



Active Service List by Service Category

<u>Service</u>	<u>Mod</u>	<u>Service Description</u>	<u>Eff Dt</u>	<u>End Dt</u>	<u>Daily Max</u>	<u>Weekly Max</u>	<u>Monthly Max</u>	<u>Yearly Max</u>	<u>Life Max</u>	<u>Basic Svc</u>	<u>Multiplier</u>
COMMUNITY					Service Summary Account Code				30		
ACCESS OUTREACH											
H0023		H0023 - Behavioral Health Outreach Services	6/1/2008		64	448	1,984	23,296	0	FALSE	1
ADVP											
YP620		YP620 ADVP	7/1/2004		32	160	992	8,320	0	FALSE	1
ALCOHOL / DRUG TRAINING SERVICES											
H0021		H0021 Alcohol/Drug Training Services	7/1/2004		11	55	341	2,860	0	FALSE	1
ASSERTIVE COMMUNITY TREATMENT TEAM (ACTT)											
H0040		H0040 Assertive Comm Tx Program	7/1/2004		1	4	4	48	0	FALSE	1
ASSERTIVE OUTREACH											
H0028		H0028 SA PREVENTION Assertive Outreach	7/1/2005		0	0	0	0	0	FALSE	1
YP230		YP230 Assertive Outreach	7/1/2004		8	48	48	8,320	0	TRUE	1
B3 SERVICES											
H0038		H0038 Peer Support	4/1/2007		16	60	258	5,840	0	FALSE	1
H0038	HQ	H0038:HQ Peer Support Group	4/1/2007		16	60	258	5,840	0	FALSE	1
H0043		H0043 Community Transition	4/1/2007		1	1	1	1	1	FALSE	1
H0045		H0045 Individual Respite	4/1/2007		64	120	120	1,440	0	FALSE	1
H0045	HQ	H0045 HQ Group Respite	4/1/2007		64	120	120	1,440	0	FALSE	1
H2023		H2023 Initial Indiv Supported Employment	4/1/2007		48	336	344	3,096	0	FALSE	1
H2023	HQ	H2023 HQ Initial Group Supported Employment	4/1/2007		48	336	344	3,096	0	FALSE	1
H2026		H2026 Maint Indiv Supported Employment	4/1/2007		32	40	40	480	0	FALSE	1
H2026	HQ	H2026 HQ Maint Group Supported Employment	4/1/2007		32	40	40	480	0	FALSE	1
T1019		T1019 Individual Support	4/1/2007		96	240	240	2,880	0	FALSE	1
BEHAVIORAL HEALTH PREVENTION EDUCATION SERVICE											
H0025		H0025 BH Prevention Education Service	7/1/2004		0	0	0	0	0	FALSE	1
CASE MANAGEMENT											
COORD		COORD - Care Coordination	7/1/2010		48	336	1,456	17,472	0	FALSE	1
H0032		H0032 - Target Case Management (Mental Health/ Substance Abuse)	10/25/2010		1	1	5	52	0	FALSE	1
T1016		T1016 - Administrative Case Management	4/1/2008		48	336	1,456	17,472	0	FALSE	1
T1017	HE	T1017:HE - Case Management Services for Adults and Children at risk for Abuse, Neglect or Exploitation	10/25/2010		1	1	5	52	0	FALSE	1
T1017	SC	T1017 - SC Targeted Case Management	7/1/2010		24	24	24	24	0	FALSE	1
CASE SUPPORT											
H0029		H0029 SA PREVENTION Case Support	7/1/2005		0	0	0	0	0	FALSE	1
YP215		YP215 Case Support	7/1/2004		48	336	1,504	17,472	0	FALSE	1
COMMUNITY REHABILITATION PROGRAM - SHELTERED											
YP650		YP650 Comm Rehab Program (Sheltered Workshop)	7/1/2004		32	224	992	11,648	0	FALSE	1
COMMUNITY SUPPORT TEAM (MH/SA) (CST)											
H2015	HT	H2015 HT Community Support Team	3/20/2006		32	140	602	0	0	FALSE	1
DAY ACTIVITY											
YP660		YP660 Day Activity	7/1/2004		32	224	992	11,648	0	FALSE	1

DAY SUPPORTS									
YM580	YM580 Day Supports	7/1/2004	1	7	31	365	0	FALSE	1
DAY SUPPORTS (STATE FUNDED)									
SF020	SF020 Day Supports -- State	3/20/2006	48	336	1,488	17,472	0	FALSE	1
SF025	SF025 Day Supports Group-- State	3/20/2006	48	336	1,488	17,472	0	FALSE	1
DAY TREATMENT									
H2012	HA H2012 - HA - Day Treatment Child	7/1/2004	6	30	129	1,560	0	FALSE	1
DEVELOPMENTAL DAY									
YP610	YP610 Developmental Day	7/1/2004	48	336	1,488	17,472	0	FALSE	1
DROP IN CENTER									
YP690	YP690 Drop In - Attend	7/1/2004	48	336	1,488	17,472	0	FALSE	1
FINANCIAL SUPPORT SERVICES									
YM600	YM600 Financial Support Services	7/1/2004	0	0	0	0	0	FALSE	1
GUARDIANSHIP									
YM686	YM686 Guardianship	7/1/2004	1	7	31	365	0	FALSE	1
INTENSIVE IN-HOME SERVICES									
H2022	H2022 Intensive In-Home Services	3/20/2006	1	7	31	365	0	FALSE	1
MOBILE CRISIS MANAGEMENT (MH/SA)									
H2011	HF H2011 HF Mobile Crisis Management (MH/SA)	3/20/2006	96	0	0	0	0	FALSE	1
MULTI-SYSTEMIC THERAPY (MST)									
H2033	H2033 Multi-systemic Therapy (MST)	3/20/2006	32	224	480	0	0	FALSE	1
PERSONAL ASSISTANCE/PERSONAL CARE									
YM050	YM050 Personal Care	7/1/2004	32	224	992	11,648	0	FALSE	1
RESIDENTIAL SUPPORTS									
YM850	YM850 Residential Supports	7/1/2004	1	7	31	365	0	FALSE	1
RESIDENTIAL SUPPORTS (STATE FUNDED)									
SF001	SF001 Residential Supports Level 1 -- State	3/20/2006	1	7	31	365	0	FALSE	1
SF002	SF002 Residential Supports Level 2 -- State	3/20/2006	1	7	31	365	0	FALSE	1
SF003	SF003 Residential Supports Level 3 -- State	3/20/2006	1	7	31	365	0	FALSE	1
RESPIRE									
YP730	YP730 Community Respite	7/1/2004	1	7	31	365	0	FALSE	1
SOCIAL INCLUSION & INDIVIDUAL SUPPORTS									
YM570	YM570 Social Inclusion	7/1/2004	32	224	992	11,648	0	FALSE	1
SUPPORTED EMPLOYMENT									
YM645	YM645 Long Term Support	7/1/2004	32	224	992	11,648	0	FALSE	1
YP630	YP630 Supported Employment - Individual	7/1/2004	48	336	1,488	17,472	0	FALSE	1
YP640	YP640 Supported Employment - Group	7/1/2004	48	336	1,488	17,472	0	FALSE	1
SYNAR									
S0001	S0001 SYNAR - Community Collaboration	7/1/2004	0	0	0	0	0	FALSE	1
S0002	S0002 SYNAR - Merchant Education	7/1/2004	0	0	0	0	0	FALSE	1
S0003	S0003 SYNAR - Law Enforcement Related Activities	7/1/2004	0	0	0	0	0	FALSE	1
S0004	S0004 SYNAR - Media/Public Relations Activities	7/1/2004	0	0	0	0	0	FALSE	1
FEE FOR SERVICE									
							Service Summary Account Code	42	
SUPPLIES AND EQUIPMENT (FFS)									
A4532	A4532 Brief - Child Large	7/1/2004	0	0	1,000	0	0	FALSE	1
S5161	S5161 Personal Emergency Response system	7/1/2004	1	1	1	1	0	FALSE	1

