



## Peach State Health Plan Covered Services & Authorization Guidelines Programs for Behavioral Health

Non-participating providers (those that are not contracted and credentialed with Peach State Health Plan) require prior authorization for all services, unless otherwise noted in the tables below. All limits are per member per provider (TIN) unless otherwise noted in the tables below.

<b>Inpatient &amp; Outpatient Facility Services</b>				
<b>Service Description</b>	<b>Billing Codes</b>	<b>Provider Type(s)</b>	<b>Limitations</b>	<b>Authorization Required</b>
<b>Inpatient- Crisis Stabilization</b> See Notes 1 and 2.	100	Facility	Limited to 1 unit per day	Yes
<b>Inpatient – Behavioral Health</b> See Notes 1 and 2.	100, 101, 110, 114,124, 126, 134, 136, 144, 146, 154,	Facility	Limited to 1 unit per day	Yes
<b>Inpatient - Behavioral Health / Eating Disorder</b> See Notes 1 and 2.	120, 130 140,150 With a primary diagnosis of one of the following eating disorders: Anorexia Nervosa, Eating Disorder, Bulimia Nervosa, Pica, Rumination Disorder, Psychogenic Vomiting, etc.	Facility	Limited to 1 unit per day	Yes
<b>Inpatient – Substance Use Disorder</b> See Notes 1 and 2.	100, 101 110, 124, 126, 134, 144, 146, 156	Facility	Limited to 1 unit per day	Yes
<b>Observation</b>	760, 761, 762, 769	Facility	Limited to 72 hours per episode.	Yes
<b>Discharge Follow-Up</b> See Note 1.	513	Facility	Limited to 1 unit per day	No auth required for participating or non-participating provider.
<b>ECT</b> See Note 1.	901	Facility	Limited to 1 unit per day	Yes
<b>RESIDENTIAL TREATMENT – BH</b> See Notes 1 and 3.	1001	Facility	Limited to 1 unit per day	Yes
<b>RESIDENTIAL TREATMENT – CD</b> See Notes 1 and 3.	1002	Facility	Limited to 1 unit per day	Yes

Inpatient & Outpatient Facility Services				
Service Description	Billing Codes	Provider Type(s)	Limitations	Authorization Required
<b>PARTIAL HOSPITALIZATION (PHP)</b> See Notes 1 and 4.	912, 913	Facility	Limited to 1 unit per day	Yes
<b>Intensive Outpatient Program (IOP)</b> See Notes 1 and 5.	905, 906	Facility	Limited to 1 unit per day	Yes

Facility Professional Services				
Service Description	Billing Codes	Provider Type(s)	Limitation	Authorization Required
<b>Initial Observation Care</b> See Note 1.	99217, 99218, 99219, 99220	MD,DO, ARNP	Limited to 1 unit per day	No auth required for participating or non-participating provider.
<b>Initial Hospital Care</b> See Note 1.	99221, 99222, 99223	MD,DO, ARNP	Limited to 1 unit per day	No auth required for participating or non-participating provider.
<b>Subsequent Observation Care</b> See Note 1.	99224, 99225, 99226	MD,DO, ARNP	Limited to 1 unit per day	No auth required for participating or non-participating provider.
<b>Subsequent Hospital Care</b> See Note 1.	99231, 99232, 99233	MD,DO, ARNP	Limited to 1 unit per day	No auth required for participating or non-participating provider.
<b>Observation or Inpatient Care</b> See Note 1.	99234, 99235, 99236	MD,DO, ARNP	Limited to 1 unit per day	No auth required for participating or non-participating provider.
<b>Hospital Discharge</b> See Note 1.	99238, 99239	MD,DO, ARNP	Limited to 1 unit per day	No auth required for participating or non-participating provider.
<b>Initial Inpatient Consultation</b> See Note 1.	99251, 99252, 99253, 99254, 99255	MD,DO, ARNP	Limited to 1 unit per day	No auth required for participating or non-participating provider.

