

## CSOC Service Code Guidelines

Billing Service Codes	Bundle Auth Codes	Units/Frequency	Maximum Units	Level of Care	Comments
				<b>Service Description</b>	
Z5008; T2023TJ		1 Unit =1 Month		Care Management Co-Occurring	
H0046TJ		1 Unit = 1 Month		Care Management - Behavioral Health Home	
T2022HA		1 Unit = 1 Month		Care Management I/DD Only	
Y9930 thru Y9999	CSC05	1 Unit = 1 Day		Out of Home Care Provider Type 59	Initial auth: 120 days
Y9930 thru Y9999	CSC05	2 Units = 1 Day		Out of Home Care Provider Type 44	Initial auth: 120 days
H0043HAU1 Y9996, Y9997, Y9998 & Y9999 T2016HAU1, U2, U3, U4, U5 = DD OOH Service (Tx) T2033HAU1, U2, U3, U4, U5= DD OOH Service (Tx)	CSC26	2 Units = 1 Day		Out of Home Care	Initial auth: 120 days
H2020HA		1 Unit = 1 Day	Up to 5 Days	Missing Days	
H0035	CSC02	1 Unit = 1 Hour		Partial Care	
OP 912 - OP 913	CSC02	1 Unit = 1 Hour		Partial Hospitalization	Initial auth up to 6 months, minimum 3 hrs./day, 2 days/week, maximum 30hrs/wk, up to 5 hrs/day/weekend. Limit of 12 months/admission. For OOH referrals to PHP: Initial auth 90 days, all other parameters apply
OP918	CSC02	1 Unit = 1 Hour	Maximum of 4 units per day	Psychological Testing	

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OP513, OP900, OP901, OP902, OP903, OP909, OP910, OP912, OP913, OP914, OP915, OP916, OP917, OP918, OP919, OP961	CSC02	1 Unit = is specific to each Rev Code		Individual, Group and Family Therapy (outpatient), Medication Management, Initial Assessment/Evaluation	30 units for initial 30 days of CMO enrollment. Ongoing request must conform to authorization (does not apply to transition/discharge plans)
90801, 90804, 90805, 90806, 90807, 90847, 90847-22, 90853, 90862, 90870, 90899, 96105, 96111, Z0100, 90847, 90862, 90887	CSC02	1 Unit = is specific to the HCPCS code		Individual, Group and Family Therapy (outpatient), Medication Management, Initial Assessment/Evaluation (excludes psychological testing)	30 units for initial 30 days of CMO enrollment.
90862	CSC02	1 Unit = 1 Visit		Medication Monitoring	
OP513, OP900, OP909, OP910, OP914, OP919, OP961	CSC02	1 Unit = is specific to each Rev Code		Medication Monitoring	
H2014TJ		1 Unit=15 Minutes		Behavioral Assistance, Individual	
H2014TJUN		1 Unit=15 Minutes		Behavioral Assistance, Small Group = 2	
H2014TJUP		1 Unit=15 Minutes		Behavioral Assistance, Small Group = 3	
H0036TJU1		1 Unit=15 Minutes		Intensive in Home, Individual by LCSW	

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H0036UNU1		1 Unit=15 Minutes		Intensive in Home, Group - 2 children by LCSW	
H0036UPU1		1 Unit=15 Minutes		Intensive in Home, Group - 3 children by LCSW	
H0036TJU2		1 Unit=15 Minutes		Intensive in Home, Individual Master Level	
H0036UNU2		1 Unit=15 Minutes		Intensive in Home, Group - 2 children Master Level	
H0036UPU2		1 Unit=15 Minutes		Intensive in Home, Group - 3 children Master Level	
Z0330		2 Units = Round Trip		Clinic Transportation	
A009022 HA		Occurrence	500 Units per 90 Day Authorization	Non-Medical Transportation	Per Milage Code
S0215 HA	CSC33	Occurrence	104 Units per 90 Day Authorization	Non-Medical Transportation	Ambulatory/Livery
S0215 HA 52	CSC33	Occurrence	104 Units per 90 Day Authorization	Non-Medical Transportation	Wheelchair/Livery
S0215 22HA	CSC33	Occurrence	104 Units per 90 Day Authorization	Non-Medical Transportation	Wheelchair/Assisted Livery
H2033		1 Unit=15 Minutes		Multi-System Therapy for Juveniles (MST)	
H2019		1 Unit=15 Minutes		Therapeutic Behavioral Services (FFT)	
H0018TJU1 H0018TJU2		1 Unit = 1 Hour	Maximum of 2 Assessment per year	Biopsychosocial Needs Assessment	Assessments are authorized for 3 hours or 3 units
T1013 HA		1 Unit - 15 Minutes		Interpreter Services - Other Spoken Language	

