



Florida Department of Children and Families

Substance Abuse and Mental Health

Financial and Services Accountability Management System (FASAMS)

Pamphlet 155-2 Appendix 5 Data Code Values

Last Revision Date: 02/25/2019

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1 Children Dependency or Delinquency Status

Code	Name	Description
01	Children Adjudicated as Delinquent, in physical custody	A delinquent youth in the physical custody of the Department of Juvenile Justice, who is committed to a Juvenile Justice program or facility.
02	Children Adjudicated as Delinquent, not in physical custody	A delinquent youth not in the physical custody Department of Juvenile Justice, who is living in the community and not a DJJ residential/commitment placement.
03	Children Adjudicated as Dependent, in licensed out of home care	A dependent child in the physical custody of the Department, to include such placements as foster and group homes, emergency shelter, and therapeutic placements.
04	Children Adjudicated as Dependent, not in licensed out of home care	A dependent child not in the physical custody of the Department and not in licensed out of home care.
05	Children Adjudicated as Dependent & Delinquent, in physical custody	The child meets codes 01 and 03 above
06	Children Adjudicated as Dependent & Delinquent, not in physical custody	The child meets codes 02 and 04 above
07	Children Adjudicated as "Children in Need of Services" (CINS)	A child is in need of services and there is no pending departmental investigation into an allegation of suspicion of abuse, neglect or delinquent, or no current supervision by the department for adjudication for dependency or delinquency. The child must also be found by the court to be a persistent runaway, habitual truant, or to have persistently disobeyed the reasonable and lawful demands of parent or legal guardians, pursuant to Chapter 39, F.S.
08	Children Emancipated by a Court of Law	An individual under age 18 who, through a court process, becomes legally recognized as an independent adult and takes responsibility for his or her own welfare, including medical care.
96	Not Applicable	
97	Unknown	

2 County Area

Code	Name	Code	Name	Code	Name
01	Alachua	24	Hamilton	47	Okeechobee
02	Baker	25	Hardee	48	Orange
03	Bay	26	Hendry	49	Osceola
04	Bradford	27	Hernando	50	Palm Beach
05	Brevard	28	Highlands	51	Pasco
06	Broward	29	Hillsborough	52	Pinellas
07	Calhoun	30	Holmes	53	Polk
08	Charlotte	31	Indian River	54	Putnam
09	Citrus	32	Jackson	55	St. Johns
10	Clay	33	Jefferson	56	St. Lucie
11	Collier	34	Lafayette	57	Santa Rosa
12	Columbia	35	Lake	58	Sarasota
13	Miami-Dade	36	Lee	59	Seminole
14	DeSoto	37	Leon	60	Sumter
15	Dixie	38	Levy	61	Suwannee
16	Duval	39	Liberty	62	Taylor
17	Escambia	40	Madison	63	Union
18	Flagler	41	Manatee	64	Volusia
19	Franklin	42	Marion	65	Wakulla
20	Gadsden	43	Martin	66	Walton
21	Gilchrist	44	Monroe	67	Washington
22	Glades	45	Nassau	99	Out of State
23	Gulf	46	Okaloosa		

3 Covered Service

Treatment Setting Code	Treatment Setting Name	Covered Service Code	Covered Service Name	Adult MH	Adult SA	Children MH	Children SA	Event Type	Payment Type	Default Unit of Measure
02	Detoxification, 24-hour service, Free-Standing Residential	24	Substance Abuse Inpatient Detoxification		X		X	Client-Specific	Availability	Day
08	Ambulatory - Detoxification	32	Substance Abuse Outpatient Detoxification		X		X	Client-Specific	Availability	Direct Staff Minutes
03	Rehabilitation/ Residential - Hospital (other than Detoxification)	03	Crisis Stabilization	X	X	X	X	Client-Specific	Availability	Day
		09	Inpatient	X		X		Client-Specific	Utilization	Day
04	Rehabilitation/ Residential - Short term (30 days or fewer)	39	Short-term Residential Treatment	X				Client-Specific	Availability	Day
05	Rehabilitation/ Residential - Long term (more than 30 days)	18	Residential Level I	X	X	X	X	Client-Specific	Utilization	Day
		19	Residential Level II	X	X	X	X	Client-Specific	Utilization	Day

Treatment Setting Code	Treatment Setting Name	Covered Service Code	Covered Service Name	Adult MH	Adult SA	Children MH	Children SA	Event Type	Payment Type	Default Unit of Measure
		20	Residential Level III	X	X	X	X	Client-Specific	Utilization	Day
		21	Residential Level IV	X	X	X	X	Client-Specific	Utilization	Day
		36	Room and Board with Supervision Level I	X	X	X	X	Client-Specific	Utilization	Day
		37	Room and Board with Supervision Level II	X	X	X	X	Client-Specific	Utilization	Day
		38	Room and Board with Supervision Level III	X	X	X	X	Client-Specific	Utilization	Day
06	Ambulatory – Intensive outpatient	04	Crisis Support/Emergency	X	X	X	X	Client-Specific or Non-Client-Specific	Availability	Direct Staff Minute
		06	Day Treatment	X	X	X	X	Client-Specific	Utilization	Direct Staff Minute
		08	In-Home and On-Site	X	X	X	X	Client-Specific	Utilization	Direct Staff Minute
		10	Intensive Case Management	X		X		Client-Specific	Utilization	Direct Staff Minute
07	Ambulatory – Non-Intensive outpatient	01	Assessment	X	X	X	X	Client-Specific	Utilization	Direct Staff Minute
		02	Case Management	X	X	X	X	Client-Specific	Utilization	Direct Staff Minute
		11	Intervention	X	X	X	X	Client-Specific	Utilization	Direct Staff Minute

Treatment Setting Code	Treatment Setting Name	Covered Service Code	Covered Service Name	Adult MH	Adult SA	Children MH	Children SA	Event Type	Payment Type	Default Unit of Measure
		12	Medical Services	X	X	X	X	Client-Specific	Utilization	Direct Staff Minute
		13	Medication Assisted Treatment		X		X	Client-Specific	Utilization	Dosage
		14	Outpatient	X	X	X	X	Client-Specific	Utilization	Direct Staff Minute
		25	Supportive Employment	X	X	X	X	Client-Specific	Utilization	Direct Staff Minute
		26	Supported Housing/Living	X	X	X	X	Client-Specific	Utilization	Direct Staff Minute
		27	Treatment Alternative for Safer Community		X		X	Client-Specific	Utilization	Direct Staff Minute
		29	Aftercare	X	X	X	X	Client-Specific	Utilization	Direct Staff Minute
		35	Outpatient -Group	X	X	X	X	Client-Specific	Utilization	Direct Staff Minute
		40	Mental Health Clubhouse Services	X				Non- Client-Specific	Utilization	Direct Staff Minute
		42	Intervention - Group	X	X	X	X	Client-Specific	Utilization	Direct Staff Minute
		43	Aftercare - Group	X	X	X	X	Client-Specific	Utilization	Direct Staff Minute
		44	Comprehensive Community Service	X	X	X	X	Client-Specific or Non-	Utilization	Direct Staff Minute

Treatment Setting Code	Treatment Setting Name	Covered Service Code	Covered Service Name	Adult MH	Adult SA	Children MH	Children SA	Event Type	Payment Type	Default Unit of Measure
			Team					Client-Specific		
		45	Comprehensive Community Service Team – Group	X	X	X	X	Client-Specific or Non-Client-Specific	Utilization	Direct Staff Minute
		46	Recovery Support	X	X	X	X	Client-Specific	Utilization	Direct Staff Minute
		47	Recovery Support - Group	X	X	X	X	Client-Specific	Utilization	Direct Staff Minute
97	Non-TEDS Tx Service Settings	05	Day Care	X	X	X	X	Client-Specific	Utilization	Direct Staff Minute
		07	Drop-In/Self-Help Centers	X				Non-Client-Specific	Utilization	Non-Direct Staff Minute
		15	Outreach	X	X	X	X	Client-Specific or Non-Client-Specific	Utilization	Non-Direct Staff Minute
		22	Respite Services	X	X	X	X	Client-Specific	Utilization	Direct Staff Minute
		28	Incidental Expenses	X	X	X	X	Client-Specific or Non-Client-Specific	Utilization	Dollars Spent
		30	Information and Referral	X	X	X	X	Non-Client-Specific	Availability	Direct Staff Minute
		48	Indicated Prevention	X	X	X	X	Client-Specific	Utilization	Direct Staff Minute
		49	Selective Prevention	X	X	X	X	Non-Client-	Utilization	Non-Direct

Treatment Setting Code	Treatment Setting Name	Covered Service Code	Covered Service Name	Adult MH	Adult SA	Children MH	Children SA	Event Type	Payment Type	Default Unit of Measure
								Specific		Staff Minute
		50	Universal Direct Prevention	X	X	X	X	Non-Client-Specific	Utilization	Non-Direct Staff Minute
		51	Universal Indirect Prevention	X	X	X	X	Non-Client-Specific	Utilization	Non-Direct Staff Minute

4 Discharge Destination

Code	Name
03	Juvenile Justice (all components excluding TASC or similar entity)
04	County Public Health Unit
05	School (Education)
11	Prison/Jail
15	Medical Hospital
16	State Mental Health Treatment Facility
19	Child Welfare
20	Religious Organization
21	Shelter
22	Methadone Clinic
23	Addiction Receiving Facility
24	Detoxification
25	Intensive Inpatient Treatment
26	Residential Treatment (Adult)
27	Day or Night Treatment
28	Intensive Outpatient Treatment
29	Outpatient Treatment
30	Aftercare
31	Intervention
33	Assisted Living Facility
34	Crisis Stabilization Unit
35	Short Term Residential Treatment Facility
36	Residential Treatment for Children/Adolescent
37	Transitional Living Facility
39	Receiving Facility
40	Other Social Service/Health/ Community entities
99	None of the Above

5 Education Grade Level

Code	Name	Code	Name
00	No Years of Schooling	30	Associate Degree
01	Grade 1	31	Bachelor's degree
02	Grade 2	32	Master's degree
03	Grade 3	33	Professional Degree
04	Grade 4	34	Doctorate Degree
05	Grade 5	35	Special School
06	Grade 6	36	Vocational School
07	Grade 7	37	College Undergraduate Freshman (1st Year)
08	Grade 8	38	College Undergraduate Sophomore (2nd Year)
24	Grade 9	39	College Undergraduate Junior (3rd Year)
25	Grade 10	40	College Undergraduate Senior (4th Year)
26	Grade 11	41	Kindergarten
27	Grade 12	42	Nursery School/Preschool/Head Start
28	High School Graduate (Diploma/GED)	43	Unknown

6 Employment Status

Employment Codes		Reasons For Not Being In Workforce	
Code	Name	Code	Name
10	Active military, overseas	70	Unemployed
20	Active military, USA	81	Homemaker - Manages household for family members.
30	Full Time	82	Student Note: Not included in performance algorithms.
31	Unpaid Family Worker - A family member who works at least 15 hours or more a week without pay in a family-operated enterprise. If an individual refuses to work because they are making money through illegal activities, the client must be coded as Unemployed.	83	Disabled Note: Not included in performance algorithms.

Employment Codes		Reasons For Not Being In Workforce	
Code	Name	Code	Name
40	Part Time	84	Incarcerated Note: Not included in performance algorithms.
50	Leave of Absence Note: Not included in performance algorithms.	86	Not authorized to work Note: Not included in performance algorithms.
60	Retired	97	Unknown

7 Evaluation Level

Type Code	Type	Evaluation Tool (Code)	Level Code	Name	Score Range or Code List	Requires Determination Date
1	Level of Care	LOCUS (1) CALOCUS (2) BIO Psychosocial (3)	1	Recovery Maintenance and Health Management		
			2	Low Intensity Community Based Services		
			3	High Intensity Community Based Services		
			4	Medically Monitored Non-Residential Services		
			5	Medically Monitored Residential Services		
			6	Medically Managed Residential Services		
		ASAM (4)	1	0.5 Early Intervention		
			2	1 Outpatient Services		
			3	2.1 Intensive Outpatient Services		
			4	2.5 Partial Hospitalization Services		
			5	3.1 Clinically Managed Low-Intensity Residential Services		
			6	3.3 Clinically Managed Population Specific High-Intensity Residential Services Note: This level is not designated for adolescent populations.		

