

Piedmont Behavioral Healthcare  
Place of Service Codes

		03 School	04 Homeless Shelter	09 Correctional Facility(Ja	11 Office	12 Home	13 Assisted Living Facility	14 Group Home	15 Mobile Unit	20 Urgent Care Facility	21 Inpatient Hospital	22 Outpatient Hospital	23 Emergency Room - Hospital	24 Ambulatory Surgical Center	25 Birthing Center
100	100 ICF/MR Hospital Admission & General Hospital							X			X				
183	183 Therap. Leave							X			X				
183M	183M ICF/MR THERAPEUTIC LEAVE							X			X				
901	0901 Electroshock Treatment										X	X			
902	0902 Milieu Therapy											X			
905	0905 Intensive Outpatient Services Psychiatric											X			
906	0906 Intensive Outpatient Services Chemical Depend											X			
90772	90772 - Therapeutic or Prophylactic or Diag Inject				X	X	X	X	X	X	X	X	X	X	
90801	90801 Clinical Evaluation/Intake	X	X	X	X	X	X				X	X			
90801GT	90801 Clinical Evaluation/Intake GT -- Interactive Telecommunications	X	X	X	X	X	X				X	X			
90802	90802 Interactive Evaluation				X	X	X				X	X	X		
90804	90804 Individual Therapy (20-30 minutes)	X	X	X	X	X	X				X	X	X		
90804GT	90804 Individual Therapy (20-30 minutes) GT -- Interactive Telecommunications	X	X	X	X	X	X				X	X	X		
90805	90805 Individual Therapy (20-30 minutes) - MD				X	X	X				X	X	X		
90805GT	90805 Individual Therapy (20-30 minutes) - MD GT -- Interactive Telecommunications				X	X	X				X	X	X		
90806	90806 Individual Therapy (45-50 minutes)	X	X	X	X	X	X				X	X	X		
90806GT	90806 Individual Therapy (45-50 minutes) GT -- Interactive Telecommunications	X	X	X	X	X	X				X	X	X		
90807	90807 Individual Therapy (45-50 minutes) - MD				X	X	X				X	X	X		
90807GT	90807 Individual Therapy (45-50 minutes) - MD GT -- Interactive Telecommunications				X	X	X				X	X	X		
90808	90808 Individual Therapy (75+ minutes)				X	X	X				X	X	X		

26 Military Treatment Facility	31 Skilled Nursing Facility	32 Nursing Facility	33 Custodial Care Facility	34 Hospice	41 Ambulance - Land	42 Ambulance - Air or Water	49 Independent Clinic	50 Federally Qualified Health	51 Inpatient Psychiatric Facility	52 Psychiatric Facility - Partial	53 Community Mental Health	54 Intermediate Care Facility/M	55 Residential Substance	56 Psychiatric Residential	57 Non-Residential SA Treatment	60 Mass Immunization Center	61 Comprehensive Inpatient	62 Comprehensive Outpatient	65 End Stage Renal Disease	71 State or Local Public Health	72 Rural Health Clinic	81 Independent Laborator
									X			X										
	X	X	X	X	X	X	X	X	X	X	X		X	X	X	X	X	X	X	X	X	X
	X	X	X	X					X		X	X					X	X		X	X	
		X	X	X					X		X	X					X	X		X	X	
		X	X	X					X		X	X					X	X		X	X	
	X	X	X	X					X		X	X					X	X		X	X	
	X	X	X	X					X		X	X					X	X		X	X	
		X	X	X					X		X	X					X	X		X	X	
		X	X	X					X		X	X					X	X		X	X	
	X	X	X	X					X		X	X					X	X		X	X	