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T1013 22 HA		1 Unit= 15 Minutes		Interpreter Services - American Sign Language	
T1013 HA 52		1Unit =15 Minutes		Interpreter Services - Other	
T203822HA		1 Unit=15 Minutes	5 hours (20 units) per week and no more than 120 (480) units in 12 month period. 240 units in 90 day authorization	Transitioning Youth Life Skill Building SEL	
T2038HA		1 Unit=15 Minutes	5 hours (20 units) per week and no more than 120 (480) units in 12 month period. 240 units in 90 day authorization	Transitioning Youth Life Skill Building SEL	
S9485TJ		STAT - 1 Unit=72 Hrs. or one mobile response episode		Initial Mobile Crisis Response	Dispatch Day plus 3 days
H0032TJ		1 Unit = 15 Minutes	Up to 8 weeks. Maximum is 128 units per 8 week period	Crisis Stabilization Management	
H0018TJ		1 Unit = 1 Day	Maximum of 7 days	Crisis Stabilization Bed	

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				<b>Service Description</b>	
T202122HA		1 Unit= 15 Minutes	52 for 90 Day Authorization	Masters Level Clinician (LCSW,LPC,LMFT,NADD)	
H2015HAHN	CSC30	1 Unit= 15 Minutes	16 Hours in 24 Hour Period (for in home)	(Behavioral Tech.) HS Diploma or GED with 3 years relevant experience	
H2016HAHN	CSC30	1 Unit= 15 Minutes	16 Hours in 24 Hour Period (for in home)	(Behavioral Tech.) Bachelor's Level with one year of relevant experience	
T202152HO		1 Unit= 15 Minutes		Master's Level Clinician	
96152HA		1 Unit = 15 Minutes		Behavior Consultative Supports (BCS) II-Habilitation Doctor Level (BCBA-D)	
T2021HAHN	CSC31	1 Unit= 15 Minutes	156 for 90 Day Authorization	Bachelors Level/Master's Level (BCaBA)	
T2021HAHO	CSC31	1 Unit= 15 Minutes	156 for 90 Day Authorization	Master's Level BCBA	
H0031HA	CSC32	1 Unit=1 Hour	15	Functional Behavioral Assessment (BCaBA)	
H0031HA22	CSC32	1 Unit=1 Hour	15	Functional Behavioral Assessment (BCBA)	
H0031HAHP		1 Unit=1 Hour	15	Functional Behavioral Assessment (BCBA-D)	
H2015HM		1 Unit=15 Minutes		Individual Support -Technician 1: Assessment, Plan Development, Supervision-BA/BS with 1 year relevant experience	
H2016HAHO		1 Unit=15 Minutes		Individual Support – Technician 2: BA/BS with 1 year of relevant experience	
H2015HAHO		1 Unit=15 Minutes		Individual Support – Technician 3: HS Diploma/GED with 3 years of relevant experience	
T1028HA		1 Unit=15 Minutes	8	Respite Assessment	

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				<b>Service Description</b>	
H0045TV22		1 Unit=15 Minutes	100 Units Per Month	Weekend Respite by Agency	
S9125HA52		1 Unit=15 Minutes	80 Units Per Month	Agency Hired Respite	
T100522HA		1 Unit=15 Minutes	80 Units Per Month	Self-Directed Respite	
T201322HA		1 Unit=15 Minutes	320 Units Per Month	Afterschool Respite By Agency	
H0045HA		1 Unit = 1 Day	6 Days Per Year	Respite: Overnight (Licensed)	
				<b>Flexible Funds</b>	
CSA11		1 Unit = 1 Service Specify Daily/Wkly/Monthly One Time Only (When applicable)		Educational/Instructional	
CSA12		1 Unit = 1 Service Specify Daily/Wkly/Monthly One Time Only (When applicable)		Professional Services	
CSA 13		1 Unit = 1 Service Specify Daily/Wkly/Monthly One Time Only (When applicable)		Living Housing Expenses	

