## PROGRAM INDEX AND ALLOCATION CODE TABLE ASSIGNMENT

This chapter describes the criteria used for the assignment of the Program Index and Allocation Code of the account code.

The sequence of the chapter follows the programming logic sequence used by ACS. If the claim meets the criteria specified on the page, the designated account code is assigned and the remainder of the chapter is bypassed. If ALL of the criteria specified are not met, the programming moves to the next page and continues until the account code assignment can be completed.

The following elements from the Claims Table or the Line Item Table are used in this chapter of the account code assignment process:

- Program Code
- Match Code
- Provider Type
- ITA Blind Indicator
- Procedure Code (HCPCS)
- Sub-Sub Object assigned in Chapter 1
- Diagnosis Code
- Client's Age (on first date of service)
- Medical Eligibility Code
- Drug Therapeutic Classification Group
- Provider Number
- Drug Formulary Indicator

### MEDICALLY NEEDY, CATEGORICALLY NEEDY/GAU TABLE REFERENCE

| IF Match Code is: | Use Table Reference: |
|---|---|
| **A, B, F, G, H, K, L, P, R** | **Medically Needy** |
| **ALL ELSE** | **Categorically Needy / GAU** |

## TABLE OF CONTENTS – PROCESSING SEQUENCE ORDER


| Table | PGM | DESCRIPTION | PAGE |
|---|---|---|---|
| H15 | 080 | MI DSH | 3 |
| H16 | 080 | GAU DSH | 3 |
| C-5 | 030 | MI/GAU DSH (PSYCH) | 3 |
| C-3, C-3A | 030 | COMMUNITY/PSYCHIATRIC HOSPITAL-VOL INPATIENT | 4 |
| C-4, C-4A | 030 | PSYCHIATRIC HOSPITAL (Ages 21-64) | 4 |
| C-1, C-1A | 030 | INVOLUNTARY MENTAL HEALTH AGES 21 THRU 64 | 5 |
| C-2, C-2A | 030 | INVOLUNTARY MENTAL HEALTH UNDER 21 & OVER 64 | 5 |
| H-14, H14A | 080 | SPI-TITLE XIX | 6 |
| E-1, E-1A | 050 | DAY HEALTH CARE | 7 |
| E-4 | 050 | NURSE DELEGATION | 7 |
| E-2, E-2A | 050 | NURSING FACILITY CARE-VETERANS | 8 |
| E-3, E-3A | 050 | NURSING FACILITY CARE | 8 |
| D-1, D-1A | 040 | INTERMEDIATE/MENTAL RETARDATION SERVICES | 9 |
| D-2, D-2A | 040 | INTERMEDIATE/MENTAL RETARDATION/DENTAL/PHYSICAL | 9 |
| H-11, H-11A | 080 | INDIAN HEALTH CARE | 10 |
| H-12, H-12A | 080 | GENERAL MEDICAL CARE-STATE | 10 |
| H-10, H-10A | 080 | GENERAL MEDICAL CARE/HMO'S | 11 |
| H-13, H-13A | 080 | CASE MANAGEMENT (MATERNITY) | 11 |
| H-9, H-9A | 080 | ABORTIONS | 12 |
| H-8, H-8A | 080 | STERILIZATION (UNDER AGE 21) | 12 |
| H-7 | 080 | STERILIZATION (TAKE CHARGE) | 13 |
| H-6, H-6A | 080 | STERILIZATION (STATE ONLY) | 14 |
| H-5, H-5A | 080 | STERILIZATION | 15 |
| H-3 | 080 | FAMILY PLANNING (TAKE CHARGE 90%) | 16 |
| H-4 | 080 | FAMILY PLANNING (TAKE CHARGE FMAP) | 17 |
| H-2, H-2A | 080 | FAMILY PLANNING (STATE ONLY) | 18 |
| H-1, H-1A | 080 | FAMILY PLANNING | 19 |
| G-6, G-6A | 070 | SUBSTANCE ABUSE DETOX PHYSICIAN CARE | 20 |
| G-11, G-11A | 070 | URINALYSIS | 20 |
| VARIOUS | 070 | SUBSTANCE ABUSE | 21-23 |
| G-19, G-19A | 070 | SUBSTANCE ABUSE CLEARING ACCOUNT | 24 |
| A-1 | 010 | ADOPTION MEDICAL PAYMENTS | 25 |