W4617		W4617 Fleet Enema	7/1/2004	2	14	61	728	0	FALSE	1
ICF				Service Summary Account Code				50		
INTERMEDIATE CARE FACILITY (ICF)										
100		100 ICF/MR Hospital Admission & General Hospital	7/1/2004	1	7	31	365	0	FALSE	1
INNOVATIONS				Service Summary Account Code				53		
IN HOME SKILL BUILDING										
T2013		T2013 - In Home Skill Building (Individual)	1/1/2011	96	366	1,680	17,472	0	FALSE	1
T2013	HQ	T2013:HQ - In Home Skill Building (Group)	1/1/2011	96	366	1,680	17,472	0	FALSE	1
INNOVATIONS WAIVER - AUG COM DEVICE										
T2028		T2028 Purchase of Comm Device	4/1/2008	1	7	31	366	0	FALSE	1
V5336		V5336 Aug Com Device Repair	4/1/2008	1	7	31	366	0	FALSE	1
INNOVATIONS WAIVER - ASSISTIVE TECHNOLOGY,										
T2029		T2029 Purchase of Equipment and Supplies	4/1/2008	1	7	31	366	0	FALSE	1
INNOVATIONS WAIVER - COMMUNITY GUIDE										
T2041		T2041 Community Guide	4/1/2008	48	336	1,488	17,568	0	FALSE	1
T2041	U1	T2041 U1- Community Guide Training for Employers o	7/1/2009	12	30	30	30	30	FALSE	4
INNOVATIONS WAIVER - COMMUNITY TRANSITION										
T2038		T2038 - Community Transition Supports	7/1/2004	1	1	1	1	0	FALSE	1
INNOVATIONS WAIVER - CRISIS SERVICES										
H2011		H2011 - Crisis Services - Primary Crisis Response	4/1/2008	96	672	2,976	35,136	0	FALSE	1
T2025	U3	T2025U3 Crisis Services Behavioral Consultation	4/1/2008	32	224	1,003	11,648	0	FALSE	1
T2034		T2034 Crisis Services Out of home Crisis	4/1/2008	1	7	31	366	0	FALSE	1
INNOVATIONS WAIVER - FINANCIAL MANAGEMENT										
T2025	U1	T2025U1 Financial Supports	4/1/2008	1	7	31	366	0	FALSE	1
T2025	U2	T2025U2 Financial Supports Supplies	4/1/2008	1	7	31	366	0	FALSE	1
INNOVATIONS WAIVER - HOME AND COMMUNITY										
H2014		H2014 Home Supports -Individual	4/1/2008	48	336	1,488	17,568	0	FALSE	1
H2014	HQ	H2014HQ Home Supports Group	4/1/2008	48	336	1,488	17,568	0	FALSE	1
H2015		H2015 Community Networking Individual	4/1/2008	48	336	1,488	17,568	0	FALSE	1
H2015	HQ	H2015HQ Community Networking Group	4/1/2008	48	336	1,488	17,568	0	FALSE	1
H2015	U1	H2015U1 Community Networking class/conference	4/1/2008	1	7	31	366	0	FALSE	1
INNOVATIONS WAIVER - HOME MODIFICATIONS										
S5165		S5165 Home Modifications	7/1/2004	1	7	31	366	0	FALSE	1
INNOVATIONS WAIVER - INDIVIDUAL SUPPLIES AND										
T1999		T1999 Individual Goods and Services	7/1/2004	1	7	31	366	0	FALSE	1
INNOVATIONS WAIVER - NURSING RESPITE - LPN										
T1005	TE	T1005 - TE - Respite Care - Nursing LPN	7/1/2004	64	448	1,984	23,296	0	FALSE	1
INNOVATIONS WAIVER - NURSING RESPITE - RN										
T1005	TD	T1005 - TD - Respite Care - Nursing RN	7/1/2004	64	448	1,984	23,296	0	FALSE	1
INNOVATIONS WAIVER - PA/RESPITE										
S5150		S5150 Respite Care - Community	7/1/2004	64	448	1,984	23,296	0	FALSE	1
S5150	HQ	S5150 - HQ - Respite Care - Community Group Setting	7/1/2004	64	448	1,984	23,296	0	FALSE	1
INNOVATIONS WAIVER - RESIDENTIAL SUPPORTS										