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				<b>Service Description</b>	
CSA14		1 Unit = 1 Service Specify Daily/Wkly/Monthly One Time Only (When applicable)		Recreation	
CSA15		1 Unit = 1 Day		Family Care Home	
CSA17		1 Unit = 1 Hour		Mentoring	
CSA18		1 Unit = 1 Day		Treatment Homes (DCP&P/DMHS)	
CSA19		1 Unit = 1 Day		Resource Family Care (Foster Care)	
CSA20		1 Unit = 1 Day		Substance Use Service	
CSA21		1 Unit = 1 Visit		Medication	
CSA22		1 Unit = 1 Day		Shelter Care	
CSA23		1 Unit = 1 Service Specify Daily/Wkly/Monthly One Time Only (When applicable)		Transportation	
CSA24		1 Unit = 1 Service Specify Daily/Wkly/Monthly One Time Only (When applicable)		Personal Care Expenses	

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CSA25		1 Unit = 1 Service Specify Daily/Wkly/Monthly One Time Only (When applicable)		Utilities	



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				<b>Service Description</b>	
CSA27		1 Unit = 1 Day		Wrap/Flex Respite	
CSA29		1 Unit = 1 Day		Parent Mentoring	
S9970HA		Occurrence		Recreational	
				<b>Tracking Purposes</b>	
CSA03		One Time Only		Parent Support, Family-to-Family Support	
CSA45		1 Unit = 1 Service Specify Daily/Wkly/Monthly		Third Party Liability/Commercial Insurance	
CSA50		1 Unit = 1 Service Specify Daily/Wkly/Monthly One Time Only (When applicable)		"Free Services" Natural Family Support, services funded by grants, services through a church	
CSA51		1 Unit = 1 Day		School Reimbursed Services (IEP's)	
CSA52		Occurrence		IDD Behavioral Supports	To be used only by CMO/MRSS providers
CSA55		1 Unit = 1 Service Specify Daily/Wkly/Monthly	Maximum 90 Days	MRSS-FCIU Follow-up	
CSA01		1 Unit = 1 Day		Inpatient Psychiatric Care Facilities/Specialty (State/County ONLY)	Involuntary commitment primarily - State and County facilities
CSC03		1 Unit = 1 Day		Hospital, Psychiatric, short-term	
CSC03		1 Unit = 1 Day		Special Hospital and Rehab Center	
CSC03		1 Unit = 1 Day		Inpatient Psychiatric Care Facilities/Specialty (non gov)	
CSC03		1 Unit = 1 Day		Psychiatric Hospital extended stay	
CSC03		1 Unit = 1Day	30 Days	CCICS -Intermediate Unit	
CSA40		1 Unit = 1 Day		JJC - Day Program	

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				<b>Service Description</b>	
CSA41		1 Unit = 1 Day		Juvenile Detention	
CSA42		1 Unit = 1 Day		JJC - Incarceration	
CSA43		1 Unit = 1 Day		JJC - Community Facility	

