

Attachment 6. Maryland CCBHC Scope of Services and Activities (SOSA)

This attachment describes Maryland's Certified Community Behavioral Health Clinic (CCBHC) Scope of Services and Activities (SOSA), which defines the full set of services required to meet federal CCBHC certification criteria. It includes services that participating providers will deliver and demonstrates how each service aligns with the nine CCHC core service categories, as well as whether the service is PPS-triggering.

The SOSA identifies:

- Applicable HCPCS/CPT codes
- Corresponding service descriptions
- Alignment with CCBHC-required service categories
- Services that trigger PPS payments
- Cost-only services that do not independently trigger PPS payments but are incorporated into rate development and are billed as part of daily claims as shadow lines with a "\$0" payment.

This attachment serves to verify that Maryland's CCBHC scope of services meets federal CCBHC criteria, including any additional services required through state policy and evidence-based practices.

Development of the SOSA reflects both federal CCBHC requirements and Maryland'-specific policy considerations. The Department incorporated input from a range of stakeholders, including behavioral health advocates, current CCBHC Expansion Grant recipients (who are potential demonstration participants), and individuals with lived experience. These perspectives informed service inclusion, service design, and alignment with community needs, ensuring that the SOSA reflects both federal expectations and the realities of service delivery across Maryland's behavioral health system.

Where applicable, the scope of services also identify services that:

- Apply to children and adolescents (C&A)
- Support primary care screening and monitoring
- Support targeted case management (TCM) or care coordination functions
- Are billed on monthly, bundled, or episodic basis.

Some services support multiple CCBHC services; these are identified accordingly.

The Department will continue to refine service mapping, as needed, to ensure ongoing alignment with federal CCBHC requirements and operational implementation.

Table 1 below summarizes Maryland's Scope of Services and Activities (SOSA).

Table 1. Maryland's CCBHC Scope of Services and Activities (SOSA)

HCPCS Code	Description	CCBHC Service Category	Notes	Services, aka PPS-Triggering Code? (Y/N)	Activities, aka Cost-Only Code (does not trigger PPS)? (Y/N)
90839	psychotherapy for crisis, first 60 min	Crisis services	includes services for C&A	Y	N
90840	psychotherapy for crisis--additional 30 min	Crisis services	includes services for C&A	Y	N
80305	Drug test(s), presumptive, any number of drug classes; any number of devices or procedures, (eg, immunoassay) capable of being read by direct optical observation only (eg, dipsticks, cups, cards, cartridges), includes sample validation when performed, per date of service	Outpatient mental health and substance use services		N	Y
80306	Drug test(s), presumptive, any number of drug classes; any number of devices or procedures, (eg, immunoassay) read by instrument-assisted direct optical observation (eg, dipsticks, cups, cards, cartridges), includes sample validation when performed, per date of service	Outpatient mental health and substance use services		N	Y
80307	Drug test(s), presumptive, any number of drug classes; any number of devices or procedures by instrumented chemistry analyzers (eg, immunoassay, enzyme assay, TOF, MALDI, LDTD, DESI, DART, GHPC, GC massspectrometry), includes sample validation when performed, per date of service	Outpatient mental health and substance use services		N	Y
90832	individual psychotherapy (30 min)-outpatient	Outpatient mental health and	includes services	Y	N

