



MARYLAND SERVICE MATRIX 2/2/11

|                                  |  |  |            |            |   |            |                        |          |                         | Public Mental Health Coverage      |                                |      |     |           | Pre-Authorization Required |          |                         |                   |      | Claim Form |           |                  |                       |      |           |
|----------------------------------|--|--|------------|------------|---|------------|------------------------|----------|-------------------------|------------------------------------|--------------------------------|------|-----|-----------|----------------------------|----------|-------------------------|-------------------|------|------------|-----------|------------------|-----------------------|------|-----------|
| Value Options Auth Service Class | Benefit Class  | CPT/Rev Code   | Modifier 1 | Modifier 2 | Service Description   | Claim Type | Place of Service       | Medicaid | Primary Adult Care -PAC | Federally Funded Medicare/Medicaid | State Funded Medicare/Medicaid | PRTF | TBI | Uninsured | Courtesy Reviews           | Medicaid | Primary Adult Care -PAC | Medicare/Medicaid | PRTF | TBI        | Uninsured | Courtesy Reviews | Send Auth Request to: | UB04 | HCFA 1500 |
| <b>IPF</b>                       | <b>IPF</b>   | <b>Inpatient Services</b>  |            |            |   |            |                        |          |                         |                                    |                                |      |     |           |                            |          |                         |                   |      |            |           |                  |                       |      |           |
|                                  |  | 0113, 0114, 0118, 0123, 0124, 0133, 0134, 0143, 0153, 0154, 0169, 0203, 0204 |            |            | HSCRC   |            | 21, 51, 56, 99         | Yes      | Yes***                  | Yes                                | Yes                            | No   | No  | Yes***    | Yes                        | Yes      | Yes***                  | No                | N/C  | N/C        | N/C       | Yes              | ValueOptions          | X    |           |
|                                  |  |  |            |            | Institutes for Mental Disease (IMDs)                                  |            |                        | Yes*     | Yes***                  | No                                 | No                             | No   | No  | Yes***    | Yes                        | Yes      | Yes***                  | No                | N/C  | N/C        | N/C       | Yes              | ValueOptions          | X    |           |
| <b>RTC</b>                       | <b>RTC</b>   | <b>Residential Treatment</b>   |            |            |   |            |                        |          |                         |                                    |                                |      |     |           |                            |          |                         |                   |      |            |           |                  |                       |      |           |
|                                  |  | 0100   |            |            | Residential Treatment Center  |            | 21, 51, 56, 57         | Yes      | No                      | Yes                                | Yes                            | No   | No  | No        | Yes                        | Yes      | N/C                     | No                | N/C  | N/C        | N/C       | Yes              | ValueOptions          | X    |           |
|                                  |  |  |            |            | Regional Institute for Children and Adolescents (RICA)                |            |                        | Yes      | No                      | Yes                                | Yes                            | No   | No  | Yes*      | Yes                        | Yes      | N/C                     | No                | N/C  | N/C        | Yes       | ValueOptions     | X                     |      |           |
| <b>PHP</b>                       | <b>PHP</b>   | <b>Partial Hospitalization</b>   |            |            |   |            |                        |          |                         |                                    |                                |      |     |           |                            |          |                         |                   |      |            |           |                  |                       |      |           |
|                                  |  | 0912   |            |            | Partial Hospitalization - Full Day                                    |            | 11, 21, 22, 52, 53, 99 | Yes      | No                      | Yes                                | Yes                            | No   | No  | No        | Yes                        | Yes      | N/C                     | No                | N/C  | N/C        | N/C       | Yes              | ValueOptions          | X    |           |
|                                  |  | S0201  |            |            | Partial Program - Non-Hospital Based                                  |            |                        | Yes      | No                      | Yes                                | Yes                            | No   | No  | No        | Yes                        | Yes      | N/C                     | No                | N/C  | N/C        | N/C       | Yes              | ValueOptions          | X    |           |
|                                  |  | S0201  | 52         |            | Partial Program - Non-Hospital Based                                  |            |                        | Yes      | No                      | Yes                                | Yes                            | No   | No  | No        | Yes                        | Yes      | N/C                     | No                | N/C  | N/C        | N/C       | Yes              | ValueOptions          | X    |           |
| <b>IOP</b>                       | <b>IOP</b>   | <b>Intensive Outpatient</b>  |            |            |   |            |                        |          |                         |                                    |                                |      |     |           |                            |          |                         |                   |      |            |           |                  |                       |      |           |
|                                  |  | S9480  |            |            | Intensive Outpatient Psych Services, Per Diem (Clinic Model)          |            | 11, 22, 53, 99         | Yes      | Yes                     | Yes                                | Yes                            | No   | No  | No        | Yes                        | Yes      | Yes                     | Yes               | N/C  | N/C        | N/C       | Yes              | ValueOptions          | X    |           |
|                                  |  | 0905   |            |            | Intensive Outpatient Services - Psychiatric                           |            |                        | Yes      | No                      | Yes                                | Yes                            | No   | No  | No        | Yes                        | Yes      | N/C                     | Yes               | N/C  | N/C        | N/C       | Yes              | ValueOptions          | X    |           |
|                                  | <b>PHA</b>   | 0949   |            |            | IOP - Partial Hospital Model or Partial Program - Non Regulated Space |            | 21, 22, 52, 53, 99     | Yes      | No                      | Yes                                | Yes                            | No   | No  | No        | Yes                        | Yes      | N/C                     | Yes               | N/C  | N/C        | N/C       | Yes              | ValueOptions          | X    |           |
| <b>PRF</b>                       | <b>Other Professional Services for IOP, PHP, CRS</b> |  |            |            |   |            |                        |          |                         |                                    |                                |      |     |           |                            |          |                         |                   |      |            |           |                  |                       |      |           |
| <b>PRF</b>                       | <b>PF1</b>   | 90801  | HE         |            | Psychiatric Diagnostic Interview                                      |            | 22                     | Yes      | Yes                     | Yes                                | Yes                            | No   | No  | Yes       | No                         | No       | No                      | No                | N/C  | N/C        | No        | N/C              | Not Required          | X    |           |
|                                  |  | 90862  | HE         |            | Pharmacological Management  |            |                        | Yes      | Yes                     | Yes                                | Yes                            | No   | No  | Yes       | No                         | No       | No                      | No                | N/C  | N/C        | No        | N/C              | Not Required          | X    |           |
|                                  | <b>PF2</b>   | 90816  | HE         |            | Individual Therapy (20-30 Minutes) MD Only                            |            | 11, 12, 21, 22         | Yes      | Yes                     | Yes                                | Yes                            | No   | No  | Yes       | No                         | No       | No                      | No                | N/C  | N/C        | No        | N/C              | Not Required          | X    |           |
|                                  |  | 90817  | HE         |            | Individual Therapy (20-30 Minutes) MD Only                            |            |                        | Yes      | Yes                     | Yes                                | Yes                            | No   | No  | Yes       | No                         | No       | No                      | No                | N/C  | N/C        | No        | N/C              | Not Required          | X    |           |
|                                  |  | 90818  | HE         |            | Individual Therapy (45-50 Minutes) MD Only                            |            |                        | Yes      | Yes                     | Yes                                | Yes                            | No   | No  | Yes       | No                         | No       | No                      | No                | N/C  | N/C        | No        | N/C              | Not Required          | X    |           |
|                                  |  | 90819  | HE         |            | Individual Therapy (45-50 Minutes) MD Only                            |            |                        | Yes      | Yes                     | Yes                                | Yes                            | No   | No  | Yes       | No                         | No       | No                      | No                | N/C  | N/C        | No        | N/C              | Not Required          | X    |           |
| <b>IPS</b>                       | <b>IPA</b>   | <b>Inpatient Professional Billing Codes</b>                                  |            |            |   |            |                        |          |                         |                                    |                                |      |     |           |                            |          |                         |                   |      |            |           |                  |                       |      |           |
|                                  |  | 90816  |            |            | Individual Therapy (20-30 Minutes) MD Only                            |            | 12, 21, 23             | Yes      | Yes***                  | Yes                                | Yes                            | No   | No  | Yes***    | No                         | No       | No                      | No                | N/C  | N/C        | N/C       | N/A              | Not required          | X    |           |
|                                  |  | 90817  |            |            | Individual Therapy (20-30 Minutes) MD Only                            |            |                        | Yes      | Yes***                  | Yes                                | Yes                            | No   | No  | Yes***    | No                         | No       | No                      | No                | N/C  | N/C        | N/C       | N/A              | Not required          | X    |           |