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				<b>Service Description</b>	
CSA44		1 Unit = 1 Day		Department of Corrections (Adults age 18+)	
				<b>CSA Wrap Funds</b>	
CSA12		1 Unit = 1 Service Specify Daily/Wkly/Monthly One Time Only (When applicable)		Professional Services	
T1013 HA		1 Unit = 15 Minutes		Interpreter Service - Other Spoken Language	
T1013HA22		1 Unit= 15 Minutes		Interpreter Service - American Sign Language	
T1013 HA 52		1Unit =15 Minutes		Interpreter Services - Other	
T2036HA		1 Unit = 1 Day	Up to 6 Nights	Camp-Overnight	
T2037HA		1 Unit = 1 Day	Up to 10 Days	Camp-Day	
S5150HA		1 Unit=1 Hour	Up to 10 Days	1:1 Aide	
T1002		1 Unit=15 Minutes		RN Services	Medical Service - Registered Nurse
T1003		1 Unit=15 Minutes		LPN Services	Medical Service - Licensed Practical Nurse
				<b>Substance Use (SU)</b>	
H0001HA		1 Unit=30 Minutes	Maximum annual limit 24 units	Assessment only (pre-admission)	
H0018HA		1 Unit=30 Minutes	4	Bio Psychosocial Needs Assessment	In facility
H0010HA		1 Unit=1 Day	7 Units	Detox - sub acute residential	
90791AJ		1 Unit=1 Hour	2	Assessment Licensed	Clinical
90791AJ52		1 Unit=1 Hour	2	Assessment Non Licensed	Clinical
H0015HA		1 Unit=1 Hour		Partial Care	

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				<b>Service Description</b>	
				<b>Co-Occurring</b>	
H0003HA	CSC20	1 Unit=1 Day	1 Time Per Day	Urine Drug Screening	8 per month - CSC20 \$120.00 limit
H0049HA	CSC20	1 Unit=1 Day	1 Time Per Day	Oral Swab	8 per month - CSC20 \$120.00 limit
86580HA	CSC20	1 Unit=1 Day	1 Time Per Day	TB Test	2 per month - CSC20 \$120.00 limit
H0006HA	CSC21	1 Unit=15 Minutes	8 Times Per Day	Co-Care Management	8 per month - CSC21 \$350.0 limit
90791HA	CSC21	1 Unit=30 Minutes	6 Time Per Day	Comprehensive Intake Evaluation	6 per month - CSC21 \$350.0 limit
H0007HA	CSC21	1 Unit=15 Minutes	4 Times Per Day	Crisis Intervention - Individual	8 per month - CSC21 \$350.0 limit
9084722HA	CSC21	1 Unit=30 Minutes	2 Times Per Day	Family Therapy (with patient)	10 per month - CSC21 \$350.0 limit
9084622HA	CSC21	1 Unit=30 Minutes	2 Times Per Day	Family Therapy (without patient)	7 per month - CSC21 \$350.0 limit
9083222HA	CSC21	1 Unit=30 Minutes	2 Times Per Day	Individual Therapy - Half session	10 per month - CSC21 \$350.0 limit
9083722HA	CSC21	1 Unit=1 Day	2 Times Per Day	Individual Therapy - Full session	10 per month - CSC21 \$350.0 limit
90853HA	CSC21	1 Unit=30 Minutes	1 Time Per Day	Co-occurring - Group Therapy	10 per month - CSC21 \$350.0 limit
90887HA	CSC21	1 Unit=15 Minutes	4 Times Per Day	Clinical Consultation	6 per month - CSC21 \$350.0 limit
90863HA	CSC22	1 Unit=15 Minutes	2 Times Per Day	Medication Monitoring	6 per month - CSC22 \$252.00 limit
90791HA	CSC23	1 Unit=15 Minutes	6 Times Per Day	Psychiatric Evaluation	6 per month - CSC23 \$192.00 limit per month \$384.00 limit per year
90792HA	CSC23	1 Unit=15 Minutes		Psychiatric Evaluation	
H0003HA	CSC20SJ	1 Unit=1 Day	1 Time Per Day	Urine Drug Screening	8 per month - CSC20SJ \$120.00 limit

