

Provider SUD License: SA [Click or tap here to enter text.](#)

Provider Agency Name: [Click or tap here to enter text.](#)

ASAM LEVEL 0.5 EARLY INTERVENTION SERVICES							
<i>*Each authorization at this LOC may be a maximum of 180 days duration</i>							
Contracted Service	Service Code	Description (HCPCS/CPT)	Billing Parameters	Max # of Units/Auth	Total # of Units/Treatment Episode (services exceeding threshold require additional utilization review)	Provider/Staff Qualification (Per MDHHS)	MSHN Rate
<input type="checkbox"/>	H0001 (Individual Assessment)	Alcohol and/or drug assessment face-to-face service for the purpose of identifying functional and treatment needs and to formulate the basis for the Individualized Treatment Plan (Minimum 60 minutes)	Encounter Not billable with H0010, H0012, H0018, or H0019	1	1	Provider agency licensed and accredited as substance abuse treatment program. Service provided by Substance Abuse Treatment Specialist (SATS) or Substance Abuse Treatment Practitioner (SATP) when working under the supervision of a SATS.	\$125.00
<input type="checkbox"/>	H0002 (Brief Screen, SBIRT; Face-to-Face)	Brief Screen	Encounter	1	1		\$40.00
<input type="checkbox"/>	H0022 (Alcohol and/or Drug Intervention)	Alcohol and/or drug intervention service (planned facilitation); May be individual or group	Encounter	6	6	Provider agency licensed and accredited as substance abuse treatment program. Service provided by Substance Abuse Treatment Specialist (SATS) or Substance Abuse Treatment Practitioner (SATP) when working under the supervision of a SATS.	Ind: \$45.00 Grp: \$22.00 CB: \$49.50

ASAM LEVEL 1 OUTPATIENT/SERVICES (INCLUDING ASAM LEVEL 1 WITHDRAWAL MANAGEMENT) <i>*Each authorization at this LOC may be a maximum of 180 days duration</i>							
Contracted Service	Service Code	Description (HCPCS/CPT)	Billing Parameters	Max # of Units/Auth	Total # of Units/Treatment Episode (services exceeding threshold require additional utilization review)	Provider/Staff Qualification (Per MDHHS)	FY18 MSHN Rate
<input type="checkbox"/>	H0001 (Individual Assessment)	Alcohol and/or drug assessment face-to-face service for the purpose of identifying functional and treatment needs and to formulate the basis for the Individualized Treatment Plan (Minimum 60 minutes)	Encounter Not billable with H0010, H0012, H0018, or H0019	1	3	Provider agency licensed and accredited as substance abuse treatment program. Service provided by Substance Abuse Treatment Specialist (SATS) or Substance Abuse Treatment Practitioner (SATP) when working under the supervision of a SATS.	\$125.00
<input type="checkbox"/>	H0002 (Brief Screen, SBIRT; Face-to-Face)	Brief Screen	Encounter	1	1		\$40.00
<input type="checkbox"/>	90832 (Psychotherapy Individual)	Psychotherapy, 30 minutes with individual and/or family member	Encounter	14 (Combination of 90832, 90834, and/or 90837)	28 (Combination of 90832, 90834, and/or 90837)	For psychotherapy (908xx series codes): Substance Abuse Treatment Specialist (SATS), Only Master's prepared with appropriate licensure and working under appropriate supervision may provide services.	\$55.00 HD: \$60.00 HA: \$60.00
<input type="checkbox"/>	90834 (Psychotherapy Individual)	Psychotherapy, 45 minutes with individual and/or family member	Encounter	14 (Combination of 90832, 90834, and/or 90837)	28 (Combination of 90832, 90834, and/or 90837)	Same as above	\$85.00 HD: \$90.00 HA: \$90.00
<input type="checkbox"/>	90837 (Psychotherapy Individual)	Psychotherapy, 60 minutes with individual and/or family member	Encounter	14 (Combination of 90832, 90834, and/or 90837)	28 (Combination of 90832, 90834, and/or 90837)	Same as above	\$110.00 HD: \$120.00 HA: 120.00

