	N/A	N/A	Prescribed Drugs Immunization	X	
90473	Immunization administration by intranasal or oral route; 1 vaccine (single or combination vaccine/toxoid)	90473	N/A	N/A	Immunization administration by intranasal or oral route of one vaccine, single or combination vaccine/toxoid.	N/A	N/A	Prescribed Drugs Immunization	X	
90474	Immunization administration by intranasal or oral route; each additional vaccine (single or combination vaccine/toxoid) (List separately in addition to code for primary procedure)	90474	N/A	N/A	Administration of each additional intranasal or oral vaccine (single or combination vaccine/toxoid)	N/A	N/A	Prescribed Drugs Immunization	X	
90619	Meningococcal conjugate vaccine, serogroups A, C, W, Y, quadrivalent, tetanus toxoid carrier (MenACWY-TT), for intramuscular use	N/A	N/A	N/A	N/A	N/A	N/A	N/A	-	-
90620	Meningococcal recombinant protein and outer membrane vesicle vaccine, serogroup B (MenB-4C), for intramuscular use	90620	N/A	N/A	Full Day PPEC Services (five to twelve hours)*	N/A	N/A	Prescribed Pediatric Extended Care Services		X
90621	Meningococcal recombinant lipoprotein vaccine, serogroup B (MenB-FHbp), 2 or 3 dose schedule, for intramuscular use	N/A	N/A	N/A	N/A	N/A	N/A	N/A	-	-
90623	Meningococcal pentavalent vaccine, conjugated Men A, C, W, Y-tetanus toxoid carrier, and Men B-FHbp, for intramuscular use	N/A	N/A	N/A	N/A	N/A	N/A	N/A	-	-

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90624	Meningococcal pentavalent vaccine, Men B-4C recombinant proteins and outer membrane vesicle and conjugated Men A, C, W, Y-diphtheria toxoid carrier, for intramuscular use	N/A	-	-						
90632	Hepatitis A vaccine (HepA), adult dosage, for intramuscular use	N/A	-	-						
90633	Hepatitis A vaccine (HepA), pediatric/adolescent dosage-2 dose schedule, for intramuscular use	N/A	-	-						
90634	Hepatitis A vaccine (HepA), pediatric/adolescent dosage-3 dose schedule, for intramuscular use	N/A	-	-						
90636	Hepatitis A and hepatitis B vaccine (HepA-HepB), adult dosage, for intramuscular use	N/A	-	-						
90644	Meningococcal conjugate vaccine, serogroups C & Y and Haemophilus influenzae type b vaccine (Hib-MenCY), 4 dose schedule, when administered to children 6 weeks-18 months of age, for intramuscular use	N/A	-	-						
90649	Human Papillomavirus vaccine, types 6, 11, 16, 18, quadrivalent (4vHPV), 3 dose schedule, for intramuscular use	N/A	-	-						
90650	Human Papillomavirus vaccine, types 16, 18, bivalent (2vHPV), 3 dose schedule, for intramuscular use	N/A	-	-						
90651	Human Papillomavirus vaccine types 6, 11, 16, 18, 31, 33, 45, 52, 58, nonavalent (9vHPV), 2 or 3 dose schedule, for intramuscular use	N/A	-	-						
90670	Pneumococcal conjugate vaccine, 13 valent (PCV13), for intramuscular use	N/A	-	-						

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90671	Pneumococcal conjugate vaccine, 15 valent (PCV15), for intramuscular use	N/A	-	-						
90677	Pneumococcal conjugate vaccine, 20 valent (PCV20), for intramuscular use	N/A	-	-						
90684	Pneumococcal conjugate vaccine, 21 valent (PCV21), for intramuscular use	N/A	-	-						
90696	Diphtheria, tetanus toxoids, acellular pertussis vaccine and inactivated poliovirus vaccine (DTaP-IPV), when administered to children 4 through 6 years of age, for intramuscular use	N/A	-	-						
90697	Diphtheria, tetanus toxoids, acellular pertussis vaccine, inactivated poliovirus vaccine, Haemophilus influenzae type b PRP-OMP conjugate vaccine, and hepatitis B vaccine (DTaP-IPV-Hib-HepB), for intramuscular use	N/A	-	-						
90698	Diphtheria, tetanus toxoids, acellular pertussis vaccine, Haemophilus influenzae type b, and inactivated poliovirus vaccine, (DTaP-IPV/Hib), for intramuscular use	N/A	-	-						
90700	Diphtheria, tetanus toxoids, and acellular pertussis vaccine (DTaP), when administered to individuals younger than 7 years, for intramuscular use	N/A	-	-						
90715	Tetanus, diphtheria toxoids and acellular pertussis vaccine (Tdap), when administered to individuals 7 years or older, for intramuscular use	N/A	-	-						
90723	Diphtheria, tetanus toxoids, acellular pertussis vaccine, hepatitis B, and inactivated poliovirus vaccine (DTaP-HepB-IPV), for intramuscular use	N/A	-	-						

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90732	Pneumococcal polysaccharide vaccine, 23-valent (PPSV23), adult or immunosuppressed patient dosage, when administered to individuals 2 years or older, for subcutaneous or intramuscular use	N/A	-	-						
90733	Meningococcal polysaccharide vaccine, serogroups A, C, Y, W-135, quadrivalent (MPSV4), for subcutaneous use	N/A	-	-						
90734	Meningococcal conjugate vaccine, serogroups A, C, W, Y, quadrivalent, diphtheria toxoid carrier (MenACWY-D) or CRM197 carrier (MenACWY-CRM), for intramuscular use	N/A	-	-						
90736	Zoster (shingles) vaccine (HZV), live, for subcutaneous injection	N/A	-	-						
90739	Hepatitis B vaccine (HepB), CpG-adjuvanted, adult dosage, 2 dose or 4 dose schedule, for intramuscular use	N/A	-	-						
90744	Hepatitis B vaccine (HepB), pediatric/adolescent dosage, 3 dose schedule, for intramuscular use	N/A	-	-						
90746	Hepatitis B vaccine (HepB), adult dosage, 3 dose schedule, for intramuscular use	N/A	-	-						
90747	Hepatitis B vaccine (HepB), dialysis or immunosuppressed patient dosage, 4 dose schedule, for intramuscular use	N/A	-	-						
90748	Hepatitis B and Haemophilus influenzae type b vaccine (Hib-HepB), for intramuscular use	N/A	-	-						
90750	Zoster (shingles) vaccine (HZV), recombinant, subunit, adjuvanted, for intramuscular use	N/A	-	-						

