

| NC-TOPPS Service Codes   |  |               |                         |
|--|--|---------------|-------------------------|
| Appendix A: Qualifying Services for Consumers Receiving Mental Health and Substance Use Disorder Services*<br>For Which NC-TOPPS is Required |  |               |                         |
| Service Codes  | Description of Services  | Diagnosis     |                         |
|  |  | Mental Health | Substance Use Disorder* |
| Periodic Services  |  |               |                         |
| 90832--90838†  | Psychotherapy  |               | x                       |
| 90846†   | Family Therapy without Patient   |               | x                       |
| 90847†   | Family Therapy with Patient  |               | x                       |
| 90849†   | Group Therapy (multiple family group)  |               | x                       |
| 90853†   | Group Therapy (non-multiple family group)  |               | x                       |
| H0004†   | Behavioral Health Counseling - Individual Therapy                                      |               | x                       |
| H0004 HQ†  | Behavioral Health Counseling - Group Therapy   |               | x                       |
| H0004 HR†  | Behavioral Health Counseling - Family Therapy with Consumer                            |               | x                       |
| YP831  | Behavioral Health Counseling (non-licensed provider)                                   |               | x                       |
| YP832  | Behavioral Health Counseling - Group Therapy (non-licensed provider)                   |               | x                       |
| YP833  | Behavioral Health Counseling - Family Therapy with Consumer (non-licensed provider)    |               | x                       |
| YP834  | Behavioral Health Counseling - Family Therapy without Consumer (non-licensed provider) |               | x                       |
| H0005†   | Alcohol and/or Drug Group Counseling   |               | x                       |
| YP835  | Alcohol and/or Drug Group Counseling (non-licensed provider)                           |               | x                       |
| Community Based Services   |  |               |                         |
| H0015  | Substance Abuse Intensive Outpatient Program (SAIOP)                                   |               | x                       |
| H0040/H0040 HA   | Assertive Community Treatment Team (ACTT) / Child ACTT                                 | x             | x                       |
| H2015, H2015 HT  | Community Support Team (CST)   | x             | x                       |
| H2022  | Intensive In-Home Services (IIH)   | x             | x                       |
| H2033  | Multisystemic Therapy Services (MST)   | x             | x                       |
| H2035  | Substance Abuse Comprehensive Outpatient Treatment (SACOT)                             |               | x                       |
| YP630  | Individual Placement and Support (IPS) Supported Employment                            | x             | x                       |
| H2023 U4   | Supported Employment   | x             | x                       |
| YM120  | Transition Management Services (TMS)   | x             |                         |
| Facility Based Day Services  |  |               |                         |
| H0035  | Mental Health - Partial Hospitalization  | x             | x                       |
| H2012 HA   | Child and Adolescent Day Treatment   | x             | x                       |
| Opioid Services  |  |               |                         |
| H0020  | Opioid Treatment   |               | x                       |
| Residential Services   |  |               |                         |
| H0012 HB   | SA Non-Medical Community Residential Treatment - Adult                                 |               | x                       |
| H0013  | SA Medically Monitored Community Residential Treatment                                 |               | x                       |
| H0019  | Behavioral Health – Level III - Long Term Residential                                  | x             | x                       |
| H2020  | Residential Treatment - Program Type (Therapeutic Behavioral Services)                 | x             | x                       |
| YA230  | Psychiatric Residential Treatment Facility   | x             | x                       |
| YP780  | Group Living - High  | x             | x                       |
| Therapeutic Foster Care Services   |  |               |                         |
| S5145  | Residential Treatment - Level II - Family Type (Foster Care Therapeutic Child)         | x             | x                       |

\* NOTE: All substance use disorder consumers receiving the above services through State Funds must participate in NC-TOPPS in order to comply with federal block grant requirements.

\*\* NOTE: All child and adolescent consumers under the supervision of the juvenile justice system who are receiving any mental health and/or substance use disorder treatment services are required to be in NC-TOPPS if a Tailored Plan enrolls them into CDW.

^ NOTE: High Fidelity Wraparound consumers are required to be in NC-TOPPS.

† If the consumer has a Substance Use Disorder diagnosis and is only receiving outpatient services with these service codes funded through Medicaid Basic Benefits, the consumer is not expected to participate in NCTOPPS.