Type Code	Type	Evaluation Tool (Code)	Level Code	Name	Score Range or Code List	Requires Determination Date
			7	3.5 Adults - Clinically Managed High-Intensity Residential Services		
			8	3.5 Adolescents - Clinically Managed Medium-Intensity Residential Service		
			9	3.7 Adults - Medically Monitored Intensive Inpatient Services		
			10	3.7 Adolescents - Medically Monitored High-Intensity Inpatient Services		
			11	4 Medically Managed Intensive Inpatient Services		
			12	OTP Opioid Treatment Program (Level 1). Note: OTP's not specified here for adolescent populations.		
			13	1 WM - Ambulatory Withdrawal Management without Extended On-Site Monitoring		
			14	2 WM - Ambulatory Withdrawal Management with Extended On-Site Monitoring.		
			15	3.2 WM - Clinically Managed Residential Withdrawal Management		
			16	3.7 WM - Medically Monitored Inpatient Withdrawal Management		
			17	4 WM - Medically Managed Intensive Inpatient Withdrawal Management		
2	Level of Functioning	FARS (5)	1	No Problem	18	
			2	Less than Slight Problem	19 - 36	
			3	Slight Problem	37 - 54	
			4	Slight to Moderate Problem	55 - 72	
			5	Moderate Problem	73 - 90	

Type Code	Type	Evaluation Tool (Code)	Level Code	Name	Score Range or Code List	Requires Determination Date
			6	Moderate to Severe Problem	91 - 108	
			7	Severe Problem	109 - 126	
			8	Severe to Extreme Problem	127 - 144	
			9	Extreme Problem	145 - 162	
		CFARS (6)	1	No Problem	16	
			2	Less than Slight Problem	17 – 32	
			3	Slight Problem	33 – 48	
			4	Slight to Moderate Problem	49 – 64	
			5	Moderate Problem	65 – 80	
			6	Moderate to Severe Problem	81 – 96	
			7	Severe Problem	97 – 112	
			8	Severe to Extreme Problem	113 – 128	
			9	Extreme Problem	129 - 144	
		NCFAS/CAT (8)	1	Not applicable	-3 to 2	
			2	Clear strength		
			3	Mild strength		
			4	Baseline adequate		
			5	Mild problem		
			6	Moderate problem		
			7	Serious problem		
8	Unknown					
CGAS (9)			1 to 100			
3	Competency to Proceed to Trial	Competency to Proceed to Trial (7)			1 for Yes 2 for No	Yes

8 OCA Codes

Code	Name	Effective Date	Expiration Date	Valid Covered Services	Valid Programs	Valid Funds
MH000	ME Services & Supports Provider Activity - Mental Health.	7/1/2015		01, 02, 03, 04, 05, 06, 07, 08, 09, 10, 11, 12, 14, 15, 18, 19, 20, 21, 22, 25, 26, 28, 29, 30, 35, 36, 37, 38, 39, 42, 43, 44, 45, 46, 47	MH	SAMH (2), Local Match (5)
MH001	MH 24-Hr Residential Services (Non-Hospitalization)			18, 19, 20, 21, 36, 37, 38	MH	SAMH (2), Local Match (5)
MH009	Ambulatory/Community Non-24 Hour Care			01, 02, 04, 05, 06, 08, 10, 11, 12, 14, 15, 22, 25, 26, 28, 30, 35, 39, 42, 43, 44, 45, 46, 47	MH	SAMH (2), Local Match (5)
MH010	ME MH Miami Dade Homeless Trust	7/1/2018		01, 02, 08, 10, 11, 12, 14, 19, 25, 26, 28, 35, 44, 45, 46, 47	MH, SA	SAMH (2), Local Match (5)
MH011	Stewart Marchman Behavioral Healthcare - FACT Team	7/1/2016		01, 02, 04, 05, 06, 08, 10, 11, 12, 13, 14, 15, 22, 25, 26, 28, 29, 30, 35, 44, 45, 46, 47	MH, SA	SAMH (2), Local Match (5)
MH012	Apalachee Center Forensic Treatment	7/1/2017		39	MH	SAMH (2), Local Match (5)
MH013	PTSD Clinic UCF	7/1/2017		01, 04, 11, 14, 46	MH	SAMH (2), Local Match (5)
MH014	Starting Point Behavioral Healthcare - MH	7/1/2017		01, 02, 04, 10, 11, 14, 25, 26, 28, 29, 44, 46	MH	SAMH (2), Local Match (5)
MH015	ME MH Jewish Family Svc Suncoast	7/1/2017		01, 04, 11, 15, 30	MH	SAMH (2), Local Match (5)
MH016	ME MH PEMHS CSU	7/1/2017		03, 04	MH	SAMH (2), Local Match (5)
MH017	ME MH John Hopkins All Children's Hospital	7/1/2017		01, 02, 04, 11, 12, 14, 30	MH	SAMH (2), Local Match (5)
MH018	CSU/Baker ACT Inpatient Crisis Services			03, 04, 09, 39	MH	SAMH (2), Local Match (5)
MH019	ME MH Bridgeway Ctr	7/1/2017		04, 30	MH	SAMH (2),

Code	Name	Effective Date	Expiration Date	Valid Covered Services	Valid Programs	Valid Funds
	Emerg Mobile Access Team					Local Match (5)
MH021	Me MH South Florida Behavioral Network – SVCS Pilot Project	7/1/2018		02, 11, 12, 14, 25, 26, 28, 32, 35, 40, 44, 45,46, 47	MH	SAMH (2), Local Match (5)
MH023	ME MH Orange Park Medical Center	7/1/2018		03, 04	MH	SAMH (2), Local Match (5)
MH026	ME Early Intervention Services for SMI & Psych Disorder	7/1/2015		01, 02, 04, 06, 08, 10, 11, 12, 14, 15, 18, 28, 29, 30, 35, 39, 44, 45, 46, 47	MH, SA	SAMH (2), Local Match (5)
MH027	Directions for Living	7/1/2016		01, 02, 04, 06, 08, 10, 11, 12, 13, 14, 15, 29, 30, 35, 44, 45, 46, 47	MH, SA	SAMH (2), Local Match (5)
MH028	ME MH Osceola Mental Health-Park Place	7/1/2018		01, 12	MH	SAMH (2), Local Match (5)
MH029	ME MH John Hopkins All Children’s Hospital	7/1/2018		01, 05, 11, 12	MH	SAMH (2), Local Match (5)
MH031	David Lawrence Center Behavioral Health Services	7/1/2016		01, 02, 04, 08, 10, 11, 14, 15, 29, 30, 35, 46, 47	MH	SAMH (2), Local Match (5)
MH032	ME Veterans and Families Pilot Program	7/1/2016		01, 02, 03, 12, 14, 15, 18, 19, 20, 21, 28, 30, 35, 37, 38, 46, 47	MH	SAMH (2), Local Match (5)
MH037	Fort Myers Salvation Army Behavioral Health Services	7/1/2016		18, 19, 20	MH	SAMH (2), Local Match (5)
MH060	Veterans Alternative Retreat Program	7/1/2016		28	MH	SAMH (2), Local Match (5)
MH061	ME Northside Mental Health Center	7/1/2016		03, 04	MH	SAMH (2), Local Match (5)
MH071	Purchase of Residential Treatment Services for Emotionally Disturbed Children and Youth	7/1/2015		09, 18, 19, 36, 37	MH	SAMH (2), Local Match (5)
MH072	Community Forensic Beds.	7/1/2015		01, 02, 04, 06, 08, 10, 11, 12, 14, 15, 18, 19, 20, 21, 25, 26, 28, 35, 36, 37, 38,	MH	SAMH (2), Local Match (5)

Code	Name	Effective Date	Expiration Date	Valid Covered Services	Valid Programs	Valid Funds
				42, 44, 45, 46, 47		
MH073	Florida Assertive Community Treatment (FACT).	7/1/2015		01, 02, 04, 05, 06, 08, 09, 10, 11, 12, 14, 15, 18, 19, 20, 22, 25, 26, 28, 29, 30, 35, 44, 45, 46, 47	MH	SAMH (2), Local Match (5)
MH076	Indigent Psychiatric Medication Program.	7/1/2015		28	MH	SAMH (2), Local Match (5)
MH089	ME Clay Behavioral Hlth-Crisis Prevention	7/1/2015		02, 06, 07, 12, 14, 25, 28, 37	MH	SAMH (2), Local Match (5)
MH094	Citrus Health Network.	7/1/2015		03, 04	MH	SAMH (2), Local Match (5)
MH096	Jerome Golden Center.	7/1/2015		19, 28, 37	MH	SAMH (2), Local Match (5)
MH0BN	ME MH BNET	7/1/2015		01, 02, 03, 04, 06, 08, 09, 10, 12, 13, 14, 21, 18, 19, 20, 21, 22, 24, 25, 26, 28, 29, 32, 35, 43, 44, 45, 46, , 32	MH, SA	Title XXI (B)
MH0CN	ME MH Care Coordination Direct Client Services	7/1/2017		01, 02, 04, 08, 10, 11, 15, 26, 28, 42, 46, 47	MH	SAMH (2), Local Match (5)
MH0FA	Grant Miami-Dade Wraparound FACES	7/1/2015		01, 02, 08, 11, 14, 28, 35, 42, 44, 45	MH	SAMH (2), Local Match (5)
MH0FH	Community Forensic Multidisciplinary Teams for Hospital Diversion	7/1/2016		01, 02, 03, 04, 05, 06, 08, 09, 10, 11, 12, 14, 15, 18, 19, 20, 21, 22, 25, 26, 28, 29, 35, 36, 37, 38, 39, 42, 44, 45, 46, 47, 48	MH	SAMH (2), Local Match (5)
MH0MD	Grants Miami-Dade County Wraparound.	7/1/2015		01, 02, 08, 10, 11, 14, 15, 29, 30, 35, 46	MH	SAMH (2), Local Match (5)
MH0PG	Grants PATH.	7/1/2015		01, 02, 11, 12, 14, 15, 25, 26, 28, 30, 35, 40, 44, 45, 46, 47	MH	SAMH (2), Local Match (5)
MH0PL	Grants Project Launch.	7/1/2015		01, 02, 08, 14, 15, 35	MH	SAMH (2), Local Match (5)

Code	Name	Effective Date	Expiration Date	Valid Covered Services	Valid Programs	Valid Funds
MHOTA	Florida Youth Transition to Adulthood.	7/1/2015		01, 02, 04, 08, 10, 11, 12, 14, 15, 25, 28, 29, 35, 46, 47	MH	SAMH (2), Local Match (5)
MHOTB	Temporary Assistance for Needy Families (TANF)	7/1/2015		01, 02, 03, 04, 05, 06, 08, 10, 11, 14, 18, 19, 20, 21, 22, 25, 26, 28, 29, 35, 36, 37, 38, 42, 44, 45, 46, 47	MH	TANF (3)
MH819	ME Gracepoint Center	7/1/2015		03, 04	MH	SAMH (2), Local Match (5)
MHCAT	ME MH Community Action Teams (Cat)	7/1/2017		01, 02, 04, 08, 10, 11, 12, 14, 15, 22, 25, 26, 28, 30, 32, 35, 46, 47	MH	SAMH (2), Local Match (5)
MHDRF	ME Disability Rights Florida Mental Health	7/1/2016		01, 02, 05, 06, 08, 10, 11, 12, 14, 22, 25, 26, 28, 29, 35, 46, 47	MH	SAMH (2), Local Match (5)
MHEMP	ME MH Supported Employment Services	7/1/2017		25	MH	SAMH (2), Local Match (5)
MHESP	SOC Expansion and Sustainability Project	1/1/2017		01, 02, 04, 06, 08, 10, 11, 12, 14, 19, 20, 21, 22, 25, 26, 28, 29, 30, 35, 37, 38, 42, 44, 45, 46, 47	MH	SAMH (2), Local Match (5)
MHFMH	MH Forensic Transitional Beds	7/1/2017		18, 19, 20, 21, 36, 37, 38	MH	SAMH (2), Local Match (5)
MHHIP	ME Hurricane Irma Immediate Services Program	10/1/2017		15, 30	MH	SAMH (2), Local Match (5)
MHHIR	ME Hurricane Irma Regular Services	1/1/2018		15, 30	MH	SAMH (2), Local Match (5)
MHHM0	ME Hurricane Matthew Crisis Counseling Prog	10/1/2016		15, 30	MH	SAMH (2), Local Match (5)
MHHMI	ME Hurricane Maria Crisis Counseling	7/1/2017		15, 30	MH	SAMH (2), Local Match (5)
MHHMP	ME Provider Hurricane Matthew Crisis Counsel	10/1/2016		15, 30	MH	SAMH (2), Local Match (5)
MHMCT	ME MH Mobile Crisis	7/1/2018		04, 12, 28, 30	MH, SA	SAMH (2),