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90759	Hepatitis B vaccine (HepB), 3-antigen (S, Pre-S1, Pre-S2), 10 mcg dosage, 3 dose schedule, for intramuscular use	N/A	-	-						
90899	Unlisted psychiatric service or procedure	N/A	-	-						
97537	Community/work reintegration training (eg, shopping, transportation, money management, avocational activities and/or work environment/modification analysis, work task analysis, use of assistive technology device/adaptive equipment), direct one-on-one contact, each 15 minutes	N/A	-	-						
99211	Office or other outpatient visit for the evaluation and management of an established patient that may not require the presence of a physician or other qualified health care professional	N/A	-	-						
99212	Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and straightforward medical decision making. When using total time on the date of the encounter for code selection, 10 minutes must be met or exceeded.	N/A	-	-						
99213	Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and low level of medical decision making. When using total time on the date of the encounter for code selection, 20 minutes must be met or exceeded.	N/A	-	-						

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99214	Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and moderate level of medical decision making. When using total time on the date of the encounter for code selection, 30 minutes must be met or exceeded.	N/A	N/A	N/A	N/A	N/A	N/A	N/A	-	-
99215	Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and high level of medical decision making. When using total time on the date of the encounter for code selection, 40 minutes must be met or exceeded.	N/A	N/A	N/A	N/A	N/A	N/A	N/A	-	-
99221	Initial hospital inpatient or observation care, per day, for the evaluation and management of a patient, which requires a medically appropriate history and/or examination and straightforward or low level medical decision making. When using total time on the date of the encounter for code selection, 40 minutes must be met or exceeded.	N/A	N/A	N/A	N/A	Inpatient Hospital	Managed Medical Assistance Benefit for Nursing Facility Services	N/A	X	
99222	Initial hospital inpatient or observation care, per day, for the evaluation and management of a patient, which requires a medically appropriate history and/or examination and moderate level of medical decision making. When using total time on the date of the encounter for code selection, 55 minutes must be met or exceeded.	N/A	N/A	N/A	N/A	Inpatient Hospital	Managed Medical Assistance Benefit for Nursing Facility Services	N/A	X	

## Appendix B: Medical Code Crosswalk Medicaid Comparison

99223	Initial hospital inpatient or observation care, per day, for the evaluation and management of a patient, which requires a medically appropriate history and/or examination and high level of medical decision making. When using total time on the date of the encounter for code selection, 75 minutes must be met or exceeded.	N/A	N/A	N/A	N/A	Inpatient Hospital	Managed Medical Assistance Benefit for Nursing Facility Services	N/A	X
99231	Subsequent hospital inpatient or observation care, per day, for the evaluation and management of a patient, which requires a medically appropriate history and/or examination and straightforward or low level of medical decision making. When using total time on the date of the encounter for code selection, 25 minutes must be met or exceeded.	N/A	N/A	N/A	N/A	Inpatient Hospital	Managed Medical Assistance Benefit for Nursing Facility Services	N/A	X
99232	Subsequent hospital inpatient or observation care, per day, for the evaluation and management of a patient, which requires a medically appropriate history and/or examination and moderate level of medical decision making. When using total time on the date of the encounter for code selection, 35 minutes must be met or exceeded.	N/A	N/A	N/A	N/A	Inpatient Hospital	Managed Medical Assistance Benefit for Nursing Facility Services	N/A	X
99233	Subsequent hospital inpatient or observation care, per day, for the evaluation and management of a patient, which requires a medically appropriate history and/or examination and high level of medical decision making. When using total time on the date of the encounter for code selection, 50 minutes must be met or exceeded.	N/A	N/A	N/A	N/A	Inpatient Hospital	Managed Medical Assistance Benefit for Nursing Facility Services	N/A	X

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99234	Hospital inpatient or observation care, for the evaluation and management of a patient including admission and discharge on the same date, which requires a medically appropriate history and/or examination and straightforward or low level of medical decision making. When using total time on the date of the encounter for code selection, 45 minutes must be met or exceeded.	N/A	N/A	N/A	N/A	Inpatient Hospital	Managed Medical Assistance Benefit for Nursing Facility Services	N/A	X	-
99235	Hospital inpatient or observation care, for the evaluation and management of a patient including admission and discharge on the same date, which requires a medically appropriate history and/or examination and moderate level of medical decision making. When using total time on the date of the encounter for code selection, 70 minutes must be met or exceeded.	N/A	N/A	N/A	N/A	Inpatient Hospital	Managed Medical Assistance Benefit for Nursing Facility Services	N/A	X	-
99236	Hospital inpatient or observation care, for the evaluation and management of a patient including admission and discharge on the same date, which requires a medically appropriate history and/or examination and high level of medical decision making. When using total time on the date of the encounter for code selection, 85 minutes must be met or exceeded.	N/A	N/A	N/A	N/A	Inpatient Hospital	Managed Medical Assistance Benefit for Nursing Facility Services	N/A	X	-
99238	Hospital inpatient or observation discharge day management; 30 minutes or less on the date of the encounter	N/A	N/A	N/A	N/A	Inpatient Hospital	Managed Medical Assistance Benefit for Nursing Facility Services	N/A	X	-

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99239	Hospital inpatient or observation discharge day management; more than 30 minutes on the date of the encounter	N/A	N/A	N/A	N/A	Inpatient Hospital	Managed Medical Assistance Benefit for Nursing Facility Services	N/A	X	-
99242	Office or other outpatient consultation for a new or established patient, which requires a medically appropriate history and/or examination and straightforward medical decision making. When using total time on the date of the encounter for code selection, 20 minutes must be met or exceeded	N/A	N/A	N/A	N/A	N/A	N/A	N/A	-	-
99243	Office or other outpatient consultation for a new or established patient, which requires a medically appropriate history and/or examination and low level of medical decision making. When using total time on the date of the encounter for code selection, 30 minutes must be met or exceeded.	N/A	N/A	N/A	N/A	N/A	N/A	N/A	-	-
99244	Office or other outpatient consultation for a new or established patient, which requires a medically appropriate history and/or examination and moderate level of medical decision making. When using total time on the date of the encounter for code selection, 40 minutes must be met or exceeded.	N/A	N/A	N/A	N/A	N/A	N/A	N/A	-	-