**080 MI DSH**

IF Sub-Sub-Object is
**NB-M253**

| CATEGORY | TABLE |
|---|---|
| ALL | **H-15** |

*New Table*

**080 GAU DSH**

IF Sub-Sub-Object is
**NB-M259**

| CATEGORY | TABLE |
|---|---|
| ALL | **H-16** |

*New Table*

**030 MI/GAU DSH (PSYCH)**

IF Sub-Sub-Object is
**NB-M248, NB-M249**

| CATEGORY | TABLE |
|---|---|
| ALL | **C-5** |

*New Table*

**030 COMMUNITY/PSYCHIATRIC HOSPITAL-VOL INPATIENT**
(Ages Under 21 and Over 64)

IF Sub-Sub-Object is
**NB-M884, NB-M885, NB-M886, NB-M887, NB-M889**

| CATEGORY | TABLE |
|---|---|
| Categorically Needy / GAU | **C-3** |
| Medically Needy | **C-3A** |

*Previous Table A-33*

**030 PSYCHIATRIC HOSPITAL (Ages 21-64)**

IF Sub-Sub-Object is
**NB-M888**

| CATEGORY | TABLE |
|---|---|
| Categorically Needy / GAU | **C-4** |
| Medically Needy | **C-4A** |

*Previous Table A-34*

**030 INVOLUNTARY MENTAL HEALTH AGES 21 thru 64**

IF Sub-Sub-Object is
**NB-M845, NB-M846, NB-M847, NB-M848, NB-M849, NB-M882**

CATEGORY TABLE

| | |
|---|---|
| Categorically Needy / GAU | **C-1** |
| Medically Needy | **C-1A** |

*Previous Table A-20*

**030 INVOLUNTARY MENTAL HEALTH UNDER 21 & OVER 64**

IF Sub-Sub-Object is
**NB-M833, NB-M834, NB-M835, NB-M836, NB-M837, NB-M838, NB-M841, NB-M842, NB-M843, NB-M844, NB-M881, NB-M883**

CATEGORY TABLE

| | |
|---|---|
| Categorically Needy / GAU | **C-2** |
| Medically Needy | **C-2A** |

*Previous Table A-20B*

**080 SPI-TITLE XIX**

IF Sub-Sub-Object is
**NB-Nxxx**

| CATEGORY | TABLE |
|---|---|
| Categorically Needy / GAU | **H-14** |
| Medically Needy | **H-14A** |

*Previous Table A-51*

**080 HOSPITAL SELECTIVE CONTRACT SERVICES 1915B WAIVER**

IF Sub-Sub Object is
**NB-M251**
AND Hospital Type is
**01**
AND PCOP Indicator is NOT
**C**

| CATEGORY | TABLE |
|---|---|
| Categorically Needy / GAU | **H-17** |
| Medically Needy | **H-17A** |

*New Table*

**080 INTEGRATED COMMUNITY MENTAL HEALTH PROGRAM**

IF Sub-Sub-Object is
**NB-M311, NB-M411, NB-M791**

| CATEGORY | TABLE |
|---|---|
| Categorically Needy / GAU | **H-18** |
| Medically Needy | **H-18A** |

*New Table*

**050 DAY HEALTH CARE**

IF Sub-Sub-Object is
**NB-M874**

| CATEGORY TABLE | |
|---|---|
| Categorically Needy / GAU | **E-1** |
| Medically Needy | **E-1A** |

*Previous Table A-31*

**050 NURSE DELEGATION**

IF Sub-Sub-Object is
**NB-4720, NB-4721, NB-4722, NB-4723**
AND Date of Service is
**Before 09/01/2001**

| CATEGORY TABLE | |
|---|---|
| ALL | **E-4** |

*Previous Table A-60A*

**050 NURSING FACILITY CARE-VETERANS**

IF Sub-Sub-Object is
**NB-M144, NB-M145, NB-M146**

| CATEGORY TABLE | |
|---|---|
| Categorically Needy / GAU | **E-2** |
| Medically Needy | **E-2A** |

*Previous Table A-49*

**050 NURSING FACILITY CARE**

IF Sub-Sub-Object is
**NB-M140**

| CATEGORY TABLE | |
|---|---|
| Categorically Needy / GAU | **E-3** |
| Medically Needy | **E-3A** |

*Previous Table A-50*

**040 INTERMEDIATE/MENTAL RETARDATION SERVICES**

IF Sub-Sub-Object is
**NB-M130**

CATEGORY TABLE

| | |
|---|---|
| Categorically Needy / GAU | **D-1** |
| Medically Needy | **D-1A** |