Autism Spectrum Disorder				
Service Description	Billing Codes	Provider Type(s)	Limitations	Authorization Required
<b>Autism Services - Behavior Identification Assess</b>	0359T	MD,DO, PhD, Master's level, BA, CSB	Limited to 1 unit per 6 months for ages under 21	YES (eff 1/1/18)
<b>Autism Services - Observational</b>	0360T	MD,DO, PhD,	Limited to 1 unit (30 mins)	YES (eff 1/1/18)

<b>Autism Spectrum Disorder</b>				
<b>Service Description</b>	<b>Billing Codes</b>	<b>Provider Type(s)</b>	<b>Limitations</b>	<b>Authorization Required</b>
<b>Behavioral Follow-up</b>		Master's level, BA, CSB	per day for ages under 21.	
<b>Autism Services - Observational Behavioral Follow-up</b>	0361T Add on code	MD,DO, PhD, Master's level, BA, CSB	Limited to 1 unit (30 mins) per day for ages under 21. 0361T must be with 0360T	YES (eff 1/1/18)
<b>Autism Services - Exposure Behavioral Follow-Up</b>	0362T	MD,DO, PhD, Master's level, BA, CSB	Limited to 1 unit (30 mins) per day for ages under 21.	YES (eff 1/1/18)
<b>Autism Services - Exposure Behavioral Follow-Up</b>	0363T Add on code	MD,DO, PhD, Master's level, BA, CSB	Limited to 1 unit (30 mins) per day for ages under 21. 0363T must be billed with 0362T	YES (eff 1/1/18)
<b>Autism Services - Exposure Behavioral Follow-Up</b>	0364T	MD,DO, PhD, Master's level, BA, CSB	Limited to 1 unit (30 mins) per day for ages under 21.	YES (eff 1/1/18)
<b>Autism Services - Exposure Behavioral Follow-Up</b>	0365T Add on code	MD,DO, PhD, Master's level, BA, CSB	Limited to 1 unit (30 mins) per day for ages under 21. 0365T must be billed with 0364T	YES (eff 1/1/18)
<b>Autism Services - Group Adaptive Behavior Treatment by Protocol</b>	0366T	MD,DO, PhD, Master's level, BA, CSB	Limited to 1 unit (30 mins) per day for ages under 21.	YES (eff 1/1/18)
<b>Autism Services - Group Adaptive Behavior Treatment by Protocol</b>	0367T Add on code	MD,DO, PhD, Master's level, BA, CSB	Limited to 1 unit (30 mins) per day for ages under 21. 0367T must be billed with 0366T	YES (eff 1/1/18)

<b>Autism Spectrum Disorder</b>				
<b>Service Description</b>	<b>Billing Codes</b>	<b>Provider Type(s)</b>	<b>Limitations</b>	<b>Authorization Required</b>
<b>Autism Services - Adaptive Behavior Treatment with Protocol Modification</b>	0368T	MD,DO, PhD, Master's level, BA, CSB	Limited to 1 unit (30 mins) per day for ages under 21.	YES (eff 1/1/18)
<b>Autism Services - Adaptive Behavior Treatment with Protocol Modification</b>	0369T Add on code	MD,DO, PhD, Master's level, BA, CSB	Limited to 1 unit (30 mins) per day for ages under 21. 0369T must be billed with 0368T	YES (eff 1/1/18)
<b>Autism Services - Family Adaptive Behavior Treatment Guidance</b>	0370T	MD,DO, PhD, Master's level, BA, CSB	Limited to 1 unit (30 mins) per day for ages under 21.	YES (eff 1/1/18)
<b>Autism Services -Multiple Family Group Adaptive Behavior Treatment Guidance</b>	0371T	MD,DO, PhD, Master's level, BA, CSB	Limited to 1 unit (30 mins) per day for ages under 21.	YES (eff 1/1/18)
<b>Autism Services -Adaptive Behavior Treatment Social Skills Group</b>	0372T	MD,DO, PhD, Master's level, BA, CSB	Limited to 1 unit (30 mins) per day for ages under 21.	YES (eff 1/1/18)
<b>Autism Services -Exposure Adaptive Behavior Treatment with Protocol Modification</b>	0373T	MD,DO, PhD, Master's level, BA, CSB	Limited to 2 per day for ages under 21.	YES (eff 1/1/18)
<b>Autism Services -Exposure Adaptive Behavior Treatment with Protocol Modification</b>	0374T	MD,DO, PhD, Master's level, BA, CSB	.	YES (eff 1/1/18)