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90808GT	90808 Individual Therapy (75+ minutes) GT -- Interactive Telecommunications				X	X	X				X	X	X		
90809	90809 Individual Therapy (75+ minutes) - MD				X	X	X				X	X	X		
90809GT	90809 Individual Therapy (75+ minutes) - MD GT -- Interactive Telecommunications				X	X	X				X	X	X		
90810	90810 Interactive Therapy (30 minutes)				X	X	X				X	X	X		
90811	90811 Interactive Therapy (30 minutes) - MD				X	X	X				X	X	X		
90812	90812 Interactive Therapy (50 minutes)				X	X	X				X	X	X		
90813	90813 Interactive Therapy (50 minutes) - MD				X	X	X				X	X	X		
90814	90814 Interactive Therapy (80 minutes)				X	X	X				X	X	X		
90815	90815 Interactive Therapy (80 minutes) - MD				X	X	X				X	X	X		
90816	90816 Individual Therapy (30 minutes)				X	X	X				X	X	X		
90817	90817 Individual Therapy (30 minutes) - MD				X	X	X				X	X	X		
90818	90818 Individual Therapy (50 minutes)				X	X	X				X	X	X		
90819	90819 Individual Therapy (50 minutes) - MD				X	X	X				X	X	X		
90821	90821 Individual Therapy (80 minutes)				X	X	X				X	X	X		
90822	90822 Individual Therapy (80 minutes) - MD				X	X	X				X	X	X		
90823	90823 Interactive Therapy (30 minutes)				X	X	X				X	X	X		
90824	90824 Interactive Therapy (30 minutes) - MD				X	X	X				X	X	X		
90826	90826 Interactive Therapy (50 minutes)				X	X	X				X	X	X		
90827	90827 Interactive Therapy (50 minutes) - MD				X	X	X				X	X	X		
90828	90828 Interactive Therapy (80 minutes)				X	X	X				X	X	X		
90829	90829 Interactive Therapy (80 minutes) - MD				X	X	X				X	X	X		
90846	90846 Special Family Therapy w/o patient	X	X	X	X		X				X	X			
90847	90847 Special Family Therapy w patient	X	X	X	X		X				X	X			

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	X	X	X	X					X		X	X					X	X		X	X	
		X	X	X					X		X	X					X	X		X	X	
		X	X	X					X		X	X					X	X		X	X	
	X	X	X	X					X		X	X					X	X		X	X	
		X	X	X					X		X	X					X	X		X	X	
	X	X	X	X					X		X	X					X	X		X	X	
		X	X	X					X		X	X					X	X		X	X	
	X	X	X	X					X		X	X					X	X		X	X	
		X	X	X					X		X	X					X	X		X	X	
	X	X	X	X					X		X	X					X	X		X	X	
		X	X	X					X		X	X					X	X		X	X	
	X	X	X	X					X		X	X					X	X		X	X	
		X	X	X					X		X	X					X	X		X	X	
	X	X	X	X					X		X	X					X	X		X	X	
		X	X	X					X		X	X					X	X		X	X	
		X	X	X					X		X	X					X	X		X	X	
		X	X	X					X		X	X					X	X		X	X	
		X	X	X					X		X	X					X	X		X	X	



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90849	90849 Special Family Therapy (multiple Families)				X		X				X	X			
90853	90853 Special Group Therapy (non-multiple)	X	X	X	X		X				X	X			
90857	90857 - Interactive Group				X		X								
90862	90862 Medication Management - Individual				X	X	X				X	X	X		
90862GT	90862 Medication Management - Individual GT -- Interactive Telecommunications				X	X	X				X	X	X		
911	911 Psych Resid Tx Facility										X		X		
914	0914 Individual Therapy											X			
915	0915 Group Therapy											X			
916	0916 Family Therapy											X			
918	0918 Testing											X			
919	0919 Other											X			
96101	96101 Psychological Testing				X		X				X	X			
96110	96110 Developmental Test, Lim				X	X	X				X	X	X		
96111	96111 Developmental Test, Extend						X								
96116	96116 Neurobehavioral Exam				X		X				X	X			
96118	96118 Neuropsychological Testing Battery				X		X				X	X			
99201	99201 E&M Office/Outpatient Visit, New 10 Min				X	X	X	X	X	X			X	X	
99201GT	99201 E&M Office/Outpatient Visit, New 10 Min GT -- Interactive Telecommunications				X	X	X	X	X	X			X	X	
99202	99202 E&M Office/Outpatient Visit, New 20 Min				X	X	X	X	X	X			X	X	
99202GT	99202 E&M Office/Outpatient Visit, New 20 Min GT -- Interactive Telecommunications				X	X	X	X	X	X			X	X	
99203	99203 E&M Office/Outpatient Visit, New 30 Min				X	X	X	X	X	X			X	X	
99203GT	99203 E&M Office/Outpatient Visit, New 30 Min GT -- Interactive Telecommunications				X	X	X	X	X	X			X	X	
99204	99204 E&M Office/Outpatient Visit, New 35 Min				X	X	X	X	X	X			X	X	