*Previous Table A-9*

**040 INTERMED/MENTAL RETARDATION/DENTAL/PHYSICAL**

IF ITA_Blind Indicator is
**D**

OR IF Procedure Code is
**0310M**

AND Provider Type is
**18, 20, 21, 22, 25, 27, 48**

CATEGORY TABLE

| | |
|---|---|
| Categorically Needy / GAU | **D-2** |
| Medically Needy | **D-2A** |

*Previous Table A-16*

**080 INDIAN HEALTH CARE**

IF Sub-Sub-Object is
**NB-M740**

OR IF Provider Number is
**6008767, 6008973, 6016612, 6016752, 6019939, 6021141, 6021158, 6021166, 6021174, 6024372, 6022743**

AND Race Code is
**4**

CATEGORY TABLE

| | |
|---|---|
| Categorically Needy / GAU | **H-11** |
| Medically Needy | **H-11A** |

*Previous Table A-38*

**080 GENERAL MEDICAL CARE-STATE**

IF Sub-Sub Object is
**NB-M410**
AND Drug Formulary code is
**D, I, J, K, L, M**

OR IF Sub-Sub Object is
**NB-M243**
AND Provider Type is
**65**
OR IF Provider Number is
**3005246, 3026002, 3300001, 3300035, 3300605, 3320009**

CATEGORY TABLE

| | |
|---|---|
| Categorically Needy / GAU | **H-12** |
| Medically Needy | **H-12A** |

*Previous Table A-39*

**080 GENERAL MEDICAL CARE/HMO'S**

IF Sub-Sub Object is
**NB-M410, NB-M860, NB-M943, NB-M950, NB-M955, NB-M999**

| CATEGORY TABLE | |
|---|---|
| Categorically Needy / GAU | **H-10** |
| Medically Needy | **H-10A** |

*Previous Table A-37*

**080 CASE MANAGEMENT (MATERNITY)**

IF Sub-Sub-Object is
**NB-M940**

| CATEGORY TABLE | |
|---|---|
| Categorically Needy / GAU | **H-13** |
| Medically Needy | **H-13A** |

*Previous Table A-40*

**080 ABORTIONS**

IF Diagnosis Code is:
**V61.7, V97.0, V97.2, 635.0 through 638.9, or 779.6**

OR IF Line Item Procedure Code or HCPCS is:
**01964, 59812, 59820, 59821, 59830, 59840, 59841, 59850, 59851, 59852, 59855, 59856, 59857, 98003, J9260, 5915M, S0190, S0191, or S0199**

| CATEGORY | TABLE |
|---|---|
| Categorically Needy / GAU | **H-9** |
| Medically Needy | **H-9A** |

*Previous Table A-17*

**080 STERILIZATION (UNDER AGE 21)**

IF Client Age on Date of Service is:
**Less Than 21**

AND Diagnosis Code is:
**V25.2**
OR Line Item Procedure Code or HCPCS is:
**00851, 00869, 55250, 55450, 58200, 58210, 58240, 58285, 58600, 58615, 58670, 58671, 58700, 58720, 59259, 5911M, or 5912M**
OR Header Procedure Code is:
**6370, 6371, 6372, 6373, 6620, 6621, 6622, 6629, 6630, 6631, 6632, 6639, 6640, 6650, 6651, 6652, 6660, 6663, or 6669**
OR DRG is:
**689, 846, 879, 855, 944**

| CATEGORY | TABLE |
|---|---|
| Categorically Needy / GAU | **H-8** |
| Medically Needy | **H-8A** |

*Previous Table A-14*

**080 STERILIZATION (TAKE CHARGE)**

IF, Medical Eligibility Code is:
**P**

AND Diagnosis Code is:
**V25.2**
OR Line Item Procedure Code or HCPCS is:
**00851, 00869, 55250, 55450, 58200, 58210, 58240, 58285, 58600, 58615, 58670, 58671, 58700, 58720, 59259, 5911M, or 5912M**
OR Header Procedure Code is:
**6370, 6371, 6372, 6373, 6620, 6621, 6622, 6629, 6630, 6631, 6632, 6639, 6640, 6650, 6651, 6652, 6660, 6663, or 6669**
OR DRG is:
**689, 846, 879, 855, 944**