Other Professional Services				
Service Description	Billing Codes	Provider Type(s)	Limitations	Authorization Required
<b>Psychiatric Diagnostic Evaluation</b> See Note 7.	90791, 90792	MD,DO, PhD, Masters Level, ARNP	Limited to 1 every 3 years for ages over 22.	Limited to 3 per year without an authorization for ages 22 and under.
<b>Individual Psychotherapy</b>	90832, 90834, 90837	MD,DO, PhD, Masters Level, ARNP	Limited to 2 units per day	YES, IF MORE THAN 12 VISITS (PER PROVIDER) COMBINED WITH CODES 90832, 90834 ,90837, 90845, 90846, 90847, 90849, 90853,
<b>Family Therapy Add-on With Patient and/or Family in Conjunction With E/M Code</b> See Note 6.  Limited to 2 units per day when billed with E & M codes	90833 90836	MD,DO, PhD, MASTERS LEVEL, ARNP	Limited to 1 unit per day	YES, IF MORE THAN 12 VISITS (PER PROVIDER) COMBINED WITH CODES 90832, 90834 ,90837, 90845, 90846, 90847, 90849, 90853,
<b>Family Therapy Without Patient Present</b> See Note 6.	90846	MD,DO, PhD, MASTERS LEVEL, ARNP	Limited to 1 unit per day	YES, IF MORE THAN 12 VISITS (PER PROVIDER) COMBINED WITH CODES 90832, 90834 ,90837, 90845, 90846, 90847, 90849, 90853,
<b>Family Group Therapy, With Patient Present</b> See Note 6 and 8	90847	MD,DO, PhD, MASTERS LEVEL, ARNP	Limited to 1 unit per day	YES, IF MORE THAN 12 VISITS (PER PROVIDER) COMBINED WITH CODES 90832, 90834 ,90837, 90845, 90846, 90847, ,90849, 90853,
<b>Multi-Family Group</b> See Notes 1 and 6.	90849	MD, DO, ARNP	Limited to 1 unit per day	YES, IF MORE THAN 12 VISITS (PER PROVIDER) COMBINED WITH CODES 90832, 90834 ,90837, 90845, 90846, 90847, 90849, 90853,

Other Professional Services				
Service Description	Billing Codes	Provider Type(s)	Limitations	Authorization Required
<b>Group Psychotherapy</b> See Note 6 and 8.	90853	MD,DO, PhD, MASTERS LEVEL, ARNP	Limited to 1 unit per day	YES, IF MORE THAN 12 VISITS IN A CALENDAR (PER PROVIDER) COMBINED WITH CODES 90832, 90834 ,90837, 90845, 90846, 90847, ,90849, 90853,
<b>Interactive Complexity</b>	90785 Add on Code	MD,DO, PhD, MASTERS LEVEL, ARNP	Limited to 1 unit per day	No
<b>Individual Psychotherapy With Medication Management</b> Add on codes: 90833, 90836, 90838	99201, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215	MD, DO, ARNP	Limited to 1 unit per day	No
<b>EMERGENCY DEPARTMENT SERVICES</b>	99281 99282 99283 99284 99285	MD, DO	Limited to 1 unit per day	No
<b>Electroconvulsive Therapy (ECT)</b> See Note 1.	90870	MD, DO	Limited to 1 unit per day	Yes
<b>Psychological Testing</b>	96101	MD, DO, PhD	Limited to 1 unit per day	Yes

<b>Other Professional Services</b>				
<b>Service Description</b>	<b>Billing Codes</b>	<b>Provider Type(s)</b>	<b>Limitations</b>	<b>Authorization Required</b>
<b>Developmental Psych Screening/ Testing</b> See Note 1.	96110,	MD, DO, PhD	Limited to 1 per day	Yes
<b>Neurobehavioral Status Exam</b>	96116	MD, DO, PhD	Limited to 4 units per day	Yes
<b>Neuropsychological testing, interpretation and reporting by a psychologist (per hour)</b>	96118	MD, DO, PhD	1 unit = 1 hour Limited to 8 units per day	Yes
<b>Neuropsychological testing per hour by a technician</b>	96119	MD, DO, PhD	1 Unit = 1 hour Limited to 6 hours per day	Yes
<b>Neuropsychological testing by a computer, including time for the psychologist's interpretation and reporting</b>	96120	MD, DO, PhD	1 unit = 1 hour Limited to 1 unit per day	Yes
<b>BH Assessment</b>	96127	MD, DO, PhD	1 unit = 1 hour Limited to 2 hour per day	No
<b>Injection Administration</b>	96372	MD, DO, ARNP	Limited to 4 units per day	No
<b>Office Consultation</b> See Note 1.	99241, 99242, 99243, 99244, 99245	MD, DO, PhD	Limited to 1 unit per day	No
<b>Telemedicine- Originating Site of Service</b> See Note 1.	Q3014	MD, DO, CNP, FQHC, RHC	Limited to 1 unit per day	No