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99245	Office or other outpatient consultation for a new or established patient, which requires a medically appropriate history and/or examination and high level of medical decision making. When using total time on the date of the encounter for code selection, 55 minutes must be met or exceeded.	N/A	N/A	N/A	N/A	N/A	N/A	N/A	-	-
99252	Inpatient or observation consultation for a new or established patient, which requires a medically appropriate history and/or examination and straightforward medical decision making. When using total time on the date of the encounter for code selection, 35 minutes must be met or exceeded.	N/A	N/A	N/A	N/A	Inpatient Hospital	Managed Medical Assistance Benefit for Nursing Facility Services	N/A	X	
99253	Inpatient or observation consultation for a new or established patient, which requires a medically appropriate history and/or examination and low level of medical decision making. When using total time on the date of the encounter for code selection, 45 minutes must be met or exceeded.	N/A	N/A	N/A	N/A	Inpatient Hospital	Managed Medical Assistance Benefit for Nursing Facility Services	N/A	X	
99254	Inpatient or observation consultation for a new or established patient, which requires a medically appropriate history and/or examination and moderate level of medical decision making. When using total time on the date of the encounter for code selection, 60 minutes must be met or exceeded.	N/A	N/A	N/A	N/A	Inpatient Hospital	Managed Medical Assistance Benefit for Nursing Facility Services	N/A	X	

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99255	Inpatient or observation consultation for a new or established patient, which requires a medically appropriate history and/or examination and high level of medical decision making. When using total time on the date of the encounter for code selection, 80 minutes must be met or exceeded.	N/A	N/A	N/A	N/A	N/A	Inpatient Hospital	Managed Medical Assistance Benefit for Nursing Facility Services	N/A	X	
99304	Initial nursing facility care, per day, for the evaluation and management of a patient, which requires a medically appropriate history and/or examination and straightforward or low level of medical decision making. When using total time on the date of the encounter for code selection, 25 minutes must be met or exceeded.	N/A	N/A	N/A	N/A	N/A	Nursing Facility	Long-Term Care Benefit for Structured Family Caregiving	N/A	X	
99305	Initial nursing facility care, per day, for the evaluation and management of a patient, which requires a medically appropriate history and/or examination and moderate level of medical decision making. When using total time on the date of the encounter for code selection, 35 minutes must be met or exceeded.	N/A	N/A	N/A	N/A	N/A	Nursing Facility	Long-Term Care Benefit for Structured Family Caregiving	N/A	X	
99306	Initial nursing facility care, per day, for the evaluation and management of a patient, which requires a medically appropriate history and/or examination and high level of medical decision making. When using total time on the date of the encounter for code selection, 50 minutes must be met or exceeded.	N/A	N/A	N/A	N/A	N/A	Nursing Facility	Long-Term Care Benefit for Structured Family Caregiving	N/A	X	

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99307	Subsequent nursing facility care, per day, for the evaluation and management of a patient, which requires a medically appropriate history and/or examination and straightforward medical decision making. When using total time on the date of the encounter for code selection, 10 minutes must be met or exceeded.	N/A	N/A	N/A	N/A	Nursing Facility	Long-Term Care Benefit for Structured Family Caregiving	N/A	X	
99308	Subsequent nursing facility care, per day, for the evaluation and management of a patient, which requires a medically appropriate history and/or examination and low level of medical decision making. When using total time on the date of the encounter for code selection, 20 minutes must be met or exceeded.	N/A	N/A	N/A	N/A	Nursing Facility	Long-Term Care Benefit for Structured Family Caregiving	N/A	X	
99309	Subsequent nursing facility care, per day, for the evaluation and management of a patient, which requires a medically appropriate history and/or examination and moderate level of medical decision making. When using total time on the date of the encounter for code selection, 30 minutes must be met or exceeded.	N/A	N/A	N/A	N/A	Nursing Facility	Long-Term Care Benefit for Structured Family Caregiving	N/A	X	
99310	Subsequent nursing facility care, per day, for the evaluation and management of a patient, which requires a medically appropriate history and/or examination and high level of medical decision making. When using total time on the date of the encounter for code selection, 45 minutes must be met or exceeded.	N/A	N/A	N/A	N/A	Nursing Facility	Long-Term Care Benefit for Structured Family Caregiving	N/A	X	

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99315	Nursing facility discharge management; 30 minutes or less total time on the date of the encounter	N/A	N/A	N/A	N/A	Nursing Facility	Long-Term Care Benefit for Structured Family Caregiving	N/A	X	
99316	Nursing facility discharge management; more than 30 minutes total time on the date of the encounter	N/A	N/A	N/A	N/A	Nursing Facility	Long-Term Care Benefit for Structured Family Caregiving	N/A	X	
99341	Home or residence visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and straightforward medical decision making. When using total time on the date of the encounter for code selection, 15 minutes must be met or exceeded.	N/A	N/A	N/A	N/A	N/A	N/A	N/A	-	-
99342	Home or residence visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and low level of medical decision making. When using total time on the date of the encounter for code selection, 30 minutes must be met or exceeded.	N/A	N/A	N/A	N/A	N/A	N/A	N/A	-	-
99344	Home or residence visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and moderate level of medical decision making. When using total time on the date of the encounter for code selection, 60 minutes must be met or exceeded.	N/A	N/A	N/A	N/A	N/A	N/A	N/A	-	-