H2016		H2016 Residential Supports Level 1	7/1/2004	1	7	31	365	0 FALSE	1
H2016	HI	H2016 HI Residential Supports Level 4	3/20/2006	1	7	31	365	0 FALSE	1
T2014		T2014 Residential Supports Level 2	7/1/2004	1	7	31	365	0 FALSE	1
T2016	HI	T2016 Residential Supports Level 5	7/1/2011	1	7	31	366	0 FALSE	1
T2020		T2020 Residential Supports Level 3	7/1/2004	1	7	31	365	0 FALSE	1
INNOVATIONS WAIVER - SUPPORTED EMPLOYMENT									
H2025		H2025 Supported Employment	7/1/2004	48	336	1,488	17,472	0 FALSE	1
H2025	HQ	H2025 - HQ - Supported Employment Group Setting	7/1/2004	48	336	1,488	17,472	0 FALSE	1
INNOVATIONS WAIVER - TRAINING									
S5110		S5110 Natural Supports Education	4/1/2008	48	336	1,488	17,568	0 FALSE	1
S5111		S5111 Natural Supports Education Session	4/1/2008	1	7	31	366	0 FALSE	1
INNOVATIONS WAIVER - VEHICLE ADAPTATIONS									
T2039		T2039 Vehicle Adaptations	7/1/2004	1	7	31	366	0 FALSE	1
INNOVATIONS WAIVER -DAY SUPPORTS									
T2021		T2021 Day Supports	7/1/2004	48	336	1,488	17,472	0 FALSE	1
T2021	HQ	T2021 - HQ - Day Supports Group Setting	7/1/2004	48	336	1,488	17,472	0 FALSE	1
T2027		T2027 Day Supports - Developmental Day	7/1/2004	48	336	1,488	17,472	0 FALSE	1
INNOVATIONS WAIVER- FACILITY RESPITE									
S5150	US	S5150 - US - Respite Care - Community Facility	7/1/2004	1	7	31	365	0 FALSE	1
INTENSIVE IN HOME SUPPORT									
T1015		T1015 - Intensive In Home Support	1/1/2011	96	366	1,680	17,472	0 FALSE	1
PERSONAL CARE									
S5125		S5125 - Personal Care	1/1/2011	96	366	1,680	17,472	0 FALSE	1
SPECIALIZED CONSULTATIVE SERVICE									
T2025		T2025 Specialized Consultive Services	7/1/2004	32	224	992	11,648	0 FALSE	1
T2025	HO	T2025HO Specialized Consultive Services	7/1/2004	32	224	992	11,648	0 FALSE	1
INPATIENT				Service Summary Account Code				10	
INPATIENT HOSPITALIZATION									
100		100 ICF/MR Hospital Admission & General Hospital	7/1/2004	1	7	31	365	0 FALSE	1
114		0114 Psychiatric	7/1/2004	0	0	0	0	0 FALSE	1
YP820		YP820 Inpatient Hospital	7/1/2004	1	7	31	365	0 FALSE	1
INPATIENT TREATMENT - PHYSICIAN SERVICES									
90865		90865 Narcosynthesis for Psychiatric Diagnostic and Therapeutic Purposes	7/1/2010	1	7	24	24	24 FALSE	1
95970		95970 Electronic analysis of implanted neurostimulator pulse generator system neurostimulator pulse generator/transmitter, without reprogramming	7/1/2010	1	7	24	24	24 FALSE	1
95971		95971 Electronic analysis of implanted neurostimulator pulse generator system, with intraoperative or subsequent programming	7/1/2010	1	7	24	24	24 FALSE	1

95972	95972 Electronic analysis of implanted neurostimulator pulse generator system complex spinal cord, with intraoperative or subsequent programming, first hour	7/1/2010	1	7	24	24	24	FALSE	1
95973	95973 Electronic analysis of implanted neurostimulator pulse generator system with intraoperative or subsequent programming, each additional 30 minutes after first hour (List separately in addition to code for primary procedure)	7/1/2010	1	7	24	24	24	FALSE	1
95974	95974 Electronic analysis of implanted neurostimulator pulse generator system , with or without nerve interface testing, first hour	7/1/2010	1	7	24	24	24	FALSE	1
95975	95975 Electronic analysis of implanted neurostimulator pulse generator system with intraoperative or subsequent programming, each additional 30 minutes after first hour (List separately in addition to code for primary procedure)	7/1/2010	1	7	24	24	24	FALSE	1
95978	95978 Electronic analysis of implanted neurostimulator pulse generator system, with initial or subsequent programming; first hour	7/1/2010	1	7	24	24	24	FALSE	1
95979	95979 Electronic analysis of implanted neurostimulator pulse generator system, with initial or subsequent programming; each additional 30 minutes after first hour (List separately in addition to code for primary procedure)	7/1/2010	1	7	24	24	24	FALSE	1
96125	96125 Standardized cognitive performance testing per hour of a qualified health care professionals time, both face-to-face time administering tests to the patient and time interpreting these test results and preparing the report	7/1/2010	1	7	24	24	24	FALSE	1
96150	96150 Health and behavior assessment, each 15 minutes face-to-face with the patient; initial assessment	7/1/2010	1	7	24	24	24	FALSE	1
96151	96151 Health and behavior assessment , each 15 minutes face-to-face with the patient; re-assessment	7/1/2010	1	7	24	24	24	FALSE	1
96152	96152 Health and behavior intervention, each 15 minutes, face-to-face; individual	7/1/2010	1	7	24	24	24	FALSE	1
99217	99217 Observation care discharge day management	7/1/2010	1	7	24	24	24	FALSE	1
99218	99218 Initial observation care, per day, for the evaluation and management of a patient. Per day, low complexity	7/1/2010	1	7	24	24	24	FALSE	1

99219		99219 Initial observation care, per day, for the evaluation and management of a patient. Medical decision making that is of moderate complexity.	7/1/2010	1	7	24	24	24	FALSE	1
99220		99220 Initial observation care, per day, for the evaluation and management of a patient. Medical decision making that is of high complexity.	7/1/2010	1	7	24	24	24	FALSE	1
99221		99221 Initial Hospital Care low severity	1/1/2006	1	2	8	96	0	FALSE	1
99221	Q6	99221 Initial Hospital Care low severity Q6	1/1/2008	1	2	8	96	0	FALSE	1
99222		99222 Initial Hospital Care Moderate severity	1/1/2006	1	2	8	96	0	FALSE	1
99222	Q6	99222 Initial Hospital Care Moderate severity Q6	1/1/2008	1	2	8	96	0	FALSE	1
99223		99223 Initial hospital care, per day, for the evaluation and management of a patient. Initial and Subsequent	7/1/2010	1	7	24	24	24	FALSE	1
99223	Q6	99223- Inpatient Hospital Care High Intensity Q6	1/1/2008	1	7	24	24	24	FALSE	1
99231		99231 Subsequent hospital care, per day, for the evaluation and management of a patient. Physician time approximate 15 minutes	7/1/2010	1	7	24	24	24	FALSE	1
99231	Q6	99231 Subsequent Hosp Care (15 min) Q6	1/1/2008	1	7	24	24	24	FALSE	1
99232		99232 Subsequent hospital care, per day, for the evaluation and management of a patient. Physician time approximate 25 minutes	7/1/2010	1	7	24	24	24	FALSE	1
99232	Q6	99232 Subsequent Hosp Care (25 min) Q6	1/1/2008	1	7	24	24	24	FALSE	1
99233		99233 Subsequent hospital care, per day, for the evaluation and management of a patient. Physician time approximate 35 minutes	7/1/2010	1	7	24	24	24	FALSE	1
99233	Q6	99233 Subsequent Hosp Care (35 min) Q6	1/1/2008	1	7	24	24	24	FALSE	1
99234		99234 Observation or inpatient hospital care, for the evaluation and management of a patient. Admitted/Discharged	7/1/2010	1	7	24	24	24	FALSE	1
99235		99235 Observation or inpatient hospital care, for the evaluation and management of a patient. Medical decision making that is of moderate complexity.	7/1/2010	1	7	24	24	24	FALSE	1
99236		99236 Observation or inpatient hospital care, for the evaluation and management of a patient including admission and discharge on the same date.	7/1/2010	1	7	24	24	24	FALSE	1
99238		99238 Hospital discharge day management; 30 minutes or less	7/1/2010	1	7	24	24	24	FALSE	1
99238	Q6	99238Q6- Hospital Discharge Day Management	7/1/2006	1	7	24	24	24	FALSE	1