Code	Name	Effective Date	Expiration Date	Valid Covered Services	Valid Programs	Valid Funds
	Teams					Local Match (5)
MHMSD	ME MH Marjory Stoneman Douglas	4/1/2018		01, 02, 04, 08, 11, 14, 15, 28, 30, 35	MH	SAMH (2), Local Match (5)
MHOER	Orlando Emergency Crisis	4/1/2016		15, 30	MH, SA	SAMH (2), Local Match (5)
MHRM5	ME Renaissance Center	7/1/2015		02, 26, 28	MH	SAMH (2), Local Match (5)
MHS50	ME Lifestream Center	7/1/2015		03, 04	MH	SAMH (2), Local Match (5)
MHS51	ME Circles of Care-Cedar Village	7/1/2015		19, 37	MH	SAMH (2), Local Match (5)
MHS52	Circles of Care - Crisis Stabilization	7/1/2015		03, 04	MH	SAMH (2), Local Match (5)
MHS55	ME Circles of Care - Geropsychiatric Care	7/1/2016		03, 04	MH	SAMH (2), Local Match (5)
MHSCR	ME Centralized Receiving Systems	10/1/2015		01, 02, 03, 04,09,10, 11, 12, 14, 18, 19, 20, 21, 24,28, 30, 32,35, 36, 37, 38, 44, 45, 46, 47	MH, SA	SAMH (2), Local Match (5)
MHSFP	MH for Profit Contracting	10/1/2016		01, 02, 03, 04, 05, 06, 08, 10, 11, 12, 14, 15, 18, 19, 20, 21, 22, 25, 26, 28, 29, 30, 35, 36, 37, 38, 39, 42, 44, 45, 46, 47	MH	SAMH (2), Local Match (5)
MHSMB	ME Meridian Behavioral Healthcare	7/1/2015		28	MH, SA	SAMH (2), Local Match (5)
MHTA4	ME MH FL Youth Transition to Adulthood-Year 4	7/1/2017		01, 02, 04, 08, 10, 11, 12, 14, 15, 25, 28, 29, 35, 46, 47	MH	SAMH (2), Local Match (5)
MHTA5	ME MH FL Youth Transition to Adulthood-Year 5	9/30/2018	9/29/2019	01, 02, 04, 08, 10, 11, 12, 14, 15, 25, 28, 29, 35, 46, 47	MH	SAMH (2), Local Match (5)
MHTMH	Transitional Beds for	7/1/2017		18, 19, 20, 21 36, 37, 38	MH	SAMH (2),

Code	Name	Effective Date	Expiration Date	Valid Covered Services	Valid Programs	Valid Funds
	Mental Health					Local Match (5)
MHTRV	ME Transitions Vouchers Mental Health	7/1/2016		01, 02, 05, 06, 08, 10, 11, 12, 14, 22, 25, 26, 28, 29, 35, 46	MH	SAMH (2), Local Match (5)
MS000	ME Services & Supports Provider Activity - Substance Abuse	7/1/2015		01, 02, 04, 05, 06, 08, 11, 12, 13, 14, 15, 18, 19, 20, 21, 22, 24, 25, 26, 27, 28, 29, 30, 32, 35, 36, 37, 38, 39, 42, 43, 44, 45, 46, 47	SA	SAMH (2), Local Match (5)
MS003	SA 24- Hour Residential Services (Non-Hospitalization)			18, 19, 20, 21, 36, 37, 38	SA	SAMH (2), Local Match (5)
MS011	SA Non-Residential Services			01, 02, 04, 05, 06, 08, 11, 12, 13, 14, 15, 21, 22, 24, 25, 26, 27, 28, 29, 30, 32, 35, 42, 44, 45, 46, 47	SA	SAMH (2), Local Match (5)
MS021	SA Detoxification Services			04, 24, 32	SA	SAMH (2), Local Match (5)
MS023	HIV Services.	7/1/2015		02, 11, 12, 14, 28, 35, 42	SA	SAMH (2), Local Match (5)
MS025	Prevention Services	7/1/2015		48, 49, 50, 51	SA	SAMH (2), Local Match (5)
MS027	SAPTBG Set-Aside for Pregnant Women and Children			01, 02, 06, 11, 14, 19, 20, 21, 24, 26, 28, 35, 46, 47	SA	SAMH (2), Local Match (5)
MS081	Projects Expansion of Substance Abuse Services for Pregnant Women and their affected families.	7/1/2015		01, 02, 04, 05, 06, 08, 11, 12, 13, 14, 15, 18, 19, 20, 21, 22, 24, 25, 26, 28, 29, 30, 32, 35, 36, 37, 38, 42, 43, 44, 45, 46, 47	SA	SAMH (2), Local Match (5)
MS091	Family Intensive Treatment (FIT)	7/1/2015		01, 02, 03, 04, 06, 08, 11, 12, 13, 14, 15, 18, 19, 20, 21, 24, 25, 26, 28, 29, 30, 32, 35, 44, 45, 46, 47	MH, SA	SAMH (2), Local Match (5)
MS095	Drug Abuse Comprehensive Coordinating Treatment	7/1/2015		02, 15, 19, 28	SA	SAMH (2), Local Match (5)

Code	Name	Effective Date	Expiration Date	Valid Covered Services	Valid Programs	Valid Funds
	(DACCO).					
MS0CN	ME SA Care Coordination Direct Client Services	10/1/2017		01, 02, 04, 08, 11, 15, 26, 28, 42, 46, 47	SA	SAMH (2), Local Match (5)
MS0FH	ME FL Partnership for Success-Hospital Pilot	4/1/2017		02, 04, 15, 28, 29, 30, 46, 47	SA	SAMH (2), Local Match (5)
MS0JG	ME Special Svcs For Jerome Golden Center	10/1/2015		19	SA	SAMH (2), Local Match (5)
MS0PP	Prevention Partnership Grant (PPG)	7/1/2015		48, 49, 50, 51	SA	SAMH (2), Local Match (5)
MS0TB	Temporary Assistance for Needy Families (TANF)	7/1/2015		01, 02, 04, 05, 06, 08, 11, 13, 14, 18, 19, 20, 21, 22, 25, 26, 28, 29, 35, 36, 37, 38, 42, 43, 44, 45, 46, 47	SA	TANF (3)
MS902	First Step of Sarasota – Drug Free Babies			19	SA	SAMH (2), Local Match (5)
MS903	ME HERE'S HELP	7/1/2015		18, 19, 20, 21	SA	SAMH (2), Local Match (5)
MS904	SA Memorial Maternal Regional Hosp Addiction Treatment Program	7/1/2017		01, 02, 04, 05, 06, 08, 11, 12, 13, 14, 15, 18, 19, 20, 21, 22, 24, 25, 26, 27, 28, 29, 30, 32, 35, 36, 37, 38, 44, 45, 46, 47	SA	SAMH (2), Local Match (5)
MS905	ME SA Opioid Abuse Pilot Project - PB	7/1/2017		01, 02, 04, 05, 06, 08, 11, 12, 13, 14, 15, 18, 19, 20, 21, 22, 24, 25, 26, 27, 28, 29, 30, 32, 35, 36, 37, 38, 44, 45, 46, 47	SA	SAMH (2), Local Match (5)
MS906	Opioid Addiction Recovery Peer Pilot - Manatee County	7/1/2017		02, 04, 15, 28, 29, 30, 46, 47	SA	SAMH (2), Local Match (5)
MS907	St. John's Sheriff Office Detox Program	7/1/2017		04, 11, 13, 14, 18, 24, 32, 35	SA	SAMH (2), Local Match (5)
MS908	New Hope Residential Treatment Project	7/1/2017		18, 19, 20, 21	SA	SAMH (2), Local Match (5)

Code	Name	Effective Date	Expiration Date	Valid Covered Services	Valid Programs	Valid Funds
MS909	ME SA Saluscare Wraparound Services in Responses to the Opioid Crisis	7/1/2018		01, 02, 04, 08, 11, 12, 13, 14, 15, 28, 29, 32, 35, 44, 45, 46, 47	SA	SAMH (2), Local Match (5)
MS912	ME SA Memorial Healthcare-Medication Assisted Treatment Program	7/1/2018		01, 02, 04, 11, 12, 13, 14, 15, 28, 29, 35, 46, 47	SA	SAMH (2), Local Match (5)
MS914	ME SA DACCO Behavioral Health Treatment Expansion-Medication Assisted Treatment	7/1/2018		01, 02, 06, 08, 11, 12, 13, 14, 32, 35, 44, 45, 46, 47	MH, SA	SAMH (2), Local Match (5)
MS915	ME SA Westcare Gulfcoast Veterans Integrated Behavioral Health	7/1/2018		01, 02, 08, 11, 12, 14, 19, 25, 26, 28, 29, 35, 46, 47	MH, SA	SAMH (2), Local Match (5)
MS916	ME SA St. Vincent's Healthcare-Savings Lives Project	7/1/2018		01, 04, 08, 11, 12, 13, 14, 15, 18, 19, 20, 21, 29, 35, 38, 46	SA	SAMH (2), Local Match (5)
MS917	ME SA Specialized Treatment, Education and Prevention Services-Women's Residential Treatment	7/1/2018		13, 19, 37	SA	SAMH (2), Local Match (5)
MSCBS	ME SA Community Based Services	7/1/2018		01, 02, 04, 05, 06, 08, 11, 12, 13, 14, 15, 18, 19, 20, 21, 22, 24, 25, 26, 27, 28, 29, 30, 32, 35, 36, 37, 38, 44, 45, 46, 47	SA	SAMH (2), Local Match (5)
MSOJG	Jerome Golden Center Special SA Services			04, 19, 24, 37		
MSOPH	FL Targeted Opioid Crisis - Hospital	7/1/2017		02, 04, 12, 14, 15, 19, 28, 29, 30, 35, 46, 47	SA	SAMH (2), Local Match (5)
MSOPM	Opioid Crisis Grant - STR	4/1/2017		01, 02, 04, 05, 06, 08, 12, 13, 14, 15, 18, 19, 24, 25, 26, 28, 29, 30, 32, 35, 43, 46, 47	SA	SAMH (2), Local Match (5)
MSOPS	ME FL Response to the Opioid Crisis School	4/1/2017		48, 49, 50, 51	SA	SAMH (2), Local Match (5)
MSSOP	ME State Opioid Response Disc Grant Svcs-	10/01/2018		48, 49, 50, 51	SA	SAMH (2), Local Match

Code	Name	Effective Date	Expiration Date	Valid Covered Services	Valid Programs	Valid Funds
	Prevent					(5)
MSSOR	ME State Opioid Response Services – MAT/Hospital	10/01/2018		01, 02, 04, 05, 06, 08, 12, 13, 14, 15, 18, 19, 24, 25, 26, 28, 29, 30, 32, 35, 43, 46, 47	SA	SAMH (2), Local Match (5)
MSSFP	SA for Profit Contracting	10/1/2016		01, 02, 04, 05, 06, 08, 11, 12, 13, 14, 15, 18, 19, 20, 21, 22, 24, 25, 26, 27, 28, 29, 30, 32, 35, 36, 37, 38, 44, 45, 46, 47, 48, 49, 50,51	SA	SAMH (2), Local Match (5)
MSTRV	ME Transitions Vouchers Substance Abuse	7/1/2016		01, 02, 05, 06, 08,11,12, 13,14, 22, 25, 26, 28, 29, 32, 35, 46, 47	SA	SAMH (2), Local Match (5)