MARYLAND SERVICE MATRIX 2/2/11

|                                  |               |                                    |            |            |   | Public Mental Health Coverage |  |          |                         |                                    |                                |      |     | Pre-Authorization Required |                  |          |                         |                   |      |     |           | Claim Form       |                       |      |           |
|----------------------------------|---------------|------------------------------------|------------|------------|---|-------------------------------|--|----------|-------------------------|------------------------------------|--------------------------------|------|-----|----------------------------|------------------|----------|-------------------------|-------------------|------|-----|-----------|------------------|-----------------------|------|-----------|
| Value Options Auth Service Class | Benefit Class | CPT/Rev Code                       | Modifier 1 | Modifier 2 | Service Description                                 | Claim Type                    | Place of Service                               | Medicaid | Primary Adult Care -PAC | Federally Funded Medicare/Medicaid | State Funded Medicare/Medicaid | PRTF | TBI | Uninsured                  | Courtesy Reviews | Medicaid | Primary Adult Care -PAC | Medicare/Medicaid | PRTF | TBI | Uninsured | Courtesy Reviews | Send Auth Request to: | UB04 | HCFA 1500 |
|                                  |               | 90818                              |            |            | Individual Therapy (45-50 Minutes) MD Only          |                               |  | Yes      | Yes***                  | Yes                                | Yes                            | No   | No  | Yes***                     | No               | No       | No                      | No                | N/C  | N/C | N/C       | N/A              | Not required          | X    |           |
|                                  |               | 90819                              |            |            | Individual Therapy (45-50 Minutes) MD Only          |                               |  | Yes      | Yes***                  | Yes                                | Yes                            | No   | No  | Yes***                     | No               | No       | No                      | No                | N/C  | N/C | N/C       | N/A              | Not required          | X    |           |
|                                  | IPS           | 99221                              |            |            | Initial Hospital Care - Attending Physician Only    |                               | 21, 51, 52, 61                                 | Yes      | Yes***                  | Yes                                | Yes                            | No   | No  | Yes***                     | No               | No       | No                      | No                | N/C  | N/C | N/C       | N/A              | Not required          | X    |           |
|                                  |               | 99222                              |            |            | Initial Hospital Care - Attending Physician Only    |                               |  | Yes      | Yes***                  | Yes                                | Yes                            | No   | No  | Yes***                     | No               | No       | No                      | No                | N/C  | N/C | N/C       | N/A              | Not required          | X    |           |
|                                  |               | 99223                              |            |            | Initial Hospital Care - Attending Physician Only    |                               |  | Yes      | Yes***                  | Yes                                | Yes                            | No   | No  | Yes***                     | No               | No       | No                      | No                | N/C  | N/C | N/C       | N/A              | Not required          | X    |           |
|                                  |               | 99231                              |            |            | Subsequent Hospital Care - Attending Physician Only |                               |  | Yes      | Yes***                  | Yes                                | Yes                            | No   | No  | Yes***                     | No               | No       | No                      | No                | N/C  | N/C | N/C       | N/A              | Not required          | X    |           |
|                                  |               | 99232                              |            |            | Subsequent Hospital Care - Attending Physician Only |                               |  | Yes      | Yes***                  | Yes                                | Yes                            | No   | No  | Yes***                     | No               | No       | No                      | No                | N/C  | N/C | N/C       | N/A              | Not required          | X    |           |
|                                  |               | 99233                              |            |            | Subsequent Hospital Care - Attending Physician Only |                               |  | Yes      | Yes***                  | Yes                                | Yes                            | No   | No  | Yes***                     | No               | No       | No                      | No                | N/C  | N/C | N/C       | N/A              | Not required          | X    |           |
|                                  |               | 99238                              |            |            | Discharge Day Management - MD Only                  |                               |  | Yes      | Yes***                  | Yes                                | Yes                            | No   | No  | Yes***                     | No               | No       | No                      | No                | N/C  | N/C | N/C       | N/A              | Not required          | X    |           |
|                                  | IPB           | 99239                              |            |            | Discharge Day Management - MD Only                  |                               | 21, 61   | Yes      | Yes***                  | Yes                                | Yes                            | No   | No  | Yes***                     | No               | No       | No                      | No                | N/C  | N/C | N/C       | N/A              | Not required          | X    |           |
|                                  | IP2           | 99251                              |            |            | Initial Inpatient Consultation - Physician Only     |                               | 21, 31, 32, 51, 52                             | Yes      | Yes***                  | Yes                                | Yes                            | No   | No  | Yes***                     | No               | No       | No                      | No                | N/C  | N/C | N/C       | N/A              | Not required          | X    |           |
|                                  |               | 99252                              |            |            | Initial Inpatient Consultation - Physician Only     |                               |  | Yes      | Yes***                  | Yes                                | Yes                            | No   | No  | Yes***                     | No               | No       | No                      | No                | N/C  | N/C | N/C       | N/A              | Not required          | X    |           |
|                                  |               | 99253                              |            |            | Initial Inpatient Consultation - Physician Only     |                               |  | Yes      | Yes***                  | Yes                                | Yes                            | No   | No  | Yes***                     | No               | No       | No                      | No                | N/C  | N/C | N/C       | N/A              | Not required          | X    |           |
|                                  |               | 99254                              |            |            | Initial Inpatient Consultation - Physician Only     |                               |  | Yes      | Yes***                  | Yes                                | Yes                            | No   | No  | Yes***                     | No               | No       | No                      | No                | N/C  | N/C | N/C       | N/A              | Not required          | X    |           |
|                                  |               | 99255                              |            |            | Initial Inpatient Consultation - Physician Only     |                               |  | Yes      | Yes***                  | Yes                                | Yes                            | No   | No  | Yes***                     | No               | No       | No                      | No                | N/C  | N/C | N/C       | N/A              | Not required          | X    |           |
| <b>TIN</b>                       | <b>TIN</b>    | <b>Outpatient Therapy Services</b> |            |            |   |                               |  |          |                         |                                    |                                |      |     |                            |                  |          |                         |                   |      |     |           |                  |                       |      |           |
|                                  | TN1           | 90801                              |            |            | Psychiatric Diagnostic Interview                    |                               | 11, 12, 13, 21, 22, 32, 33, 34, 53, 62, 71, 72 | Yes      | Yes                     | Yes                                | Yes                            | No   | No  | Yes*                       | Yes              | Yes      | Yes                     | No                | N/C  | N/C | Yes       | Yes              | ValueOptions          | X    |           |
|                                  | TN4           | 90801                              | 22         |            | Psychiatric Diagnostic Interview                    |                               | 11, 12, 21, 22, 23, 53                         | No       | Yes                     | Yes                                | Yes                            | No   | No  | No                         | No               | N/C      | Yes                     | No                | N/C  | N/C | N/C       | N/C              | ValueOptions          | X    |           |
|                                  | TIN           | 90804                              |            |            | Individual Psychotherapy (20-30 Minutes)            |                               | 11, 12, 21, 22, 23, 24, 53                     | Yes      | Yes                     | Yes                                | Yes                            | No   | No  | Yes*                       | Yes              | Yes      | Yes                     | No                | N/C  | N/C | Yes       | Yes              | ValueOptions          | X    |           |
|                                  |               | 90805                              |            |            | Individual Psychotherapy with Med Eval/Mgmt         |                               |  | Yes      | Yes                     | Yes                                | Yes                            | No   | No  | Yes*                       | Yes              | Yes      | Yes                     | No                | N/C  | N/C | Yes       | Yes              | ValueOptions          | X    |           |