99239		99239 Hospital discharge day management; more than 30 minutes	7/1/2010	1	7	24	24	24 FALSE	1
99239	Q6	99239Q6 Hosp Discharge Day (> 30 min)	7/1/2006	1	7	24	24	24 FALSE	1
99251		99251 Inpatient consultation for a new or established patient.Physician time approximate 20 minutes.	7/1/2010	1	7	24	24	24 FALSE	1
99251	GT	99251- Initial Inpatient Consultation(20 min) GT -- Interactive Telecommunications	4/1/2005	1	7	24	24	24 FALSE	1
99252		99252 Inpatient consultation for a new or established patient. Physician time approximate 40 minutes.	7/1/2010	1	7	24	24	24 FALSE	1
99252	GT	99252 Initial Inpatient Consult (40 Min) GT -- Interactive Telecommunications	1/1/2006	1	7	24	24	24 FALSE	1
99253		99253 Inpatient consultation for a new or established patient. Physician time approximate 55 min.	7/1/2010	1	7	24	24	24 FALSE	1
99253	GT	99253 Initial Inpatient Consult (55 Min) GT -- Interactive Telecommunications	1/1/2006	1	7	24	24	24 FALSE	1
99253	Q6	99253 Initial Inpatient Consult (55 Min) Q6	1/1/2008	1	7	24	24	24 FALSE	1
99254		99254 Inpatient consultation for a new or established patient. Physician time approximate 80 min.	7/1/2010	1	7	24	24	24 TRUE	1
99254	GT	99254 Initial Inpatient Consult (80 Min) GT -- Interactive Telecommunications	1/1/2006	1	7	24	24	24 TRUE	1
99255		99255 Inpatient consultation for a new or established patient. Physician time approximate 110 min.	7/1/2010	1	7	24	24	24 TRUE	1
99255	GT	99255- Initial Inpatient Consultation(110 min) GT -- Interactive Telecommunications	4/1/2005	1	7	24	24	24 TRUE	1
OUTPATIENT								Service Summary Account Code	20
ALCOHOL AND/OR DRUG ASSESSMENT									
H0001		H0001 Alcohol and/or Drug Assessment	7/1/2004	1	2	4	4	0 TRUE	6
YP830		YP830 - Alcohol and/or Drug Assessment	7/1/2008	1	2	4	4	0 TRUE	6
ALCOHOL/DRUG PREVENTION									
H0026		H0026 Alcohol/Drug Prevention Comm Based Process	7/1/2004	0	0	0	0	0 FALSE	1
H0027		H0027 Alcohol/Drug Prevention Environmental Serv	7/1/2004	0	0	0	0	0 FALSE	1
AMBULATORY DETOXIFICATION									
H0014		H0014 Ambulatory Detoxification	6/1/2006	1	7	30	90	0 FALSE	1
DIAGNOSTIC ASSESSMENT (MH/SA)									
T1023		T1023 Diagnostic Assessment (MH/SA)	3/20/2006	1	1	2	4	0 TRUE	1
T1023	GT	T1023 Diagnostic Assessment (MH/SA) GT -- Interactive Telecommunications	3/20/2006	1	1	2	4	0 TRUE	1
DOM CARE E&M CODES									

99324	99324 Domiciliary or rest home visit for the evaluation and management of a new patient. Physicians typically spend 20 minutes with the patient and/or family or caregiver.	7/1/2010	1	7	24	24	24 TRUE	1
99325	99325 Domiciliary or rest home visit for the evaluation and management of a new patient. Physicians time approximate 30 minutes	7/1/2010	1	7	24	24	24 TRUE	1
99326	99326 Domiciliary or rest home visit for the evaluation and management of a new patient. Physicians time approximate 45 minutes	7/1/2010	1	7	24	24	24 TRUE	1
99327	99327 Domiciliary or rest home visit for the evaluation and management of a new patient. Physicians time approximate 60 minutes	7/1/2010	1	7	24	24	24 TRUE	1
99328	99328 Domiciliary or rest home visit for the evaluation and management of a new patient. Physicians time approximate 75 minutes	7/1/2010	1	7	24	24	24 TRUE	1
99334	99334 Domiciliary or rest home visit for the evaluation and management of an established patient. Physicians time approximate 15 minutes	7/1/2010	1	7	24	24	24 TRUE	1
99335	99335 Domiciliary or rest home visit for the evaluation and management of an established patient. Physicians time approximate 25 minutes	7/1/2010	1	7	24	24	24 TRUE	1
99336	99336 Domiciliary or rest home visit for the evaluation and management of an established patient. Physicians time approximate 40 minutes	7/1/2010	1	7	24	24	24 TRUE	1
99337	99337 Domiciliary or rest home visit for the evaluation and management of an established patient. Physicians time approximate 60 minutes	7/1/2010	1	7	24	24	24 TRUE	1
EDUCATIONAL SERVICES - NOC - NON PHYSICIAN								
S9445	S9445 Patient Education - NOC - Non Physician	7/1/2004	1	5	22	260	0 FALSE	1
EMERGENCY DEPARTMENT E&M CODES								
99281	99281 Emergency department visit for the evaluation and management of a patient. Self limited or minor	7/1/2010	1	7	24	24	24 TRUE	1
99282	99282 Emergency department visit for the evaluation and management of a patient. Low to moderate severity	7/1/2010	1	7	24	24	24 TRUE	1
99283	99283 Emergency department visit for the evaluation and management of a patient. Moderate severity	7/1/2010	1	7	24	24	24 TRUE	1

99284	99284 Emergency department visit for the evaluation and management of a patient. Medical decision making of moderate severity.	7/1/2010	1	7	24	24	24	TRUE	1
99285	99285 Emergency department visit for the evaluation and management of a patient. Medical decision making of high complexity.	7/1/2010	1	7	24	24	24	TRUE	1

HOME VISIT E&M CODES

99341	99341 Home visit for the evaluation and management of a new patient. Physicians time approximate 20 minutes	7/1/2010	1	7	24	24	24	TRUE	1
99342	99342 Home visit for the evaluation and management of a new patient. Physicians time approximate 30 minutes.	7/1/2010	1	7	24	24	24	TRUE	1
99343	99343 Home visit for the evaluation and management of a new patient. Physicians time approximate 45 minutes	7/1/2010	1	7	24	24	24	TRUE	1
99344	99344 Home visit for the evaluation and management of a new patient. Physicians time approximate 60 minutes	7/1/2010	1	7	24	24	24	TRUE	1
99345	99345 Home visit for the evaluation and management of a new patient. Physicians time approximate 75 minutes	7/1/2010	1	7	24	24	24	TRUE	1
99347	99347 Home visit for the evaluation and management of an established patient. Physicians time approximate 15 minutes	7/1/2010	1	7	24	24	24	TRUE	1
99348	99348 Home visit for the evaluation and management of an established patient. Physicians time approximate 25 minutes	7/1/2010	1	7	24	24	24	TRUE	1
99349	99349 Home visit for the evaluation and management of an established patient. Physicians time approximate 40 minutes	7/1/2010	1	7	24	24	24	TRUE	1
99350	99350 Home visit for the evaluation and management of an established patient. Physicians time approximate 60 minutes	7/1/2010	1	7	24	24	24	TRUE	1