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99345	Home or residence visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and high level of medical decision making. When using total time on the date of the encounter for code selection, 75 minutes must be met or exceeded.	N/A	-	-						
99347	Home or residence visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and straightforward medical decision making. When using total time on the date of the encounter for code selection, 20 minutes must be met or exceeded.	N/A	-	-						
99348	Home or residence visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and low level of medical decision making. When using total time on the date of the encounter for code selection, 30 minutes must be met or exceeded.	N/A	-	-						
99349	Home or residence visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and moderate level of medical decision making. When using total time on the date of the encounter for code selection, 40 minutes must be met or exceeded.	N/A	-	-						

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99350	Home or residence visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and high level of medical decision making. When using total time on the date of the encounter for code selection, 60 minutes must be met or exceeded.	N/A	-	-						
99492	Initial psychiatric collaborative care management, first 70 minutes in the first calendar month of behavioral health care manager activities, in consultation with a psychiatric consultant, and directed by the treating physician or other qualified health care professional, with the following required elements: outreach to and engagement in treatment of a patient directed by the treating physician or other qualified health care professional, initial assessment of the patient, including administration of validated rating scales, with the development of an individualized treatment plan, review by the psychiatric consultant with modifications of the plan if recommended, entering patient in a registry and tracking patient follow-up and progress using the registry, with appropriate documentation, and participation in weekly caseload consultation with the psychiatric consultant, and provision of brief interventions using evidence-based techniques such as behavioral activation, motivational interviewing, and other focused treatment strategies.	N/A	-	-						

## Appendix B: Medical Code Crosswalk Medicaid Comparison

A0021	Ambulance service, outside state per mile, transport (Medicaid only)	N/A	-	-						
A0080	Nonemergency transportation, per mile - vehicle provided by volunteer (individual or organization), with no vested interest	N/A	-	-						
A0090	Nonemergency transportation, per mile - vehicle provided by individual (family member, self, neighbor) with vested interest	N/A	-	-						
A0100	Nonemergency transportation; taxi	N/A	-	-						
A0110	Nonemergency transportation and bus, intra- or interstate carrier	N/A	-	-						
A0120	Nonemergency transportation: mini-bus, mountain area transports, or other transportation systems	N/A	-	-						
A0130	Nonemergency transportation: wheelchair van	N/A	-	-						
A0160	Nonemergency transportation: per mile - caseworker or social worker	N/A	-	-						
A0170	Transportation ancillary: parking fees, tolls, other	N/A	-	-						
A0180	Nonemergency transportation: ancillary: lodging-recipient	N/A	-	-						
A0190	Nonemergency transportation: ancillary: meals, recipient	N/A	-	-						
A0200	Nonemergency transportation: ancillary: lodging, escort	N/A	-	-						
A0210	Nonemergency transportation: ancillary: meals, escort	N/A	-	-						

## Appendix B: Medical Code Crosswalk Medicaid Comparison

G0011	Individual counseling for pre-exposure prophylaxis (PrEP) by physician or qualified health care professional (QHP) to prevent human immunodeficiency virus (HIV), includes HIV risk assessment (initial or continued assessment of risk), HIV risk reduction and medication adherence, 15 to 30 minutes	N/A	-	-						
G0013	Individual counseling for pre-exposure prophylaxis (PrEP) by clinical staff to prevent human immunodeficiency virus (HIV), includes: HIV risk assessment (initial or continued assessment of risk), HIV risk reduction and medication adherence	N/A	-	-						
G0019	Community health integration services performed by certified or trained auxiliary personnel, including a community health worker, under the direction of a physician or other practitioner, 60 minutes per calendar month, in the following activities to address social determinants of health (SDOH) need(s) that are significantly limiting the ability to diagnose or treat problem(s) addressed in an initiating visit	N/A	-	-						
G0022	Community health integration services, each additional 30 minutes per calendar month (list separately in addition to G0019)	N/A	-	-						

## Appendix B: Medical Code Crosswalk Medicaid Comparison

G0023	<p>Principal illness navigation services by certified or trained auxiliary personnel under the direction of a physician or other practitioner, including a patient navigator, 60 minutes per calendar month, in the following activities:</p> <ul style="list-style-type: none"> <li>- building patient self-advocacy skills, so that the patient can interact with members of the health care team and related community-based services (as needed), in ways that are more likely to promote personalized and effective treatment of their condition;</li> <li>- communication with practitioners, home-, and community-based service providers, hospitals, and skilled nursing facilities (or other health care facilities) regarding the patient's psychosocial strengths and needs, functional deficits, goals, preferences, and desired outcomes, including cultural and linguistic factors;</li> <li>- conducting a person-centered assessment to understand the patient's life story, strengths, needs, goals, preferences, and desired outcomes, including understanding cultural and linguistic factors and including unmet SDOH needs (that are not separately billed);</li> <li>- coordinating receipt of needed services from health care practitioners, providers, and facilities, home- and community-based service providers, and caregiver (if applicable);</li> <li>- coordination of care transitions between and among health care practitioners and settings, including transitions involving referral to other clinicians,</li> </ul>	N/A	-	-						
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## Appendix B: Medical Code Crosswalk Medicaid Comparison

<p>follow-up after an emergency department visit, or follow-up after discharges from hospitals, skilled nursing facilities, or other health care facilities;</p> <ul style="list-style-type: none"> <li>- facilitating access to community-based social services (e.g., housing, utilities, transportation, food assistance) as need to address SDOH need(s);</li> <li>- facilitating and providing social and emotional support to help the patient cope with the condition, SDOH need(s), and adjust daily routines to better meet diagnosis and treatment goals;</li> <li>- facilitating behavioral change as necessary for meeting diagnosis and treatment goals, including promoting patient motivation to participate in care and reach person-centered diagnosis or treatment goals;</li> <li>- facilitating patient-driven goal setting and establishing an action plan;</li> <li>- health care access/health system navigation;</li> <li>- health education-helping the patient contextualize health education provided by the patient's treatment team with the patient's individual needs, goals, preferences, and SDOH need(s), and educating the patient (and caregiver if applicable) on how to best participate in medical decision-making;</li> <li>- helping the patient access health care, including identifying appropriate practitioners or providers for clinical care, and helping secure appointments with them;</li> <li>- identifying or referring patient (and caregiver or family, if applicable) to</li> </ul>									
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## Appendix B: Medical Code Crosswalk Medicaid Comparison