MARYLAND SERVICE MATRIX 2/2/11

| Value Options Auth Service Class |   |            |            |  |            |  | Public Mental Health Coverage |                         |                                    |                                |      |     |           |                  | Pre-Authorization Required |                         |                   |      |     |           |                  |                       | Claim Form |           |
|----------------------------------|---|------------|------------|--|------------|--|-------------------------------|-------------------------|------------------------------------|--------------------------------|------|-----|-----------|------------------|----------------------------|-------------------------|-------------------|------|-----|-----------|------------------|-----------------------|------------|-----------|
| Benefit Class                    | CPT/Rev Code  | Modifier 1 | Modifier 2 | Service Description  | Claim Type | Place of Service                                   | Medicaid                      | Primary Adult Care -PAC | Federally Funded Medicare/Medicaid | State Funded Medicare/Medicaid | PRTF | TBI | Uninsured | Courtesy Reviews | Medicaid                   | Primary Adult Care -PAC | Medicare/Medicaid | PRTF | TBI | Uninsured | Courtesy Reviews | Send Auth Request to: | UB04       | HCFA 1500 |
|                                  | 90806   |            |            | Individual Psychotherapy (45-50 Minutes)                         |            |  | Yes                           | Yes                     | Yes                                | Yes                            | No   | No  | Yes*      | Yes              | Yes                        | Yes                     | No                | N/C  | N/C | Yes       | Yes              | ValueOptions          | X          |           |
|                                  | 90807   |            |            | Individual Psychotherapy with Med Eval/Mgmt                      |            |  | Yes                           | Yes                     | Yes                                | Yes                            | No   | No  | Yes*      | Yes              | Yes                        | Yes                     | No                | N/C  | N/C | Yes       | Yes              | ValueOptions          | X          |           |
|                                  | <b>TN2</b> 90846                                    |            |            | Family Psychotherapy without Patient Present                     |            | 11, 12, 13, 21, 22, 23, 53                         | Yes                           | Yes                     | Yes                                | Yes                            | No   | No  | Yes*      | Yes              | Yes                        | Yes                     | No                | N/C  | N/C | Yes       | Yes              | ValueOptions          | X          |           |
|                                  | <b>TN3</b> Rev Codes                                |            |            | Outpatient Services  |            | 03, 11, 12, 13, 22, 32, 33, 34, 53, 62, 71, 72, 99 | Yes                           | No                      | Yes                                | Yes                            | No   | No  | No        | Yes              | Yes                        | N/C                     | No                | N/C  | N/C | N/C       | Yes              | ValueOptions          | X          |           |
|                                  | 0910, 0914,   |            |            |  |            |  |                               |                         |                                    |                                |      |     |           |                  |                            |                         |                   |      |     |           |                  |                       |            |           |
|                                  | 0915, 0916,   |            |            |  |            |  |                               |                         |                                    |                                |      |     |           |                  |                            |                         |                   |      |     |           |                  |                       |            |           |
|                                  | 0917,   |            |            |  |            |  |                               |                         |                                    |                                |      |     |           |                  |                            |                         |                   |      |     |           |                  |                       |            |           |
|                                  | 0919, 0510,   |            |            |  |            |  |                               |                         |                                    |                                |      |     |           |                  |                            |                         |                   |      |     |           |                  |                       |            |           |
|                                  | 0513  |            |            |  |            |  |                               |                         |                                    |                                |      |     |           |                  |                            |                         |                   |      |     |           |                  |                       |            |           |
|                                  | <b>TN5</b> 90847                                    |            |            | Family Psychotherapy with Patient Present                        |            | 11, 12, 13, 21, 22, 23, 53                         | Yes                           | Yes                     | Yes                                | Yes                            | No   | No  | Yes*      | Yes              | Yes                        | Yes                     | No                | N/C  | N/C | Yes       | Yes              | ValueOptions          | X          |           |
|                                  | 90847   | 52         |            | Family Psychotherapy with Patient Present - Abbreviated services |            |  | Yes                           | Yes                     | Yes                                | Yes                            | No   | No  | Yes*      | Yes              | Yes                        | Yes                     | No                | N/C  | N/C | Yes       | Yes              | ValueOptions          | X          |           |
|                                  | 90849   |            |            | Multiple Family Group  |            |  | Yes                           | Yes                     | Yes                                | Yes                            | No   | No  | Yes*      | Yes              | Yes                        | Yes                     | No                | N/C  | N/C | Yes       | Yes              | ValueOptions          | X          |           |
|                                  | 90849   | 52         |            | Multiple Family Group - Abbreviated services                     |            |  | Yes                           | Yes                     | Yes                                | Yes                            | No   | No  | Yes*      | Yes              | Yes                        | Yes                     | No                | N/C  | N/C | Yes       | Yes              | ValueOptions          | X          |           |
|                                  | 90853   |            |            | Group Psychotherapy  |            |  | Yes                           | Yes                     | Yes                                | Yes                            | No   | No  | Yes*      | Yes              | Yes                        | Yes                     | No                | N/C  | N/C | Yes       | Yes              | ValueOptions          | X          |           |
|                                  | 90853   | 21         |            | Group Psychotherapy - Extended                                   |            |  | Yes                           | Yes                     | Yes                                | Yes                            | No   | No  | Yes*      | Yes              | Yes                        | Yes                     | No                | N/C  | N/C | Yes       | Yes              | ValueOptions          | X          |           |
|                                  | 90875   |            |            | Individual psychotherapy w/ Biofeedback                          |            |  | Yes                           | Yes                     | Yes                                | Yes                            | No   | No  | Yes*      | Yes              | Yes                        | Yes                     | No                | N/C  | N/C | Yes       | Yes              | ValueOptions          | X          |           |
|                                  | 90876   |            |            | Individual Psychotherapy w/ biofeedback                          |            |  | Yes                           | Yes                     | Yes                                | Yes                            | No   | No  | Yes*      | Yes              | Yes                        | Yes                     | No                | N/C  | N/C | Yes       | Yes              | ValueOptions          | X          |           |
|                                  | 90862   |            |            | Pharmacological Management                                       |            |  | Yes                           | Yes                     | Yes                                | Yes                            | No   | No  | Yes*      | Yes              | Yes                        | Yes                     | No                | N/C  | N/C | Yes       | Yes              | ValueOptions          | X          |           |
|                                  | <b>TN6</b> T1015                                    |            |            | FOHC clinic visit/encounter (all inclusive)                      |            | 11   | Yes                           | Yes                     | Yes                                | Yes                            | No   | No  | Yes*      | Yes              | Yes                        | Yes                     | No                | N/C  | N/C | Yes       | Yes              | ValueOptions          | X          |           |
| <b>TIN</b>                       | <b>Outpatient Therapy Services (for OMS Bundle)</b> |            |            |  |            |  |                               |                         |                                    |                                |      |     |           |                  |                            |                         |                   |      |     |           |                  |                       |            |           |
|                                  | <b>TN1</b> 90801                                    |            |            | Psychiatric Diagnostic Interview                                 |            | 11, 12, 13, 21, 22, 32, 33, 34, 53, 62, 71, 72     | Yes                           | Yes                     | Yes                                | Yes                            | No   | No  | Yes*      | Yes              | Yes                        | Yes                     | No                | N/C  | N/C | Yes       | Yes              | ValueOptions          | X          |           |
| <b>TN4</b>                       | <b>TN4</b> 90801                                    |            | 22         | Psychiatric Diagnostic Interview                                 |            | 11, 12, 21, 22, 23, 53                             | No                            | Yes                     | Yes                                | Yes                            | No   | No  | No        | No               | N/C                        | Yes                     | No                | N/C  | N/C | N/C       | N/C              | ValueOptions          | X          |           |
|                                  | <b>TIN</b> 90804                                    |            |            | Individual Psychotherapy (20-30 Minutes)                         |            | 11, 12, 21, 22, 23, 24, 53                         | Yes                           | Yes                     | Yes                                | Yes                            | No   | No  | Yes*      | Yes              | Yes                        | Yes                     | No                | N/C  | N/C | Yes       | Yes              | ValueOptions          | X          |           |
|                                  | 90805   |            |            | Individual Psychotherapy with Med Eval/Mgmt                      |            |  | Yes                           | Yes                     | Yes                                | Yes                            | No   | No  | Yes*      | Yes              | Yes                        | Yes                     | No                | N/C  | N/C | Yes       | Yes              | ValueOptions          | X          |           |



MARYLAND SERVICE MATRIX 2/2/11

| Value Options Auth Service Class | Benefit Class                  | CPT/Rev Code     | Modifier 1 | Modifier 2 | Service Description  | Claim Type | Place of Service                                   | Public Mental Health Coverage |                         |                                    |                                |      |      | Pre-Authorization Required |                  |          |                         |                   |      | Claim Form |           |                  |                       |      |           |  |
|----------------------------------|--------------------------------|------------------|------------|------------|--|------------|--|-------------------------------|-------------------------|------------------------------------|--------------------------------|------|------|----------------------------|------------------|----------|-------------------------|-------------------|------|------------|-----------|------------------|-----------------------|------|-----------|--|
|                                  |                                |                  |            |            |  |            |  | Medicaid                      | Primary Adult Care -PAC | Federally Funded Medicare/Medicaid | State Funded Medicare/Medicaid | PRTF | TBI  | Uninsured                  | Courtesy Reviews | Medicaid | Primary Adult Care -PAC | Medicare/Medicaid | PRTF | TBI        | Uninsured | Courtesy Reviews | Send Auth Request to: | UB04 | HCFA 1500 |  |
|                                  |                                | 90806            |            |            | Individual Psychotherapy (45-50 Minutes)                         |            |  | Yes                           | Yes                     | Yes                                | No                             | No   | Yes* | Yes                        | Yes              | Yes      | No                      | N/C               | N/C  | Yes        | Yes       | ValueOptions     | X                     |      |           |  |
|                                  |                                | 90807            |            |            | Individual Psychotherapy with Med Eval/Mgmt                      |            |  | Yes                           | Yes                     | Yes                                | No                             | No   | Yes* | Yes                        | Yes              | Yes      | No                      | N/C               | N/C  | Yes        | Yes       | ValueOptions     | X                     |      |           |  |
|                                  | TN2                            | 90846            |            |            | Family Psychotherapy without Patient Present                     |            | 11, 12, 13, 21, 22, 23, 53                         | Yes                           | Yes                     | Yes                                | No                             | No   | Yes* | Yes                        | Yes              | Yes      | No                      | N/C               | N/C  | Yes        | Yes       | ValueOptions     | X                     |      |           |  |
|                                  | TN5                            | 90847            |            |            | Family Psychotherapy with Patient Present                        |            | 11, 12, 13, 21, 22, 23, 53                         | Yes                           | Yes                     | Yes                                | No                             | No   | Yes* | Yes                        | Yes              | Yes      | No                      | N/C               | N/C  | Yes        | Yes       | ValueOptions     | X                     |      |           |  |
|                                  |                                | 90847            | 52         |            | Family Psychotherapy with Patient Present - abbreviated services |            |  | Yes                           | Yes                     | Yes                                | No                             | No   | Yes* | Yes                        | Yes              | Yes      | No                      | N/C               | N/C  | Yes        | Yes       | ValueOptions     | X                     |      |           |  |
|                                  |                                | 90849            |            |            | Multiple Family Group  |            |  | Yes                           | Yes                     | Yes                                | No                             | No   | Yes* | Yes                        | Yes              | Yes      | No                      | N/C               | N/C  | Yes        | Yes       | ValueOptions     | X                     |      |           |  |
|                                  |                                | 90849            | 52         |            | Multiple Family Group - Abbreviated services                     |            |  | Yes                           | Yes                     | Yes                                | No                             | No   | Yes* | Yes                        | Yes              | Yes      | No                      | N/C               | N/C  | Yes        | Yes       | ValueOptions     | X                     |      |           |  |
|                                  |                                | 90853            |            |            | Group Psychotherapy  |            |  | Yes                           | Yes                     | Yes                                | No                             | No   | Yes* | Yes                        | Yes              | Yes      | No                      | N/C               | N/C  | Yes        | Yes       | ValueOptions     | X                     |      |           |  |
|                                  |                                | 90875            |            |            | Individual psychotherapy w/ Biofeedback                          |            |  | Yes                           | Yes                     | Yes                                | No                             | No   | Yes* | Yes                        | Yes              | Yes      | No                      | N/C               | N/C  | Yes        | Yes       | ValueOptions     | X                     |      |           |  |
|                                  |                                | 90876            |            |            | Individual Psychotherapy w/ biofeedback                          |            |  | Yes                           | Yes                     | Yes                                | No                             | No   | Yes* | Yes                        | Yes              | Yes      | No                      | N/C               | N/C  | Yes        | Yes       | ValueOptions     | X                     |      |           |  |
|                                  |                                | 90862            |            |            | Pharmacological Management                                       |            |  | Yes                           | Yes                     | Yes                                | No                             | No   | Yes* | Yes                        | Yes              | Yes      | No                      | N/C               | N/C  | Yes        | Yes       | ValueOptions     | X                     |      |           |  |
|                                  | TN3                            | Rev Codes        |            |            | Outpatient Services  |            | 03, 11, 12, 13, 22, 32, 33, 34, 53, 62, 71, 72, 99 | Yes                           | No                      | Yes                                | Yes                            | No   | No   | No                         | Yes              | Yes      | N/C                     | No                | N/C  | N/C        | Yes       | Yes              | ValueOptions          | X    |           |  |
|                                  |                                | 0910, 0914,      |            |            |  |            |  |                               |                         |                                    |                                |      |      |                            |                  |          |                         |                   |      |            |           |                  |                       |      |           |  |
|                                  |                                | 0915, 0916, 0917 |            |            |  |            |  |                               |                         |                                    |                                |      |      |                            |                  |          |                         |                   |      |            |           |                  |                       |      |           |  |
|                                  |                                | 0918,            |            |            |  |            |  | No                            |                         |                                    |                                |      |      |                            |                  |          | N/C                     |                   |      |            |           |                  |                       |      |           |  |
|                                  |                                | 0919, 0510,      |            |            |  |            |  |                               |                         |                                    |                                |      |      |                            |                  |          |                         |                   |      |            |           |                  |                       |      |           |  |
|                                  |                                | 0513             |            |            |  |            |  |                               |                         |                                    |                                |      |      |                            |                  |          |                         |                   |      |            |           |                  |                       |      |           |  |
|                                  | TNA                            | 90889            |            |            | Discharge  |            | 11, 12, 13, 21, 22, 23, 53                         | Yes                           | Yes                     | Yes                                | Yes                            | No   | No   | Yes*                       | Yes              | Yes      | Yes                     | No                | N/C  | N/C        | Yes       | Yes              | ValueOptions          | X    |           |  |
|                                  | TNB                            | Rev Code 0929    |            |            | Discharge  |            | 03, 11, 12, 13, 22, 32, 33, 34, 53, 62, 71, 72     | Yes                           | No                      | Yes                                | Yes                            | No   | No   | Yes*                       | Yes              | Yes      | N/C                     | No                | N/C  | N/C        | Yes       | Yes              | ValueOptions          | X    |           |  |
|                                  | TN5                            | 90846/0982       |            |            | Family Psychotherapy w/o the identified patient present          |            | 11, 12, 13, 21, 22, 23, 53                         | Yes                           | Yes                     | Yes                                | No                             | No   | Yes* | Yes                        | Yes              | Yes      | No                      | N/C               | N/C  | Yes        | Yes       | ValueOptions     | X                     |      |           |  |
|                                  | TN6                            | T1015            |            |            | FOHC clinic visit/encounter (all inclusive)                      |            | 11   | Yes                           | Yes                     | Yes                                | Yes                            | No   | No   | Yes*                       | Yes              | Yes      | Yes                     | No                | N/C  | N/C        | Yes       | Yes              | ValueOptions          | X    |           |  |
| MSP                              | MSP Mental Health Service Plan | H0032            |            |            | Mental Health Service Plan Development by Non Physician          |            | 11, 12, 13, 22, 32, 33, 34, 53, 62, 71, 72         | Yes                           | Yes                     | Yes                                | Yes                            | No   | No   | Yes*                       | No               | No       | No                      | No                | N/C  | N/C        | No        | N/A              | Not Required          | X    |           |  |