ICF/MR THERAPEUTIC LEAVE

183M	183M ICF/MR THERAPEUTIC LEAV	1/1/2005	1	7	31	60	0	FALSE	1
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NURSING FACILITY E&M CODES

99304	99304 Initial nursing facility care, per day, for the evaluation and management of a patient. Physicians time approximate 25 minutes	7/1/2010	1	7	24	24	24	TRUE	1
99305	99305 Initial nursing facility care, per day, for the evaluation and management of a patient. Physicians time approximate 35 minutes	7/1/2010	1	7	24	24	24	TRUE	1

99306		99306 Initial nursing facility care, per day, for the evaluation and management of a patient. Physicians time approximate 45 minutes	7/1/2010	1	7	24	24	24 TRUE	1
99307		99307 Subsequent nursing facility care, per day, for the evaluation and management of a patient. Physicians time approximate 10 minutes	7/1/2010	1	7	24	24	24 TRUE	1
99308		99308 Subsequent nursing facility care, per day, for the evaluation and management of a patient. Physicians time approximate 15 minutes	7/1/2010	1	7	24	24	24 TRUE	1
99309		99309 Subsequent nursing facility care, per day, for the evaluation and management of a patient. Physicians time approximate 25 minutes	7/1/2010	1	7	24	24	24 TRUE	1
99310		99310 Subsequent nursing facility care, per day, for the evaluation and management of a patient. Physicians time approximate 35 minutes	7/1/2010	1	7	24	24	24 TRUE	1
99315		99315 Nursing facility discharge day management; 30 minutes or less	7/1/2010	1	7	24	24	24 TRUE	1
99316		99316 Nursing facility discharge day management; more than 30 minutes	7/1/2010	1	7	24	24	24 TRUE	1
99318		99318 Evaluation and management of a patient involving an annual nursing facility assessment. Physicians time approximate 30 minutes	7/1/2010	1	7	24	24	24 TRUE	1

OPIOID TREATMENT

H0020		H0020 Opioid Tx	7/1/2004	1	7	31	365	0 FALSE	1
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OUTPATIENT TREATMENT - SCREENING/EVALUATION

90801		90801 Clinical Evaluation/Intake	7/1/2004	1	2	2	2	0 TRUE	1
90801	GT	90801 Clinical Evaluation/Intake GT -- Interactive Telecommunications	7/1/2004	1	2	2	2	0 TRUE	1
90801	Q6	90801 Clinical Evaluation/Intake Q6	1/1/2008	1	2	2	2	0 TRUE	1
90801	SC	90801 SC Clinical Evaluation/Intake	7/1/2004	1	2	2	2	0 TRUE	1
90802		90802 Interactive Evaluation	7/1/2004	1	2	2	2	0 TRUE	1
90802	SC	90802 SC Interactive Evaluation	7/1/2004	1	2	2	2	0 TRUE	1
H0002		H0002 BH Screening	7/1/2004	1	2	2	2	0 TRUE	6
H0031		H0031 Mental Health Assessment	7/1/2004	1	2	2	2	0 TRUE	6

OUTPATIENT TREATMENT - E&M CODES

99201		99201 Office or other outpatient visit for the evaluation and management of a new patient. Physician time approximate 10 minutes	7/1/2010	1	1	1	1	3 TRUE	1
99201	GT	99201 E&M Office/Outpatient Visit, New 10 Min GT -- Interactive Telecommunications	7/1/2006	1	1	1	1	3 TRUE	1

99202		99202 Office or other outpatient visit for the evaluation and management of a new patient. Physician time approximate 20 minutes	7/1/2010	1	1	1	1	3 TRUE	1
99202	GT	99202 E&M Office/Outpatient Visit, New 20 Min GT -- Interactive Telecommunications	7/1/2006	1	1	1	1	3 TRUE	1
99203		99203 Office or other outpatient visit for the evaluation and management of a new patient. Physician time approximate 30 minutes	7/1/2010	1	1	1	1	3 TRUE	1
99203	GT	99203 E&M Office/Outpatient Visit, New 30 Min GT -- Interactive Telecommunications	7/1/2006	1	1	1	1	3 TRUE	1
99204		99204 Office or other outpatient visit for the evaluation and management of a new patient. Moderate-physician time approximate 30 minutes complex-physician time approximate 45 minutes	7/1/2010	1	1	1	1	3 TRUE	1
99204	GT	99204 E&M Office/Outpatient Visit, New 35 Min GT -- Interactive Telecommunications	7/1/2006	1	1	1	3	1 TRUE	1
99205		99205 Office or other outpatient visit for the evaluation and management of a new patient. Physician time approximate 60 minutes	7/1/2010	1	1	1	1	3 TRUE	1
99205	GT	99205:GT E&M Office/Outpatient Visit, New 60 Min GT -- Interactive Telecommunications	7/1/2004	1	1	1	3	1 TRUE	1
99211		99211 Office or other outpatient visit for the evaluation and management of an established patient. Typically, 5 minutes are spent performing or supervising these services.	7/1/2010	1	1	7	7	7 TRUE	1
99211	GT	99211 E&M Office/Outpatient Visit, Established 5 M GT -- Interactive Telecommunications	7/1/2006	1	1	7	7	7 TRUE	1
99212		99212 Office or other outpatient visit for the evaluation and management of an established patient. Minor-physician time approximate 10 minutes	7/1/2010	1	1	7	7	7 TRUE	1
99212	GT	99212 E&M Office/Outpatient Visit, Established 10 GT -- Interactive Telecommunications	7/1/2006	1	1	7	7	7 TRUE	1
99213		99213 Office or other outpatient visit for the evaluation and management of an established patient. Moderate. physician time approx 15 minutes	7/1/2010	1	1	7	7	7 TRUE	1
99213	GT	99213 E&M Office/Outpatient Visit, Established 15 GT -- Interactive Telecommunications	7/1/2006	1	1	7	7	7 TRUE	1
99214		99214 Office or other outpatient visit for the evaluation and management of an established patient. Severe. Physician time approximately 25 minutes.	7/1/2010	1	1	7	7	7 TRUE	1