<b>Services delivered by a Facility (including IFI)</b> <b>All Community Behavioral Health Providers (CSB) require prior auth unless otherwise noted.</b>				
<b>Service Description</b>	<b>Billing Codes</b>	<b>Billable Provider Type(s)</b>	<b>Limitations</b>	<b>Authorization Required</b>
<b>Psychotherapy for Crisis</b> <i>See note 9.</i>	90839, 90840	CSB	1 unit, limited to 16 units per day	No
<b>Psychiatric Diagnostic Evaluation</b> <i>See note 7.</i>  Limited to 1 unit per day combined with 90792.	90791	CSB	1 unit, limited to 2 units per day	No
<b>Psychiatric Diagnostic Evaluation</b> <i>See note 7</i>  Limited to 1 unit per day when combined with 90791	90792	CSB	1 unit, limited to 2 units per day	No
<b>Individual Psychotherapy</b>	90832, 90834, 90837	CSB	1 unit, limited to 2 unit per day	YES, IF MORE THAN 12 VISITS (PER PROVIDER) COMBINED WITH CODES 90832, 90834 ,90837, 90845, 90846, 90847, 90849, 90853,



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<b>Service Description</b>	<b>Billing Codes</b>	<b>Billable Provider Type(s)</b>	<b>Limitations</b>	<b>Authorization Required</b>
<b>Family Therapy Add-on With Patient and/or Family in Conjunction With E/M Code</b> See Note 6.  Limited to 2 units per day when billed with E & M codes	90833 90836	CSB	1 unit, limited to 1 unit per day	YES, IF MORE THAN 12 VISITS (PER PROVIDER) COMBINED WITH CODES 90832, 90834 ,90837, 90845, 90846, 90847, 90849, 90853,
<b>Family Therapy with and without patient present</b> See Note 6.	90846, 90847	CSB	15 minute code = 1 unit Limited to 16 Units per day	YES, IF MORE THAN 12 VISITS (PER PROVIDER) COMBINED WITH CODES 90832, 90834 ,90837, 90845, 90846, 90847, 90849, 90853,
<b>Group Psychotherapy</b> See Note 6 and 8	90853	CSB	15 minute code = 1 Unit Limited to 20 units per day	YES, IF MORE THAN 12 VISITS (PER PROVIDER) COMBINED WITH CODES 90832, 90834 ,90837, 90845, 90846, 90847, 90849, 90853,

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<b>Service Description</b>	<b>Billing Codes</b>	<b>Billable Provider Type(s)</b>	<b>Limitations</b>	<b>Authorization Required</b>
<b>Psychological Testing: Psycho-diagnostic assessment of emotionally, intellectual abilities, personality and psycho-pathology</b>	96101, 96102	CSB	1 unit = 1 hour, limited to 5 units per day	Yes
<b>Health And Behavior Assessment and Reassessment</b>	96150, 96151	CSB	15 minute code = 1 unit, limited to 16 units per day	No
<b>Therapeutic Prophylactic or Diagnostic Injection</b>	96372	CSB	1 unit, limited to 1 unit per contact	No
<b>Individual Psychotherapy With Medication Management</b>	99201, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215	CSB	1 unit, Limited to 1 units per day	No
<b>Substance Abuse IOP</b>	H0015	CSB	Limited to 5 units per day	YES – eff 2/1/18

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<b>Service Description</b>	<b>Billing Codes</b>	<b>Billable Provider Type(s)</b>	<b>Limitations</b>	<b>Authorization Required</b>
<b>MH Assessment by a non-Physician</b>	H0031	CSB	15 minute code = 1 unit Limited to 24 units per 6 Months. Limits combined with H0032	Yes, if more than 24 units are billed within 6 months
<b>Treatment Plan Development</b>	H0032	CSB	15 minute code = 1 unit, Limited to 24 units per 6 Months. Limits combined with H0031	Yes, if more than 24 units are billed within 6 months
<b>Crisis Intervention</b> See note 9.	H2011	CSB	15 minute code = 1 unit, limited to 48 units per day	No
<b>Nursing Assessment /Evaluation</b>	T1001	CSB	15 minutes = 1 unit Limited to 16 units per day Limited to 32 units per day for ambulatory detox	No
<b>RN Services</b>	T1002	CSB	15 minutes = 1 unit Limited to 16 units per day Limited to 32 units per day for ambulatory detox	No
<b>LPN Services</b>	T1003	CSB	15 minutes = 1 unit Limited to 16 units per day Limited to 32 units per day for ambulatory detox	No