MARYLAND SERVICE MATRIX 2/2/11

| Value Options Auth Service Class                      |            | Benefit Class | CPT/Rev Code | Modifier 1 | Modifier 2 | Service Description   | Claim Type | Place of Service                           | Medicaid | Primary Adult Care -PAC       | Federally Funded Medicare/Medicaid | State Funded Medicare/Medicaid | PRTF | TBI | Uninsured                  | Courtesy Reviews | Medicaid | Primary Adult Care -PAC | Medicare/Medicaid | PRTF | TBI | Uninsured  | Courtesy Reviews | Send Auth Request to: | UB04 | HCFA 1500 | Claim Form |
|---|------------|---------------|--------------|------------|------------|---|------------|--|----------|-------------------------------|------------------------------------|--------------------------------|------|-----|----------------------------|------------------|----------|-------------------------|-------------------|------|-----|------------|------------------|-----------------------|------|-----------|------------|
|   |            |               |              |            |            |   |            |  |          | Public Mental Health Coverage |                                    |                                |      |     | Pre-Authorization Required |                  |          |                         |                   |      |     | Claim Form |                  |                       |      |           |            |
| <b>TCN Outpatient Psychotherapy Services-Consults</b> |            |               |              |            |            |   |            |  |          |                               |                                    |                                |      |     |                            |                  |          |                         |                   |      |     |            |                  |                       |      |           |            |
| <b>TCN</b>  | <b>TCA</b> | 90808         |              |            |            | Individual Psychotherapy (75-80 Minutes)  |            | 11, 12, 21, 22, 23, 24, 53                 | Yes      | Yes                           | Yes                                | Yes                            | No   | No  | Yes*                       | Yes              | Yes      | Yes                     | No                | N/C  | N/C | Yes        | Yes              | ValueOptions          |      | X         |            |
|   |            | 90809         |              |            |            | Individual Psychotherapy with Med Eval/Mgmt (75-80 Min)                           |            |  | Yes      | Yes                           | Yes                                | Yes                            | No   | No  | Yes*                       | Yes              | Yes      | Yes                     | No                | N/C  | N/C | Yes        | Yes              | ValueOptions          |      | X         |            |
|   | <b>TCE</b> | 99241         |              |            |            | Office Consult - MDs only   |            | 11, 22                                     | Yes      | No                            | Yes                                | Yes                            | No   | No  | Yes*                       | Yes              | Yes      | N/C                     | No                | N/C  | N/C | N/C        | Yes              | ValueOptions          |      | X         |            |
|   |            | 99242         |              |            |            | Office Consult - MDs only   |            |  | Yes      | No                            | Yes                                | Yes                            | No   | No  | Yes*                       | Yes              | Yes      | N/C                     | No                | N/C  | N/C | N/C        | Yes              | ValueOptions          |      | X         |            |
|   |            | 99243         |              |            |            | Office Consult - MDs only   |            |  | Yes      | No                            | Yes                                | Yes                            | No   | No  | Yes*                       | Yes              | Yes      | N/C                     | No                | N/C  | N/C | N/C        | Yes              | ValueOptions          |      | X         |            |
|   |            | 99244         |              |            |            | Office Consult - MDs only   |            |  | Yes      | No                            | Yes                                | Yes                            | No   | No  | Yes*                       | Yes              | Yes      | N/C                     | No                | N/C  | N/C | N/C        | Yes              | ValueOptions          |      | X         |            |
|   |            | 99245         |              |            |            | Office Consult - MDs only   |            |  | Yes      | No                            | Yes                                | Yes                            | No   | No  | Yes*                       | Yes              | Yes      | N/C                     | No                | N/C  | N/C | N/C        | Yes              | ValueOptions          |      | X         |            |
|   | <b>TCN</b> | 99354         |              |            |            | Prolonged Service Requiring Face to Face Patient Contact beyond the usual service |            | 11, 12, 13, 22, 32, 33, 34, 53, 62, 71, 72 | Yes      | Yes                           | Yes                                | Yes                            | No   | No  | Yes*                       | Yes              | Yes      | Yes                     | No                | N/C  | N/C | Yes        | Yes              | ValueOptions          |      | X         |            |
|   |            | 99355         |              |            |            | Each Additional 30 minutes of a prolonged Psych Service                           |            |  | Yes      | Yes                           | Yes                                | Yes                            | No   | No  | Yes*                       | Yes              | Yes      | Yes                     | No                | N/C  | N/C | Yes        | Yes              | ValueOptions          |      | X         |            |
|   |            | H2027         |              |            |            | Family Psycho-education (Evidence Based Practice)                                 |            |  | Yes      | Yes                           | Yes                                | Yes                            | No   | No  | Yes*                       | Yes              | Yes      | Yes                     | No                | N/C  | N/C | Yes        | Yes              | ValueOptions          |      | X         |            |
|   |            | H1011         |              |            |            | Family Psycho-education - With or Without Consumer Present                        |            |  | Yes      | Yes                           | Yes                                | Yes                            | No   | No  | Yes*                       | Yes              | Yes      | Yes                     | No                | N/C  | N/C | Yes        | Yes              | ValueOptions          |      | X         |            |