99214	GT	99214 E&M Office/Outpatient Visit, Established 25 GT -- Interactive Telecommunications	7/1/2006	1	1	7	7	7 TRUE	1
99215		99215 Office or other outpatient visit for the evaluation and management of an established patient. Severe. physician time approximate 40 min	7/1/2010	1	1	7	7	7 TRUE	1
99215	GT	99215 E&M Office/Outpatient Visit, Established 40 GT -- Interactive Telecommunications	7/1/2006	1	1	7	7	7 TRUE	1
99241		99241 Office consultation for a new or established patient. Physician time approximately 15 minutes	7/1/2010	1	7	24	24	24 TRUE	1
99242		99242 Office consultation for a new or established patient. Physician time approximately 30 minutes	7/1/2010	1	7	24	24	24 TRUE	1
99243		99243 Office consultation for a new or established patient. Physician time approx 40 min	7/1/2010	1	7	24	24	24 TRUE	1
99244		99244 Office consultation for a new or established patient. Physician time approximate 60 minutes	7/1/2010	1	7	24	24	24 TRUE	1
99245		99245 Office consultation for a new or established patient. Physician time approximate 80 minutes	7/1/2010	1	7	24	24	24 TRUE	1
99354		99354 Prolonged Physician Service with Direct (Face-to-Face) Patient Contact, first hour	7/1/2010	1	7	24	24	24 TRUE	1
99355		99355 Prolonged Physician Service with Direct (Face-to-Face) Patient Contact, each additional 30 minutes	7/1/2010	1	7	24	24	24 TRUE	1
99356		99356 Prolonged Physician Service with Direct (Face-to-Face) Patient Contact, each additional 30 minutes	7/1/2010	1	7	24	24	24 TRUE	1
99357		99357 Prolonged Physician Service with Direct (Face-to-Face) Patient Contact, each additional 30 minutes	7/1/2010	1	7	24	24	24 TRUE	1
OUTPATIENT TREATMENT - FAMILY THERAPY									
90846		90846 Special Family Therapy w/o patient	7/1/2004	1	2	9	20	0 TRUE	1
90846	SC	90846 SC Special Family Therapy w/o patient	7/1/2004	1	2	9	20	0 TRUE	1
90847		90847 Special Family Therapy w patient	7/1/2004	1	2	9	20	0 TRUE	1
90847	SC	90847 SC Special Family Therapy w patient	7/1/2004	1	2	9	20	0 TRUE	1
H0004	HR	H0004 - HR - BH Counsel Family / couple, with client present	7/1/2004	1	2	9	20	0 TRUE	4
H0004	HS	H0004 - HS - BH Counsel Family / couple, without client present	7/1/2004	1	2	9	20	0 TRUE	4
YP833		YP833 - Behavioral Health Counseling - Family Ther	7/1/2008	1	2	9	20	0 TRUE	4
YP834		YP834 - Behavioral Health Counseling - Family Ther	7/1/2008	1	2	9	20	0 TRUE	4
OUTPATIENT TREATMENT - GROUP THERAPY									

90849		90849 Special Family Therapy (multiple Families)	7/1/2004	1	2	9	20	0 TRUE	1
90853		90853 Special Group Therapy (non-multiple)	7/1/2004	1	2	9	20	0 TRUE	1
90853	SC	90853 SC Special Group Therapy (non-multiple)	7/1/2004	1	2	9	20	0 TRUE	1
90857		90857 - Interactive Group	7/1/2004	1	2	9	20	0 TRUE	1
H0004	HQ	H0004 - HQ - BH Counsel Group Setting	7/1/2004	1	2	9	20	0 TRUE	6
H0005		H0005 Alcohol and/or Drug Group Counseling	7/1/2004	1	2	9	20	0 TRUE	6
YP832		YP832 - Behavioral Health Counseling - Group Thera	7/1/2008	1	2	9	20	0 TRUE	6
YP835		YP835 - Alcohol and /or Drug Group Counseling	7/1/2008	1	2	9	20	0 TRUE	6

OUTPATIENT TREATMENT - INDIVIDUAL THERAPY

90804		90804 Individual Therapy (20-30 minutes)	7/1/2004	1	2	9	20	0 TRUE	1
90804	GT	90804 Individual Therapy (20-30 minutes) GT -- Interactive Telecommunications	7/1/2004	1	2	9	20	0 TRUE	1
90804	SC	90804SC Individual Therapy (20-30 minutes)	7/1/2004	1	2	9	20	0 TRUE	1
90806		90806 Individual Therapy (45-50 minutes)	7/1/2004	1	2	9	20	0 TRUE	1
90806	GT	90806 Individual Therapy (45-50 minutes) GT -- Interactive Telecommunications	7/1/2004	1	2	9	20	0 TRUE	1
90806	Q6	90806 Individual Therapy (45-50 minutes) Q6	1/1/2008	1	2	9	20	0 TRUE	1
90806	SC	90806 SC Individual Therapy (45-50 minutes)	7/1/2004	1	2	9	20	0 TRUE	1
90808		90808 Individual Therapy (75+ minutes)	7/1/2004	1	2	9	20	0 TRUE	1
90808	GT	90808 Individual Therapy (75+ minutes) GT -- Interactive Telecommunications	7/1/2004	1	2	9	20	0 TRUE	1
90810		90810 Interactive Therapy (30 minutes)	7/1/2004	1	2	9	20	0 TRUE	1
90812		90812 Interactive Therapy (50 minutes)	7/1/2004	1	2	9	20	0 TRUE	1
90814		90814 Interactive Therapy (80 minutes)	7/1/2004	1	2	9	20	0 TRUE	1
90816		90816 Individual Therapy (30 minutes)	7/1/2004	1	2	9	20	0 TRUE	1
90818		90818 Individual Therapy (50 minutes)	7/1/2004	1	2	9	20	0 TRUE	1
90821		90821 Individual Therapy (80 minutes)	7/1/2004	1	2	9	20	0 TRUE	1
90823		90823 Interactive Therapy (30 minutes)	7/1/2004	1	2	9	20	0 TRUE	1
90826		90826 Interactive Therapy (50 minutes)	7/1/2004	1	2	9	20	0 TRUE	1
90828		90828 Interactive Therapy (80 minutes)	7/1/2004	1	2	9	20	0 TRUE	1
90870		90870 Outpatient ECT Professional Fee	7/1/2008	1	4	20	240	0 FALSE	1
H0004		H0004 BH Counsel	7/1/2004	1	2	9	20	0 TRUE	4
YP831		YP831 - Behavioral Health Counseling	7/1/2008	1	2	9	20	0 TRUE	4