| CATEGORY | TABLE |
|---|---|
| ALL | **H-7** |

*Previous Table A-13B*

**080 STERILIZATION (STATE ONLY)**

IF, Medical Eligibility Code is:
**Z**
OR IF, ITA Blind Indicator is:
**W**

AND Diagnosis Code is:
**V25.2**
OR Line Item Procedure Code or HCPCS is:
**00851, 00869, 55250, 55450, 58200, 58210, 58240, 58285, 58600, 58615, 58670, 58671, 58700, 58720, 59259, 5911M, or 5912M**
OR Header Procedure Code is:
**6370, 6371, 6372, 6373, 6620, 6621, 6622, 6629, 6630, 6631, 6632, 6639, 6640, 6650, 6651, 6652, 6660, 6663, or 6669**
OR DRG is:
**689, 846, 879, 855, 944**

| CATEGORY TABLE | |
|---|---|
| Categorically Needy / GAU | **H-6** |
| Medically Needy | **H-6A** |

*Previous Table A-13*

**080 STERILIZATION**

IF Diagnosis Code is:
**V25.2**

OR IF Line Item Procedure Code or HCPCS is:
**00851, 00869, 55250, 55450, 58200, 58210, 58240, 58285, 58600, 58615, 58670, 58671, 58700, 58720, 59259, 5911M, or 5912M**

OR IF Header Procedure Code is:
**6370, 6371, 6372, 6373, 6620, 6621, 6622, 6629, 6630, 6631, 6632, 6639, 6640, 6650, 6651, 6652, 6660, 6663, or 6669**

OR IF DRG is:
**689, 846, 879, 855, 944**

CATEGORY TABLE

| | |
|---|---|
| Categorically Needy / GAU | **H-5** |
| Medically Needy | **H-5A** |

*Previous Table A-12*

**080 FAMILY PLANNING (TAKE CHARGE 90%)**

IF Medical Eligibility Code is:
**P**

AND, Drug Therapeutic Classification Group is:
**G8A, G8B, G8C, G8F, G9A, G9B, P0A, X1A, X1B, X1C, X1D, X2A, or X2B**
OR, Line Item Procedure Code or HCPCS is:
**0178A, 0190A, 0195A, 0196A, 0197A, 0198A, 0199A, 0200A, 4805A, 0390M, 0391M, 0392M, 0393M, 0395M, 0980M, 0981M, 0982M, 0991M, 0992M, 0993M, 0994M, 0995M, 0996M, 0997M, 0998M, 9010M, 9020M, 9804M, 9910M, 9911M, 9912M, 9913M, 1111J, 1112J, 1113J, 1114J, 11975, 11976, 11977, 56301, 57170, 58300, 58301, 58558, 58605, 58661, 76830, 76856, 76857, 80061, 80076, 81000, 82465, 82947, 82948, 82950, 82951, 82952, 83001, 83002, 83718, 84146, 84443, 84478, 84702, 84703, 85004, 85007, 85013, 85014, 85018, 85021, 85022, 85023, 85024, 85025, 85027, 85031, 85032, 85049, 86701, 86702, 86703, 86762, 86901, 87534, 87535, 87536, 87537, 87538, 87539, 88141, 88142, 88143, 88144, 88145, 88147, 88148, 88150, 88152, 88153, 88154, 88155, 88161, 88164, 88165, 88166, 88167, 88174, 88175, 88302, 88305, 88307, 89321, 90782, 99201, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, 99217, 99233, 99239, 99241, 99242, 99243, 99244, 99245, A4260, A4261, A4266, A4267, A4268, A4269, A4550, G0001, G0101, J1055, J1056, J3490, J7300, J7302, J7303, J8499, P3000, P3001, Q0091, Q0144, S4989, S4993, S9445, or T1017**

| CATEGORY | TABLE |
|---|---|
| ALL | **H-3** |

*Previous Table A-11B*

## 080 FAMILY PLANNING (TAKE CHARGE FMAP)

IF Medical Eligibility Code is:
**P**

AND, Drug Therapeutic Classification Group is:
**G1A, G1B, G2A, G2B, H6J, Q4B, Q4F, Q4G, Q4L, Q4S, Q4W, Q5B, Q5F, Q5Q, Q5R, Q5S, Q5V, Q5W, W1A, W1B, W1C, W1D, W1E, W1F, W1H, W1I, W1J, W1K, W1L, W1N, W1P, W1Q, W1R, W1S, W1T, W1V, W1W, WIX, W1Y, W2A, W2B, W2F, W2Y, W3A, W3B, W3C, W3D, W4E, W4F, W4K, W5A, W5B, W5C, W7X, W7Y, X1D, X1F, X2A, X2B, Y3B, Z2A, or Z2G**

