

**CCBHC Services
Cost Only Services
June 2017**

Procedure Code	Description	Category of Service
T1009 Q2	Day Care	Daycare
T1013 Q2	Interpreting Services: Deaf/Hard Of Hearing	Interpreting Services
T1013 HE Q2	Interpreting Services: Alternative Language	Interpreting Services
T1013 TS Q2	Interpreting Services: Deaf/Hard Of Hearing (Parent/Guardian)	Interpreting Services
H0023 HF Q2	Clinical Outreach Disease Management	Outreach
H0020 Q2	Methadone Dosing	Methadone Dosing
H0023 Q2	Outreach	Outreach
H2019 52 Q2	Behavior Analysis	Behavriol Analysis
T1016 Q2	Case Management	Case Management
T2048 Q2	Adolescent Treatment Support	Adolescent Treatment Support