9 HCPCS Codes with Modifiers and Covered Services

HCPCS Code	HCPCS Description	Modifier Code	Modifier Description	Valid Covered Services
A0160	Transportation of clients for the purpose of access to medical / therapeutic services			28
H0001	Alcohol and/or drug assessment			01, 11
H0001	Alcohol and/or drug assessment	HN	Bachelor's degree level	01, 11
H0001	Alcohol and/or drug assessment	HN, GT	Bachelor's degree level, Telemedicine	01, 11
H0001	Alcohol and/or drug assessment	HO	Master's degree level	01, 11
H0001	Alcohol and/or drug assessment	HO, GT	Master's degree level, Telemedicine	01, 11
H0001	Alcohol and/or drug assessment	TS	Follow-up service	01, 11
H0001	Alcohol and/or drug assessment	TS, GT	Follow-up service, Telemedicine	01, 11
H0001	Alcohol and/or drug assessment	GT	Telemedicine	01, 11
H0002	Behavioral health screening			01, 04, 11, 14
H0003	Alcohol and/or drug screening; screening; laboratory analysis of specimens for presence of alcohol and/or drugs			01, 11, 14
H0004	Behavioral health counseling and therapy, per 15 minutes			14
H0004	Behavioral health counseling and therapy, per 15 minutes	HQ	Group setting	14
H0005	Alcohol and/or drug services; group counseling by a clinician			14
H0007	Alcohol and/or drug services; crisis intervention (Outpatient)			14
H0008	Alcohol and/or drug services; sub-acute detoxification (Hospital Inpatient)			24
H0009	Alcohol and/or drug services; acute detoxification (Hospital Inpatient)			24
H0010	Alcohol and/or drug services; sub-acute detoxification (Residential Addiction Program Inpatient)			24
H0011	Alcohol and/or drug services; acute detoxification (Residential Addiction Program Inpatient)			24
H0012	Alcohol and/or drug services; sub-acute detoxification (Residential Addiction Program Outpatient)			24
H0013	Alcohol and/or drug services; acute detoxification			32

HCPCS Code	HCPCS Description	Modifier Code	Modifier Description	Valid Covered Services
	(Residential Addiction Program Outpatient)			
H0014	Alcohol and/or drug services; ambulatory detoxification			32
H0015	Alcohol and/or drug services; intensive outpatient (treatment program that operates at least 3 hours/day and at least 3 days/week and is based on an individualized treatment plan), including assessment, counseling, crisis intervention, and activity therapies or education			14
H0016	Alcohol and/or drug services; medical/somatic (medical intervention in ambulatory setting)			12
H0017	Behavioral health; residential (hospital residential treatment program), without room and board, per diem			18, 19, 20, 21
H0018	Behavioral health; short-term residential (non-hospital residential treatment program) without room and board, per diem			18, 19, 20, 21, 39
H0019	Behavioral health; long-term residential (non-medical, non-acute care in a residential treatment program where stay is typically longer than 30 days), without room and board, per diem			18,19, 20, 21
H0020	Alcohol and/or drug services; methadone administration and/or service (provision of the drug by a licensed program)			13
H0022	Alcohol and/or drug intervention service (planned facilitation)			11
H0023	Behavioral health outreach service (planned approach to reach a targeted population)			15
H0024	Behavioral health prevention information dissemination service (one-way direct or non-direct contact with service audiences to affect knowledge and attitude)			30
H0025	Behavioral health prevention education service			
H0026	Alcohol and/or drug Prevention process service, Community-Based (Delivery of services to develop skills of impactors)			
H0028	Alcohol and/or drug Prevention Problem Identification and Referral Service (e.g. student assistance and employee assistance programs), does not include assessment			
H0029	Alcohol and/or drug Prevention Alternatives Service (services for populations that exclude alcohol and other drug use e.g. alcohol-free social events)			
H0030	Behavioral health hotline service			04, 30
H0031	Mental health assessment, by non-physician			01, 11
H0031	Mental health assessment, by non-physician	HA	Child/adolescent program	01, 11
H0031	Mental health assessment, by non-physician	HM	Less than bachelor's degree level	01, 11
H0031	Mental health assessment, by non-physician	HN	Bachelor's degree level	01, 11
H0031	Mental health assessment, by non-physician	HN, GT	Bachelor's degree level, Telemedicine	01, 11
H0031	Mental health assessment, by non-physician	HO	Master's degree level	01, 11
H0031	Mental health assessment, by non-physician	HO, GT	Master's degree level, Telemedicine	01, 11
H0031	Mental health assessment, by non-physician	TS	Follow-up service	01, 11
H0031	Mental health assessment, by non-physician	TS, GT	Follow-up service, Telemedicine	01, 11
H0031	Mental health assessment, by non-physician	GT	Telemedicine	01, 11
H0032	Mental health service plan development by non-physician			01
H0032	Mental health service plan development by non-physician	TS	Follow-up service	01
H0035	Mental health partial hospitalization, treatment, less than 24 hours			04
H0036	Community psychiatric supportive treatment, face-to-face, per 15 minutes			08, 11, 12, 14, 15
H0038	Self-help/peer services, per 15 minutes			01, 02, 04, 05, 06, 07, 08, 10, 11, 12, 14, 15, 22, 25, 26, 29,

HCPCS Code	HCPCS Description	Modifier Code	Modifier Description	Valid Covered Services
				30, 40, 44, 46
H0039	Assertive community treatment, per 15 minutes (ACT-15 min)			01, 02, 04, 05, 06, 07, 08, 10, 11, 12, 13, 14, 15, 22, 25, 26, 28, 29, 30, 44, 46
H0039	Assertive community treatment, per 15 minutes (ACT-15 min)	FD	FACT Non-Face-To-Face Contact	01, 02, 04, 05, 06, 07, 08, 10, 11, 12, 13, 14, 15, 22, 25, 26, 28, 29, 30, 44, 46
H0039	Assertive community treatment, per 15 minutes (ACT-15 min)	FI	FACT Indirect contact	01, 02, 04, 05, 06, 07, 08, 10, 11, 12, 13, 14, 15, 22, 25, 26, 28, 29, 30, 44, 46
H0039	Assertive community treatment, per 15 minutes (ACT-15 min)	FO	FACT administrative	01, 02, 04, 05, 06, 07, 08, 10, 11, 12, 13, 14, 15, 22, 25, 26, 28, 29, 30, 44, 46
H0043	Supported housing			26
H0045	Respite care services, not in the home, per diem			22
H0046	Mental health services, not otherwise specified	HE	Mental health program	01, 02, 04, 05, 06, 07, 08, 10, 11, 12, 14, 15, 22, 25, 25, 29, 30, 40, 44, 46
H0046	Mental health services, not otherwise specified	GT	Telemedicine	01, 02, 04, 08, 10, 11, 12, 14, 25, 25, 29, 30, 44, 46
H0047	Alcohol and/or other drug abuse services, not otherwise specified			01, 02, 04, 05, 06, 08, 11, 12, 13, 14, 15, 18, 19, 20, 21, 22, 25, 26, 27, 28, 29, 30, 32, 44, 46
H0047	Alcohol and/or other drug abuse services, not otherwise specified	GT	Telemedicine	01, 02, 04, 08, 11, 12, 14, 18, 19, 20, 21, 25, 26, 27, 28, 29, 30, 32, 44, 46
H0048	Alcohol and/or other drug testing: collection and handling only, specimens other than blood			11, 12, 14
H0048	Alcohol and/or other drug testing: collection and handling only, specimens other than blood	HE	Mental health program	11, 12, 14
H2000	Comprehensive multidisciplinary evaluation			01
H2000	Comprehensive multidisciplinary evaluation	HO	Master's degree level	01
H2000	Comprehensive multidisciplinary evaluation	HP	Doctoral level	01
H2000	Comprehensive multidisciplinary evaluation	HP, GT	Doctoral level, Telemedicine	01
H2010	Comprehensive medication services, per 15 minutes			12
H2010	Comprehensive medication services, per 15 minutes	HE	Mental health program	12
H2010	Comprehensive medication services, per 15 minutes	HE, GT	Mental health program Telemedicine	12
H2010	Comprehensive medication services, per 15 minutes	HF	Substance abuse program	12
H2010	Comprehensive medication services, per 15 minutes	HF, GT	Substance abuse program, Telemedicine	12
H2010	Comprehensive Medication Services, per 15 minutes	HM	Less than bachelor's degree level	12
H2010	Comprehensive Medication Services, per 15 minutes	HN	Bachelor's degree level	12
H2010	Comprehensive Medication Services, per 15 minutes	HO	Master's degree level	12
H2010	Comprehensive Medication Services, per 15 minutes	HO, GT	Master's degree level, Telemedicine	12
H2010	Comprehensive Medication Services, per 15 minutes	HP	Doctoral level	12
H2010	Comprehensive Medication Services, per 15 minutes	HQ	Group setting	12
H2011	Crisis Intervention Service, per 15 minutes			04, 08, 11, 12, 14, 15
H2012	Behavioral Health Day Treatment, per hour			01, 02, 04, 05, 06, 07, 08, 10, 11, 12, 14, 15, 22, 25, 25, 27, 29, 30, 32, 40, 44, 46
H2012	Behavioral Health Day Treatment, per hour	HF	Substance abuse program	01, 02, 04, 05, 06, 07, 08, 11, 12, 14, 15, 22, 25, 25, 27, 29, 30, 32, 44, 46
H2013	Psychiatric Health Facility Service, per diem			03, 09
H2014	Skills Training and Development, per 15 minutes			08, 14, 35, 06, 11, 15

HCPCS Code	HCPCS Description	Modifier Code	Modifier Description	Valid Covered Services
H2015	Comprehensive Community Support Services, per 15 minutes	HE	Mental health program	02, 06, 08, 10, 14, 22, 25, 26, 29, 30, 40, 44, 46
H2017	Psychosocial Rehabilitation Services, per 15 minutes			06
H2019	Therapeutic Behavioral Services, per 15 minutes			08, 14
H2019	Therapeutic Behavioral Services, per 15 minutes	HM	Less than bachelor's degree level	08, 14
H2019	Therapeutic Behavioral Services, per 15 minutes	HN	Bachelor's degree level	08, 14
H2019	Therapeutic Behavioral services, per 15 minutes	HO	Master's degree level	08, 14
H2019	Therapeutic Behavioral services, per 15 minutes	HQ	Group setting	08
H2019	Therapeutic Behavioral Services, per 15 minutes	HR	Family/couple with client present	08, 14
H2019	Therapeutic Behavioral Services, per 15 minutes	HR, GT	Family/couple with client present, Telemedicine	08, 14
H2020	Therapeutic Behavioral services, per diem			19, 20
H2020	Therapeutic Behavioral services, per diem	HA	Child/adolescent program	19, 20
H2020	Therapeutic Behavioral services, per diem	HK	Specialized mental health programs for high-risk populations	19, 20
H2020	Therapeutic Behavioral Services, per diem	HQ	Group setting	19, 20
H2021	Community-Based Wrap-Around Services, per 15 minutes			01, 02, 10, 28
H2021	Community-Based Wrap-Around Services, per 15 minutes	HA	Child/adolescent program	01, 02, 10, 28
H2021	Community-Based Wrap-Around Services, per 15 minutes,	HM	Less than bachelor's degree level	46
H2025	Ongoing Support to Maintain Employment, per 15 minutes			25
H2027	Psycho-educational Service, per 15 minutes			08, 11, 12, 14, 15
H2028	Sexual Offender Treatment Service, per 15 minutes			14, 30, 44, 46
H2029	Sexual Offender Treatment Service, per diem			14, 30, 44, 46
H2030	Mental Health Clubhouse Services, per 15 minutes			40
H2035	Alcohol and /or drug treatment program per hour			14
H2036	Alcohol and /or drug treatment program per diem			06
H2037	Developmental delay, prevention activities, dependent child of client, per 15 mins.			05
IE001	Incidental Expenses			28
IE100	Incidental Expenses-Psychotropic Medications			28
IE101	Incidental Expenses-IDP Psychotropic Medications			28
IE200	Incidental Expenses-Medication Management Services			28
IE300	Incidental Expenses-Mental Health Counseling			28
IE400	Incidental Expenses-Substance Abuse Services			28
IEA00	Incidental Expenses-Food			28
IEB00	Incidental Expenses-Clothing			28
IEC00	Incidental Expenses-Housing			28
IED00	Incidental Expenses-Utilities			28
IED01	Incidental Expenses-Electricity			28
IED02	Incidental Expenses-Water/Sewer			28
IED03	Incidental Expenses-Telephone			28
IED04	Incidental Expenses-Natural or LP Gas			28
IED05	Incidental Expenses-Heating Oil			28
IEE00	Incidental Expenses-Transportation and Travel			28
IEF00	Incidental Expenses-Primary Care Services			28
IEF01	Incidental Expenses-Dental Services			28
IEF02	Incidental Expenses-Vision Services			28
IEF03	Incidental Expenses-Adjunct Health Services			28
IEF04	Incidental Expenses-Copay			28
IEG00	Incidental Expenses-Service Animal Support			28
IEG01	Incidental Expenses-Purchase of Service Animal			28
IEG02	Incidental Expenses-Service Animal Supplies			28
IEG03	Incidental Expenses-Service Animal Veterinary Services			28