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99204GT	99204 E&M Office/Outpatient Visit, New 35 Min GT -- Interactive Telecommunications				X	X	X	X	X	X			X	X	
99205	E&M Office/Outpatient Visit, New 60 Min				X		X					X			
99205GT	E&M Office/Outpatient Visit, New 60 Min GT -- Interactive Telecommunications				X		X					X			
99211	99211 E&M Office/Outpatient Visit, Established 5 M				X	X	X	X	X	X			X	X	
99211GT	99211 E&M Office/Outpatient Visit, Established 5 M GT -- Interactive Telecommunications				X	X	X	X	X	X			X	X	
99212	99212 E&M Office/Outpatient Visit, Established 10				X	X	X	X	X	X			X	X	
99212GT	99212 E&M Office/Outpatient Visit, Established 10 GT -- Interactive Telecommunications				X	X	X	X	X	X			X	X	
99213	99213 E&M Office/Outpatient Visit, Established 15				X	X	X	X	X	X			X	X	
99213GT	99213 E&M Office/Outpatient Visit, Established 15 GT -- Interactive Telecommunications				X	X	X	X	X	X			X	X	
99214	99214 E&M Office/Outpatient Visit, Established 25				X	X	X	X	X	X			X	X	
99214GT	99214 E&M Office/Outpatient Visit, Established 25 GT -- Interactive Telecommunications				X	X	X	X	X	X			X	X	
99215	99215 E&M Office/Outpatient Visit, Established 40				X	X	X	X	X	X			X	X	
99215GT	99215 E&M Office/Outpatient Visit, Established 40 GT -- Interactive Telecommunications				X	X	X	X	X	X			X	X	
99221	99221 Initial Hospital Care low severity										X				
99222	99222 Initial Hospital Care Moderate severity										X				
99223	99223- Inpatient Hospital Care High Intensity										X				
99231	99231 Subsequent Hosp Care (15 min)										X				
99232	99232 Subsequent Hosp Care (25 min)										X				
99233	99233 Subsequent Hosp Care (35 min)										X				
99234	99234- Observation or Inp Hosp Care Low Comp										X				
99235	99235- Observation or Inp Hosp Care Moderate Comp										X				
99236	99236 Observation or Inp Hosp Care, High Comp										X				
99238	99238- Hospital Discharge Day Management										X				





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99239	99239 Hosp Discharge Day (> 30 min)										X				
99251	99251- Initial Inpatient Consultation(20 min)										X				
99251GT	99251- Initial Inpatient Consultation(20 min) GT -- Interactive Telecommunications										X				
99252	99252 Initial Inpatient Consult (40 Min)										X				
99252GT	99252 Initial Inpatient Consult (40 Min) GT -- Interactive Telecommunications										X				
99253	99253 Initial Inpatient Consult (55 Min)										X				
99253GT	99253 Initial Inpatient Consult (55 Min) GT -- Interactive Telecommunications										X				
99254	99254 Initial Inpatient Consult (80 Min)										X				
99254GT	99254 Initial Inpatient Consult (80 Min) GT -- Interactive Telecommunications										X				
99255	99255- Initial Inpatient Consultation(110 min)										X				
99255GT	99255- Initial Inpatient Consultation(110 min) GT -- Interactive Telecommunications										X				
A4349	A4349 - Male External Catheter					X									
A4532	A4532 Brief - Child Large					X									
A4554	A4554 Pads					X	X								
A4927	A4927 Gloves Non-Sterile					X									
H0001	H0001 Alcohol and/or Drug Assessment				X						X	X	X		
H0004	H0004 BH Counsel	X	X	X	X		X				X	X	X		
H0004HQ	H0004 - HQ - BH Counsel Group Setting	X	X	X	X		X				X	X	X		
H0004HR	H0004 - HR - BH Counsel Family / couple, with client present	X	X	X	X		X				X	X	X		
H0004HS	H0004 - HS - BH Counsel Family / couple, without client present	X	X	X	X		X				X	X	X		
H0005	H0005 Alcohol and/or Drug Group Counseling				X		X				X	X	X		
H0010	H0010 Non-Hospital Medical Detoxification											X			
H0012HB	H0012 HB Non-Medical Community Residential Treatme				X						X	X			











