

EXHIBIT D

1= Medical ASO – All diagnoses	
2= BHP (ValueOptions) - All diagnoses	
3= BHP for Primary Diagnoses 291-316, Medical ASO all other diagnoses	
4= Not covered	
5=DHP (Benecare)	
6=PASRR ASO (Ascend)	
7=Pharmacy benefit administrator (HP)	
8=NEMT ASO	
9=Unmanaged	
General Hospital Inpatient	Responsibility
Room & Board- Private	3
Room & Board- Private -Med/Surg/Gyn	3
Room & Board- Private -OB	3
Room & Board- Private -Pediatric	3
Room & Board – Private - Psychiatric	2
Room & Board- Private -Hospice	3
Room & Board – Private - Detox	2
Room & Board- Private -Oncology	3
Room & Board- Private -Rehab	3
Room & Board- Private -Other	3
Room & Board-Semi-Private/2 Bed	3
Room & Board-Semi-Private/ 2 Bed- Med/Surg/Gyn	3
Room & Board-Semi-Private/ 2 Bed -OB	3
Room & Board-Semi-Private/ 2 Bed-Pediatric	3
Room & Board – Semi-Private/2 Bed - Psychiatric	2
Room & Board-Semi-Private/ 2 Bed-Hospice	3
Room & Board - Semi-Private/2 Bed - Detox	2
Room & Board-Semi-Private/ 2 Bed-Oncology	3
Room & Board-Semi-Private/ 2 Bed-Rehab	3
Room & Board-Semi-Private/ 2 Bed-Other	3
Room & Board-Semi-Private/3-4 Bed	3
Room & Board-Semi-Private/3-4 Bed- Med/Surg/Gyn	3
Room & Board-Semi-Private/3-4 Bed-OB	3
Room & Board-Semi-Private/3-4 Bed-Pediatric	3
Room & Board - Semi-Private/3-4 Bed - Psychiatric	2
Room & Board-Semi-Private/3-4 Bed-Hospice	3
Room & Board - Semi-Private/3-4 Bed - Detox	2
Room & Board-Semi-Private/3-4 Bed-Oncology	3
Room & Board-Semi-Private/3-4 Bed-Rehab	3
Room & Board-Semi-Private/3-4 Bed-Other	3
Room & Board-Private-Deluxe	3

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Room & Board-Private-Deluxe- Med/Surg/Gyn	3
Room & Board-Private - Deluxe-OB	3
Room & Board-Private - Deluxe-Pediatric	3
Room & Board - Private - Deluxe - Psychiatric	2
Room & Board-Private - Deluxe-Hospice	3
Room & Board – Private – Deluxe – Detox	2
Room & Board-Private - Deluxe-Oncology	3
Room & Board-Private - Deluxe-Rehab	3
Room & Board-Private - Deluxe-Other	3
Room & Board – Ward	3
Room & Board – Ward - Med/Surg/ Gyn	3
Room & Board – Ward – OB	3
Room & Board – Ward – Pediatric	3
Room & Board - Ward - Psychiatric	2
Room & Board – Ward – Hospice	3
Room & Board - Ward - Detox	2
Room & Board – Ward – Oncology	3
Room & Board – Ward – Rehab	3
Room & Board – Ward - Other	3
Other Room & Board	3
Other Room & Board – Sterile Environment	3
Other Room & Board – Self Care	3
Other Room & Board - Other	3
Room & Board- Nursery	3
Room & Board- Nursery – Newborn	3
Room & Board- Nursery – Premature	3
Room & Board- Nursery – Neonatal ICU	3
Room & Board- Nursery - Other	3
Subacute Care	3
Intensive Care	3
Intensive Care – Surgical	3
Intensive Care – Medical	3
Intensive Care – Pediatric	3
Intensive Care – Psychiatric	2
Intensive Care – Post ICU	3
Intensive Care – Burn Treatment	3
Intensive Care – Trauma	3
Intensive Care – Other	3
Coronary Care	3
Coronary Care – Myocardial Infarction	3
Coronary Care – Pulmonary	3
Coronary Care – Heart Transplant	3
Coronary Care – Post CCU	3

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Coronary Care – Other	3
Late discharge/Medically necessary	4
Note: Medical ASO manages alcohol detoxification on a medical floor.	
General Hospital Emergency Department	Coverage
Emergency Room General Classification	3
EMTALA Emergency Medical Screening Services	3
Emergency Room Beyond EMTALA Screening	3
Urgent Care	3
Other Emergency Room	3
Observation room	3
Professional Fee – Emergency Department	3
General Hospital Outpatient	Coverage
Ambulatory Surgery	1
Observation room	3
Clinic	3
Chronic pain center	1
Dental clinic	5
Psychiatric clinic	2
OB/GYN clinic	1
Pediatric clinic	1
Urgent care clinic	1
Family clinic	1
Other clinic	1
Various behavioral health services	2
Professional Fees	4
	1
Freestanding Clinic - Ambulatory Surgery Center	Coverage
	1
Freestanding Clinic - Behavioral Health	Coverage
Health and Behavior Assessment Codes	4
Psychiatric Diagnostic Interview	2
Psychological testing, per hour	2
Developmental testing and report, limited	2
Developmental testing and report, extended	2
Neuropsychological testing battery, per hour	2
	2
Freestanding Clinic - Dialysis Center	Coverage
	1