OR, Procedure Code or HCPCS is:
**00940, 17110, 17111, 36415, 36416, 46900, 46916, 49321, 49322, 54050, 54056, 56501, 56515, 57061, 57452, 57454, 57511, 57520, 58100, 58120, 58660, 58662, 62319, 64435, 71020, 72050, 74000, 76700, 76870, 80048, 80053, 80185, 81001, 81002, 81003, 81005, 81007, 81015, 81025, 82270, 82607, 82977, 83518, 83519, 83520, 83540, 83550, 83615, 83690, 83721, 83735, 84100, 84202, 84436, 84479, 84550, 84999, 85610, 85651, 85652, 85730, 86255, 86256, 86317, 86318, 86331, 86403, 86592, 86593, 86631, 86632, 86689, 86692, 86696, 86705, 86706, 86709, 86781, 86803, 86850, 86885, 86900, 86901, 86996, 87070, 87071, 87072, 87073, 87075, 87076, 87077, 87081, 87082, 87084, 87086, 87087, 87088, 87101, 87110, 87140, 87147, 87163, 87164, 87184, 87186, 87205, 87206, 87207, 87210, 87220, 87250, 87252, 87253, 87254, 87270, 87274, 87285, 87320, 87340, 87430, 87449, 87480, 87481, 87482, 87490, 87491, 87492, 87510, 87511, 87512, 87515, 87516, 87517, 87528, 87529, 87530, 87590, 87591, 87592, 87620, 87621, 87622, 87797, 87810, 87850, 88108, 88346, 90471, 90669, 90713, 90780, 90781, 90784, 90788, 93000, 93976, 94664, 94760, 94799, 99000, 99282, 99283, 99391, A4351, A4550, C1751, C1758, D2140, D3330, J0330, J0456, J0460, J0580, J0690, J0694, J0695, J0696, J0697, J0698, J0710, J0895, J1095, J1100, J1200, J1260, J1380, J1790, J1885, J1890, J2000, J2175, J2250, J2270, J2405, J2460, J2510, J2540, J2550, J2710, J2765, J2780, J2912, J3010, J3320, J7030, J7050, J7120, J7619, J7642, Q0081, Q0111, Q0112, Q0114, or S0030**

| CATEGORY | TABLE |
|---|---|
| ALL | **H-4** |

*Previous Table A-11C*

**080 FAMILY PLANNING (STATE ONLY)**

IF Medical Eligibility Code is:
**Z**

CATEGORY TABLE

| | |
|---|---|
| Categorically Needy / GAU | **H-2** |
| Medically Needy | **H-2A** |

*Previous Table A-11*

## 080 FAMILY PLANNING

IF Sub-Sub-Object is:
**NB-M810**

OR IF Drug Therapeutic Classification Group is:
**G8A, G8B, G8C, G8F, G9A, G9B, P0A, X1A, X1B, X1C, X1D, X2A, or X2B**

OR IF, Procedure Code or HCPCS is:
**0190A, 0195A, 0196A, 0197A, 0198A, 0199A, 0200A, 4805A, 0390M, 0391M, 0395M, 9910M, 9911M, 9912M, 9913M, 1111J, 1112J, 1113J, 1114J, 11975, 11976, 11977, 57170, 58300, 58301, 58605, A4260, A4261, A4266, A4267, A4268, A4269, G0101, J1055, J1056, J7300, J7302, S4989, or S4993**

OR IF, Program Code is:
**G**
AND Procedure Code or HCPCS is:
**0178A, 0392M, 0393M, 0980M, 0981M, 0982M, 0991M, 0992M, 0993M, 0994M, 0995M, 0996M, 0997M, 0998M, 9010M, 9020M, 9804M, 56301, 58558, 58661, 76830, 76856, 76857, 80061, 80076, 81000, 82465, 82947, 82948, 82950, 82951, 82952, 83001, 83002, 83718, 84146, 84443, 84478, 84702, 84703, 85004, 85007, 85013, 85014, 85018, 85021, 85022, 85023, 85024, 85025, 85027, 85031, 85032, 85049, 86701, 86702, 86703, 86762, 86901, 87534, 87535, 87536, 87537, 87538, 87539, 88141, 88142, 88143, 88144, 88145, 88147, 88148, 88150, 88152, 88153, 88154, 88155, 88161, 88164, 88165, 88166, 88167, 88174, 88175, 88302, 88305, 88307, 89321, 90782, 99201, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, 99217, 99233, 99239, 99241, 99242, 99243, 99244, 99245, A4550, G0001, J3490, J8499, P3000, P3001, Q0091, Q0144, or T1017**