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H0036HQ	H0036 HQ Community Support - Group	X			X	X	X	X	X	X	X	X	X	X	X
	H0036 HQ:U3 Community Support - Individual - Group - QP	X			X	X	X	X	X	X	X	X	X	X	X
	H0036 HQ:U4 Community Support - Individual - Group - non-QP	X			X	X	X	X	X	X	X	X	X	X	X
H0038	H0038 Peer Support				X	X	X	X	X	X	X	X	X	X	X
H0038HQ	H0038 Peer Support Group				X	X	X	X	X	X	X	X	X	X	X
H0040	H0040 Assertive Comm Tx Program				X		X				X	X			
H0043	H0043 Community Transition				X	X									
H0045	H0045 Individual Respite					X									
H0045HQ	H0045 HQ Group Respite					X									
H2011	H2011 Crisis Services	X	X	X		X									
H2011HF	H2011 HF Mobile Crisis Management (MH/SA)	X	X	X	X	X	X	X	X	X	X	X	X	X	X
H2012HA	H2012 - HA - Day Treatment Child				X						X	X			
H2014	H2014 - Home and Community Supports Training /Asst					X									
H2015HQ	H2015 - HQ - Home and Comm Supports - Community Comp Group Setting					X									
H2015HT	H2015 HT Community Support Team				X	X	X	X	X	X	X	X	X	X	X
H2016	H2016 Residential Supports Level 1					X									
H2016HI	H2016 HI Residential Supports Level 4						X								
H2017	H2017 Psychosocial Rehab				X						X	X			
H2020	H2020 Therapeutic Behavioral Services					X									
H2022	H2022 Intensive In-Home Services				X	X				X		X	X	X	X
H2023	H2023 Initial Indiv Supported Employment				X	X									
H2023HQ	H2023 HQ Initial Group Supported Employment				X	X									
H2025	H2025 Supported Employment					X					X	X	X		

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X	X	X	X	X	X	X	X	X	X	X	X		X	X	X	X	X	X	X	X	X	X
X	X	X	X	X	X	X	X	X	X	X	X		X	X	X	X	X	X	X	X	X	X
X	X	X	X	X	X	X	X	X	X	X	X		X	X	X	X	X	X	X	X	X	X
X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
		X	X	X					X		X	X					X	X		X	X	
											X											
X	X		X	X	X	X	X	X	X	X	X		X	X	X	X	X	X	X	X	X	X
		X	X	X					X		X	X					X	X		X	X	
X	X	X	X	X	X	X	X	X	X	X	X		X	X	X	X	X	X	X	X	X	X
		X	X	X					X		X	X					X	X		X	X	
X				X			X	X			X				X	X				X	X	X
											X											
											X											
		X	X						X		X	X					X	X		X	X	

99 Other Unlisted Facility
X
X
X
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X
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X
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99 Other Unlisted Facility
X
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X

