

		INSYST LOCATION DESCRIPTION																			
Insyst Proc	InSyst SUD Proc Code	Short name	SFC	HCPC Code	OFFICE	FIELD	PHONE	HOME	SCHOOL	INPATIENT	EMERG SHELTER	PRIMARY CARE	RESIDENTIAL TMT	TELEH EALTH	INPATIENT PSYFACILITY	SKILLED NURSIFAC	CUSTODIAL FACIL	PSYFAC-PART HSP	COMM MH FACILITY	INTERMED CAR FAC	PUBLIC HEALTH CL
					1	2	3	4	5	9	10	12	19	20	22	23	24	25	26	27	28
	Outpatient Services (OS)																				
197*	SUD CG Informational Note	SUD CGNOTE	OO	no Mcal bill																	
880*	SUD Tracking-Assessment	SUDTRKASST	OO	no Mcal bill																	
881*	SUD TRACKING MED NECESS/JUSTIF	SUDTRKMNEC	OO	no Mcal bill																	
882*	SUD TRACKING ALOC	SUDTRKALOC	OO	no Mcal bill																	
883*	SUD TRACKING DISCHARGE	SUDTRKDISC	OO	no Mcal bill																	
601	OS Individual Counsel	OS INDIV	EA	H0004	X	X	X	X	X	X	X	X		X	X	X	X	X	X	X	X
611	OS Intake / Assessment	OS INTAKE	EA	H0004	X	X	X	X	X	X	X	X		X	X	X	X	X	X	X	X
621	OS Collateral Services	OS COLL	EA	H0004	X	X	X	X	X	X	X	X		X	X	X	X	X	X	X	X
622	OS Coll Family Contact -Adol	OSCOLLFAMA	EA	H0004	X	X	X	X	X	X	X	X		X	X	X	X	X	X	X	X
626	OS Family Therapy	OS FAM TX	EA	H0004	X	X	X	X	X	X	X	X		X	X	X	X	X	X	X	X
631	OS Patient Education	OS PT EDUC	EA	H0004	X	X	X	X	X	X	X	X		X	X	X	X	X	X	X	X
634	OS Medication Services	OS MEDS	EA	H0004	X	X	X	X	X	X	X	X		X	X	X	X	X	X	X	X
639	OS Crisis Intervention	OSCRISINT	EA	H0004	X	X	X	X	X	X	X	X		X	X	X	X	X	X	X	X
644	OS Treatment Planning	OS TX PLNG	EA	H0004	X	X	X	X	X	X	X	X		X	X	X	X	X	X	X	X
649	OS Discharge Plng	OS DISCH	EA	H0004	X	X	X	X	X	X	X	X		X	X	X	X	X	X	X	X
654	OS Group Counsel	OS GROUP	FA	H0005	X	X			X		X	X				X	X	X	X	X	X
659	OS Group Education	OS GRP EDU	FA	H0005	X	X			X		X	X				X	X	X	X	X	X
664	OS Group Multi-Fam Couns-Adol	OSGRPMFAMA	FA	H0005	X	X			X		X	X				X	X	X	X	X	X
665	OS Case Mgmt-Care Coord	OS CMCARE	GA	H0006	X	X	X	X	X	X	X	X		X	X	X	X	X	X	X	X
666	OS Case Mgmt-Serv Coord	OS CMSERV	GA	H0006	X	X	X	X	X	X	X	X		X	X	X	X	X	X	X	X
670	OS Physician Consultation	OS PHYCSLT	DB	G9008			X							X							
673	OS Screening Engagement-Adol	OSSCENGAGA	OO	no Mcal bill	X	X	X	X	X	X	X	X		X	X	X	X	X	X	X	X
677	OS Recov Srv - Individual Coun	OS RSINDIV	EB	H0004	X	X	X	X	X	X	X	X		X	X	X	X	X	X	X	X
680	OS Rec Srv - Group Coun	OS RS GRP	FB	H0005	X	X		X	X	X	X	X			X	X	X	X	X	X	X
684	OS Rec Srv Case MgmtCareCoord	OS RSCMCAR	GB	H0006	X	X	X	X	X	X	X	X		X	X	X	X	X	X	X	X
685	OS Rec Srv Case Mgmt Srv Coord	OS RSCMSRV	GB	H0006	X	X	X	X	X	X	X	X		X	X	X	X	X	X	X	X
689	OS Rec Srv Monitoring SAA	OS RS MON	CA	T1012	X	X	X	X	X	X	X	X		X	X	X	X	X	X	X	X
	Intensive Outpatient Services (IOS)																				
197*	SUD CG Informational Note	SUD CGNOTE	OO	no Mcal bill																	
880*	SUD Tracking-Assessment	SUDTRKASST	OO	no Mcal bill																	
881*	SUD TRACKING MED NECESS/JUSTIF	SUDTRKMNEC	OO	no Mcal bill																	
882*	SUD TRACKING ALOC	SUDTRKALOC	OO	no Mcal bill																	
883*	SUD TRACKING DISCHARGE	SUDTRKDISC	OO	no Mcal bill																	
201	IOS Intensive OP Treatment	IOS INDIV	KA	H0015	X	X	X	X	X	X	X	X		X	X	X	X	X	X	X	X
211	IOS Intake / Assessment	IOS INTAKE	KA	H0015	X	X	X	X	X	X	X	X		X	X	X	X	X	X	X	X
215	IOS Group Counseling	IOS GROUP	KA	H0015	X	X	X	X	X	X	X	X			X	X	X	X	X	X	X
221	IOS Collateral Services	IOS COLL	KA	H0015	X	X	X	X	X	X	X	X		X	X	X	X	X	X	X	X
226	IOS Family Therapy	IOS FAM TX	KA	H0015	X	X	X	X	X	X	X	X		X	X	X	X	X	X	X	X