HCPCS Code	Description	CCBHC Service Category	Notes	Services, aka PPS-Triggering Code? (Y/N)	Activities, aka Cost-Only Code (does not trigger PPS)? (Y/N)
		substance use services	for C&A		
90833	30 min psychotherapy add on	Outpatient mental health and substance use services	includes services for C&A	Y	N
90834	individual psychotherapy (45 min)-outpatient	Outpatient mental health and substance use services	includes services for C&A	Y	N
90836	45 min psychotherapy add on	Outpatient mental health and substance use services	includes services for C&A	Y	N
90837	individual psychotherapy (60 min)	Outpatient mental health and substance use services	includes services for C&A	Y	N
90838	60 min psychotherapy add on	Outpatient mental health and substance use services	includes services for C&A	Y	N
90846	family psychotherapy without patient present	Outpatient mental health and substance use services	includes services for C&A	Y	N
90847	family psychotherapy with patient present (45-60 min)	Outpatient mental health and substance use services	includes services for C&A	Y	N
90849	multiple family group psychotherapy 45-60 minutes	Outpatient mental health and substance use services	includes services for C&A	Y	N
90853	group psychotherapy (not multi-family.) 45-60 minutes	Outpatient mental health and substance use services	includes services for C&A	Y	N
96372	therapeutic injection	Outpatient mental health and substance use services		N	Y
97150	therapeutic procedure(s) group (2 or more)	Outpatient mental health and substance use services		N	Y

HCPCS Code	Description	CCBHC Service Category	Notes	Services, aka PPS-Triggering Code? (Y/N)	Activities, aka Cost-Only Code (does not trigger PPS)? (Y/N)
97530	therapeutic activities, direct patient contact, per 15 min	Outpatient mental health and substance use services		N	Y
99202	Evaluation and management, including Rx-straight forward, new patient	Outpatient mental health and substance use services	These can also be used for C&A and primary care services	Y	N
99203	Evaluation and management, including Rx -low complexity, new patient	Outpatient mental health and substance use services	These can also be used for C&A and primary care services	Y	N
99204	Evaluation and management, including Rx -Moderately complex, new patient	Outpatient mental health and substance use services	These can also be used for C&A and primary care services	Y	N
99211	Evaluation and management, including Rx -Straight forward	Outpatient mental health and substance use services	These can also be used for C&A and primary care services	Y	N
99212	Evaluation and management, including Rx -straight forward	Outpatient mental health and substance use services	These can also be used for C&A and primary care services	Y	N
99213	Evaluation and management, including Rx -low complexity	Outpatient mental health and substance use services	These can also be used for C&A and primary care	Y	N

HCPCS Code	Description	CCBHC Service Category	Notes	Services, aka PPS-Triggering Code? (Y/N)	Activities, aka Cost-Only Code (does not trigger PPS)? (Y/N)
			services		
99214	Evaluation and management, including Rx -moderately complex	Outpatient mental health and substance use services	These can also be used for C&A and primary care services	Y	N
99215	Evaluation and management, including Rx -highly complex	Outpatient mental health and substance use services	These can also be used for C&A and primary care services	Y	N
00054-0176-13	BUPRENORPHINE 2 MG TABLETS	Outpatient mental health and substance use services		N	Y
00054-0177-13	BUPRENORPHINE 8 MG TABLETS	Outpatient mental health and substance use services		N	Y
00228-3153-03	BUPRENORPHINE 8 MG TABLETS	Outpatient mental health and substance use services		N	Y
00228-3156-03	BUPRENORPHINE 2 MG TABLETS	Outpatient mental health and substance use services		N	Y
00904-7154-04	BUPRENORPHINE 2 MG TABLETS	Outpatient mental health and substance use services		N	Y
00904-7155-04	BUPRENORPHINE 8 MG TABLETS	Outpatient mental health and substance use services		N	Y
42858-0501-03	BUPRENORPHINE 2 MG TABLETS	Outpatient mental health and substance use services		N	Y