MARYLAND SERVICE MATRIX 2/2/11

| Value Options Auth Service Class |   | Benefit Class                       | CPT/Rev Code | Modifier 1 | Modifier 2  | Service Description | Claim Type                                     | Place of Service | Public Mental Health Coverage |                                    |                                |      |     |           | Pre-Authorization Required |          |                         |                   |      |     | Claim Form |                  |                       |      |           |
|----------------------------------|---|-------------------------------------|--------------|------------|---|---------------------|--|------------------|-------------------------------|------------------------------------|--------------------------------|------|-----|-----------|----------------------------|----------|-------------------------|-------------------|------|-----|------------|------------------|-----------------------|------|-----------|
| Value Options Auth Service Class | Benefit Class                                   | CPT/Rev Code                        | Modifier 1   | Modifier 2 | Service Description   | Claim Type          | Place of Service                               | Medicaid         | Primary Adult Care -PAC       | Federally Funded Medicare/Medicaid | State Funded Medicare/Medicaid | PRTF | TBI | Uninsured | Courtesy Reviews           | Medicaid | Primary Adult Care -PAC | Medicare/Medicaid | PRTF | TBI | Uninsured  | Courtesy Reviews | Send Auth Request to: | UB04 | HCFA 1500 |
| <b>TNS</b>                       | <b>TNS</b>                                      | <b>Therapeutic Nursery Services</b> |              |            |   |                     |  |                  |                               |                                    |                                |      |     |           |                            |          |                         |                   |      |     |            |                  |                       |      |           |
|                                  |   | H0046                               |              |            | Therapeutic Nursery Services  |                     | 11, 12, 13, 22, 32, 33, 34, 53, 62, 71, 72     | Yes              | No                            | Yes                                | Yes                            | No   | No  | Yes*      | Yes                        | Yes      | N/C                     | No                | N/C  | N/C | Yes        | Yes              | ValueOptions          |      | X         |
| <b>Case Management Services</b>  |   |                                     |              |            |   |                     |  |                  |                               |                                    |                                |      |     |           |                            |          |                         |                   |      |     |            |                  |                       |      |           |
| <b>CM1</b>                       | <b>CM1</b>                                      | H0031                               |              |            | Case Management Assessment  |                     | 11, 12, 15, 23, 49, 52                         | Yes              | Yes                           | Yes                                | Yes                            | No   | No  | Yes       | Yes                        | No       | No                      | No                | N/C  | N/C | No         | N/A              | Not Required          |      | X         |
| <b>CM2</b>                       | <b>CM2</b>                                      | T1016                               |              |            | Case Management - Daily   |                     | 11, 12, 15, 22, 23, 49, 52, 53                 | Yes              | Yes                           | Yes                                | Yes                            | No   | No  | Yes       | Yes                        | Yes      | Yes                     | Yes               | N/C  | N/C | Yes        | Yes              | ValueOptions          |      | X         |
| <b>CM3</b>                       | <b>CM3</b>                                      | T1016                               |              | HW         | Transitional Case Management  |                     | 11, 12, 15, 21, 22, 23, 49, 51, 52, 53, 56, 99 | Yes              | Yes                           | Yes                                | Yes                            | No   | No  | Yes       | Yes                        | Yes      | Yes                     | Yes               | N/C  | N/C | Yes        | Yes              | ValueOptions          |      | X         |
| <b>TBS</b>                       | <b>TBS</b>                                      | <b>TBS - Use DDA Dx and MH</b>      |              |            |   |                     |  |                  |                               |                                    |                                |      |     |           |                            |          |                         |                   |      |     |            |                  |                       |      |           |
|                                  |   | 96150                               |              |            | Initial Assessment  |                     | 12   | Yes              | No                            | Yes                                | Yes                            | No   | No  | No        | Yes                        | Yes      | N/C                     | No                | N/C  | N/C | Yes        | Yes              | ValueOptions          |      | X         |
|                                  |   | 96151                               |              |            | Reassessment  |                     |  | Yes              | No                            | Yes                                | Yes                            | No   | No  | No        | Yes                        | Yes      | N/C                     | No                | N/C  | N/C | Yes        | Yes              | ValueOptions          |      | X         |
|                                  |   | 96152                               |              |            | TBS   |                     |  | Yes              | No                            | Yes                                | Yes                            | No   | No  | No        | Yes                        | Yes      | N/C                     | No                | N/C  | N/C | Yes        | Yes              | ValueOptions          |      | X         |
| <b>OCT</b>                       | <b>Occupational Therapy Services Inpatient</b>  |                                     |              |            |   |                     |  |                  |                               |                                    |                                |      |     |           |                            |          |                         |                   |      |     |            |                  |                       |      |           |
|                                  | <b>OCT</b>                                      | 97003                               |              |            | Occupational Therapy Evaluation                                     |                     | 21, 52   | Yes              | Yes***                        | Yes                                | Yes                            | No   | No  | Yes*      | No                         | No       | No                      | No                | N/C  | N/C | No         | No               | Not Required          |      | X         |
|                                  | <b>OCA</b>                                      | 97530                               |              |            | Therapeutic Activities, one on one patient contact, each 15 minutes |                     |  | Yes              | Yes***                        | Yes                                | Yes                            | No   | No  | Yes*      | No                         | No       | No                      | No                | N/C  | N/C | No         | No               | Not Required          |      | X         |
|                                  |   | 97535                               |              |            | Self Care/Home Management Training, each 15 min.                    |                     |  | Yes              | Yes***                        | Yes                                | Yes                            | No   | No  | Yes*      | No                         | No       | No                      | No                | N/C  | N/C | No         | No               | Not Required          |      | X         |
|                                  |   | 97537                               |              |            | Community/Work Reintegration Training, each 15 min.                 |                     |  | Yes              | Yes***                        | Yes                                | Yes                            | No   | No  | Yes*      | No                         | No       | No                      | No                | N/C  | N/C | No         | No               | Not Required          |      | X         |
|                                  | <b>OCT</b>                                      | 97532                               |              |            | Development of Cognitive Skills, each 15 minutes                    |                     |  | Yes              | Yes***                        | Yes                                | Yes                            | No   | No  | Yes*      | No                         | No       | No                      | No                | N/C  | N/C | No         | No               | Not Required          |      | X         |
|                                  |   | 97150                               |              |            | Therapeutic Procedure, group (2 or more individuals)                |                     |  | Yes              | Yes***                        | Yes                                | Yes                            | No   | No  | Yes*      | No                         | No       | No                      | No                | N/C  | N/C | No         | No               | Not Required          |      | X         |
|                                  | <b>OCA</b>                                      | 97004                               |              |            | Reevaluation (per 15 minutes)                                       |                     |  | Yes              | Yes***                        | Yes                                | Yes                            | No   | No  | Yes*      | No                         | No       | No                      | No                | N/C  | N/C | No         | No               | Not Required          |      | X         |
| <b>OCT</b>                       | <b>Occupational Therapy Services Outpatient</b> |                                     |              |            |   |                     |  |                  |                               |                                    |                                |      |     |           |                            |          |                         |                   |      |     |            |                  |                       |      |           |
|                                  | <b>OCT</b>                                      | 97003                               |              |            | Occupational Therapy Evaluation                                     |                     | 11, 15   | Yes              | Yes                           | Yes                                | Yes                            | No   | No  | Yes*      | Yes                        | Yes      | Yes                     | Yes               | N/C  | N/C | Yes        | Yes              | ValueOptions          |      | X         |
|                                  | <b>OCA</b>                                      | 97530                               |              |            | Therapeutic Activities, one on one patient contact, each 15 minutes |                     |  | Yes              | Yes                           | Yes                                | Yes                            | No   | No  | Yes*      | Yes                        | Yes      | Yes                     | Yes               | N/C  | N/C | Yes        | Yes              | ValueOptions          |      | X         |
|                                  |   | 97535                               |              |            | Self Care/Home Management Training, each 15 min.                    |                     |  | Yes              | Yes                           | Yes                                | Yes                            | No   | No  | Yes*      | Yes                        | Yes      | Yes                     | Yes               | N/C  | N/C | Yes        | Yes              | ValueOptions          |      | X         |



MARYLAND SERVICE MATRIX 2/2/11

| Value Options Auth Service Class | Benefit Class | CPT/Rev Code | Modifier 1 | Modifier 2 | Service Description                                 | Claim Type | Place of Service | Public Mental Health Coverage |                         |                                    |                                |      |      | Pre-Authorization Required |                  |          |                         |                   |      | Claim Form |              |                  |                       |      |           |
|----------------------------------|---------------|--------------|------------|------------|---|------------|------------------|-------------------------------|-------------------------|------------------------------------|--------------------------------|------|------|----------------------------|------------------|----------|-------------------------|-------------------|------|------------|--------------|------------------|-----------------------|------|-----------|
|                                  |               |              |            |            |   |            |                  | Medicaid                      | Primary Adult Care -PAC | Federally Funded Medicare/Medicaid | State Funded Medicare/Medicaid | PRTF | TBI  | Uninsured                  | Courtesy Reviews | Medicaid | Primary Adult Care -PAC | Medicare/Medicaid | PRTF | TBI        | Uninsured    | Courtesy Reviews | Send Auth Request to: | UB04 | HCFA 1500 |
|                                  |               | 97537        |            |            | Community/Work Reintegration Training, each 15 min. |            |                  | Yes                           | Yes                     | Yes                                | No                             | No   | Yes* | Yes                        | Yes              | Yes      | N/C                     | N/C               | Yes  | Yes        | ValueOptions |                  | X                     |      |           |