231	IOS Patient Education	IOS PTEDUC	KA	H0015	X	X	X	X	X	X	X	X		X	X	X	X	X	X	X	X
234	IOS Medication Services	IOS MEDS	KA	H0015	X	X	X	X	X	X	X	X		X	X	X	X	X	X	X	X
239	IOS Crisis Intervention	IOS CRISIS	KA	H0015	X	X	X	X	X	X	X	X		X	X	X	X	X	X	X	X
244	IOS Treatment Planning	IOSTX PLNG	KA	H0015	X	X	X	X	X	X	X	X		X	X	X	X	X	X	X	X
249	IOS Discharge Plng	IOS DISCH	KA	H0015	X	X	X	X	X	X	X	X		X	X	X	X	X	X	X	X
254	IOS Case Mgmt-Care Coord	IOS CMCARE	GC	H0006	X	X	X	X	X	X	X	X		X	X	X	X	X	X	X	X
255	IOS Case Mgmt-Serv Coord	IOS CMSERV	GC	H0006	X	X	X	X	X	X	X	X		X		X	X	X	X	X	X
270	IOS Physician Consultation	IOSPHYCSLT	DC	G9008			X							X							

		INSYST LOCATION DESCRIPTION																			
InSyst Proc	InSyst SUD Proc Code	Short name	SFC	HCPC Code	OFFICE	FIELD	PHONE	HOME	SCHOOL	INPATIENT	EMERG SHELTER	PRIMARY CARE	RESIDENTIAL TMT	TELEHEALTH	INPATIENT PSYFACILITY	SKILLED NURSFAC	CUSTODIAL FACIL	PSYFAC-PART HSP	COMM MH FACILITY	INTERMED CAR FAC	PUBLIC HEALTH CL
					1	2	3	4	5	9	10	12	19	20	22	23	24	25	26	27	28
881*	SUD TRACKING MED NECESS/JUSTIF	SUDTRKMNEC	OO	no Mcal bill																	
882*	SUD TRACKING ALOC	SUDTRKALOC	OO	no Mcal bill																	
131	3.3 RES Residential Day	3.3 RES DY	LB	H0019									X								
136	3.3 RES Non-DMC Assessment NMN	3.3NMNASMT	OO	no Mcal bill									X								
139	3.3 RES NonDMC Residential NMN	3.3 NMNRDY	OO	no Mcal bill									X								
142	3.3 RES Case Mgmt-Care Coord	3.3 RCMCAR	GI	H0006	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
143	3.3 RES Case Mgmt-Serv Coord	3.3 RCMSRV	GI	H0006	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
146	3.3 RES Physician Consult	3.3RPHYCSL	DF	G9008			X						X	X							
Clinically Managed 3.5 High-Intensity Residential Services																					
197*	SUD CG Informational Note	SUD CGNOTE	OO	no Mcal bill																	
880*	SUD Tracking-Assessment	SUDTRKASST	OO	no Mcal bill																	
881*	SUD TRACKING MED NECESS/JUSTIF	SUDTRKMNEC	OO	no Mcal bill																	
882*	SUD TRACKING ALOC	SUDTRKALOC	OO	no Mcal bill																	
161	3.5 RES Residential Day	3.5 RES DY	LC	H0019									X								
166	3.5 RES Non-DMC Assessment NMN	3.5NMNASMT	OO	no Mcal bill									X								
169	3.5 RES NonDMC Residential NMN	3.5 NMNRDY	OO	no Mcal bill									X								
172	3.5 RES Case Mgmt-Care Coord	3.5 RCMCAR	GK	H0006	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
173	3.5 RES Case Mgmt-Serv Coord	3.5 RCMSRV	GK	H0006	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
176	3.5 RES Physician Consult	3.5RPHYCSL	DG	G9008			X						X	X							
Clinically managed residential withdrawal management																					
197*	SUD CG Informational Note	SUD CGNOTE	OO	no Mcal bill																	
880*	SUD Tracking-Assessment	SUDTRKASST	OO	no Mcal bill																	
881*	SUD TRACKING MED NECESS/JUSTIF	SUDTRKMNEC	OO	no Mcal bill																	
882*	SUD TRACKING ALOC	SUDTRKALOC	OO	no Mcal bill																	
372	3.2 WM Residential WithdrWMgmt	3.2 WMRES	HA	H0012									X								
392	3.2 WM Case Mgmt-Care Coord	3.2 WCMCRR	GM	H0006	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
393	3.2 WM Case Mgmt-Serv Coord	3.2 WCMCSR	GM	H0006	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
397	3.2 WM Physician Consultation	3.2 WMPHYC	DE	G9008			X						X	X							
* Procedure code is required for Clinician Gateway (CG) users only																					
Revised 7-5-18 Provider Relations																					