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<b>Service Description</b>	<b>Billing Codes</b>	<b>Billable Provider Type(s)</b>	<b>Limitations</b>	<b>Authorization Required</b>
<b>Psychiatric Treatment: E &amp; M New Patient</b>	99201-99205	CSB	1 unit, Limited to 1 units per day	No
<b>Psychiatric Treatment: E &amp; M Established Patient</b>	99211-99215	CSB	1 unit, Limited to 1 units per day	No
<b>Group Behavioral Health Counseling and Therapy</b>	H0004	CSB	15 minute code = 1 Unit Limited to 20 units per day	Yes
<b>Family/Couple Behavioral Health Counseling and Therapy</b> See Note 6.	H0004	CSB	15 minute code = 1 Unit Limited to 20 units per day	Yes
<b>Group Skills Training and Development</b>	H2014	CSB	15 minute code = 1 Unit Limited to 16 units per day for ages under 21 and 8 units per day 21 and over.	Yes
<b>Family Skills Training and Development</b>	H2014	CSB	15 minute code = 1 Unit Limited to 16 units per day for ages under 21 and 8 units per day 21 and over.	Yes

<b>Services delivered by a Facility (including IFI)</b> <b>All Community Behavioral Health Providers (CSB) require prior auth unless otherwise noted.</b>				
<b>Service Description</b>	<b>Billing Codes</b>	<b>Billable Provider Type(s)</b>	<b>Limitations</b>	<b>Authorization Required</b>
<b>Psychosocial Rehabilitation</b>	H2017	CSB	1 unit = 1 hour, limited to 5 per day	Yes
<b>Alcohol and/or Drug Services; Ambulatory Detoxification</b>	H0014	CSB	1 unit = 15 minutes  Limited to 32 units per day.	Yes
<b>Alcohol and/or Drug Services; Methadone Administration and/or Services</b>	H0020	CSB	1 unit, limited to 1 per day.	No
<b>Community Support and Addictive Diseases Support Services</b>	H2015	CSB	1 unit = 15 minutes  Limited to 48 units per day.	Yes
<b>Community based wrap-around services, monthly</b>	H2022	CSB	1 unit = 1 month, limited to 12 per year	Yes Effective 10/01/2017
<b>Task Oriented Rehabilitation Services</b>	H2025	CSB	1 unit = 15 minutes  Limited to 8 units per day	Yes
<b>Intensive Customized Care Coordination</b>	T2022	CSB	1 unit=month, limited to 12 per year	Yes, effective 10/01/2017

<b>Services delivered by a Facility (including IFI)</b> <b>All Community Behavioral Health Providers (CSB) require prior auth unless otherwise noted.</b>				
<b>Service Description</b>	<b>Billing Codes</b>	<b>Billable Provider Type(s)</b>	<b>Limitations</b>	<b>Authorization Required</b>
<b>Intensive Customized Care Coordination</b>	T2025	CSB	1 unit=month, limited to 4 per year	Yes, effective 10/01/2017
<b>Intensive Case Management, and Case Management</b>	T1016	CSB	1 unit = 15 minutes  Limited to 24 units per day.	Yes
<b>Intensive Family Intervention</b>	H0036	CSB	1 unit = 15 minutes  Limited to 48 units per day.	Yes
<b>Peer Support Services – Group (BH &amp; CD)</b>	H0038	CSB	1 unit = 1 hour, limited to 5 units per day	Yes
<b>Peer Support Services – Individual (BH &amp; CD)</b>	H0038	CSB	1 unit = 1 hour, limited to 5 units per day	Yes
<b>Community Support Team</b>	H0039	CSB	1 unit = 15 minutes  Limited to 60 units per day	Yes
<b>Assertive Community Treatment, Multidisciplinary Team Meeting</b>	H0039	CSB	1 unit = 15 minutes  Limited to 60 units per day	Yes