HCPCS Code	HCPCS Description	Modifier Code	Modifier Description	Valid Covered Services
IEH00	Incidental Expenses-Employment Support			28
IEH01	Incidental Expenses-Work Tools			28
IEH02	Incidental Expenses-Work Clothes			28
IEI00	Incidental Expenses-Crafts and Hobbies			28
IEJ00	Incidental Expenses-Computers and related items			28
IEJ01	Incidental Expenses-Computer Equipment			28
IEJ02	Incidental Expenses-Printer			28
IEJ03	Incidental Expenses-Software			28
IEJ04	Incidental Expenses-Supplies			28
IEJ05	Incidental Expenses-Internet Service			28
	Incidental Expenses-Furniture and Home Equipment			28
IEL00	Incidental Expenses-Education/Training			28
IEM00	Incidental Expenses-Personal Services			28
IEN00	Incidental Expenses-Entertainment			28
IEP00	Incidental Expenses-Fees			28
IEP01	Incidental Expenses-Birth Certificate			28
IEP02	Incidental Expenses-Identification Cards			28
IEP03	Incidental Expenses-Guardianship Fees			28
J0571	Buprenorphine oral [Note: (Ignore the reference to oral in the Long Description. Include Subutex and Probuphine)]			13
J0572	Buprenorphine/naloxone oral [Note: Ignore the reference to oral in the long description. Include Suboxone, Zubsolv and Bunavil]			13
J2315	Injection, naltrexone (Vivitrol), Depot form, 1mg [Note: Ignore the references to route of administration, depot form and milligrams in the long description. If MSOPM is the OCA, only use this code for oral naltrexone, e.g. Revia or Depade]			13
S0201	Partial Hospitalization services, less than 24 hours, per diem			06
S0316	Disease management program, follow-up/reassessment	HF	Substance abuse program	01,12, 29, 44
S0317	Disease management program, per diem	HF	Substance abuse program	32
S3645	HIV-1 ANTIBODY TESTING OF ORAL MUCOSAL TRANSUDATE			12
S4330	MH Crisis Outreach Services (MH Mobile Crisis Services)			04
S4331	MH Crisis Residential Room and Board is NOT included in this service			03
S5102	Drop in Center	HE	Mental health program	07
S5145	Foster care, therapeutic, child, per diem			20
S5145	Foster care, therapeutic, child, per diem	HE	Mental health program	19
S5145	Foster care, therapeutic, child, per diem	HK	Specialized mental health programs for high-risk populations	04
S5151	Unskilled respite care, not hospice; per diem			22
S9125	Per diem non-residential respite in the home			22
S9485	Acute Crisis Stabilization Unit			03
T1006	Alcohol and/or substance abuse services, family/couple counseling			14
T1007	Alcohol and/or substance abuse services, treatment plan development and/or modification			01, 04, 12, 14
T1007	Alcohol and/or substance abuse services, treatment plan development and/or modification	TS	Follow-up service	01, 04, 12, 14
T1009	Child sitting services for children of the individual receiving alcohol and/or substance abuse services			11, 14, 16
T1012	Alcohol and/or substance abuse services, skills development			14, 25, 26
T1015	Clinic visit/encounter, all inclusive	HE	Mental health program	12
T1015	Clinic visit/encounter, all inclusive	HF	Substance abuse program	12
T1016	Case management, each 15 minutes			02, 44

HCPCS Code	HCPCS Description	Modifier Code	Modifier Description	Valid Covered Services
T1017	Targeted case management, each 15 minutes			10
T1017	Targeted case management, each 15 minutes	HA	Child/adolescent program	02, 25, 30, 44
T1017	Targeted case management, each 15 minutes	HB	Adult program, non-geriatric	02, 25, 30, 44
T1017	Targeted case management, each 15 minutes	HK	Specialized mental health programs for high-risk populations	02, 25, 30, 44
T1023	Screening to determine the appropriateness of consideration of an individual for participation in a specific program, project or treatment protocol, per encounter	HE	Mental health program	01, 04, 11
T1023	Screening to determine the appropriateness of consideration of an individual for participation in a specific program, project or treatment protocol, per encounter	HF	Substance abuse program	01, 04, 11
T2001	Non-emergency transportation; patient attendant / escort			28
T2002	Non-emergency transportation; per diem			28
T2003	Non-emergency transport; commercial carrier, encounter / trip			28
T2004	Non-emergency transport; commercial carrier, multi-pass			28
T2010	Preadmission screening and resident review (pasrr) level I identification screening, per screen	HE	Mental health program	01
T2010	Preadmission screening and resident review (pasrr) level I identification screening, per screen	HF	Substance abuse program	01
T2010	Preadmission screening and resident review (pasrr) level I identification screening, per screen	HO	Master's degree level	01
T2010	Preadmission screening and resident review (pasrr) level I identification screening, per screen	HQ	Group setting	01
T2011	MH Screening PASARR-2 (5)			01, 14
RB001	Room and Board with Supervision, Level 1			36
RB002	Room and Board with Supervision, Level 2			37
RB003	Room and Board with Supervision, Level 3			38
90801	Psychiatric Evaluation (Evaluation and management) when funded by the state mental health authority			
90834	Evaluation Discharge (Evaluation and management) per diem when funded by the state mental health authority			
90885	Other Psychiatric Services or Procedures			
99211	Established Patient Office or Other Outpatient Services - may not require the presence of a physician or other qualified health care professional.			
99212	Established Patient Office or Other Outpatient Services - requires at least two of these three key components be present in the medical record: <ul style="list-style-type: none"> • A problem focused history • A problem focused examination; • Straightforward medical decision making 			
99213	Established Patient Office or Other Outpatient Services - requires at least two of these three key components to be present in the medical record: <ul style="list-style-type: none"> • An expanded problem focused history • An expanded problem focused examination • Medical decision making of low complexity 			
99214	Established Patient Office or Other Outpatient Services - requires at least two of these three key components to be present in a medical record: <ul style="list-style-type: none"> • A detailed history • A detailed examination • Medical decision making of moderate complexity 			
99221	New or Established Patient Initial Hospital Inpatient Care Services			

10 Living Arrangement

Code	Description
Independent Living means the individual is paying (through any source of income) either all costs of living or an equal share of the total cost with others. Just contributing to the cost at less than an estimated equal share is not independent living.	
01	Independent Living - Alone
02	Independent Living – with Relatives
03	Independent Living – with Non-Relatives
Dependent Living means the individual is paying less than an estimated equal share amount of the total combined living expenses.	
04	Dependent Living – with Relatives
05	Dependent Living – with Non-Relatives
Other Living Arrangements	
06	Assisted Living Facility (ALF) Guidance Note: Limited MH-ALF should use Code 17
07	Foster Care/Home
08	Adult Residential Treatment Facility (Group Home)
09	Homeless
10	State Mental Health Treatment Facility (State Hospital)
11	Nursing Home
12	Supported Housing
13	Correctional Facility
14	DJJ Facility
15	Crisis Residence
16	Children Residential Treatment Facility
17	Limited Mental Health Licensed ALF
18	Other Residential Status
99	Not Available or Unknown

11 Modifiers

Code	Description	Guidance
AH	Clinical Psychologist	To designate the person providing a service is a licensed Clinical Psychologist.
AJ	Clinical Social Worker	To designate the person providing a service is a licensed Clinical Social Worker.
AM	Physician, Team Member Service	To designate the person providing a service is a medical doctor acting as part of a team service.
AN	MSSOR - ME State Opioid Response Services – MAT/Hospital	Created for providers who are submitting flat files to their ME and require a MOD4 two digit code.
B0	MHA01 - Adult Mental Health 24hr Residential Services	To designate allowable expenditures for 24 Hour residential services (non-hospitalization).
B1	MHA09 - Adult Mental Health Non-Residential Services	To designate allowable expenditures for non- residential services.
B2	MHA18 – Adult Mental Health Crisis Services	To designate allowable expenditures for crisis services.
B3	MHA25 - Adult Mental Health Prevention Services	To designate allowable expenditures for prevention services.
B5	MHA72 – Community Forensic Beds	To designate allowable expenditures for Adult Community Forensic Beds.
B8	MHA76 – Indigent Psychiatric Medication Program	To designate allowable expenditures for the Indigent Psychiatric Medication Program.
BA	MHAPG – Grants PATH	To designate allowable expenditures for the Grants PATH.
BB	MHATB - Adult Mental Health TANF Eligible	To designate the allowable expenditures for TANF eligible participants. Priority for CWI families.
BC	MHC01 - Children Mental Health 24hr Residential Services	To designate the allowable expenditures for 24 Hour residential services (non-hospitalization).
BD	MHC09 - Children Non-Residential Services	To designate the allowable expenditures for non-residential services.
BE	MHC18 - Children Crisis Services	To designate the allowable expenditures for children’s crisis services.
BF	MHC25 – Children Prevention Services	To designate the allowable expenditures for children’s prevention services.
BH	MHC71 – Residential Treatment for Emotionally Disturbed Children/Youth	Purchase of Residential Treatment services for Emotionally Disturbed children and youth.
BI	MHCBN – Title XXI Children’s Health Insurance Program (Behavioral Health Network)	To designate the allowable expenditures for the Title XXI Children’s Health Insurance Program.
BJ	MHCMD – Miami Wrap Around Grant	To designate the allowable expenditures for the Miami-Dade County Wrap Around Grant.
BK	MHCFA – FACES Miami	To designate the allowable expenditures for the Miami-Dade County Wrap Around FACES Grant.
BL	MSA03 - Adult 24hr Residential Services	To designate the allowable expenditures for 24 Hour residential services (non-hospitalization).
BM	MSA11 - Adult Non-Residential Services	To designate the allowable expenditures for non-residential services.
BN	MSA21 - Adult Detoxification Services	To designate the allowable expenditures for detoxification services.
BO	MSA23 – Adult HIV Services	To designate the allowable expenditures for adult HIV services.
BP	MSA25 - Adult Prevention Services	To designate the allowable expenditures for prevention services.
BQ	MSA27 – SAPTBG Set-Aside for Pregnant Women and Children	To designate the allowable expenditures for the SAPTBG Set-Aside for Pregnant Women.

Code	Description	Guidance
BS	MSA81 – Expansion of Services for Pregnant Women and their Families	To designate the allowable expenditures for the expansion services for Pregnant Women.
BT	MSATB - Adult TANF Eligible	To designate the allowable expenditures for adult TANF eligible participants.
BU	MSC03 - Children 24hr Residential Services	To designate the allowable expenditures for 24 Hour residential services (non-hospitalization).
BV	MSC11 - Children Non-Residential Services	To designate the allowable expenditures for non-residential services.
BW	MSC21 - Children Detoxification Services	To designate the allowable expenditures for children’s detoxification services.
BX	MSC23 – Children’s HIV Services	To designate the allowable expenditures for children’s HIV services.
BY	MSC25 - Children Prevention Services	To designate the allowable expenditures for children’s prevention services.
CA	MSCTB - Children TANF Eligible	To designate the allowable expenditures for children TANF eligible participants.
CB	MSCPP – Partners for Prevention Grant	To designate the allowable expenditures for the Partners for Prevention Grant.
CC	MSC80 – Informed Families	To designate the allowable expenditures for Informed Families.
CD	MHA88 - Guidance Care Center – Key West	SFBHN
CE	MHA93 – Camillus Health Network	SFBHN
CF	MHA94 – Citrus Health Network	SFBHN
CI	MHC87 – Baycare Behavioral Health Children	CFBHN
CJ	MHA90 – Northside Mental Health Center	CFBHN
CK	MHA89 – Clay Behavioral Health Center	CFBHN
CL	MSC95 – DACCO	CFBHN
CM	MHA86 – Baycare Behavioral Health Vets	CFBHN
CN	MHA97 – Crisis Center of Tampa Bay - Adult	CFBHN
CO	MHA26 – EI for SMI and Psych Disorder	Early Intervention for SMI and Psych Disorder.
CP	MHS51 – Circles of Care Cedar Village	
CQ	MHS52 – Circles of Care Crisis Stabilization	
CR	MHA79 – Clay Crisis Behavioral Prevention Team	
CS	MH010 – Miami-Dade Homeless Trust	SFBHN
CW	MHA92 – Palm Beach MH SA Treatment	
CX	MHA93 – Camillus Health Network Homeless	
CY	MHA94 – Citrus Health Network	
CZ	MHA96 – Jerome Golden Center for Behavioral Health	
DA	MHATA – FL Youth Transitions to Adulthood	
DB	MHC77- Child at Risk Emotionally Disturbed	
DC	MHC87 - Baycare Behavioral Health Child	
DD	MSC95 - SA Dacco	CFBHN
DE	MHC98 – ME Salus Care Center - Children	CFBHN
DF	MH819 – Gracepoint Center - Adult	CFBHN
DG	MHRM5 – Renaissance Center - Adult	CFBHN
DH	MS903 – Adult SA Proviso Allocation for Here’s Help	SFBHN
DI	MHS50 – Lifestream - Adult	LSF