HCPCS Code	Description	CCBHC Service Category	Notes	Services, aka PPS-Triggering Code? (Y/N)	Activities, aka Cost-Only Code (does not trigger PPS)? (Y/N)
42858-0502-03	BUPRENORPHINE 8 MG TABLETS	Outpatient mental health and substance use services		N	Y
50383-0924-93	BUPRENORPHINE 2 MG TABLETS	Outpatient mental health and substance use services		N	Y
50383-0930-93	BUPRENORPHINE 8 MG TABLETS	Outpatient mental health and substance use services		N	Y
58284-208-01	BRIXADI WEEKLY 8 MG/0.16ML	Outpatient mental health and substance use services		N	Y
58284-216-01	BRIXADI WEEKLY 16MG/0.32ML	Outpatient mental health and substance use services		N	Y
58284-224-01	BRIXADI WEEKLY 24MG/0.48ML	Outpatient mental health and substance use services		N	Y
58284-228-01	BRIXADI MONTH 128MG/0.36ML	Outpatient mental health and substance use services		N	Y
58284-232-01	BRIXADI WEEKLY 32MG/0.64ML	Outpatient mental health and substance use services		N	Y
58284-264-01	BRIXADI MONTH 64 MG/0.18ML	Outpatient mental health and substance use services		N	Y
58284-296-01	BRIXADI MONTH 96 MG/0.27ML	Outpatient mental health and substance use services		N	Y
60687-0481-11	BUPRENORPHINE 2 MG TABLETS	Outpatient mental health and substance use services		N	Y

HCPCS Code	Description	CCBHC Service Category	Notes	Services, aka PPS-Triggering Code? (Y/N)	Activities, aka Cost-Only Code (does not trigger PPS)? (Y/N)
60687-0481-21	BUPRENORPHINE 2 MG TABLETS	Outpatient mental health and substance use services		N	Y
60687-0492-11	BUPRENORPHINE 8 MG TABLETS	Outpatient mental health and substance use services		N	Y
60687-0492-21	BUPRENORPHINE 8 MG TABLETS	Outpatient mental health and substance use services		N	Y
62756-0459-83	BUPRENORPHINE 2 MG TABLETS	Outpatient mental health and substance use services		N	Y
62756-0460-83	BUPRENORPHINE 8 MG TABLETS	Outpatient mental health and substance use services		N	Y
90847-52	C&A family psychotherapy with patient present--Abbrev	Outpatient mental health and substance use services		Y	N
90849-52	multiple family group psychotherapy--Abbrev	Outpatient mental health and substance use services	includes services for C&A	Y	N
90853-21	group psychotherapy prolonged (more than 75 minutes)	Outpatient mental health and substance use services	includes services for C&A	Y	N
96372-HG	Therapeutic Injection	Outpatient mental health and substance use services		N	Y
99202-HG	MAT Initial Intake (Evaluation and Management, Including Rx-Straight forward, new patient)	Outpatient mental health and substance use services		Y	N
99203-HG	MAT Initial Intake (Evaluation and Management, Including Rx-Low complexity, new patient)	Outpatient mental health and substance use services		Y	N

HCPCS Code	Description	CCBHC Service Category	Notes	Services, aka PPS-Triggering Code? (Y/N)	Activities, aka Cost-Only Code (does not trigger PPS)? (Y/N)
99204-HG	MAT Initial Intake (Evaluation and Management, Including Rx Moderately complex, new patient)	Outpatient mental health and substance use services		Y	N
99205-HG	MAT Initial Intake (Evaluation and Management, Including Rx-Highly complex, new patient)	Outpatient mental health and substance use services		Y	N
99205-UA	C&A evaluation and management, including Rx -highly complex, new patient	Outpatient mental health and substance use services		Y	N
99211-HG	MAT Ongoing (Evaluation and Management, including Rx -Minimal)	Outpatient mental health and substance use services		Y	N
99212-HG	MAT Ongoing (Evaluation and Management, including Rx -Straight forward)	Outpatient mental health and substance use services		Y	N
99213-HG	MAT Ongoing (Evaluation and Management, including Rx -Low complexity)	Outpatient mental health and substance use services		Y	N
99214-HG	MAT Ongoing (Evaluation and Management, including Rx -Moderately complex)	Outpatient mental health and substance use services		Y	N
99215-HG	MAT Ongoing (Evaluation and Management, including Rx -Highly complex)	Outpatient mental health and substance use services		Y	N
H0004	Individual Outpatient Therapy- per 15 minute increment	Outpatient mental health and substance use services		Y	N
H0005	Group Outpatient Therapy- per 60-90 minute session	Outpatient mental health and substance use services		Y	N
H0014	ADAA Certified Ambulatory Detox Program- per diem	Outpatient mental health and substance use services		Y	N