MARYLAND SERVICE MATRIX 2/2/11

|   |               |              |            |            |   |              | Public Mental Health Coverage |          |                         |                                    |                                |      |     | Pre-Authorization Required |                  |          |                         |                   |      |     | Claim Form |                  |                       |      |           |  |  |
|---|---------------|--------------|------------|------------|---|--------------|-------------------------------|----------|-------------------------|------------------------------------|--------------------------------|------|-----|----------------------------|------------------|----------|-------------------------|-------------------|------|-----|------------|------------------|-----------------------|------|-----------|--|--|
| Value Options Auth Service Class  | Benefit Class | CPT/Rev Code | Modifier 1 | Modifier 2 | Service Description   | Claim Type   | Place of Service              | Medicaid | Primary Adult Care -PAC | Federally Funded Medicare/Medicaid | State Funded Medicare/Medicaid | PRTF | TBI | Uninsured                  | Courtesy Reviews | Medicaid | Primary Adult Care -PAC | Medicare/Medicaid | PRTF | TBI | Uninsured  | Courtesy Reviews | Send Auth Request to: | UB04 | HCFA 1500 |  |  |
|   | OCT           | 97532        |            |            | Development of Cognitive Skills, each 15 minutes  |              |                               | Yes      | Yes                     | Yes                                | Yes                            | No   | No  | Yes*                       | Yes              | Yes      | Yes                     | Yes               | N/C  | N/C | Yes        | Yes              | ValueOptions          |      | X         |  |  |
|   |               | 97150        |            |            | Therapeutic Procedure, group (2 or more individuals)  |              |                               | Yes      | Yes                     | Yes                                | Yes                            | No   | No  | Yes*                       | Yes              | Yes      | Yes                     | Yes               | N/C  | N/C | Yes        | Yes              | ValueOptions          |      | X         |  |  |
|   | OCA           | 97004        |            |            | Reevaluation (per 15 minutes)   |              |                               | Yes      | Yes                     | Yes                                | Yes                            | No   | No  | Yes*                       | Yes              | Yes      | Yes                     | Yes               | N/C  | N/C | Yes        | Yes              | ValueOptions          |      | X         |  |  |
| <b>Rehabilitation Services - All Codes Must be Specifically Authorized Using the Appropriate Modifier (5) (6)</b> |               |              |            |            |   |              |                               |          |                         |                                    |                                |      |     |                            |                  |          |                         |                   |      |     |            |                  |                       |      |           |  |  |
| PRP   | PRP           | H0002        |            |            | Behavioral Health Screening PRP Assessment (7)  |              | 11, 15, 52                    | Yes      | Yes                     | Yes                                | Yes                            | No   | No  | Yes*                       | Yes              | No       | No                      | No                | N/C  | N/C | No         | No               | Not Required          |      | X         |  |  |
| PR1   | PR1           | H2018        | U2         |            | Any Combination of On-Site or Off-Site services for Community PRP client, not living independently                  | 03, 02       | 49                            | Yes      | Yes                     | Yes                                | Yes                            | No   | No  | Yes*                       | Yes              | Yes      | Yes                     | Yes               | N/C  | N/C | Yes        | Yes              | ValueOptions          |      | X         |  |  |
| PR1   | PR1           | H2018        | U2         |            | On-Site services for community PRP Client, not living independently (minimum 2 encounters)                          | 02           | 52                            | Yes      | Yes                     | Yes                                | Yes                            | No   | No  | Yes*                       | Yes              | Yes      | Yes                     | Yes               | N/C  | N/C | Yes        | Yes              | ValueOptions          |      | X         |  |  |
| PR1   | PR1           | H2018        | U2         |            | Off-Site services for community PRP Client, not living independently (minimum 2 encounters)                         | 02           | 15                            | Yes      | Yes                     | Yes                                | Yes                            | No   | No  | Yes*                       | Yes              | Yes      | Yes                     | Yes               | N/C  | N/C | Yes        | Yes              | ValueOptions          |      | X         |  |  |
| PR2   | PR2           | H2018        | U3         |            | Any Combination of On or Off-Site services for Supported Living Client, living independently (Minimum 6 encounters) | 06,05, 03,02 | 49                            | Yes      | Yes                     | Yes                                | Yes                            | No   | No  | Yes*                       | Yes              | Yes      | Yes                     | Yes               | N/C  | N/C | Yes        | Yes              | ValueOptions          |      | X         |  |  |
| PR2   | PR2           | H2018        | U3         |            | Any Combination of On-Site services for Supported Living Client, living independently (Minimum 3 encounters)        | 03,02        | 52                            | Yes      | Yes                     | Yes                                | Yes                            | No   | No  | Yes*                       | Yes              | Yes      | Yes                     | Yes               | N/C  | N/C | Yes        | Yes              | ValueOptions          |      | X         |  |  |
| PR2   | PR2           | H2018        | U3         |            | Any Combination of Off-Site services for Supported Living Client, living independently (Minimum 5 encounters)       | 05,02        | 15                            | Yes      | Yes                     | Yes                                | Yes                            | No   | No  | Yes*                       | Yes              | Yes      | Yes                     | Yes               | N/C  | N/C | Yes        | Yes              | ValueOptions          |      | X         |  |  |
| PR4   | PR4           | H2018        | U5         |            | On-Site PRP services to Intensive Residential Clients (Minimum 4 Encounters)  | 04,03, 02    | 52                            | Yes      | Yes                     | Yes                                | Yes                            | No   | No  | Yes*                       | Yes              | Yes      | Yes                     | Yes               | N/C  | N/C | Yes        | Yes              | CSA                   |      | X         |  |  |
| PR3   | PR3           | H2018        | U4         |            | On-Site PRP services to General Residential Clients (Minimum 4 Encounters)  | 04,03, 02    | 52                            | Yes      | Yes                     | Yes                                | Yes                            | No   | No  | Yes*                       | Yes              | Yes      | Yes                     | Yes               | N/C  | N/C | Yes        | Yes              | CSA                   |      | X         |  |  |
| PR3   | PR3           | H2018        | U4         |            | Off-Site PRP Services to RRP General Clients (Minimum 13 Encounters)  | 13,05, 02    | 15                            | Yes      | Yes                     | Yes                                | Yes                            | No   | No  | Yes*                       | Yes              | Yes      | Yes                     | Yes               | N/C  | N/C | Yes        | Yes              | CSA                   |      | X         |  |  |
| PR4   | PR4           | H2018        | U5         |            | Off-Site PRP Services to RRP Intensive Clients (Minimum 19 Encounters)  | 19,13, 05,02 | 15                            | Yes      | Yes                     | Yes                                | Yes                            | No   | No  | Yes*                       | Yes              | Yes      | Yes                     | Yes               | N/C  | N/C | Yes        | Yes              | CSA                   |      | X         |  |  |