Code	Description	Guidance
DJ	MHSMB – Meridian - Adult	LSF
DK	MS902 – First Step of Sarasota – Drug Free Babies	CFBHN
DL	MHESP - SOC Expansion and Sustainability Project	
DN	MH011 - Stewart Marchman Behavioral Healthcare	CFBHN
DP	MH031 - David Lawrence Center Behavioral Health Services	CFBHN
DQ	MH032 - Baycare Behavioral Health Veterans Intervention Program	CFBHN
DR	MH037 - Fort Myers Salvation Army Behavioral Health Services	CFBHN
DT	MH047- Lakeview Center – MH & SA Adult	BBCBC
DU	MH050 - Specialized Treatment, Education and Prevention Services (STEPS)	CFCHS
DW	MH061 - Northside Mental Health Center	CFBHN
DY	MHDRF - ME Disability Rights Florida - Mental Health	
EA	MH0PL - ME Project Launch Project	
EB	MS0JG - Special Services for Jerome Golden Center - Substance Abuse	
ED	MHS55 – Circles of Care Geropsychiatric Care – Adult MH	CFCHS
EF	MHTMH – Civil Transitional Beds for MH	
EG	MHFMH – Forensic Transitional Beds for MH	
EH	MHSFP - MH For Profit Contracting	
EI	MSSF - SA For Profit Contracting	
EJ	MHSOC - MH System of Care	
EK	MS0PM – Opioid Crisis Grant - STR	
EL	Apalachee Center Forensic Treatment Svcs	
EM	Bridgeway Emergency Mobile Access Team	
EN	MS906 - Opioid Addiction Recovery Peer Pilot – Manatee County	
EO	Orlando Emergency Crisis Counseling Svcs	
EP	SA Memorial Reg. Hosp. Maternal Addiction Treatment Program	
EQ	New Hope Residential SAMH Treatment Project	
ER	MH013 – MH UCF PTSD Clinic for Vets	
ES	MH015 - ME MH Jewish Family Svc Suncoast	
ET	MH016 - ME MH PEMHS CSU	
EU	MHEMP - ME MH Supported Employment Svcs	
EV	MS0PH - FL Targeted Opioid Crisis - Hospital	
EY	MS905 – ME SA Opioid Abuse Pilot Project - Palm Beach	Captures the allowable cost of SA services incurred by the Opioid Task Force – Operated by the Palm Beach County BOCC.
FA	MH014 - Starting Point Behavioral Healthcare - MH	

Code	Description	Guidance
FD	FACT Non-Face-to-face contact	To designate a service provided by a FACT team when working with the client, but not face-to-face, i.e., telephone contact with the client.
FI	FACT Indirect contact	To designate a service provided by a FACT team on behalf of the client not directly involving the client, i.e., discussion with a family member or employer.
FO	FACT administrative	To designate a service done on behalf of a client and not involving the client. This includes travel, paperwork, and other administrative duties as required.
FP	MSSOP - ME State Opioid Response Disc Grant Svcs – Prevention	Created for providers who are submitting flat files to their ME and require a MOD4 two-digit code.
GI	For the GAIN-I	
GM	For the GAIN-M	
GQ	For the GAIN-Q	
GT	Telemedicine	To designate that a service was provided through the use of telemedicine.
HA	Child/adolescent program	To designate services designed for children and/or adolescents. Specific age boundaries are not specified to allow for variation in states.
HB	Adult program, non-geriatric	To designate services designed for adults. Changed to non-geriatric.
HC	Older adult programs, geriatric	To designate services designed for older (geriatric) adults. Changed to geriatric.
HD	Pregnant/parenting women's program	To designate services designed for pregnant women or women with dependent children.
HE	Mental health program	To designate that a procedure is associated with a program specifically designed to provide mental health services.
HF	Substance abuse program	To designate that a procedure is associated with a program specifically designed to provide substance abuse services.
HH	Integrated mental health / substance abuse program	To designate that a procedure is associated with a program specifically designed to provide integrated services to persons who need both mental health and substance abuse services.
HI	Integrated mental health and mental retardation / developmental disabilities program	To designate that a procedure is associated with a program specifically designed to provide integrated services to persons who need both mental health and mental retardation/developmental disability services.
HJ	Employee Assistance Program	To designate that a procedure is associated with an employee assistance program.
HK	Specialized mental health Programs for high risk populations	To designate that a procedure is associated with a program specifically designed to address the mental health needs specific to high risk populations.
HL	Intern	The rendering provider is a social worker intern or psychologist intern. (Interns are reimbursed at different rates than the supervising provider under whose number a claim is submitted.
HM	Less than bachelor's degree level	The rendering provider has an educational attainment less than a bachelor's degree.
HN	Bachelor's degree level	The rendering provider has a highest educational attainment of a bachelor's degree.
HO	Master's degree level	The rendering provider has a highest educational attainment of a master's degree.
HP	Doctoral level	The rendering provider has a highest educational attainment of a

Code	Description	Guidance
		doctoral degree.
HQ	Group indicator	To designate services provided to more than one client during a single treatment event, such that clients have no particular relationship.
HR	Family/couple, with client present	To designate services provided to more than one client during a single treatment event, such that the persons served share familial or significant other relationships.
HS	Family/couple, without client present	To designate services provided to more than one client during a single treatment event, such that the persons served share familial or significant other relationships.
HT	Multi-disciplinary Team	To designate a service that is provided by multiple providers of different disciplines.
HU	Funded by Child Welfare Agency	To indicate that the service is funded by funds appropriated of a child welfare agency.
HV	Funded by State Addictions Agency	To indicate that the service is funded by funds appropriated of a state addictions agency.
HW	Funded by State Mental Health Agency	To indicate that the service is funded by funds appropriated of a state mental health agency.
HX	Funded by County/Local Agency	To indicate that the service is funded by funds appropriated of a county or local agency.
HY	Funded by Juvenile Justice Agency	To indicate that the service is funded by a juvenile justice agency.
HZ	Funded by Criminal Justice Agency	To indicate that the service is funded by a criminal justice agency.
H9	Court-ordered	To indicate that the service was ordered by a court.
MT	Multi-disciplinary treatment team	To designate services provided by a multi-disciplinary treatment team.
OS	Service Related to 2010 Gulf Oil Spill	Not valid after September 2012.
R1	First Bed Day (Residential Admission Day)	This indicates the beginning of a residential stay within the agency. It is applicable to Residential levels 1 to 4, Detox, CSU, Inpatient or Room and Board.
R2	Continuing Bed Day	This indicates continuing residential stay within the agency. It is applicable to Residential levels 1 to 4, Detox, CSU, Inpatient or Room and Board.
R3	Last Bed Day	This indicates the end of a residential stay within the agency. It is applicable to Residential levels 1 to 4, Detox, CSU, Inpatient or Room and Board.
SP	For Special Projects	
S1	Buprenorphine Mono	To designate person receiving Opioid Crisis STR services also receives non-STR funded Buprenorphine Mono medication.
S2	Methadone	To designate person receiving Opioid Crisis STR services also receives non-STR funded Methadone medication.
S3	Naltrexone Injectable	To designate person receiving Opioid Crisis STR services also receives non-STR funded Naltrexone Injectable medication.
S4	Buprenorphine Combo	To designate person receiving Opioid Crisis STR services also receives non-STR funded Buprenorphine Combo medication.
S5	Naltrexone Oral	To designate person receiving Opioid Crisis STR services also receives non-STR funded Naltrexone oral medication.
TD	Registered Nurse	To designate the person providing a service is a Registered Nurse.
	LPN/LVN	To designate the person providing a service is a licensed practical

Code	Description	Guidance
TE		nurse or a licensed vocational nurse.
TN	Rural/out of service area	To indicate that the service was delivered in a rural area.
TS	Follow-up service	To indicate that the service is a follow-up to previously provided services.
UK	Collateral	To designate services provided to a collateral of a client. A collateral person is a spouse, child, parent or other person adversely affected by someone else's substance abuse problem.
10	27CHV – Children IV	For use by Central Florida Behavioral Health Network providers only. Designates the service is paid by this specific funding source.
11	27HIV – IV Drug Usage	For use by Central Florida Behavioral Health Network providers only. Designates the service is paid by this specific funding source.
12	27WOM – Services to Women	For use by Central Florida Behavioral Health Network providers only. Designates the service is paid by this specific funding source.
15	CFBAS – Comm Forensic Beds	For use by Central Florida Behavioral Health Network providers only. Designates the service is paid by this specific funding source.
16	DPG08 – Indigent Drug Program	For use by Central Florida Behavioral Health Network providers only. Designates the service is paid by this specific funding source.
17	GJDT1 - Jail Diversion and Trauma Recovery	For use by Central Florida Behavioral Health Network providers only. Designates the service is paid by this specific funding source.
18	GX018 - PATH	For use by Central Florida Behavioral Health Network providers only. Designates the service is paid by this specific funding source.
19	SB004 - Screening Intervention	For use by Central Florida Behavioral Health Network providers only. Designates the service is paid by this specific funding source.
20	SP503 - Family Emergency Treatment Center - Manatee	For use by Central Florida Behavioral Health Network providers only. Designates the service is paid by this specific funding source.
21	SP505 - Charlotte County CMH Center	For use by Central Florida Behavioral Health Network providers only. Designates the service is paid by this specific funding source.
22	SP511 - SRT - Hillsborough	For use by Central Florida Behavioral Health Network providers only. Designates the service is paid by this specific funding source.
23	SP516 - Cooper CSU	For use by Central Florida Behavioral Health Network providers only. Designates the service is paid by this specific funding source.
24	SP525 - Family Emergency Treatment Ctr - Pinellas	For use by Central Florida Behavioral Health Network providers only. Designates the service is paid by this specific funding source.
25	SP542 - CSU District 08	For use by Central Florida Behavioral Health Network providers only. Designates the service is paid by this specific funding source.
26	SP553 - Family Emergency Treatment Ctr - Sarasota	For use by Central Florida Behavioral Health Network providers only. Designates the service is paid by this specific funding source.
27	SP560 - Ruth Cooper CSU - Lee	For use by Central Florida Behavioral Health Network providers only. Designates the service is paid by this specific funding source.
28	SP611 - Adol Res SA Tx Facility	For use by Central Florida Behavioral Health Network providers only. Designates the service is paid by this specific funding source.
29	SP645 - Phoenix House	For use by Central Florida Behavioral Health Network providers only. Designates the service is paid by this specific funding source.
30	SP646 - First Step Mother/Infants	For use by Central Florida Behavioral Health Network providers only. Designates the service is paid by this specific funding source.
31	SP647 - DACCO	For use by Central Florida Behavioral Health Network providers only. Designates the service is paid by this specific funding source.