HCPCS Code	Description	CCBHC Service Category	Notes	Services, aka PPS-Triggering Code? (Y/N)	Activities, aka Cost-Only Code (does not trigger PPS)? (Y/N)
H0015	Intensive Outpatient (IOP)- per diem with a minimum of 2 hours of service per day	Outpatient mental health and substance use services		Y	N
H0020-HG	Methadone Maintenance- per week	Outpatient mental health and substance use services		Y	N
H0040	Mobile treatment non-EBP	Outpatient mental health and substance use services	Also a TCM service	Y	N
H0040-52	Mobile treatment non-EBP for Medicare consumers	Outpatient mental health and substance use services	Also a TCM service	Y	N
H0047	Ongoing services (Buprenorphine/Naloxone): Alcohol/Other Drug Abuse Services, Not Otherwise Specified- per week	Outpatient mental health and substance use services		Y	N
J0571	Subutex 8 mg: NDCs below	Outpatient mental health and substance use services		N	Y
J0571-51	Subutex 2 mg: NDCs below	Outpatient mental health and substance use services		N	Y
J0572	ZUBSOLV must include NDC: 54123-0929-30	Outpatient mental health and substance use services		N	Y
J0572-51	ZUBSOLV must include NDC: 54123-0914-30	Outpatient mental health and substance use services		N	Y
J0572-SC	Suboxone Film Must include NDC: 12496-1202-03	Outpatient mental health and substance use services		N	Y
J0573	ZUBSOLV must include NDC: 54123-0957-30	Outpatient mental health and		N	Y

HCPCS Code	Description	CCBHC Service Category	Notes	Services, aka PPS-Triggering Code? (Y/N)	Activities, aka Cost-Only Code (does not trigger PPS)? (Y/N)
		substance use services			
J0574	Suboxone Film Must include NDC: 12496-1208-03	Outpatient mental health and substance use services		N	Y
J0577	Buprenorphine extended-release injection (Brixadi), less than or equal to 7 days of therapy.	Outpatient mental health and substance use services		N	Y
J0578	Buprenorphine extended-release injection (Brixadi), greater than 7 days of therapy.	Outpatient mental health and substance use services		N	Y
J2315	Vivitrol: Must include NDC 65757--0300-01	Outpatient mental health and substance use services		N	Y
Q9991	Buprenorphine extended-release injection (Sublocade) Must include NDC: 12496-0100-01	Outpatient mental health and substance use services		N	Y
Q9992	Buprenorphine extended-release injection (Sublocade) Must include NDC: 12496-0300-02	Outpatient mental health and substance use services		N	Y
S9480	intensive OP psych cvcs, per diem (clinic model)	Outpatient mental health and substance use services		Y	N
S9480-UA	C&A intensive OP psych svcs, per diem (clinic model)	Outpatient mental health and substance use services		Y	N
H0024	Group Peer Recovery Support Services- per 15 minute increment	Peer supports and family/caregiver supports		Y	N
H0038	Individual Peer Recovery Support Services- per 15 minute increment	Peer supports and family/caregiver supports		Y	N
H1011	family psycho-eudcation without consumer present	Peer supports and family/caregiver supports		N	Y