CATEGORY TABLE

| | |
|---|---|
| Categorically Needy / GAU | **H-1** |
| Medically Needy | **H-1A** |

*Previous Table A-10*

**070 SUBSTANCE ABUSE DETOX PHYSICIAN CARE**

IF Sub-Sub-Object is
**NB-M851, NB-M852, NB-M853**

AND Diagnosis Code is
**291.00-291.49, 291.80-291.81, 291.90-291.99, 292.00-292.29, 303.00-303.09, 303.90-303.99, 304.00-304.99, 305.0 or 305.9, 305.20-305.99, 790.30-790.39**

AND Procedure Code is
**0025M, 0026M**

| CATEGORY | TABLE |
|---|---|
| Categorically Needy / GAU | **G-6** |
| Medically Needy | **G-6A** |

*Previous Table A-21*

**070 URINALYSIS**

IF Procedure Code is
**0037M, 0038M, 0039M, 0065M, 0197M**

| CATEGORY | TABLE |
|---|---|
| Categorically Needy / GAU | **G-11** |
| Medically Needy | **G-11A** |

*Previous Table A-26*

**070 SUBSTANCE ABUSE**

IF Sub-Sub-Object is
**NB-6301 through NB-6599, NB-7501 – through NB-7799**

AND Diagnosis Code is
**303.9-303.99, 304.9-304.99, 305.0 or 305.99**

| AND IF | | USE | |
|---|---|---|---|
| Procedure Code is | Description | Categorically Needy / GAU | Medically Needy |
| 0028M, 0341M, 0369M, 2165M, 2166M, 2167M | CASE MANAGEMENT | **G-23** | **G-23A** |
| 0140M | ASSESSMENTS | **G-9** | **G-9A** |
| 0141M – 0149M | OUTPATIENT | **G-7** | **G-7A** |
| 0151M – 0155M | CJTA FUNDED OUTPATIENT SERVICES | **G-43** | **G-43A** |
| 0156M | CJTA FUNDED CASE MANAGEMENT | **G-45** | **G-45A** |
| 0157M | CJTA FUNDED SUB-ACUTE DETOX | **G-46** | **G-46A** |
| 0158M | CJTA FUNDED LT ADULT RESIDENTIAL TREATMENT | **G-47** | **G-47A** |
| 0159M | CJTA FUNDED OPIATE SUBSTITUTION TREATMENT | **G-44** | **G-44A** |
| 0160M | YOUTH ASSESSMENTS | **G-2** | **G-2A** |
| 0161M - 0164M, 0169M, 0192M | YOUTH OUTPATIENT | **G-1** | **G-1A** |
| 0165M 0384M | NON NATIVE AMERICAN CD ENC – TRIBAL MATCH | **G-29** | **G-29A** |
| 0171M | YOUTH ENHANCED RECOVERY HOUSE | **G-20** | **G-20A** |
| 0172M | YOUTH ENHANCED RECOVERY HOUSE R&B | **G-21** | **G-21A** |
| 0174M | CDDA YOUTH RESIDENTIAL LEVEL II SECURE | **G-35** | **G-35A** |
| 0175M | YOUTH RESIDENTIAL TREATMENT | **G-4** | **G-4A** |
| 0176M | YOUTH RESIDENTIAL TREATMENT R&B | **G-5** | **G-5A** |
| 0177M | YOUTH RESIDENTIAL TREATMENT EPSDT | **G-12** | **G-12A** |
| 0178M | YOUTH RESIDENTIAL TREATMENT LEVEL I | **G-16** | **G-16A** |