Code	Description	Guidance
32	SP651 - First Step Mother/Infants	For use by Central Florida Behavioral Health Network providers only. Designates the service is paid by this specific funding source.
33	SPRM5 - Orange County Receiving Center	For use by Central Florida Behavioral Health Network providers only. Designates the service is paid by this specific funding source.
34	WO027 - Title IV B	For use by Central Florida Behavioral Health Network providers only. Designates the service is paid by this specific funding source.
35	HCR – Haitian Community Response Mental	Not valid after September 2012.
36	HCR – Haitian Community Response Substance Abuse	Not valid after September 2012.
37	FACES – Wraparound Project	Designated for the FACES Wraparound Project.
38	MHC - CSU	
39	CARED	
40	Expanded Pregnant Women	
41	MHC Forensic	
42	FACES Miami	SFBHN
43	PRTS	
44	FIS	
52	Opioid - Non-Grant Funded - SFBHN	Designated for SFBHN Local Use.
53	Pinellas CJMHSR Reinvestment Grant	Designated for CFBHN Local Use.
54	Polk Helping Hands	Designated for CFBHN Local Use.
55	Northside County Residential Beds	Designated for CFBHN Local Use.
56	Hillsborough Substance Abuse Evaluations	Designated for CFBHN Local Use.
57	Foundation for Healthy St. Pete	Designated for CFBHN Local Use.
58	TBA	Designated for CFBHN Local Use.
90	Suncoast C-10 Providers	Designated for CFBHN Circuit 10 Providers.
91	Carry Forward Funding FY 13-14	Local Use
92	Carry Forward Funding FY 14-15	Local Use
93	Carry Forward Funding FY 15-16	Local Use
94	Carry Forward Funding FY 16-17	Local Use
95	Carry Forward Funding FY 17-18	Local Use

12 Outcome Measure

Program Area	Code	Description
Adult Mental Health	MH003	Average annual days worked for pay for adults with severe and persistent mental illness.
Adult Mental Health	MH703	Percent of adults with serious mental illness who are competitively employed.
Adult Mental Health	MH742	Percent of adults with severe and persistent mental illnesses who live in stable housing environment.
Adult Mental Health	MH743	Percent of adults in forensic involvement who live in stable housing environment.
Adult Mental Health	MH744	Percent of adults in mental health crisis who live in stable housing environment.
Adult Substance Abuse	SA753	Percentage change in clients who are employed from admission to discharge.
Adult Substance Abuse	SA754	Percent change in the number of adults arrested 30 days prior to admission versus 30 days prior to discharge.
Adult Substance Abuse	SA755	Percent of adults who successfully complete substance abuse treatment services.
Adult Substance Abuse	SA756	Percent of adults with substance abuse who live in a stable housing environment at the time of discharge.
Child Mental Health	MH012	Percent of school days seriously emotionally disturbed (SED) children attended.
Child Mental Health	MH377	Percent of children with emotional disturbances (ED) who improve their level of functioning.
Child Mental Health	MH378	Percent of children with serious emotional disturbances (SED) who improve their level of functioning.
Child Mental Health	MH778	Percent of children with emotional disturbance (ED) who live in a stable housing environment.
Child Mental Health	MH779	Percent of children with serious emotional disturbance (SED) who live in a stable housing environment.
Child Mental Health	MH780	Percent of children at risk of emotional disturbance (ED) who live in a stable housing environment.
Child Substance Abuse	SA725	Percent of children who successfully complete substance abuse treatment services.
Child Substance Abuse	SA751	Percent change in the number of children arrested 30 days prior to admission versus 30 days prior to discharge.
Child Substance Abuse	SA752	Percent of children with substance abuse who live in a stable housing environment at the time of discharge.

13 Project Code

Code	Description	Policy Guidance
A0	Forensic Multidisciplinary Team	Bundled rate expenditures for Forensic Multidisciplinary teams. Allowable covered services within the bundled rate must be reported in FASAMS as the actual covered service (i.e., case management, medical services, etc.) These expenditures should be coded to OCA MH0FH unless the subcontract supplements project specific GAA funding with additional OCAs.
A1	BNET	Bundled rate expenditures for Behavioral Health Network (BNET). Allowable covered services within the bundled rate must be reported in FASAMS as the actual covered service (i.e., case management, medical services, etc.) These expenditures may be coded to OCA MH0BN only.
A2	FIT Team	Bundled rate expenditures for Family Intensive Treatment teams. Allowable covered services within the bundled rate must be reported in FASAMS as the actual covered service (i.e., case management, medical services, etc.) These expenditures should be coded to OCA MS091 unless the subcontract supplements project specific GAA funding with additional OCAs.
A3	Central Receiving System	Bundled rate expenditures for Central Receiving System grants. Allowable covered services within the bundled rate must be reported in FASAMS as the actual covered service (i.e., case management, medical services, etc.) These expenditures should be coded to OCA MHSCR unless the subcontract supplements project specific GAA funding with additional OCAs.
A4	Care Coordination	Bundled rate expenditures for Care Coordination. Allowable covered services within the bundled rate must be reported in FASAMS as the actual covered service (i.e., case management, incidentals, etc.) These expenditures should be coded to OCA MH0CN or MS0CN unless the subcontract supplements project specific GAA funding with additional OCAs.
A5	First Episode Team	Bundled rate expenditures for Coordinated Specialty - First Episode teams. Allowable covered services within the bundled rate must be reported in FASAMS as the actual covered service (i.e., case management, medical services, etc.) These expenditures may be coded to OCA MH026 only.

A6	Self-Directed Care	This code applies only to Lutheran Services Florida and Central Florida Behavioral Health Network for expenditures for the Self-Directed Care programs. Allowable covered services within the bundled rate must be reported in SAMHIS as the actual covered service (i.e., case management, incidentals, etc.)
A7	Federal Project Grant	Expenditures associated with a federal project grant using the assigned OCA. Examples of federal project grants include, but are not limited to, the Florida System of Care Expansion and Sustainability Project (OCA MHESP), Florida Response to the Opioid Crisis MAT (OCA MSOPM), and Florida Partnerships for Success (OCA MSOFS). If the grant funds services, allowable covered services must be reported in FASAMS as the actual covered service (i.e., case management, incidentals, etc.)
A8	Local Diversion Forensic Project	Bundled rate expenditures for Outpatient Forensic Mental Health Services as described in Guidance 6 of the ME contract. Allowable covered services within the bundled rate must be reported in FASAMS as the actual covered service (i.e., case management, medical services, etc.)
A9	Disaster Behavioral Health	Allowable expenditures for Disaster Behavioral Health grants, coded with established OCA (e.g., ME Provider Hurricane Matthew Crisis Counseling, OCA MHHMP)
B1	Network Eval. & Dvlpmnt.	Allowable expenditures of network service provider funding necessary to evaluate, develop, or expand the capacity of the regional network of care. This includes fidelity monitoring, independent quality assessment, workforce development, training, and related initiatives.
B2	Transition Voucher	Bundled rate expenditures for Transition Vouchers. Allowable covered services within the bundled rate must be reported in FASAMS as the actual covered service (i.e., case management, incidentals, etc.) These expenditures may be coded to OCAs MHDRF, MHTRV, or MSTRV only.
B3	Cost Reimbursement	Expenditures paid on an actual cost reimbursement method of payment, as defined in rule 65E-14.019, F.A.C., for necessary staffing, supplies and related expenditures to establish operational start-up capacity for new programs or services. Allowable costs are limited to those expenditures directly related to new services; to service contracts when required by statute, grant or funding source; or to specific fixed capital outlay projects appropriated by the legislature.

B4	CAT Team	Bundled rate expenditures for Community Action Treatment (CAT) teams as described in Guidance 32. Allowable covered services within the bundled rate must be reported in SAMHIS as the actual covered service (i.e., case management, medical services, etc.) These expenditures should be coded to OCA MHCAT unless the subcontract supplements project specific GAA funding with additional OCAs.
B5	FACT Team	Florida Assertive Community Treatment (FACT) Teams as described in 65E-14.021(4)(j). The Project Id is for FACT Team costs associated with the enrolled participants for services. Allowable covered services within the bundled rate must be reported in FASAMS as the actual covered service (i.e., case management, medical services, etc.) Incidental Expenses should still be reported under the Incidental Expenses covered services code.
B6	Provider Proviso Projects	Bundled rate expenditures associated with a named proviso project specified in the General Appropriations Act, using the assigned OCA. If the project funds services, allowable covered services must be reported in FASAMS as the actual covered service (i.e., case management, incidentals, etc.)
C0	Other Bundled Projects	Bundled rate expenditures for local community behavioral health initiatives not otherwise reportable under other project codes. These projects may be funded with any combination of block grant and general revenue funds. Allowable covered services within the bundled rate must be reported in FASAMS as the actual covered service (i.e., case management, medical services, etc.)

14 Referral Source

Code	Description	Code	Description
01	Individual	22	Methadone Clinic
02	Family or friends	23	Addiction Receiving Facility
03	Juvenile Justice (all components excluding TASC or similar entity)	24	Detoxification
04	County Public Health Unit	25	Intensive Inpatient Treatment
05	School (Education)	26	Residential Treatment (Adult)
06	Employer/Employee Assistance Program (EAP)	27	Day or Night Treatment
07	TASC (Assessment Centers)	28	Intensive Outpatient Treatment
08	Probation/Parole/Controlled	29	Outpatient Treatment
09	DUI/DWI	30	Aftercare

Code	Description	Code	Description
10	Pretrial	31	Intervention
11	Prison/Jail	32	Prevention
12	CINS/FINS	33	Assisted Living Facility
13	Outreach Program	34	Crisis Stabilization Unit
14	DCF/SAMH Regional Office	35	Short Term Residential Treatment Facility
15	Medical Hospital	36	Residential Treatment for Children/Adolescent
16	State Mental Health Treatment Facility	37	Transitional Living Facility
17	Physician/Doctor	38	Licensed Professional
18	Law Enforcement	39	Receiving Facility
19	Child Welfare	40	Other Social Service/Health/ Community entities
20	Religious Organization	41	Other Court Order/Recognized Legal Entity
21	Shelter	99	None of the Above

15 Service Category

Code	Description	Program Area
1	Crisis Care	Adult Mental Health, Child Mental Health
2	Detoxification	Adult Substance Abuse, Child Substance Abuse
3	Injecting Drug Users	Adult Substance Abuse
4	Outpatient Care	Adult Mental Health, Child Mental Health, Adult Substance Abuse, Child Substance Abuse
5	Peer Support Services	Adult Mental Health, Adult Substance Abuse
6	Prevention	Child Substance Abuse
7	Residential Care	Adult Mental Health, Child Mental Health, Adult Substance Abuse, Child Substance Abuse
8	State Hospital Discharges	Adult Mental Health
9	Women's Specific Services	Adult Substance Abuse

16 Staff Identifier Education/Credential Level

Code	Name	Description
01	Non-Degree Trained Technician	
02	AA Degree Trained Technician	
03	BA/BS	Bachelor's Degree from an accredited university or college with a

Code	Name	Description
		major in counseling, social work, psychology, nursing, rehabilitation, special education, health education or related human services field.
04	MA/MS	Master's Degree from an accredited university or college with a major in the field of counseling, social work, psychology, nursing, rehabilitation, special education, health education or related human services field.
05	Licensed Practitioner of the Healing Arts	MA/MS advanced registered nurse practitioner, physician assistants, clinical social workers, mental health counselors, and marriage and family therapists.
06	PhD/PsyD/Ed.D	Licensed psychologist
07	MD/DO	Board Certified
08	Certified Master's Level Addiction Professional (MCAP)	The MCAP is a master's level professional substance abuse credential for people who assess, develop and provide substance abuse treatment services and plans. Individuals holding the MCAP are recognized/hold practice rights of "qualified professionals" per Chapter 397, F.S. and may make a substance use disorder diagnosis in programs billed under Florida's Medicaid State Plan only. If the person has a co-occurring mental health condition, the MCAP can only give a diagnostic impression. For non-Medicaid funded substance abuse services, the MCAP can only provide a diagnostic impression (unless licensed).
09	Certified Addiction Professional (CAP)	The CAP is a professional substance abuse credential for people who assess, develop and provide substance abuse treatment services and plans. Individuals holding the CAP are recognized/hold the practice rights of "qualified professionals" per Chapter 397, F.S. The CAP can only render a diagnostic impression.
10	Certified Addiction Counselor (CAC)	The CAC is an intermediate substance abuse credential for people who work side-by-side with clinical staff to develop and implement client treatment plans, as well provide specified substance abuse treatment services.
11	Certified Recovery Support Specialist (CRSS)	The CRSS is an entry-level credential for people who use their lived experience and skills learned in training to help others achieve and maintain recovery from substance use disorders
12	Certified Mental Health Professional (CMHP)	The CMHP is a professional credential for an unlicensed mental health practitioner with advanced related education and on-the-job experience providing direct services to clients in both inpatient and outpatient mental health treatment settings. The CMHP credential is a designation of professional competency and does not grant practice rights under state statute.