OUTPATIENT TREATMENT - PHYSICIAN SERVICES

90805		90805 Individual Therapy (20-30 minutes) - MD	7/1/2004	1	2	9	20	0 TRUE	1
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90805	GT	90805 Individual Therapy (20-30 minutes) - MD GT -- Interactive Telecommunications	7/1/2004	1	2	9	20	0 TRUE	1
90807		90807 Individual Therapy (45-50 minutes) - MD	7/1/2004	1	2	9	20	0 TRUE	1
90807	GT	90807 Individual Therapy (45-50 minutes) - MD GT -- Interactive Telecommunications	7/1/2004	1	2	9	20	0 TRUE	1
90809		90809 Individual Therapy (75+ minutes) - MD	7/1/2004	1	2	9	20	0 TRUE	1
90809	GT	90809 Individual Therapy (75+ minutes) - MD GT -- Interactive Telecommunications	7/1/2004	1	2	9	20	0 TRUE	1
90811		90811 Interactive Therapy (30 minutes) - MD	7/1/2004	1	2	9	20	0 TRUE	1
90813		90813 Interactive Therapy (50 minutes) - MD	7/1/2004	1	2	9	20	0 TRUE	1
90815		90815 Interactive Therapy (80 minutes) - MD	7/1/2004	1	2	9	20	0 TRUE	1
90817		90817 Individual Therapy (30 minutes) - MD	7/1/2004	1	2	9	20	0 TRUE	1
90819		90819 Individual Therapy (50 minutes) - MD	7/1/2004	1	2	9	20	0 TRUE	1
90822		90822 Individual Therapy (80 minutes) - MD	7/1/2004	1	2	9	20	0 TRUE	1
90824		90824 Interactive Therapy (30 minutes) - MD	7/1/2004	1	2	9	20	0 TRUE	1
90827		90827 Interactive Therapy (50 minutes) - MD	7/1/2004	1	2	9	20	0 TRUE	1
90829		90829 Interactive Therapy (80 minutes) - MD	7/1/2004	1	2	9	20	0 TRUE	1
90862		90862 Medication Management - Individual	7/1/2004	1	2	9	20	0 TRUE	1
90862	GT	90862 Medication Management - Individual GT -- Interactive Telecommunications	7/1/2004	1	2	9	20	0 TRUE	1
90862	Q6	90862 Medication Management - Individual Q6	1/1/2008	1	2	9	20	0 TRUE	1
96372		96372 Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); subcutaneous or intramuscular	7/1/2010	1	7	24	24	24 FALSE	1
96373		96373 Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); intra-arterial	7/1/2010	1	7	24	24	24 FALSE	1
96374		96374 Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); intravenous push, single or initial substance/drug	7/1/2010	1	7	24	24	24 FALSE	1
96375		96375 Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); each additional sequential intravenous push of a new substance/drug	7/1/2010	1	7	24	24	24 FALSE	1

PARTIAL HOSPITALIZATION

H0035		H0035 DMH Part Hosp per diem - Child/Adults	3/20/2006	0	0	31	180	0 FALSE	1
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PSYCHOLOGICAL TESTING

96101		96101 Psychological Testing	1/1/2006	4	4	4	4	0 FALSE	1
96110		96110 Developmental Test, Lim	7/1/2004	2	2	2	4	4 FALSE	1

96111	96111 Developmental Test, Extend	7/1/2004	4	4	4	4	0	FALSE	1
96116	96116 Neurobehavioral Exam	1/1/2006	4	4	4	4	0	FALSE	1
96118	96118 Neuropsychological Testing Battery	1/1/2006	8	8	8	8	0	FALSE	1
PSYCHOSOCIAL REHABILITATION (CLUBHOUSE)									
H2017	H2017 Psychosocial Rehab	7/1/2004	32	192	864	9,984	0	FALSE	1
RC CODES - HOSPITAL BASED									
0912	0912 Partial Hospitalization Less Intensive (Hosp.)	7/1/2007	1	7	31	366	0	FALSE	1
REVENUE CODES - OUTPATIENT									
901	0901 Electroshock Treatment	4/1/2005	1	2	9	20	0	FALSE	1
902	0902 Milieu Therapy	4/1/2005	1	2	9	20	0	FALSE	1
905	0905 Intensive Outpatient Services Psychiatric	4/1/2005	1	7	31	98	0	FALSE	1
906	0906 Intensive Outpatient Services Chemical Depend	4/1/2005	1	7	31	98	0	FALSE	1
914	0914 Individual Therapy	4/1/2005	1	2	9	20	0	FALSE	1
915	0915 Group Therapy	4/1/2005	1	2	9	20	0	FALSE	1
916	0916 Family Therapy	4/1/2005	1	2	9	20	0	FALSE	1
918	0918 Testing	4/1/2005	1	1	2	2	0	FALSE	1
919	0919 Other	4/1/2005	1	1	1	1	0	FALSE	1
SA COMPREHENSIVE OUTPATIENT TREATMENT									
H2035	H2035 SA Comprehensive Outpatient Treatment Progra	3/20/2006	4	28	124	728	0	FALSE	1
STATE PSYCHIATRIC ADMINISTRATIVE SERVICES									
YP851	YP851 Psychiatric Administrative Functions	7/1/2006	0	0	0	0	0	FALSE	1
YP852	YP852 Psychiatric Consultative Functions	7/1/2006	0	0	0	0	0	FALSE	1
SUBSTANCE ABUSE - INTENSIVE OUTPATIENT (SA-IOP)									
H0015	H0015 Alcohol and/or Drug Intensive OP	7/1/2004	1	7	31	98	0	FALSE	1
TELEMEDICINE FACILITY FEE									
Q3014	Q3014 Telehealth Originating Site Facility Fee	7/1/2010	1	7	24	24	24	FALSE	1
THERAPEUTIC INTERVENTION/CRISIS PREVENTION									
YM450	YM450 Therap Intervention/Crisis Prevention-Ind	7/1/2004	32	224	992	11,648	0	TRUE	1
YM451	YM451 Therap Intervention/Crisis Prevention-Group	7/1/2004	32	224	992	11,648	0	TRUE	1
RESIDENTIAL			Service Summary Account Code				40		
B3 SERVICES									
H0018	H0018 Therap Foster Home Based Crisis Respite	4/1/2007	1	7	31	90	0	FALSE	1
S5151	S5151 Facility Based Respite	7/1/2009	1	7	30	30	0	FALSE	1
DETOX - NON HOSPITAL MEDICAL									
H0010	H0010 Non-Hospital Medical Detoxification	6/1/2006	0	7	30	30	0	FALSE	1
DETOX - SOCIAL SETTING									
YP790	YP790 Detox - Social Setting	7/1/2004	1	7	30	30	0	FALSE	1
DIAGNOSTIC ASSESSMENT (MH/SA)									
H2036	H2036 Medically Monitored Intensive Inpatient Detox (ADATC)	3/20/2006	1	7	30	30	0	FALSE	1
FACILITY BASED CRISIS									
S9484	S9484 Professional Treatment Svc in FBC	3/20/2006	16	112	480	480	0	FALSE	1
S9484	HA S9484 HA Professional Treatment Svc in FBC	3/1/2009	16	112	480	480	0	FALSE	1
FAMILY LIVING									