HCPCS Code	Description	CCBHC Service Category	Notes	Services, aka PPS-Triggering Code? (Y/N)	Activities, aka Cost-Only Code (does not trigger PPS)? (Y/N)
H2027	family psycho-education with consumer present	Peer supports and family/caregiver supports		N	Y
H0032	interdisciplinary team tx planning w/ patient present	Person-centered and family-centered treatment planning		Y	N
99202	evaluation and management, including Rx -straight forward, new patient	Primary care screening and monitoring	includes services for C&A, also an outpatient MH/SUD service	Y	N
99203	evaluation and management, including Rx-low complexity, new patient	Primary care screening and monitoring	includes services for C&A, also an outpatient MH/SUD service	Y	N
99204	evaluation and management, including Rx -moderately complex, new patient	Primary care screening and monitoring	includes services for C&A, also an outpatient MH/SUD service	Y	N
99205	evaluation and management, including Rx -highly complex, new patient	Primary care screening and monitoring	includes services for C&A, also an outpatient MH/SUD service	Y	N
99211	evaluation and management, including Rx -Minimal	Primary care screening and monitoring	includes services for C&A, also an outpatient MH/SUD service	Y	N

HCPCS Code	Description	CCBHC Service Category	Notes	Services, aka PPS-Triggering Code? (Y/N)	Activities, aka Cost-Only Code (does not trigger PPS)? (Y/N)
99212	evaluation and management, including Rx -straight forward	Primary care screening and monitoring	includes services for C&A, also an outpatient MH/SUD service	Y	N
99213	evaluation and management, including Rx -low complexity	Primary care screening and monitoring	includes services for C&A, also an outpatient MH/SUD service	Y	N
99214	evaluation and management, including Rx -moderately complex	Primary care screening and monitoring	includes services for C&A, also an outpatient MH/SUD service	Y	N
99215	evaluation and management, including Rx -highly complex	Primary care screening and monitoring	includes services for C&A, also an outpatient MH/SUD service	Y	N
97535	self care/home mgmt trng, per 15 min	Psychiatric rehabilitation services		N	Y
97537	community/work reintegration trng, direct contact, per 15 min	Psychiatric rehabilitation services		N	Y
H0002	Rehabilitation assessment	Psychiatric rehabilitation services		Y	N
H2016	Encounter (only bill w/POS 15 (off-site) or 52 (on-site))	Psychiatric rehabilitation services		N	Y

HCPCS Code	Description	CCBHC Service Category	Notes	Services, aka PPS-Triggering Code? (Y/N)	Activities, aka Cost-Only Code (does not trigger PPS)? (Y/N)
H2018-U2	Any combination of on/off-site PRP svcs for Community client (i.e. child or adult under supv of guardian/parent). (Must use POS 49 & min 3 encounters) (monthly rate)	Psychiatric rehabilitation services	Billed monthly	Y	N
H2018-U2	on-site PRP svcs only for Community client (Must use POS 52 & min 2 encounters) (monthly rate)	Psychiatric rehabilitation services	Billed monthly	Y	N
H2018-U3	Any combination of on/off-site PRP svcs for Supported Living client (i.e. adult living independently). (Must use POS 49 & min 6 encounters) (Monthly rate)	Psychiatric rehabilitation services	Billed monthly	Y	N
H2018-U3	On-site PRP svcs only for Supported Living client. (Must use POS 52 & min 3 encounters) (Monthly rate)	Psychiatric rehabilitation services	Billed monthly	Y	N
H2018-U3	Off-site PRP svcs only for Supported Living client. (Must use POS 15 & min 5 encounters) (Monthly rate)	Psychiatric rehabilitation services	Billed monthly	Y	N
S9445-52	Clinic coordination - EBP	Psychiatric rehabilitation services		N	Y
T1023	Transitional PRP. Any combination of on/off-site PRP services to adult or TAY consumer transitioning to an RRP or an inpt. Facility. (Must use POS 49 and min 4 encounters for at least 60 min each)	Psychiatric rehabilitation services		N	Y
36415	collection of blood by venipuncture	Screening, assessment, and		N	Y