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Freestanding Clinic - Family Planning Clinic	Coverage
	1
Freestanding Clinic - Medical Clinic (including non-FQHC School-Based Health Centers)	Coverage
Therapeutic or diagnostic injection; subcutaneous or intramuscular	3
Therapeutic or diagnostic injection; intra-arterial	4
Therapeutic or diagnostic injection; intravenous	4
Various psychiatric services	3
Office or other outpatient visit for evaluation and management	3
	1
Freestanding Clinic - Rehabilitation Clinic	Coverage
Various psychiatric services	3
Neuropsychological testing battery, per hour	3
	1
FQHC Medical Clinics (including those operating as School-Based Health Centers)	Coverage
All	3
FQHC Behavioral Health Clinic	Coverage
All	2
FQHC Dental Clinics (including those operating as School-Based Health Centers)	Coverage
	5
Methadone Clinic	Coverage
Methadone service; rate includes all services for which the source of service is the methadone maintenance clinic.	2
MD, DO and APRN other than Psychiatrist or Psychiatric APRN	Coverage
Psychotherapy codes	3
	1
Psychiatrist (MD or DO)	Coverage
Health and Behavior Assessment Codes	1
Psychiatric Diagnostic Interview	2
Office visit and consultation codes	2
Developmental testing and report, limited	3

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Developmental testing and report, extended	3
Injection, Haloperidol, up to 5 mg	2
Injection, Haloperidol decanoate, per 50 mg	2
Injection, Fluphenazine decanoate, up to 25 mg	2
Brief office visit for the sole purpose of monitoring or changing prescriptions used in the treatment of mental psychoneurotic or personality disorders	2
Case Management - Coordination of health care services - each 15 min.	2
	1
Psychiatric APRN	Coverage
Health and Behavior Assessment Codes	1
Psychiatric Diagnostic Interview	3
Office visit and consultation codes	3
Developmental testing and report, limited	3
Developmental testing and report, extended	3
Injection, Haloperidol, up to 5 mg	2
Injection, Haloperidol decanoate, per 50 mg	2
Injection, Fluphenazine decanoate, up to 25 mg	2
Brief office visit for the sole purpose of monitoring or changing prescriptions used in the treatment of mental psychoneurotic or personality disorders	2
Case Management - Coordination of health care services - each 15 min.	2
	1
Psychologist and Psychologist Group	Coverage
Health and Behavior Assessment Codes	1
Psychiatric Diagnostic Interview	3
Psychological testing, per hour	3
Developmental testing and report, limited	3
Developmental testing and report, extended	3
Neuropsychological testing battery, per hour	3
	2
Independent Practice Behavioral Health Professional (LCSW, LMFT, LPC, LADC)	Coverage
Health and Behavior Assessment Codes	1
Psychiatric Diagnostic Interview	3
Developmental testing and report, limited	3
Developmental testing and report, extended	3

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	2
Home Health Care Agencies*	Coverage
Physical Therapy	1
Physical Therapy Evaluation	1
Occupational Therapy	1
Occupational Therapy Evaluation	1
Speech Therapy	1
Speech Therapy Evaluation	1
Services of a qualified nursing aide, up to 15 minutes	3
Nursing care, in the home by an RN, per hour	3
Nursing Care, in the home by an LPN, per hour	3
Nursing Assessment/Evaluation	3
RN Services, up to 15 minutes	3
LPN/LVN services, up to 15 minutes	3
Administration of oral, intramuscular and/or subcutaneous medication by health care agency/professional, per visit	3
*BHP covers home health services for children with autism including when autism is co-morbid with mental retardation.	
Independent Audiologist	Coverage
	1
Independent Physical Therapist	Coverage
	1
Non-Emergency Medical Transportation	Coverage
	8
Emergency Medical Transportation	Coverage
	1
Independent Laboratory Services	Coverage
Drug screen, qualitative, chromatographic method, each procedure	1
Urinalysis, by dip stick or tablet reagent, non-automated, with microscopy	1
Methadone chemistry (quantitative analysis)	1
	1
Pharmacy	Coverage
	7

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Other Community Services	Coverage
Psychosocial Rehabilitation services, per 15 minutes	2
Therapeutic Behavioral Services	2
Case management	2
Activity Therapy, per 15 minutes	2
Psychiatric Hospital Inpatient (includes state operated hospitals)	Coverage
	2
Psychiatric Hospital Outpatient	Coverage
	2
Alcohol and Drug Abuse Center (Non-hospital Inpatient Detox)	Coverage
	2
Alcohol and Drug Abuse Center (Ambulatory Detoxification)	Coverage
	2
PRTF	Coverage
	2
Intermediate Care Facility - MR	Coverage
Per diem rate	1
Home reserve	1
Inpatient hospital reserve	1
Non-covered reserve	4
Note: Includes inpatient at special care hospitals.	
Nursing Facility	Coverage
Per diem rate	1
Home reserve	1
Inpatient hospital reserve	1
Non-covered reserve	4
Note: Includes inpatient at special care hospitals.	
MEDS	Coverage
	1
Hospice	Coverage
	1

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Vision	Coverage
	1
Dental	Coverage
	5
Nurse midwife	Coverage
	1
Podiatry	Coverage
	1
Naturopath, Chiropractor	Coverage
	1
Independently Radiology	Coverage
	1
Chronic Disease Hospital	Coverage
Per diem rate	1
Note: Includes inpatient at special care hospitals.	