<b>Services delivered by a Facility (including IFI)</b> <b>All Community Behavioral Health Providers (CSB) require prior auth unless otherwise noted.</b>				
<b>Service Description</b>	<b>Billing Codes</b>	<b>Billable Provider Type(s)</b>	<b>Limitations</b>	<b>Authorization Required</b>
<b>Behavioral Health Prevention Education</b>	H0025	CSB	1 unit = 15 minutes  Limited to 6 units per day.	Yes
<b>Behavioral Health - Short Term Residential</b>	H0018	CSB	Limited to 1 per day	Yes
<b>Comprehensive Medication Services</b>	H2010	CSB	Limited to 1 per contact	No
<b>Behavioral Health Home Medical Home Program Coordination and Planning, Initial Plan</b>	S0280	Agency	Pending limitations and authorization requirements from GA Medicaid.	
<b>Behavioral Health Home Medical Home Program Coordination and Planning, Maintenance</b>	S0281	Agency	Pending limitations and authorization requirements from GA Medicaid	

**Notes:**

1. Service limited to one (1) unit per day.
2. Inpatient services for children (18 years of age and younger) and adults are covered in General hospitals. Children are covered at private psychiatric hospitals, but not state hospitals. Adults aged 22-64 are not covered at an IMD (psych hospital with > 16 beds) or state hospitals.
3. Only covered for children (18 years of age and younger).
4. Partial hospitalization is also covered under Community Based Services. Covered up to 5 days per week. Limited to 60 days per episode of care and 120 days total per calendar year.
5. Intensive outpatient services are limited to 180 days per calendar year
6. If there are multiple family members in the Family Therapy session who are enrolled consumers for whom the focus of treatment is related to goals on their treatment plans, the provider should do the following:



- a. Document the family session in the charts of each individual consumer for whom the treatment is related to a specific goal on the individual's IRP
  - b. Charge the Family Counseling session units to one of the consumers.
  - c. Indicate "NC" (No Charge) on the documentation for the other consumer(s) in the family session and have the note reflect that the charges for the session are assigned to another family member in the session.
7. Service may be reported/billed in conjunction with one of the following codes: 90791, 90792, 90832, 90837, 90853 and with the following codes only when paired with 90833, or 90836: 99201, 99212, 99203, 99213, 99204, 99214, 99205, 99215
  8. Reimbursement for psychotherapy (90847 and 90853 is limited to a maximum of twelve (hours per member, per provider per calendar year). Only one hour per date of service can be billed. Services in excess of this limitation may be available through local community mental health programs.
  9. 90839 and 90840 cannot be submitted by the same practitioner in the same day as H2011, it also cannot be submitted for billing in the same day as 90791, 90792, 90833, or 90866.
  10. CSB Services must be billed with the appropriate modifiers per the Community Behavioral Health Rehabilitation Manual.

#### Modifiers

ET	Emergency	TS	Follow up
GT	Via Interactive audio and video telecommunication systems	UK	Collateral Contact
HA	Child/Adolescent Program	U1	<b>Practitioner Level 1</b> Physician, Psychiatrist
HK	High Risk Population	U2	<b>Practitioner Level 2</b> Psychologist, Physician's Assistant, Nurse Practitioner, Clinical Nurse Specialist, Pharmacist
HQ	Group Setting	U3	<b>Practitioner Level 3</b> Registered Nurse, Licensed Dietician, Licensed Professional Counselor (LPC), Licensed Clinical Social Worker (LCSW), Licensed Marriage and Family Therapist (LMFT)
HR	Family/Couple with client present	U4	<b>Practitioner Level 4</b> Licensed Practical Nurse (LPN); Licensed Associate Professional Counselor (LAPC); Licensed Master's Social Worker (LMSW); Licensed Associate Marriage and Family Therapist (LAMFT); Certified/Registered Addictions Counselors (e.g. CAC-II, CADC, CCADC, GCADC, MAC, CCDP, CCDP-D), Certified Peer Specialists, Trained Paraprofessionals and Certified Psychosocial Rehabilitation Professionals (CPRP) with Bachelor's degrees or higher in the social sciences/helping professions
HS	Family/Couple without client present	U5	<b>Practitioner Level 5</b> Trained Paraprofessionals, Certified/Registered



			Addiction Counselors (CAC-I, RADT), Certified Peer Specialists, Certified Psychosocial Rehabilitation Professionals, and Qualified Medication Aides with at least a high school diploma/equivalent
HT	Multidisciplinary team	U6	<b>In-Clinic</b> – Identifies location
TG	Complex/High Level of Care	U7	<b>Out-of-Clinic</b> – Identifies Location