MARYLAND SERVICE MATRIX 2/2/11

| Value Options Auth Service Class |            | Benefit Class | CPT/Rev Code         | Modifier 1 | Modifier 2 | Service Description  | Claim Type | Place of Service                   | Public Mental Health Coverage |                         |                                    |                                |      |     | Pre-Authorization Required |                  |          |                         |                   |      | Claim Form |           |                  |                       |      |           |  |
|----------------------------------|------------|---------------|----------------------|------------|------------|--|------------|------------------------------------|-------------------------------|-------------------------|------------------------------------|--------------------------------|------|-----|----------------------------|------------------|----------|-------------------------|-------------------|------|------------|-----------|------------------|-----------------------|------|-----------|--|
|                                  |            |               |                      |            |            |  |            |                                    | Medicaid                      | Primary Adult Care -PAC | Federally Funded Medicare/Medicaid | State Funded Medicare/Medicaid | PRTF | TBI | Uninsured                  | Courtesy Reviews | Medicaid | Primary Adult Care -PAC | Medicare/Medicaid | PRTF | TBI        | Uninsured | Courtesy Reviews | Send Auth Request to: | UB04 | HCFA 1500 |  |
|                                  |            |               | S9485 (1)            |            |            | Residential Crisis Service   |            | 11, 12, 15, 21, 51, 52, 56, 62, 99 | Yes                           | Yes                     | Yes                                | Yes                            | No   | No  | Yes*                       | Yes              | Yes      | Yes                     | Yes               | N/C  | N/C        | Yes       | Yes              | ValueOptions**        |      | X         |  |
|                                  |            |               | S5145 (1)            |            |            | Treatment Foster Care  |            |                                    | Yes                           | Yes                     | Yes                                | Yes                            | No   | No  | Yes*                       | Yes              | Yes      | Yes                     | Yes               | N/C  | N/C        | Yes       | Yes              | ValueOptions**        |      | X         |  |
| <b>Supported Employment</b>      |            |               |                      |            |            |  |            |                                    |                               |                         |                                    |                                |      |     |                            |                  |          |                         |                   |      |            |           |                  |                       |      |           |  |
| <b>IJC</b>                       | <b>SEA</b> |               | H2023                |            |            | Supported Employment per 15 minutes (Intensive Job Coaching)   |            | 11, 12, 15, 99                     | Yes*                          | Yes                     | Yes*                               | Yes*                           | No   | No  | Yes*                       | Yes              | Yes      | Yes                     | Yes               | N/C  | N/C        | Yes       | Yes              | CSA                   |      | X         |  |
| <b>PPL</b>                       |            |               | H2024                |            |            | Supported Employment, Pre-Placement Phase  |            |                                    | Yes*                          | Yes                     | Yes*                               | Yes*                           | No   | No  | Yes*                       | Yes              | Yes      | Yes                     | Yes               | N/C  | N/C        | Yes       | Yes              | CSA                   |      | X         |  |
| <b>JPL</b>                       |            |               | H2024                | 21         |            | Supported Employment, Job Placement Phase  |            |                                    | Yes*                          | Yes                     | Yes*                               | Yes*                           | No   | No  | Yes*                       | Yes              | Yes      | Yes                     | Yes               | N/C  | N/C        | Yes       | Yes              | CSA                   |      | X         |  |
| <b>ESS</b>                       |            |               | H2026                |            |            | Extended Support Services  |            |                                    | Yes*                          | Yes                     | Yes*                               | Yes*                           | No   | No  | Yes*                       | Yes              | Yes      | Yes                     | Yes               | N/C  | N/C        | Yes       | Yes              | CSA                   |      | X         |  |
| <b>ESS</b>                       |            |               | H2026                | 21         |            | Ongoing Support (Evidence Based Practice)  |            |                                    | Yes                           | Yes                     | Yes                                | Yes                            | No   | No  | Yes*                       | Yes              | Yes      | Yes                     | Yes               | N/C  | N/C        | Yes       | Yes              | CSA                   |      | X         |  |
| <b>CLC</b>                       | <b>SES</b> |               | S9445                | 52         |            | Clinic Coordination (Evidence Based Practice)  |            |                                    | Yes*                          | Yes                     | Yes*                               | Yes*                           | No   | No  | Yes*                       | Yes              | Yes      | Yes                     | Yes               | N/C  | N/C        | Yes       | Yes              | CSA                   |      | X         |  |
|                                  | <b>SEO</b> |               | S9445                |            |            | On or Off-Site PRP Services for an Individual in a Supported Employment Program (Minimum 2 Encounters) |            | 15, 49, 52                         | Yes                           | Yes                     | Yes                                | Yes                            | No   | No  | Yes*                       | Yes              | Yes      | Yes                     | Yes               | N/C  | N/C        | Yes       | Yes              | CSA                   |      | X         |  |
| <b>ENS</b>                       | <b>ENS</b> |               | H2016                | U1         |            | Encounter for Supported Employment   |            | 11, 15, 52, 99                     | Yes*                          | Yes                     | Yes*                               | Yes*                           | No   | No  | Yes*                       | No               | No       | No                      | No                | N/C  | N/C        | No        | No               | Not Required          |      | X         |  |
| <b>Outpatient ECT</b>            |            |               |                      |            |            |  |            |                                    |                               |                         |                                    |                                |      |     |                            |                  |          |                         |                   |      |            |           |                  |                       |      |           |  |
| <b>PEC</b>                       | <b>PEC</b> |               | 90870                |            |            | ECT Single Seizure with Monitoring   |            | 11, 22, 53                         | Yes                           | No                      | Yes                                | Yes                            | No   | No  | No                         | Yes              | Yes      | N/C                     | No                | N/C  | N/C        | Yes       | Yes              | ValueOptions          |      | X         |  |
| <b>PAN</b>                       | <b>PAN</b> |               | 00104                |            |            | Anesthesia for ECT   |            |                                    | Yes                           | No                      | Yes                                | Yes                            | No   | No  | No                         | Yes              | No (2)   | N/C                     | No                | N/C  | N/C        | No (2)    | Yes              | ValueOptions          |      | X         |  |
| <b>POH</b>                       | <b>POH</b> |               | 0901                 |            |            | ECT Facility   |            |                                    | Yes                           | No                      | Yes                                | Yes                            | No   | No  | No                         | Yes              | No (4)   | N/C                     | No                | N/C  | N/C        | N/C       | Yes              | ValueOptions          | X    |           |  |
| <b>Inpatient ECT Treatment</b>   |            |               |                      |            |            |  |            |                                    |                               |                         |                                    |                                |      |     |                            |                  |          |                         |                   |      |            |           |                  |                       |      |           |  |
| <b>PEC</b>                       | <b>PEC</b> |               | 90870                |            |            | ECT Single Seizure   |            | 21, 51, 52, 56                     | Yes                           | No                      | Yes                                | Yes                            | No   | No  | No                         | Yes              | Yes      | N/C                     | No                | N/C  | N/C        | N/C       | Yes              | ValueOptions          |      | X         |  |
| <b>PAN</b>                       | <b>PAN</b> |               | 00104                |            |            | Anesthesia for ECT   |            |                                    | Yes                           | No                      | Yes                                | Yes                            | No   | No  | No                         | Yes              | No (4)   | N/C                     | No                | N/C  | N/C        | N/C       | Yes              | ValueOptions          | X    |           |  |
| <b>POH</b>                       | <b>POH</b> |               | 0901                 |            |            | ECT Facility   |            |                                    | Yes                           | No                      | Yes                                | Yes                            | No   | No  | No                         | Yes              | No (4)   | N/C                     | No                | N/C  | N/C        | N/C       | Yes              | ValueOptions          | X    |           |  |
| <b>TST</b>                       | <b>TST</b> |               | <b>Psych Testing</b> |            |            |  |            |                                    |                               |                         |                                    |                                |      |     |                            |                  |          |                         |                   |      |            |           |                  |                       |      |           |  |
|                                  |            |               | 0918                 |            |            | Psychological Testing  |            | 11, 21, 22, 51, 52, 53, 56, 99     | Yes                           | No                      | Yes                                | Yes                            | No   | No  | No                         | Yes              | Yes      | Yes                     | No                | N/C  | N/C        | Yes       | Yes              | ValueOptions          |      | X         |  |
|                                  |            |               | 96101                |            |            | Psychological Testing  |            |                                    | Yes                           | Yes                     | Yes                                | Yes                            | No   | No  | Yes*                       | Yes              | Yes      | Yes                     | No                | N/C  | N/C        | Yes       | Yes              | ValueOptions          |      | X         |  |
|                                  |            |               | 96102                |            |            | Psychological Testing  |            |                                    | Yes                           | Yes                     | Yes                                | Yes                            | No   | No  | Yes*                       | Yes              | Yes      | Yes                     | No                | N/C  | N/C        | Yes       | Yes              | ValueOptions          |      | X         |  |