	<p>appropriate supportive services;</p> <ul style="list-style-type: none"> <li>- leverage knowledge of the serious, high-risk condition, and/or lived experience when applicable to provide support, mentorship, or inspiration to meet treatment goals</li> <li>- person-centered assessment, performed to better understand the individual context of the serious, high-risk condition;</li> <li>- practitioner, home, and community-based care coordination;</li> <li>- providing tailored support as needed to accomplish the practitioner's treatment plan;</li> <li>- providing the patient with information/resources to consider participation in clinical trials or clinical research as applicable;</li> </ul>									
G0024	Principal illness navigation services, additional 30 minutes per calendar month (list separately in addition to G0023)	N/A	-	-						

## Appendix B: Medical Code Crosswalk Medicaid Comparison

G0176	Activity therapy, such as music, dance, art or play therapies not for recreation, related to the care and treatment of patient's disabling mental health problems, per session (45 minutes or more)	N/A	-	-						
G0177	Training and educational services related to the care and treatment of patient's disabling mental health problems per session (45 minutes or more)	N/A	-	-						
G0323	Care management services for behavioral health conditions, at least 20 minutes of clinical psychologist, clinical social worker, mental health counselor, or marriage and family therapist time, per calendar month. (These services include the following required elements: initial assessment or follow-up monitoring, including the use of applicable validated rating scales; behavioral health care planning in relation to behavioral/psychiatric health problems, including revision for patients who are not progressing or whose status changes; facilitating and coordinating treatment such as psychotherapy, coordination with and/or referral to physicians and practitioners who are authorized by Medicare to prescribe medications and furnish E/M services, counseling and/or psychiatric consultation; and continuity of care with a designated member of the care team)	N/A	-	-						

## Appendix B: Medical Code Crosswalk Medicaid Comparison

G0511	Rural Health Clinic or Federally Qualified Health Center (RHC or FQHC) only, general care management, 20 minutes or more of clinical staff time for chronic care management services or behavioral health integration services directed by an RHC or FQHC practitioner (physician, NP, PA, or CNM), per calendar month	N/A	-	-						
G0512	Rural Health Clinic or Federally Qualified Health Center (RHC/FQHC) only, psychiatric collaborative care model (psychiatric COCM), 60 minutes or more of clinical staff time for psychiatric COCM services directed by an RHC or FQHC practitioner (physician, NP, PA, or CNM) and including services furnished by a behavioral health care manager and consultation with a psychiatric consultant, per calendar month	N/A	-	-						

## Appendix B: Medical Code Crosswalk Medicaid Comparison

G2076	Intake activities, including initial medical examination that is conducted by an appropriately licensed practitioner and preparation of a care plan, which may be informed by administration of a standardized, evidence-based social determinants of health risk assessment to identify unmet health-related social needs, and that includes the patient's goals and mutually agreed-upon actions for the patient to meet those goals, including harm reduction interventions; the patient's needs and goals in the areas of education, vocational training, and employment; and the medical and psychiatric, psychosocial, economic, legal, housing, and other recovery support services that a patient needs and wishes to pursue, conducted by an appropriately licensed/credentialed personnel (provision of the services by a Medicare-enrolled opioid treatment program); list separately in addition to each primary code	N/A	-	-						
G2078	Take home supply of methadone; up to 7 additional day supply (provision of the services by a Medicare-enrolled opioid treatment program); list separately in addition to code for primary procedure	N/A	-	-						
G2079	Take home supply of buprenorphine (oral); up to 7 additional day supply (provision of the services by a Medicare-enrolled opioid treatment program); list separately in addition to code for primary procedure	N/A	-	-						

## Appendix B: Medical Code Crosswalk Medicaid Comparison

G2080	Each additional 30 minutes of counseling in a week of medication assisted treatment, (provision of the services by a Medicare-enrolled opioid treatment program); list separately in addition to code for primary procedure	N/A	N/A	N/A	N/A	N/A	N/A	N/A	-	-
H0030	Behavioral health hotline service	N/A	N/A	N/A	N/A	N/A	N/A	N/A	-	-
H0034	Medication training and support, per 15 minutes	N/A	N/A	N/A	N/A	N/A	N/A	N/A	-	-
H0046	Mental health services, not otherwise specified	H0046	AH	N/A	Psychologist - Individual Service-All Else	N/A	N/A	Medicaid Certified School Match Program	X	
H0046	Mental health services, not otherwise specified	H0046	AH	HQ	Psychologist - Group Service	N/A	N/A	Medicaid Certified School Match Program		X
H0046	Mental health services, not otherwise specified	H0046	HN	N/A	Social Worker (Bachelor's Level) - Individual Service-All Else	N/A	N/A	Medicaid Certified School Match Program	X	
H0046	Mental health services, not otherwise specified	H0046	HN	HQ	Social Worker (Bachelor's Level) - Group Service	N/A	N/A	Medicaid Certified School Match Program	X	
H0046	Mental health services, not otherwise specified	H0046	SE	N/A	Social Worker (LCSW or Master's Level) - Individual Service Treatment	N/A	N/A	County Health Department Certified Match Program	X	
H0046	Mental health services, not otherwise specified	H0046	SE	N/A	Social Worker (Master's Level); Marriage and Family Therapist; Mental Health and Guidance Counselors - Individual	N/A	N/A	Medicaid Certified School Match Program	X	