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H0049HA	CSC20SJ	1 Unit=1 Day	1 Time Per Day	Oral Swab	8 per month - CSC20SJ \$120.00 limit
86580HA	CSC20SJ	1 Unit=1 Day	1 Time Per Day	TB Test	2 per month - CSC20SJ \$120.00 limit
H0006HA	CSC21SJ	1 Unit=15 Minutes	8 Times Per Day	Co-Care Management	8 per month - CSC21 \$350.0 limit
90791HA	CSC21SJ	1 Unit=30 Minutes	6 Times Per Day	Comprehensive Intake Evaluation	6 per month - CSC21SJ \$350.0 limit
H0007HA	CSC21SJ	1 Unit=15 Minutes	4 Times Per Day	Crisis Intervention - Individual	8 per month - CSC21SJ \$350.0 limit
9084722HA	CSC21SJ	1 Unit=30 Minutes	2 Times Per Day	Family Therapy (with patient)	10 per month - CSC21SJ \$350.0 limit
9084622HA	CSC21SJ	1 Unit=30 Minutes	2 Times Per Day	Family Therapy (without patient)	10 per month - CSC21SJ \$350.0 limit
9083222HA	CSC21SJ	1 Unit=30 Minutes	2 Times Per Day	Individual Therapy - Half session	10 per month - CSC21SJ \$350.0 limit
9083722HA	CSC21SJ	1 Unit=1 Hour	2 Times Per Day	Individual Therapy - Full session	10 per month - CSC21SJ \$350.0 limit
90853HA	CSC21SJ	1 Unit=30 Minutes	1 Time Per Day	Co-occurring - Group Therapy	10 per month - CSC21SJ \$350.0 limit
90887HA	CSC21SJ	1 Unit=15 Minutes	4 Times Per Day	Clinical Consultation	6 per month - CSC21SJ \$350.0 limit
90863HA	CSC22SJ	1 Unit=15 Minutes	2 Times Per Day	Medication Monitoring	6 per month - CSC22SJ \$252.00 limit
90791HA	CSC23SJ	1 Unit=15 Minutes	6 Times Per Day	Psychiatric Evaluation	6 per month - CSC23SJ \$192.00 limit per month \$384.00 limit per year
T1006HA	CSC27	1 Unit=30 Minutes	72 for 90 Day Authorization	Outpatient Counseling/Education	24 per month \$588.00 limit per month
90832HA	CSC27	1 Unit=30 Minutes	72 for 90 Day Authorization	Outpatient Individual Counseling	24 per month \$588.00 limit per month

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H0005HAAJ	CSC27	1 Unit=30 Minutes	72 for 90 Day Authorization	Outpatient Group	24 per month \$588.00 limit per month
T1006HA	CSC28	1 Unit=30 Minutes		Intensive Outpatient/Engagement/Family Counseling/Education	36 per month - Maximum limits per episode of Tx - CSC28 \$882.00 limit
90832HA	CSC28	1 Unit=30 Minutes		Intensive Outpatient Individual	36 per month - Maximum limits per episode of Tx - CSC28 \$882.00 limit
H0005HAAJ	CSC28	1 Unit=30 Minutes		Intensive Outpatient Engagement Group	36 per month - Maximum limits per episode of Tx - CSC28 \$882.00 limit
S9475HA	CSC29	1 Unit=1 Day		Intensive Outpatient	100 - Annual limits
H0015HA		1 Unit=1 Hour		Partial Care	
				<b>Voucher Services</b>	
SUT01		1 Unit=30 Minutes	72 for 90 Day Authorization	Outpatient	
SUT02		1 Unit=1 Day	90 for 90 Day Authorization	Intensive Outpatient	
SUT03		1 Unit=1 Day		Partial Care	
T202822HA		Occurrence		Assistive Technology: Assessment for Devices	
T2028HA		Occurrence		Assistive Technology: Assessment for Environment and Vehicle modifications	
T2029HA		Occurrence	\$11,000.00 per 3 years	Assistive Technology: Assistive Devices	
T2039HA		Occurrence	\$11,000.00 per 3 years	Assistive Technology: Vehicle Modifications	
S5165HA		Occurrence	\$11,000.00 per 3 years	Assistive Technology: Environmental Modifications	
CSA30		1 Unit = 1 Day		Substance Use Service	
CSA32		1 Unit = 1 Day		Shelter Care	
CSA34		1 Unit = 1 Day		Mentoring	

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CSA35		1 Unit = 1 Day		Family Care Home (Contracted)	
CSA36		1 Unit = 1 Day		Intensive in Home	
CSA37		1 Unit = 1 Day		Behavioral Assistance	
CSA38		1 Unit = 1 Day		Treatment Homes (DCP&P/DMHS)	
CSA39		1 Unit = 1 Day		Resource Family Care (Foster Care)	