Code	Name	Description
13	Certified Recovery Peer Specialist: Adult (CRPS-A), Family (CRPS-F), Veteran (CRPS-V), or Youth (CRPS-Y)	<p>The CRPS is an entry-level credential for people who use their lived experience and skills learned in training to help others build mind-body recovery and resiliency skills related to mental health and/or substance use conditions.</p> <ul style="list-style-type: none"> • Adults (CRPS-A) - An individual with lived experience as an adult in recovery for a minimum of 2-years from a mental health and/or substance use condition. • Family (CRPS-F) - An individual with lived experience as a family member or caregiver to another person who is living with a mental health and/or substance use condition. • Veteran (CRPS-V) - An individual with lived experience as a veteran of any branch of the armed forces who is in recovery for a minimum of 2-years from a mental health and/or substance use condition. • Youth (CRPS-Y) - An individual, between the ages of 18-29, with lived experience as a person who between the ages of 14 and 25 experienced a significant life challenge and is now living a wellness and/or recovery-oriented lifestyle for a least 2 years.
14	Certified Behavioral Health Technician (CBHT)	The CBHT designation is an entry-level credential for person's who assist primary counselors and therapeutic staff by providing clinical support services to adults or children who are receiving substance abuse or mental health services in residential programs, inpatient settings or community-based programs.
97	Unknown	

17 State/Province

Code	Name	Code	Name	Code	Name
AK	Alaska	MD	Maryland	SC	South Carolina
AL	Alabama	ME	Maine	SD	South Dakota
AR	Arkansas	MI	Michigan	TN	Tennessee
AZ	Arizona	MN	Minnesota	TX	Texas
CA	California	MO	Missouri	UT	Utah
CO	Colorado	MS	Mississippi	VA	Virginia
CT	Connecticut	MT	Montana	VT	Vermont
DC	District of Columbia	NC	North Carolina	WA	Washington
DE	Delaware	ND	North Dakota	WI	Wisconsin
FL	Florida	NE	Nebraska	WV	West Virginia
GA	Georgia	NH	New Hampshire	WY	Wyoming
HI	Hawaii	NJ	New Jersey	AS	American Samoa
IA	Iowa	NM	New Mexico	FM	Federated States of Micronesia

Code	Name	Code	Name	Code	Name
ID	Idaho	NV	Nevada	GU	Guam
IL	Illinois	NY	New York	MH	Marshall Islands
IN	Indiana	OH	Ohio	MP	Northern Mariana Islands
KS	Kansas	OK	Oklahoma	PR	Puerto Rico
KY	Kentucky	OR	Oregon	PW	Palau
LA	Louisiana	PA	Pennsylvania	VI	Virgin Islands
MA	Massachusetts	RI	Rhode Island		

18 Substance Use Disorder

18.1 Ordered By Code

Code	Name	Code	Name	Code	Name
01	None	50	Glutethimide (Doriden)	97	Pemoline
02	Alcohol	51	Methaqualone (Quaalude, Sopor)	98	Presenting At-Risk
03	Crack Cocaine (use smoking for route)	52	Other Non-Barbiturate Sedatives	99	Presenting Substance Abuse Problem, Not Confirmed
04	Marijuana/Hashish	53	Flunitrazepam (Rohypnol)	1A	Phendimetrazine
05	Heroin	54	GHB/GBL – Gamma-Hydroxybutyric Acid	1B	Phentermine
06	Non-Prescription Methadone	55	Ketamine (Ketalar, Ketanest, Ketaset)	1C	Propylhexedrine
07	Other Opiates or Opioids	56	Clonazepam (Klonopin, Ceberclon, Valpax)	1D	Nicotine
08	PCP-Phencyclidine	57	Other Aerosols	1E	Methamphetamine - Pharmaceutical
09	Other Hallucinogens/Psychedelics	58	Other Nitrites	1F	Caffeine
10	Methamphetamines	59	Other Solvents	1G	1,4-Butanediol
11	Other Amphetamines	60	Diphenhydramine	1H	4-Methoxyamphetamine (PMA)
12	Other Stimulants	61	Dextromethorphan	1I	4-Methyl-2,5-Dimethoxyamphetamine (DOM)
13	Other Benzodiazepines	62	Diphenoxylate (Lomotil)	1J	5-Methoxy-Disopropyltryptamine (5-MeO-DIPT)
14	Other Tranquilizers	63	Methylphenobarbital (Mephobarbital, Mebaral)	1K	Alpha-Ethyltryptamine

Code	Name	Code	Name	Code	Name
15	Other Barbiturates	64	Estazolam (ProSom, Eurodin)	1L	Dimethyltryptamine (DMT)
16	Other Sedatives/Hypnotics	65	Bromazepam (Bromazanil)	1M	Ibogaine
17	Other Inhalants	66	Halazepam (Paxipam)	1N	Mescaline or Peyote
18	Over-the-Counter	67	Medazepam (Rudotel)	1O	Methylenedioxyamphetamine (MDA)
19	Ice	68	Nitrazepam (Mogadan)	1P	Psilocybin or Psilocin
20	Other	69	Oxazepam (Serax)	1Q	Salvia Divinorum or Salvinorin A
22	Other Cocaine	70	Prazepam (Centrax)	1R	Synthetic Cannabinoids
23	Morphine (Avinza, Kadian, MS Contin, Oramorph)	71	Quazepam (Doral)	1S	Synthetic Cathinones
24	Methadone (Dolophine, Methadose)	72	Temazepam (Restoril)	1T	Acetone
25	Codeine	73	Chloral Hydrate (Somnote, Aquachloral Suppettes)	1U	Computer Duster
26	D-Propoxyphene	74	Eszopiclone (Lunesta)	1V	Cyclohexanone
27	Oxycodone	75	Opium	1W	Diethyl Ether (Ether)
28	Meperidine HCL	76	Barbital	1X	Ethyl Acetate
29	Hydromorphone (Dilaudid, Exalgo, Hydrostat)	77	Butabarbital	1Y	EstyleneGlycol Monomethyl Ether Acetate
30	Other Narcotic Analgesics	78	Butalbital	1Z	Freon, Helium or Xenon
31	Pentazocine (Talwin, Talacen)	79	Pentobarbital (Pentobarbitone)	2A	Gasoline, Lighter Fluid, butane, Kerosene, Propane
32	Hydrocodone	80	Meprobamate	2B	Glue or other Adhesives
33	Carisoprodol (Soma, Soprodal, Vanadom)	81	Zaleplon	2C	Hexane
34	Butrphanol (Stadol)	82	Zolpidem	2D	Isopropanol
35	LSD	83	Buprenorphine	2E	Methyl Ethyl Ketone
36	Methylphenidate (Ritalin, Concerta, Metadate)	84	Fentanyl	2F	Methyl Isobutyl Ketone
37	Methylenedioxyamphetamine (MDMA)	85	Levo-Alphacetylmethadol (LAAM)	2G	Nitrous Oxide
38	Ephedine	86	Oxymorphone	2H	Toluene
39	Alprazolam (Xanax, Niravam)	87	Propoxyphene	2I	Toluol
40	Chlordiazepoxide (Librium, H-Tran, Libritabs)	88	Tramadol	2J	Trichloroethane or Trichloromethane
41	Clorazepate (Tranxene, Gen-	89	Benzphetamine	2K	Trichloroethylene

Code	Name	Code	Name	Code	Name
	xene)				
42	Diazepam (Valium, Valrelease)	90	Dexmethylphenidate	2L	Amphetamine and Dextroamphetamine(damphetamine)
43	Flurazepam (Dalmane)	91	Diethylpropion	2M	Dextroamphetamine (d-amphetamine)
44	Lorazepam (Ativan)	92	Khat (Cathinone)	2N	Alpha-PVP (Flakka or Gravel)
45	Triazolam	93	Lisdexamfetamine	2O	Kratom (Ketum or Mitragyna Speciosa)
46	Phenobarbital (Phenobarbitone, Solfoton)	94	Mazindol	2P	Etizolam (Etilaam, Etizest, Etidev, Etizola, Sedekopan, Pasaden or Depas)
47	Amobarbital (Amylobarbitone, Amytal)	95	Phenmetrazine		
48	Secobarbital (Seconal)	96	Methcathinone		

18.2 Ordered by Name

Code	Name	Code	Name	Code	Name
1G	1,4-Butanediol	1Z	Freon, Helium or Xenon	15	Other Barbiturates
1H	4-Methoxyamphetamine (PMA)	2A	Gasoline, Lighter Fluid, butane, Kerosene, Propane	13	Other Benzodiazepines
1I	4-Methyl-2,5-Dimethoxyamphetamine (DOM)	54	GHB/GBL – Gamma-Hydroxybutyric Acid	22	Other Cocaine
1J	5-Methoxy-Disopropyltryptamine (5-MeO-DIPT)	2B	Glue or other Adhesives	09	Other Hallucinogens/Psychedelics
1T	Acetone	50	Glutethimide (Doriden)	17	Other Inhalants
02	Alcohol	66	Halazepam (Paxipam)	30	Other Narcotic Analgesics
1K	Alpha-Ethyltryptamine	05	Heroin	58	Other Nitrites
2N	Alpha-PVP (Flakka or Gravel)	2C	Hexane	52	Other Non-Barbiturate Sedatives
39	Alprazolam (Xanax, Niravam)	32	Hydrocodone	07	Other Opiates or Opioids
47	Amobarbital (Amylobarbitone, Amytal)	29	Hydromorphone (Dilaudid, Exalgo, Hydrostat)	16	Other Sedatives/Hypnotics
2L	Amphetamine and Dextroamphetamine(damphetamine)	1M	Ibogaine	59	Other Solvents
76	Barbital	19	Ice	12	Other Stimulants
89	Benzphetamine	2D	Isopropanol	14	Other Tranquilizers

Code	Name	Code	Name	Code	Name
65	Bromazepam (Bromazanyl)	55	Ketamine (Ketalar, Ketanest, Ketaset)	18	Over-the-Counter
83	Buprenorphine	92	Khat (Cathinone)	69	Oxazepam (Serax)
77	Butabarbital	20	Kratom (Ketum or Mitragyna Speciosa)	27	Oxycodone
78	Butalbital	85	Levo-Alphaacetylmethadol (LAAM)	86	Oxymorphone
34	Butrphanol (Stadol)	93	Lisdexamfetamine	08	PCP-Phencyclidine
1F	Caffeine	44	Lorazepam (Ativan)	97	Pemoline
33	Carisoprodol (Soma, Soprodal, Vanadom)	35	LSD	31	Pentazocine (Talwin, Talacen)
73	Chloral Hydrate (Somnote, Aquachloral Suppettes)	04	Marijuana/Hashish	79	Pentobarbital (Pentobarbitone)
40	Chlordiazepoxide (Librium, H-Tran, Libritabs)	94	Mazindol	1A	Phendimetrazine
56	Clonazepam (Klonopin, Ceberclon, Valpax)	67	Medazepam (Rudotel)	95	Phenmetrazine
41	Clorazepate (Tranxene, Gen-xene)	28	Meperidine HCL	46	Phenobarbital (Phenobarbitone, Solfoton)
25	Codeine	80	Meprobamate	1B	Phentermine
1U	Computer Duster	1N	Mescaline or Peyote	70	Prazepam (Centrax)
03	Crack Cocaine (use smoking for route)	24	Methadone (Dolophine, Methadose)	98	Presenting At-Risk
1V	Cyclohexanone	1E	Methamphetamine - Pharmaceutical	99	Presenting Substance Abuse Problem, Not Confirmed
90	Dexmethylphenidate	10	Methamphetamines	87	Propoxyphene
2M	Dextroamphetamine (d-amphetamine)	51	Methaqualone (Quaalude, Sopor)	1C	Propylhexedrine
61	Dextromethorphan	96	Methcathinone	1P	Psilocybin or Psilocin
42	Diazepam (Valium, Valrelease)	2E	Methyl Ethyl Ketone	71	Quazepam (Doral)
1W	Diethyl Ether (Ether)	2F	Methyl Isobutyl Ketone	1Q	Salvia Divinorum or Salvinorin A
91	Diethylpropion	10	Methylenedioxyamphetamine (MDA)	48	Secobarbital (Seconal)
1L	Dimethyltryptamine (DMT)	37	Methylenedioxymethamphetamine (MDMA)	1R	Synthetic Cannabinoids
60	Diphenhydramine	36	Methylphenidate (Ritalin, Concerta, Metadate)	1S	Synthetic Cathinones

Code	Name	Code	Name	Code	Name
62	Diphenoxylate (Lomotil)	63	Methylphenobarbital (Mephobarbital, Mebaral)	72	Temazepam (Restoril)
26	D-Propoxyphene	23	Morphine (Avinza, Kadian, MS Contin, Oramorph)	2H	Toluene
38	Ephedine	1D	Nicotine	2I	Toluol
64	Estazolam (ProSom, Eurodin)	68	Nitrazepam (Mogadan)	88	Tramadol
1Y	EstyleneGlycol Monomethyl Ether Acetate	2G	Nitrous Oxide	45	Triazolam
74	Eszopiclone (Lunesta)	06	Non-Prescription Methadone	2J	Trichloroethane or Trichloromethane
1X	Ethyl Acetate	01	None	2K	Trichloroethylene
2P	Etizolam (Etilaam, Etizest, Etidev, Etizola, Sedekopan, Pasaden or Depas)	75	Opium	81	Zaleplon
84	Fentanyl	20	Other	82	Zolpidem
53	Flunitrazepam (Rohypnol)	57	Other Aerosols		
43	Flurazepam (Dalmane)	11	Other Amphetamines		