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					Service-All Else					
H0046	Mental health services, not otherwise specified	H0046	SE	HQ	Social Worker (Master's Level); Marriage and Family Therapist; Mental Health and Guidance Counselors - Group Service	N/A	N/A	Medicaid Certified School Match Program	X	
H0046	Mental health services, not otherwise specified	H0046	N/A	N/A	Behavioral health-related medical services: verbal interaction, mental health	N/A	N/A	CBH-Behavioral Health Medication Management Services Coverage Policy (59G-4.029)	X	
H0047	Alcohol and/or other drug abuse services, not otherwise specified	H0047	SE	HQ	Social Worker (LCSW or Master's Level) - Group Service Treatment	N/A	N/A	County Health Department Certified Match Program	X	
H0047	Alcohol and/or other drug abuse services, not otherwise specified	H0047	N/A	N/A	Behavioral health-related medical services: verbal interaction, substance abuse	N/A	N/A	CBH-Behavioral Health Medication Management Services Coverage Policy (59G-4.029)	X	
H2011	Crisis intervention service, per 15 minutes	N/A	N/A	N/A	N/A	Mobile Crisis Assessment/ Intervention	Emergency Behavioral Health	N/A	X	
H2013	Psychiatric health facility service, per diem	N/A	N/A	N/A	N/A	N/A	N/A	N/A	-	-
H2021	Community-based wrap-around services, per 15 minutes	N/A	N/A	N/A	N/A	Community-Based Wrap-Around	Therapeutic Group Care or Statewide Inpatient Psychiatric Program	N/A	X	

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H2022	Community-based wrap-around services, per diem	N/A	N/A	N/A	N/A	N/A	N/A	N/A	-	-
H2031	Mental health clubhouse services, per diem	N/A	N/A	N/A	N/A	Drop-in Center	Clubhouse Services	N/A	X	
H2030	Mental health clubhouse services, per 15 minutes	H2030	N/A	N/A	Clubhouse Services	N/A	N/A	CBH-Behavioral Health Community Support Services Coverage Policy (59G-4.031)	X	
H2040	Coordinated specialty care, team-based, for first episode psychosis, per month	N/A	N/A	N/A	N/A	N/A	N/A	N/A	-	-
H2041	Coordinated specialty care, team-based, for first episode psychosis, per encounter	N/A	N/A	N/A	N/A	N/A	N/A	N/A	-	-
S0592	Comprehensive contact lens evaluation	N/A	N/A	N/A	N/A	N/A	N/A	N/A	-	-
S5145	Foster care, therapeutic, child; per diem	S5145	HA	N/A	Specialized Therapeutic Foster Care, Level II	N/A	N/A	Specialized Therapeutic Services	X	
S5145	Foster care, therapeutic, child; per diem	S5145	HE	N/A	Specialized Therapeutic Foster Care, Crisis Intervention	N/A	N/A	Specialized Therapeutic Services	X	
S5145	Foster care, therapeutic, child; per diem	S5145	HK	N/A	Level III Medical Foster Care Service	N/A	N/A	Medical Foster Care Services	X	
S5145	Foster care, therapeutic, child; per diem	S5145	TG	N/A	Specialized Therapeutic Foster Care, Level	N/A	N/A	Specialized Therapeutic Services	X	
S5145	Foster care, therapeutic, child; per diem	S5145	HA	N/A	Level I Medical Foster Care Service	N/A	N/A	Medical Foster Care Services	X	
S5145	Foster care, therapeutic, child; per month	S5145	TF	N/A	Level II Medical Foster Care Service	N/A	N/A	Medical Foster Care Services	X	

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S5170	Home delivered meals, including preparation; per meal	S5170	N/A	N/A	Home delivered meals, including preparation; per meal	N/A	N/A	Expanded Benefits	X	
S9482	Family stabilization services, per 15 minutes	N/A	N/A	N/A	N/A	N/A	N/A	N/A	-	-
S9484	Crisis intervention mental health services, per hour	N/A	N/A	N/A	N/A	Crisis Stabilization Units (CSU)	Inpatient Psychiatric Hospital	N/A	X	
S9485	Crisis intervention mental health services, per diem	N/A	N/A	N/A	N/A	Crisis Stabilization Units (CSU)	Inpatient Psychiatric Hospital	N/A	X	
S9976	Lodging, per diem, not otherwise classified	N/A	N/A	N/A	N/A	N/A	N/A	N/A	-	-
T1013	Sign language or oral interpretive services, per 15 minutes	N/A	N/A	N/A	N/A	N/A	N/A	N/A	-	-
T1014	Telehealth transmission, per minute, professional services bill separately	N/A	N/A	N/A	N/A	N/A	N/A	N/A	-	-
T1015	Clinic visit/encounter, all-inclusive	T1015	HE	N/A	Behavioral health-related medical services: medical procedures, mental health	N/A	N/A	CBH-Behavioral Health Medication Management Services Coverage Policy (59G-4.029)	X	
T1015	Clinic visit/encounter, all-inclusive	T1015	HF	N/A	Behavioral health-related medical services: medical procedures, substance abuse	N/A	N/A	CBH-Behavioral Health Medication Management Services Coverage Policy (59G-4.029)	X	
T1015	Clinic visit/encounter, all-inclusive	T1015	N/A	N/A	Medication management	N/A	N/A	CBH-Behavioral Health Medication Management Services Coverage Policy	X	

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								(59G-4.029)		
T1016	Case management, each 15 minutes	N/A	N/A	N/A	N/A	N/A	N/A	N/A	-	-
T1017	Targeted case management, each 15 minutes	T1017	HA	N/A	Targeted Case Management for Children (birth through age 17)	N/A	N/A	Targeted Case Management	X	
T1017	Targeted case management, each 15 minutes	T1017	HK	N/A	Intensive Team Targeted Case Management for Adults (18 years or older)	N/A	N/A	Targeted Case Management	X	
T1017	Targeted case management, each 15 minutes	T1017	SE	N/A	Targeted Case Management for Children's Medical Services - Medical Foster Care Contractors	N/A	N/A	Targeted Case Management	X	
T1017	Targeted case management, each 15 minutes	T1017	TL	N/A	Targeted Case Management for Children's Medical Services – Early Steps Providers	N/A	N/A	Targeted Case Management	X	
T1017	Targeted case management, each 15 minutes	N/A	N/A	N/A	Targeted Case Management	N/A	N/A	Expanded Benefits	X	
T1017	Targeted case management, each 15 minutes	T1017	N/A	N/A	Targeted Case Management for Adults (18 years or older)	N/A	N/A	Targeted Case Management	X	
T1018	School-based individualized education program (IEP) services, bundled	N/A	N/A	N/A	N/A	N/A	N/A	N/A	-	-