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SF001	SF001 Residential Supports Level 1 -- State							X							
SF002	SF002 Residential Supports Level 2 -- State							X							
SF003	SF003 Residential Supports Level 3 -- State							X							
SF010	SF010 Home and Comm Supports -- State				X	X	X						X		
SF015	SF015 Home and Comm Supports GRP -- State				X	X	X						X		
SF020	SF020 Day Supports -- State				X	X									
SF025	SF025 Day Supports Group-- State				X	X									
T1005TD	T1005 - TD - Respite Care - Nursing RN				X	X									
T1005TE	T1005 - TE - Respite Care - Nursing LPN				X	X									
T1017HI	T1017 - HI Targeted Case Management				X	X	X				X	X	X		
T1019	T1019 Individual Support				X	X	X		X	X			X		
T1023	T1023 Diagnostic Assessment (MH/SA)				X	X	X	X	X	X		X	X	X	X
T1023GT	T1023 Diagnostic Assessment (MH/SA) GT -- Interactive Telecommunications				X	X	X	X	X	X		X	X	X	X
T1999	T1999 Individual Goods and Services					X									
T2012	T2012 - Training and Education - per day				X	X									
T2013	T2013 - Training and Educational Services				X	X									
T2013HQ	T2013 - HQ - - Training and Educational Services Group Setting				X	X									
T2014	T2014 Residential Supports Level 2					X									
T2020	T2020 Residential Supports Level 3					X									
T2021	T2021 Day Supports										X	X			
T2021HQ	T2021 - HQ - Day Supports Group Setting				X						X	X			
T2025	T2025 Specialized Consultive Services				X	X					X	X	X		
T2025U1	T2025-U1 FM Monthly Client Maintenance Fee				X	X	X		X	X	X	X	X		

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				X							X										X	X	
				X							X										X	X	
											X										X	X	
											X										X	X	
		X	X	X					X		X	X					X	X			X	X	
								X	X	X	X	X	X	X	X						X	X	
X	X	X	X	X	X	X	X	X		X	X				X	X		X	X	X	X	X	X
X	X	X	X	X	X	X	X	X		X	X				X	X		X	X	X	X	X	X
		X	X						X		X	X					X	X			X	X	
		X	X	X					X		X	X					X	X			X	X	
		X	X	X					X		X	X					X	X			X	X	
		X	X	X				X	X		X	X					X	X			X		









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YA235	YA235 R&B Level II (Age 6 - 12)					X									
YA236	YA236 R&B Level II (Age 13+)					X									
YA237	YA237 R&B Level IV (1-4 Beds)					X									
YA238	YA238 R&B Level IV (5+ Beds)					X									
YA241	YA241 Wilderness Camp														
YA254	YA254 Sup Liv Leave - Resid L II - Therap Foster					X									
YA255	YA255 Therap Leave - Resid L II/Program Type					X									
YA256	YA256 Therap Leave - Resid L III (1-4 Beds)					X									
YA257	YA257 Therap Leave - Resid L III (5+ Beds)					X									
YA258	YA258 Therap Leave - Resid L IV (1-4 Beds)					X									
YA259	YA259 Therap Leave - Resid L IV (5+ Beds)					X									
YA263	YA263 Therap Leave - R&B L III (1-4 Beds)					X									
YA264	YA264 Therap Leave - R&B L III (5+ Beds)					X									
YA265	YA265 Therap Leave - R&B L II (Age 5 or less)					X									
YA266	YA266 Therap Leave - R&B L II (Age 6 - 12)					X									
YA267	YA267 Therap Leave - R&B L II (Age 13 +)					X									
YA268	YA268 Therap Leave - R&B L IV (1-4 Beds)					X									
YA269	YA269 Therap Leave - R&B L IV (5+ Beds)					X									
YM050	YM050 Personal Care				X	X	X				X	X	X		
YM450	YM450 Therap Intervention/Crisis Prevention-Ind				X	X					X	X	X		
YM451	YM451 Therap Intervention/Crisis Prevention-Group				X	X					X	X	X		
YM570	YM570 Social Inclusion				X	X					X	X	X		
YM580	YM580 Day Supports				X	X					X	X	X		