| | | | |
|---|---|---|---|
| 0179M | YOUTH RESIDENTIAL TRMT LEVEL II NON-JCAHO | **G-17** | **G-17A** |
| 0183M | PPW LONG TERM RESIDENTIAL TREATMENT | **G-18** | **G-18A** |
| 0184M<br>0385M | NATIVE AMERICAN CD ENCOUNTER | **G-26** | **G-26** |
| 0186M | ADULT RESIDENTIAL R&B | **G-3** | **G-3A** |
| 0187M | TANF-REFERRED PPW RESIDENTIAL TREATMENT | **G-32** | **G-32A** |
| 0188M | THERAPEUTIC CHILD CARE | **G-13** | **G-13A** |
| 0189M | TANF-REFERRED RESEDENTIAL R&B | **G-33** | **G-33A** |
| 0190M, 0191M, 2191M, 2190M | OPIATE SUBSTITUTION TREATMENT | **G-14** | **G-14A** |
| 0193M | TANF-REFERRED THERAPEUTIC CHILD CARE | **G-34** | **G-34A** |
| 0194M | YOUTH SECURE EVALUATION / TREATMENT | **G-37** | **G-37A** |
| 0195M<br>0358M | YOUTH SECURE EVAL / TREATMENT R&B | **G-38** | **G-38A** |
| 0196M | CDDA YOUTH RESIDENTIAL R&B LEVEL II SECURE | **G-36** | **G-36A** |
| 0198M | NON-NATIVE AMERICAN CD ENCOUNTER | **G-27** | **G-27A** |
| 0199M | NON-NATIVE AMERICAN CD ENCOUNTER – TANF | **G-28** | **G-28A** |
| 2140M | TANF-REFERRED CD ASSESSMENT | **G-31** | **G-31A** |
| 2141M - 2149M, 2190M | TANF-REFERRED OUTPATIENT SERVICES | **G-30** | **G-30A** |
| 2050M, 2051M | YOUTH DETOX STABILIZATION | **G-22** | **G-22A** |
| 2052M | THERAPEUTIC CHILD CARE HOME VISIT | **G-39** | **G-39A** |
| 2130M | SSI CLIENTS ASSESSMENTS | **G-10** | **G-10A** |
| 2131M - 2135M | SSI CLIENTS OUTPATIENT SERVICES | **G-8** | **G-8A** |
| 2139M | SSI CLIENTS OPIATE DEPENDENCY TREATMENT | **G-15** | **G-15A** |
| 2170M | NON-TANF ADULT DCFS EXPANDED CD ASSESSMENT | **G-40** | **G-40A** |
| 2175M | DCFS REFERRED INITIAL SCREEN | **G-24** | **G-24A** |
| 2177M | TANF ADULT DCFS EXPANDED CD ASSESSMENT | **G-25** | **G-25A** |

| | | | |
|---|---|---|---|
| 2180M | CDDA LOCALLY SANCTIONED EXP ASSESS | **B-5** | **B-5A** |
| 2181M | CDDA LOCALLY SANCTIONED ASSESSMENT | **B-1** | **B-1A** |
| 2182M, 2186M | CDDA LOCALLY SANCTIONED OUTPATIENT | **B-3** | **B-3A** |
| 2187M, 2188M | CDDA COMMITABLE ASSESSMENT | **B-2** | **B-2A** |
| 2189M, 2193M - 2196M | CDDA COMMITABLE OUTPATIENT | **B-4** | **B-4A** |
| 2160M - 2164M, 2169M, 2192M | GRAVELY DISABLED OUTPATIENT SERVICES | **G-42** | **G-42A** |
| H0010, H0011 | RESIDENTIAL DETOX | **G-41** | **G-41A** |

**080 CLEARING ACCOUNT**

IF Provider Type is
**75**

OR IF Sub-Sub-Object is
**NB-6301-NB-6599, NB-7501-NB-7799**

AND Diagnosis Code is
**303.9-303.99, 304.9-304.99, 305.0 or 305.99**

| CATEGORY | TABLE |
|---|---|
| Categorically Needy / GAU | **G-19** |
| Medically Needy | **G-19A** |

*Previous Table A-52*

**010 ADOPTION MEDICAL PAYMENTS - INDIAN HEALTH**

IF Recipient Program is
**D**

AND Match Code is
**O, T, V, Y**

AND Sub-Sub-Object is
**NB-M740**

| CATEGORY | TABLE |
|---|---|
| ALL | **A-2** |

*New Table*

**010 ADOPTION MEDICAL PAYMENTS**

IF Recipient Program is
**D**

AND Match Code is
**O, T, V, Y**

| CATEGORY | TABLE |
|---|---|
| ALL | **A-1** |

*Previous Table A-15*