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T1019	Personal care services, per 15 minutes, not for an inpatient or resident of a hospital, nursing facility, ICF/MR or IMD, part of the individualized plan of treatment (code may not be used to identify services provided by home health aide or certified nurse assistant)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	-	-
T1020	Personal care services, per diem, not for an inpatient or resident of a hospital, nursing facility, ICF/MR or IMD, part of the individualized plan of treatment (code may not be used to identify services provided by home health aide or certified nurse assistant)	T1020	N/A	N/A	Assistive Care Services for Non-Waiver recipients	N/A	N/A	Assistive Care Services	X	
T1025	Intensive, extended multidisciplinary services provided in a clinic setting to children with complex medical, physical, mental and psychosocial impairments, per diem	N/A	N/A	N/A	N/A	N/A	N/A	N/A	-	-
T1026	Intensive, extended multidisciplinary services provided in a clinic setting to children with complex medical, physical, mental, and psychosocial impairments, per hour	T1026	N/A	N/A	Partial Day Prescribed Pediatric Extended Care Services (four hours or less per day billed in units of one hour)*	N/A	N/A	Prescribed Pediatric Extended Care Services	X	
T1027	Family training and counseling for child development, per 15 minutes	T1027	SC	N/A	Early Intervention Individual Session Provided by an EIS professional	N/A	N/A	Early Intervention Services	X	
T1027	Family training and counseling for child development, per 15 minutes	T1027	TT	SC	Early Intervention Group Session Provided by an EIS professional	N/A	N/A	Early Intervention Services	X	

## Appendix B: Medical Code Crosswalk Medicaid Comparison

T1027	Family training and counseling for child development, per 15 minutes	N/A	N/A	N/A	N/A	Family Training/Counseling for Child Development	Therapeutic Behavioral On-site (TBOS)	N/A		X	
T1502	Administration of oral, intramuscular and/or subcutaneous medication by health care agency/professional, per visit	N/A	N/A	N/A	N/A	N/A	N/A	N/A		-	-
T1503	Administration of medication, other than oral and/or injectable, by a health care agency/professional, per visit	N/A	N/A	N/A	N/A	N/A	N/A	N/A		-	-
T1999	Miscellaneous therapeutic items and supplies, retail purchases, not otherwise classified; identify product in "remarks"	N/A	N/A	N/A	N/A	N/A	N/A	N/A		-	-
T2001	Nonemergency transportation; patient attendant/escort	N/A	N/A	N/A	N/A	N/A	N/A	N/A		-	-
T2002	Nonemergency transportation; per diem	N/A	N/A	N/A	N/A	N/A	N/A	N/A		-	-
T2003	Nonemergency transportation; encounter/trip	N/A	N/A	N/A	N/A	N/A	N/A	N/A		-	-
T2004	Nonemergency transport; commercial carrier, multipass	N/A	N/A	N/A	N/A	N/A	N/A	N/A		-	-
T2005	Nonemergency transportation; stretcher van	N/A	N/A	N/A	N/A	N/A	N/A	N/A		-	-
T2022	Case management, per month	N/A	N/A	N/A	N/A	N/A	N/A	N/A		-	-
T2023	Targeted case management; per month	T2023	HA	N/A	Targeted case management for children at risk of abuse and neglect	N/A	N/A	Targeted Case Management		X	-
T2032	Residential care, not otherwise specified (NOS), waiver; per month	N/A	N/A	N/A	N/A	N/A	N/A	N/A		-	X
T2033	Residential care services, charged per day.	N/A	N/A	N/A	N/A	N/A	N/A	N/A		-	-
T2034	Crisis intervention, waiver; per diem	N/A	N/A	N/A	N/A	N/A	N/A	N/A		-	-
T2038	Community transition, waiver; per service	N/A	N/A	N/A	N/A	N/A	N/A	N/A		-	-
T2040	Financial management, self-directed, waiver; per 15 minutes	N/A	N/A	N/A	N/A	N/A	N/A	N/A		-	-

## Appendix B: Medical Code Crosswalk Medicaid Comparison

V2020	Frames, purchases	N/A	N/A	N/A	N/A	N/A	N/A	N/A	-	-
V2025	Deluxe frame	N/A	N/A	N/A	N/A	N/A	N/A	N/A	-	-
T1005	Respite care services, up to 15 minutes	N/A	N/A	N/A	N/A	N/A	N/A	N/A	-	-
MTV01	Mental Health Transitional Vouchers	N/A	N/A	N/A	N/A	N/A	N/A	N/A	-	-
SMT01	State Mental Treatment Transitional Vouchers	N/A	N/A	N/A	N/A	N/A	N/A	N/A	-	-
STV01	Substance Abuse Transitional Vouchers	N/A	N/A	N/A	N/A	N/A	N/A	N/A	-	-
<b>Incidental Expenses</b>										
IE100	Psychotropic Medications	N/A	N/A	N/A	N/A	N/A	N/A	N/A	-	-
IE101	IDP Psychotropic Medications	N/A	N/A	N/A	N/A	N/A	N/A	N/A	-	-
IE200	Medication Management Services	N/A	N/A	N/A	Medication Assisted Treatment Services	N/A	N/A	Expanded Benefits	X	
IE200	Medication Assisted Treatment Services	N/A	N/A	N/A	Medication Safety Program- May include benefits such as a Medication Lockbox	N/A	N/A	Expanded Benefits	X	
IE200	Medication Management Services	N/A	N/A	N/A	Over-The-Counter Medications and Supplies	N/A	N/A	Expanded Benefits	X	
IE300	Mental Health Counseling	N/A	N/A	N/A	N/A	N/A	N/A	N/A	-	-
IE400	Substance Abuse Services	N/A	N/A	N/A	N/A	N/A	N/A	N/A	-	-
IEA00	Food	N/A	N/A	N/A	Food Assistance- May include benefits such as Food/Grocery Stipends, Shelf Stable Meals, etc.	N/A	N/A	Expanded Benefits	X	
IEA00	Food	S5170	N/A	N/A	Home Delivered Meals	N/A	N/A	Expanded Benefits	X	
IEA00	Food	N/A	N/A	N/A	Meals- Non-Emergency Transportation Day-Trips	N/A	N/A	Expanded Benefits	X	
IEB00	Clothing	N/A	N/A	N/A	N/A	N/A	N/A	N/A	-	-