YP740	YP740 Family Living - Low	7/1/2004	1	7	31	365	0	FALSE	1
YP750	YP750 Family Living - Moderate	7/1/2004	1	7	31	365	0	FALSE	1
FAMILY LIVING - HIGH									
YM755	YM755 Family Living - High	7/1/2004	1	7	31	365	0	FALSE	1
GROUP LIVING									
YP770	YP770 Group Living - Moderate	7/1/2004	1	7	31	365	0	FALSE	1
YP780	YP780 Group Living - High	7/1/2004	1	7	31	365	0	FALSE	1
YP760	YP760 Group Living - Low	7/1/2004	1	7	31	365	0	FALSE	1
INDEPENDENT LIVING									
YM700	YM700 Independent Living - MRMI	7/1/2004	1	7	31	365	0	FALSE	1
MEDICALLY MONITORED COMMUNITY RESIDENTIAL									
H0013	H0013 Medically Monitored Community Residential Tr	3/20/2006	0	0	30	30	0	FALSE	1
NON-MEDICAL COMMUNITY RESIDENTIAL TREATMENT -									
H0012	HB H0012 HB Non-Medical Community Residential Treatme	3/20/2006	0	7	30	30	0	FALSE	1
PSYCHIATRIC RESIDENTIAL TREATMENT FACILITY									
911	911 Psych Resid Tx Facility	7/1/2004	1	7	31	365	0	FALSE	1
YA230	YA230 Psych Resid Tx Facility	7/1/2004	1	7	31	365	0	FALSE	1
RESIDENTIAL TREATMENT									
H0019	H0019 BH - Long Term Resid Lvl III(5+ Beds)	7/2/2004	1	7	31	365	0	FALSE	1
H0019	H0019 BH - Long Term Resid Lvl IV(1-4 Beds)	7/3/2004	1	7	31	365	0	FALSE	1
H0019	H0019 BH - Long Term Resid Lvl IV(5+ Beds)	7/4/2004	1	7	31	365	0	FALSE	1
H0019	H0019 BH - Long Term Resid Lvl III(1-4 Beds)	7/1/2004	1	7	31	365	0	FALSE	1
H0046	H0046- Mental Health Treatment Not Otherwise Speci	7/1/2008	1	7	31	366	0	FALSE	1
H2020	H2020 Therapeutic Behavioral Services	7/1/2004	1	7	31	365	0	FALSE	1
S5145	S5145 Foster Care Therap Child	7/1/2004	1	7	31	365	0	FALSE	1
RESIDENTIAL TREATMENT ROOM AND BOARD									
YA232	YA232 R&B Level III (1-4 Beds)	7/1/2004	1	7	31	365	0	FALSE	1
YA233	YA233 R&B Level III (5+ Beds)	7/1/2004	1	7	31	365	0	FALSE	1
YA234	YA234 R&B Level II (Age 5 or less)	7/1/2004	1	7	31	365	0	FALSE	1
YA235	YA235 R&B Level II (Age 6 - 12)	7/1/2004	1	7	31	365	0	FALSE	1
YA236	YA236 R&B Level II (Age 13+)	7/1/2004	1	7	31	365	0	FALSE	1
YA237	YA237 R&B Level IV (1-4 Beds)	7/1/2004	1	7	31	365	0	FALSE	1
YA238	YA238 R&B Level IV (5+ Beds)	7/1/2004	1	7	31	365	0	FALSE	1
RESIDENTIAL TREATMENT THERAPEUTIC LEAVE									
183	183 Therap. Leave	7/1/2004	1	7	15	45	0	FALSE	1
RC183	RC183 Sup Liv Leave - Resid L II - Therap Foster	7/1/2004	1	7	5	365	0	FALSE	1
RC184	RC183 Sup Liv Leave - Resid L II - Therap Foster	7/1/2004	1	7	5	365	0	FALSE	1
YA254	YA254 Sup Liv Leave - Resid L II - Therap Foster	7/1/2004	1	7	15	45	0	FALSE	1
YA255	YA255 Therap Leave - Resid L II/Program Type	7/1/2004	1	7	15	45	0	FALSE	1
YA256	YA256 Therap Leave - Resid L III (1-4 Beds)	7/1/2004	1	7	15	45	0	FALSE	1
YA257	YA257 Therap Leave - Resid L III (5+ Beds)	7/1/2004	1	7	15	45	0	FALSE	1
YA258	YA258 Therap Leave - Resid L IV (1-4 Beds)	7/1/2004	1	7	15	45	0	FALSE	1
YA259	YA259 Therap Leave - Resid L IV (5+ Beds)	7/1/2004	1	7	15	45	0	FALSE	1
RESIDENTIAL TREATMENT THERAPEUTIC LEAVE ROOM									

YA263	YA263 Therap Leave - R&B L III (1-4 Beds)	7/1/2004	1	7	15	45	0 FALSE	1
YA264	YA264 Therap Leave - R&B L III (5+ Beds)	7/1/2004	1	7	15	45	0 FALSE	1
YA265	YA265 Therap Leave - R&B L II (Age 5 or less)	7/1/2004	1	7	15	45	0 FALSE	1
YA266	YA266 Therap Leave - R&B L II (Age 6 - 12)	7/1/2004	1	7	15	45	0 FALSE	1
YA267	YA267 Therap Leave - R&B L II (Age 13 +)	7/1/2004	1	7	15	45	0 FALSE	1
YA268	YA268 Therap Leave - R&B L IV (1-4 Beds)	7/1/2004	1	7	15	45	0 FALSE	1
YA269	YA269 Therap Leave - R&B L IV (5+ Beds)	7/1/2004	1	7	15	45	0 FALSE	1

SUPERVISED LIVING

YM811	YM811 Supervised Living - 1 Resident	7/1/2004	1	7	31	365	0 FALSE	1
YM812	YM812 Supervised Living - 2 Residents	7/1/2004	1	7	31	365	0 FALSE	1
YM813	YM813 Supervised Living - 3 Residents	7/1/2004	1	7	31	365	0 FALSE	1
YM814	YM814 Supervised Living - 4 Residents	7/1/2004	1	7	31	365	0 FALSE	1
YM815	YM815 Supervised Living - 5 Residents	7/1/2004	1	7	31	365	0 FALSE	1
YM816	YM816 Supervised Living - 6 Residents	7/1/2004	1	7	31	365	0 FALSE	1
YP710	YP710 Sup Living - Low	7/1/2004	1	7	31	365	0 FALSE	1
YP720	YP720 Sup Living - Moderate	7/1/2004	1	7	31	365	0 FALSE	1

SUPPORTED LIVING HIGH

YM725	YM725 Sup Living - High	7/1/2004	1	7	31	365	0 FALSE	1
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WILDERNESS CAMP

YA241	YA241 Wilderness Camp	7/1/2004	1	7	31	365	0 FALSE	1
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