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YM600	YM600 Financial Support Services				X	X					X	X	X		
YM645	YM645 Long Term Support														
YM686	YM686 Guardianship				X	X					X	X	X		
YM700	YM700 Independent Living - MRMI				X	X					X	X	X		
YM716	YM716 Individual Supports				X	X					X	X	X		
YM725	YM725 Sup Living - High					X									
YM755	YM755 Family Living - High					X									
YM811	YM811 Supervised Living - 1 Resident					X									
YM812	YM812 Supervised Living - 2 Residents					X									
YM813	YM813 Supervised Living - 3 Residents					X									
YM814	YM814 Supervised Living - 4 Residents					X									
YM815	YM815 Supervised Living - 5 Residents					X									
YM816	YM816 Supervised Living - 6 Residents					X									
YM850	YM850 Residential Supports				X	X					X	X	X		
YP010	YP010 Hourly Respite - Individual				X	X					X	X	X		
YP011	YP011 Hourly Respite - Group				X	X					X	X	X		
YP020	YP020 Personal Assistance - Individual				X	X	X				X	X	X		
YP215	YP215 Case Support				X	X					X	X	X		
YP230	YP230 Assertive Outreach	X	X	X	X	X	X				X	X	X		
YP610	YP610 Developmental Day				X										
YP620	YP620 ADVP				X										
YP630	YP630 Supported Employment - Individual				X	X					X	X	X		
YP640	YP640 Supported Employment - Group				X	X					X	X	X		

26 Military Treatment Facility	31 Skilled Nursing Facility	32 Nursing Facility	33 Custodial Care Facility	34 Hospice	41 Ambulance - Land	42 Ambulance - Air or Water	49 Independent Clinic	50 Federally Qualified Health	51 Inpatient Psychiatric Facility	52 Psychiatric Facility Partial	53 Community Mental Health	54 Intermediate Care Facility/M	55 Residential Substance	56 Psychiatric Residential	57 Non-Residential SA Treatment	60 Mass Immunization Center	61 Comprehensive Inpatient	62 Comprehensive Outpatient	65 End Stage Renal Disease	71 State or Local Public Health	72 Rural Health Clinic	81 Independent Laborator
		X	X	X					X		X	X					X	X		X	X	
		X	X	X					X		X	X					X	X		X	X	
		X	X	X					X		X	X					X	X		X	X	
		X	X	X					X		X	X					X	X		X	X	
		X	X	X					X		X	X					X	X		X	X	
		X	X	X					X		X	X					X	X		X	X	
		X	X	X					X		X	X					X	X		X	X	
		X	X	X					X		X	X					X	X		X	X	
			X								X	X					X	X		X	X	
			X								X	X					X	X		X	X	
		X	X	X					X		X	X					X	X		X	X	
		X	X	X					X		X	X					X	X		X	X	



		03 School	04 Homeless Shelter	09 Correctional Facility(Ja	11 Office	12 Home	13 Assisted Living Facility	14 Group Home	15 Mobile Unit	20 Urgent Care Facility	21 Inpatient Hospital	22 Outpatient Hospital	23 Emergency Room - Hospital	24 Ambulatory Surgical Center	25 Birthing Center
YP650	YP650 Comm Rehab Program (Sheltered Workshop)				X										
YP660	YP660 Day Activity				X										
YP690	YP690 Drop In - Attend				X										
YP710	YP710 Sup Living - Low					X									
YP720	YP720 Sup Living - Moderate					X									
YP730	YP730 Community Respite				X	X					X	X	X		
YP740	YP740 Family Living - Low					X									
YP750	YP750 Family Living - Moderate					X									
YP760	YP760 Group Living - Low					X									
YP770	YP770 Group Living - Moderate					X									
YP780	YP780 Group Living - High					X									
YP790	YP790 Detox - Social Setting				X										
YP820	YP820 Inpatient Hospital										X		X		
YP851	YP851 Psychiatric Administrative Functions				X					X	X		X		
YP852	YP852 Psychiatric Consultative Functions				X					X	X		X		

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			X								X	X					X	X		X	X	
			X								X	X					X	X		X	X	
			X								X	X					X	X		X	X	
		X	X	X					X		X	X					X	X		X	X	
			X								X	X					X	X		X	X	
		X	X	X					X								X					
								X	X	X	X		X	X	X					X	X	
								X	X	X	X		X	X	X					X	X	

99 Other Unlisted Facility
X
X
X
X
X
X
X
X