## Appendix B: Medical Code Crosswalk Medicaid Comparison

IEC00	Housing	N/A	N/A	N/A	Housing Assistance- May include benefits such as Housing Stability, Utilities, incidentals, etc.	N/A	N/A	Expanded Benefits	X	
IED00	Utilities	N/A	N/A	N/A	Housing Assistance- May include benefits such as Housing Stability, Utilities, incidentals, etc.	N/A	N/A	Expanded Benefits	X	
IED01	Electricity	N/A	N/A	N/A	Housing Assistance- May include benefits such as Housing Stability, Utilities, incidentals, etc.	N/A	N/A	Expanded Benefits	X	
IED02	Water/Sewer	N/A	N/A	N/A	Housing Assistance- May include benefits such as Housing Stability, Utilities, incidentals, etc.	N/A	N/A	Expanded Benefits	X	
IED03	Telephone	N/A	N/A	N/A	Cellular Phone Services	N/A	N/A	Expanded Benefits	X	
IED04	Natural or LP Gas	N/A	N/A	N/A	N/A	N/A	N/A	N/A	-	-
IED05	Heating Oil	N/A	N/A	N/A	N/A	N/A	N/A	N/A	-	-
IEE00	Transportation and Travel	N/A	N/A	N/A	Transportation - May include benefits such as Non-Emergency Transportation, Non-Medical Transportation and/or Caregiver Transportation; Library,	N/A	N/A	Expanded Benefits	X	

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					Social, and other ancillary services					
IEE00	Transportation and Travel	N/A	N/A	N/A	Meals- Non-Emergency Transportation Day-Trips	N/A	N/A	Expanded Benefits	X	
IEF00	Primary Care Services	N/A	N/A	N/A	N/A	N/A	N/A	N/A	-	-
IEF01	Dental Services	N/A	N/A	N/A	Oral Screenings and Evaluation	N/A	N/A	Expanded Benefits	X	
IEF02	Vision Services	N/A	N/A	N/A	Adult Visual Aid and Hearing Services- May include benefits such as Contact Lenses, Hearing Aids, etc.	N/A	N/A	Expanded Benefits	X	
IEF03	Adjunct Health Services	N/A	N/A	N/A	N/A	N/A	N/A	N/A	-	-
IEF04	Copay	N/A	N/A	N/A	Waived Copayments	N/A	N/A	Expanded Benefits	X	
IEG00	Service Animal Support	N/A	N/A	N/A	Service/Therapy Animal Training and/or Maintenance	N/A	N/A	Expanded Benefits	X	
IEG01	Purchase of Service Animal	N/A	N/A	N/A	N/A	N/A	N/A	N/A	-	-
IEG02	Service Animal Supplies	N/A	N/A	N/A	Service/Therapy Animal Training and/or Maintenance	N/A	N/A	Expanded Benefits	X	
IEG03	Service Animal Veterinary Services	N/A	N/A	N/A	Service/Therapy Animal Training and/or Maintenance	N/A	N/A	Expanded Benefits	X	
IEH00	Employment Support	N/A	N/A	N/A	Tutoring, Vocational Training, and/or Job Readiness - Self-Sufficiency Support- May include	N/A	N/A	Expanded Benefits	X	

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					benefits such as Life Skills Development, GED prep, Clothing, etc.					
IEH01	Work Tools	N/A	N/A	N/A	Tutoring, Vocational Training, and/or Job Readiness - Self-Sufficiency Support- May include benefits such as Life Skills Development, GED prep, Clothing, etc.	N/A	N/A	Expanded Benefits	X	
IEH02	Work Clothes	N/A	N/A	N/A	Tutoring, Vocational Training, and/or Job Readiness - Self-Sufficiency Support- May include benefits such as Life Skills Development, GED prep, Clothing, etc.	N/A	N/A	Expanded Benefits	X	
IEI00	Crafts and Hobbies	N/A	N/A	N/A	N/A	N/A	N/A	N/A	-	-
IEJ00	Computers and Related Items	N/A	N/A	N/A	N/A	N/A	N/A	N/A	-	-
IEJ01	Computer Equipment	N/A	N/A	N/A	N/A	N/A	N/A	N/A	-	-
IEJ02	Printer	N/A	N/A	N/A	N/A	N/A	N/A	N/A	-	-
IEJ03	Software	N/A	N/A	N/A	N/A	N/A	N/A	N/A	-	-
IEJ04	Supplies	N/A	N/A	N/A	Sensory/Comfort Item Benefit- May include items such as Weighted Blankets, Sound Machine, Light Therapy Products, etc.	N/A	N/A	Expanded Benefits	X	

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IEJ05	Internet Service	N/A	N/A	N/A	N/A	N/A	N/A	N/A	-	-
IEK00	Furniture and Home Equipment	N/A	N/A	N/A	N/A	N/A	N/A	N/A	-	-
IEL00	Education/Training	N/A	N/A	N/A	Tutoring, Vocational Training, and/or Job Readiness - Self-Sufficiency Support- May include benefits such as Life Skills Development, GED prep, Clothing, etc.	N/A	N/A	Expanded Benefits	X	
IEM00	Personal Services	N/A	N/A	N/A	N/A	N/A	N/A	N/A	-	-
IEN00	Entertainment	N/A	N/A	N/A	N/A	N/A	N/A	N/A	-	-
IEP00	Fees	N/A	N/A	N/A	N/A	N/A	N/A	N/A	-	-
IEP01	Birth Certificate	N/A	N/A	N/A	N/A	N/A	N/A	N/A	-	-
IEP02	Identification Cards	N/A	N/A	N/A	N/A	N/A	N/A	N/A	-	-
IEP03	Guardianship Fees	N/A	N/A	N/A	N/A	N/A	N/A	N/A	-	-
IEQ00	Child Care	N/A	N/A	N/A	N/A	N/A	N/A	N/A	-	-
IER00	GPRA Non-Cash Incentive	N/A	N/A	N/A	N/A	N/A	N/A	N/A	-	-