MARYLAND SERVICE MATRIX 2/2/11

| Value Options Auth Service Class               | Benefit Class | CPT/Rev Code                    | Modifier 1 | Modifier 2 | Service Description                        | Claim Type | Place of Service       | Public Mental Health Coverage |                         |                                    |                                |      |     |           | Pre-Authorization Required |          |                         |                   |      |     |           | Claim Form       |                       |      |           |
|--|---------------|---------------------------------|------------|------------|--|------------|------------------------|-------------------------------|-------------------------|------------------------------------|--------------------------------|------|-----|-----------|----------------------------|----------|-------------------------|-------------------|------|-----|-----------|------------------|-----------------------|------|-----------|
|  |               |                                 |            |            |  |            |                        | Medicaid                      | Primary Adult Care -PAC | Federally Funded/Medicare/Medicaid | State Funded Medicare/Medicaid | PRTF | TBI | Uninsured | Courtesy Reviews           | Medicaid | Primary Adult Care -PAC | Medicare/Medicaid | PRTF | TBI | Uninsured | Courtesy Reviews | Send Auth Request to: | UB04 | HCFA 1500 |
| <b>Tramatic Brain Injury - Dx Code = 310.9</b> |               |                                 |            |            |  |            |                        |                               |                         |                                    |                                |      |     |           |                            |          |                         |                   |      |     |           |                  |                       |      |           |
| T01  | T01           | W0037                           |            |            | Residential habilitation Level 1 {per day} |            | 11, 12, 15             | No                            | No                      | No                                 | No                             | No   | Yes | No        | No                         | N/C      | N/C                     | N/C               | N/C  | Yes | N/C       | No               | MHA                   |      |           |
| T02  | T02           | W0038                           |            |            | Residential habilitation Level 2 {per day} |            |                        | No                            | No                      | No                                 | No                             | No   | Yes | No        | No                         | N/C      | N/C                     | N/C               | N/C  | Yes | N/C       | No               | MHA                   |      |           |
| T03  | T03           | W0039                           |            |            | Residential habilitation Level 3 {per day} |            |                        | No                            | No                      | No                                 | No                             | No   | Yes | No        | No                         | N/C      | N/C                     | N/C               | N/C  | Yes | N/C       | No               | MHA                   |      |           |
| T04  | T04           | W0054                           |            |            | Day habilitation Level 1 {per day}         |            |                        | No                            | No                      | No                                 | No                             | No   | Yes | No        | No                         | N/C      | N/C                     | N/C               | N/C  | Yes | N/C       | No               | MHA                   |      |           |
| T05  | T05           | W0055                           |            |            | Day habilitation Level 2 {per day}         |            |                        | No                            | No                      | No                                 | No                             | No   | Yes | No        | No                         | N/C      | N/C                     | N/C               | N/C  | Yes | N/C       | No               | MHA                   |      |           |
| T06  | T06           | W0056                           |            |            | Day habilitation Level 3 {per day}         |            |                        | No                            | No                      | No                                 | No                             | No   | Yes | No        | No                         | N/C      | N/C                     | N/C               | N/C  | Yes | N/C       | No               | MHA                   |      |           |
| T07  | T07           | W0057                           |            |            | Supported Employment Level 1 {per day}     |            | 11, 12, 15, 50, 53, 72 | No                            | No                      | No                                 | No                             | No   | Yes | No        | No                         | N/C      | N/C                     | N/C               | N/C  | Yes | N/C       | No               | MHA                   |      |           |
| T08  | T08           | W0058                           |            |            | Supported Employment Level 2 {per day}     |            |                        | No                            | No                      | No                                 | No                             | No   | Yes | No        | No                         | N/C      | N/C                     | N/C               | N/C  | Yes | N/C       | No               | MHA                   |      |           |
| T09  | T09           | W0059                           |            |            | Supported Employment Level 3 {per day}     |            |                        | No                            | No                      | No                                 | No                             | No   | Yes | No        | No                         | N/C      | N/C                     | N/C               | N/C  | Yes | N/C       | No               | MHA                   |      |           |
| T10  | T10           | W0060                           |            |            | Individual Support Services {ISS}          |            |                        | No                            | No                      | No                                 | No                             | No   | Yes | No        | No                         | N/C      | N/C                     | N/C               | N/C  | Yes | N/C       | No               | MHA                   |      |           |
| PER  | PER           | <b>Emergency Room Facility</b>  |            |            |  |            |                        |                               |                         |                                    |                                |      |     |           |                            |          |                         |                   |      |     |           |                  |                       |      |           |
|  |               | 0450, 0451, 0452                |            |            | Emergency Room                             |            | 21, 23                 | Yes                           | Yes~                    | Yes                                | Yes                            | No   | No  | No        | No                         | No       | No                      | N/C               | N/C  | N/C | N/C       | Not Required     | X                     |      |           |
| PES  | PES           | <b>Emergency Room Physician</b> |            |            |  |            |                        |                               |                         |                                    |                                |      |     |           |                            |          |                         |                   |      |     |           |                  |                       |      |           |
|  |               | 99281                           |            |            | Emergency Department Visit                 |            | 22, 23                 | Yes                           | No                      | Yes                                | Yes                            | No   | No  | No        | No                         | No       | N/C                     | No                | N/C  | N/C | N/A       | Not Required     | X                     |      |           |
|  |               | 99282                           |            |            | Emergency Department Visit                 |            |                        | Yes                           | No                      | Yes                                | Yes                            | No   | No  | No        | No                         | No       | N/C                     | No                | N/C  | N/C | N/A       | Not Required     | X                     |      |           |
|  |               | 99283                           |            |            | Emergency Department Visit                 |            |                        | Yes                           | No                      | Yes                                | Yes                            | No   | No  | No        | No                         | No       | N/C                     | No                | N/C  | N/C | N/A       | Not Required     | X                     |      |           |
|  |               | 99284                           |            |            | Emergency Department Visit                 |            |                        | Yes                           | No                      | Yes                                | Yes                            | No   | No  | No        | No                         | No       | N/C                     | No                | N/C  | N/C | N/A       | Not Required     | X                     |      |           |
|  |               | 99285                           |            |            | Emergency Department Visit                 |            |                        | Yes                           | No                      | Yes                                | Yes                            | No   | No  | No        | No                         | No       | N/C                     | No                | N/C  | N/C | N/A       | Not Required     | X                     |      |           |
|  | TN1           | 90801                           |            |            | Psychiatric Diagnostic Interview           |            | 23                     | Yes                           | No                      | Yes                                | Yes                            | No   | No  | No        | No                         | No       | N/C                     | No                | N/C  | N/C | No        | N/A              | Not Required          | X    |           |
|  |               | 90801                           | HA         |            | Psychiatric Diagnostic Interview           |            | 23                     | Yes                           | No                      | Yes                                | Yes                            | No   | No  | No        | No                         | No       | N/C                     | No                | N/C  | N/C | No        | N/A              | Not Required          | X    |           |
| TCN  | TCE           | 99241                           |            |            | Office Consult - MDs only                  |            | 23                     | Yes                           | No                      | Yes                                | Yes                            | No   | No  | No        | No                         | No       | N/C                     | No                | N/C  | N/C | N/A       | Not Required     | X                     |      |           |
|  |               | 99242                           |            |            | Office Consult - MDs only                  |            |                        | Yes                           | No                      | Yes                                | Yes                            | No   | No  | No        | No                         | No       | N/C                     | No                | N/C  | N/C | N/A       | Not Required     | X                     |      |           |
|  |               | 99243                           |            |            | Office Consult - MDs only                  |            |                        | Yes                           | No                      | Yes                                | Yes                            | No   | No  | No        | No                         | No       | N/C                     | No                | N/C  | N/C | N/A       | Not Required     | X                     |      |           |
|  |               | 99244                           |            |            | Office Consult - MDs only                  |            |                        | Yes                           | No                      | Yes                                | Yes                            | No   | No  | No        | No                         | No       | N/C                     | No                | N/C  | N/C | N/A       | Not Required     | X                     |      |           |
|  |               | 99245                           |            |            | Office Consult - MDs only                  |            |                        | Yes                           | No                      | Yes                                | Yes                            | No   | No  | No        | No                         | No       | N/C                     | No                | N/C  | N/C | N/A       | Not Required     | X                     |      |           |





MARYLAND SERVICE MATRIX 2/2/11

| Value Options Auth Service Class | Benefit Class | CPT/Rev Code  | Modifier 1 | Modifier 2 | Service Description | Claim Type | Place of Service | Public Mental Health Coverage |                         |                                    |                                |      |     | Pre-Authorization Required |                  |          |                         |                   |      | Claim Form |           |
|----------------------------------|---------------|---|------------|------------|---------------------|------------|------------------|-------------------------------|-------------------------|------------------------------------|--------------------------------|------|-----|----------------------------|------------------|----------|-------------------------|-------------------|------|------------|-----------|
|                                  |               |   |            |            |                     |            |                  | Medicaid                      | Primary Adult Care -PAC | Federally Funded Medicare/Medicaid | State Funded Medicare/Medicaid | PRTF | TBI | Uninsured                  | Courtesy Reviews | Medicaid | Primary Adult Care -PAC | Medicare/Medicaid | PRTF | TBI        | Uninsured |
|                                  |               | NOTE: PRP Payment levels for case rates are affected by the HCPCS code level used, modifier, place of service code and billed charges. There must be an exact match between the authorization and the claim. Code H2016 is an encounter data code only and should be billed for zero dollars and must pay 0 on an EOB to be considered valid for meeting minimums for H2018, the billable code. |            |            |                     |            |                  |                               |                         |                                    |                                |      |     |                            |                  |          |                         |                   |      |            |           |
|                                  |               | * State general funds as available  |            |            |                     |            |                  |                               |                         |                                    |                                |      |     |                            |                  |          |                         |                   |      |            |           |
|                                  |               | **First 10 days authorized by VO, all concurrents authorized by CSA.  |            |            |                     |            |                  |                               |                         |                                    |                                |      |     |                            |                  |          |                         |                   |      |            |           |
|                                  |               | ***IP Facility/Professional can be covered for Uninsured and PAC under Purchase of Care Only  |            |            |                     |            |                  |                               |                         |                                    |                                |      |     |                            |                  |          |                         |                   |      |            |           |
|                                  |               | ****Services covered only when provided by non-regulated hospital clinics.  |            |            |                     |            |                  |                               |                         |                                    |                                |      |     |                            |                  |          |                         |                   |      |            |           |
|                                  |               | (1) Auth for Residential Crisis Service and Treatment Foster Care requires a T2048 auth as well.  |            |            |                     |            |                  |                               |                         |                                    |                                |      |     |                            |                  |          |                         |                   |      |            |           |
|                                  |               | (2) Medicare/Medicaid Dual Eligibles - Claims will only be paid for LPC's and when Medicare is exhausted; Authorization is required for PRP, Case Management, IOP and crisis bed.   |            |            |                     |            |                  |                               |                         |                                    |                                |      |     |                            |                  |          |                         |                   |      |            |           |
|                                  |               | (4) One unit of anesthesia will be automatically granted per unit of ECT services (90807 or 90871).   |            |            |                     |            |                  |                               |                         |                                    |                                |      |     |                            |                  |          |                         |                   |      |            |           |
|                                  |               | (5) PRP Services - Medicaid or Medicaid-PAC services are authorized by ValueOptions, except when receiving RRP, then services are authorized by CSA.  |            |            |                     |            |                  |                               |                         |                                    |                                |      |     |                            |                  |          |                         |                   |      |            |           |
|                                  |               | (6) TBI and PRTF waiver eligible consumers are also eligible for other services as long as they are not duplicative and are medically necessary.  |            |            |                     |            |                  |                               |                         |                                    |                                |      |     |                            |                  |          |                         |                   |      |            |           |
|                                  |               | (7) Behavioral Health Screening authorization is only required if the consumer is not authorized for PRP or Case Management services after the assessment; otherwise the screening is auto-authorized.  |            |            |                     |            |                  |                               |                         |                                    |                                |      |     |                            |                  |          |                         |                   |      |            |           |
|                                  |               | Non HSCRC space only  |            |            |                     |            |                  |                               |                         |                                    |                                |      |     |                            |                  |          |                         |                   |      |            |           |
|                                  |               | <b>Under the Covered Services:</b>  |            |            |                     |            |                  |                               |                         |                                    |                                |      |     |                            |                  |          |                         |                   |      |            |           |
|                                  |               | Yes = Covered   |            |            |                     |            |                  |                               |                         |                                    |                                |      |     |                            |                  |          |                         |                   |      |            |           |
|                                  |               | No = Not Covered  |            |            |                     |            |                  |                               |                         |                                    |                                |      |     |                            |                  |          |                         |                   |      |            |           |
|                                  |               | <b>Under Auth Requirements:</b>   |            |            |                     |            |                  |                               |                         |                                    |                                |      |     |                            |                  |          |                         |                   |      |            |           |
|                                  |               | N/C = Not Covered   |            |            |                     |            |                  |                               |                         |                                    |                                |      |     |                            |                  |          |                         |                   |      |            |           |
|                                  |               | Yes = Auth Required   |            |            |                     |            |                  |                               |                         |                                    |                                |      |     |                            |                  |          |                         |                   |      |            |           |
|                                  |               | No = No Auth Required   |            |            |                     |            |                  |                               |                         |                                    |                                |      |     |                            |                  |          |                         |                   |      |            |           |