HCPCS Code	Description	CCBHC Service Category	Notes	Services, aka PPS-Triggering Code? (Y/N)	Activities, aka Cost-Only Code (does not trigger PPS)? (Y/N)
		diagnosis			
90791	psychiatric diagnostic evaluation	Screening, assessment, and diagnosis	includes services for C&A	Y	N
90792	psychiatric diagnostic evaluation with medical services	Screening, assessment, and diagnosis	includes services for C&A	Y	N
96130	Psychological Testing Evaluation services by Physician or other qualified professional. Treatment planning and Report and Interactive feed back the patient, family members and caregiver's (first hour)	Screening, assessment, and diagnosis		Y	N
96131	psychological testing, evaluation and feedback by physician or other qualified professional (each additional hour)	Screening, assessment, and diagnosis		Y	N
96136	psychological test administration and scoring by a physician or other qualified professional (first 30 minutes)	Screening, assessment, and diagnosis		Y	N
96137	test administration and scoring by a physician or other qualified professionals (each additional 30 minutes)	Screening, assessment, and diagnosis		Y	N
96138	psychological test administration and scoring by a technician (first 30 minutes)	Screening, assessment, and diagnosis		Y	N
96139	psychological test administration and scoring by a technician (each additional 30 minutes)	Screening, assessment, and diagnosis		Y	N
H0001	Alcohol and/or Drug Assessment- per assessment	Screening, assessment, and		Y	N

HCPCS Code	Description	CCBHC Service Category	Notes	Services, aka PPS-Triggering Code? (Y/N)	Activities, aka Cost-Only Code (does not trigger PPS)? (Y/N)
		diagnosis			
H0016	MAT Initial induction: Alcohol/Drug Services; Medical/Somatic (Medical Intervention in Ambulatory Setting)- initial induction period	Screening, assessment, and diagnosis		Y	N
H0031	Case management annual assessment (only if approved by program)	Targeted case management services		Y	N
H0040	Mobile treatment non-EBP	Targeted case management services	also an outpatient MH/SUD service	Y	N
H0040-52	Mobile treatment non-EBP for Medicare consumers	Targeted case management services	also an outpatient MH/SUD service	Y	N
T1016	Mental health case management (daily rate)	Targeted case management services	need to be a licensed MD TCM provider to provide	Y	N
T1017	Targeted case management (children and youth)	Targeted case management services	need to be a licensed MD TCM provider to provide	Y	N
T1017-HA	Transitional targeted case management (children and youth)	Targeted case management services	need to be a licensed MD TCM provider to provide	Y	N
H2018-U2	Any combination of on/off-site PRP svcs for Community client (i.e. child or adult under supv of guardian/parent). (Must use POS 49 & min 3 encounters) (monthly rate)	Targeted case management services	Billed monthly	Y	N
H2018-U2	on-site PRP svcs only for Community client (Must	Targeted case management	Billed monthly	Y	N

HCPCS Code	Description	CCBHC Service Category	Notes	Services, aka PPS-Triggering Code? (Y/N)	Activities, aka Cost-Only Code (does not trigger PPS)? (Y/N)
	use POS 52 & min 2 encounters) (monthly rate)	services			
H2018-U3	Any combination of on/off-site PRP svcs for Supported Living client (i.e. adult living independently). (Must use POS 49 & min 6 encounters) (Monthly rate)	Targeted case management services	Billed monthly	Y	N
H2018-U3	On-site PRP svcs only for Supported Living clients. (Must use POS 52 & min 3 encounters) (Monthly rate)	Targeted case management services	Billed monthly	Y	N
H2018-U3	Off-site PRP svcs only for Supported Living clients. (Must use POS 15 & min 5 encounters) (Monthly rate)	Targeted case management services	Billed monthly	Y	N
T1023	Transitional PRP. Any combination of on/off-site PRP services to adult or TAY consumer transitioning to an RRP or an inpt. Facility. (Must use POS 49 and min 4 encounters for at least 60 min each)	Targeted case management services		N	Y