Contracted Service	Service Code	Description (HCPCS/CPT)	Billing Parameters	Max # of Units/Auth	Total # of Units/Treatment Episode (services exceeding threshold require additional utilization review)	Provider/Staff Qualification (Per MDHHS)	FY18 MSHN Rate
<input type="checkbox"/>	90846 (Family Psychotherapy without consumer present)	Psychotherapy, 60 minutes with family member(s), without client present	Encounter	5 (Combination of 90846 and/or 90847)	10 (Combination of 90846 and/or 90847)	Same as above	\$110.00
<input type="checkbox"/>	90847 (Family Psychotherapy with consumer present)	Psychotherapy, 60 minutes with family member(s), with client present	Encounter	5 (Combination of 90846 and/or 90847)	10 (Combination of 90846 and/or 90847)	Same as above	\$110.00
<input type="checkbox"/>	90853 (Psychotherapy Group)	Group Psychotherapy, may be provided in units of 60 minutes, 90 minutes, or 120 minutes	Encounter (If billing more than 1 unit per day, services must be provided at different times and recorded as 2 separate services in the medical record)	12 (Combination of H0005 and/or 90853)	36 (Combination of H0005 and/or 90853)	Same as above	60 Min: \$50.00 HD: \$55.00 HA: 55.00 90 Min: 75.00 120 Min: \$100.00
<input type="checkbox"/>	90791 (Psychiatric Diagnostic Evaluation, No Medical Services)	Integrated biopsychosocial assessment, including history, mental status and recommendations	Encounter	1	1	Psychiatrist or Psychiatric Mental Health Nurse Practitioner	\$110.00
<input type="checkbox"/>	99202-New Patient Medication Review	Brief, 20-minute encounter, may be face to face or telemedicine, patient evaluation and medication management	Encounter	1	1	Physician (MD or DO), licensed physician's assistant, or nurse practitioner under their scope of practice and under the supervision and delegation of a physician	\$90.00

Contracted Service	Service Code	Description (HCPCS/CPT)	Billing Parameters	Max # of Units/Auth	Total # of Units/Treatment Episode (services exceeding threshold require additional utilization review)	Provider/Staff Qualification (Per MDHHS)	FY18 MSHN Rate
<input type="checkbox"/>	99213- Established Patient Medication Review	Brief, 20-minute encounter, may be face to face or telemedicine, patient evaluation and medication management	Encounter	6	12	Physician (MD or DO), licensed physician's assistant, or nurse practitioner under their scope of practice and under the supervision and delegation of a physician	\$85.00
<input type="checkbox"/>	97810/97811 (Acupuncture 1 or more needles, Initial; Acupuncture 1 or more needles, Subsequent)	97810- Initial 15-minute contact 97811- Subsequent; each additional 15- minute contact within the same session	Only one initial (97810) code per day. 97811 must be billed in conjunction with 97810. NOT BILLABLE TO MEDICAID/HMP; BILLABLE TO BLOCK GRANT ONLY	12 (Combination of 97810 and 97811)	24 (Combination of 97810 and 97811)	Approved via LARA certified diplomate of the National Certification Commission for Acupuncture and Oriental Medicine (NCCAOM) in Acupuncture or Oriental Medicine	\$5.00
<input type="checkbox"/>	H0003 (Laboratory Analysis of Drug Screening)	Alcohol and/or drug screening; laboratory analysis of specimens for presence of alcohol and/or drugs	Encounter NOT BILLABLE TO MEDICAID/HMP; BILLABLE TO BLOCK GRANT ONLY <i>*To be used only when needed for confirmation analysis of a specimen</i>	26 (Combination of H0003 and/or H0048)	52 (Combination of H0003 and/or H0048)	N/A	\$25.00

Contracted Service	Service Code	Description (HCPCS/CPT)	Billing Parameters	Max # of Units/Auth	Total # of Units/Treatment Episode (services exceeding threshold require additional utilization review)	Provider/Staff Qualification (Per MDHHS)	FY18 MSHN Rate
<input type="checkbox"/>	H0004 (Behavioral Health Counseling)	Behavioral health individual counseling. Includes: SUD/MH, Community-Based, Women’s Specialty, and Adolescent	15 Minute Increment (maximum 6/Day)	36	72	Provider agency licensed and accredited as substance abuse treatment program For all "H" and "T" HCPCS Codes: Clinical service provided by Substance Abuse Treatment Specialist (SATS) or Substance Abuse Treatment Practitioner (SATP) when working under the supervision of a SATS.	\$22.50 CB: \$25.00 HD: \$25.00 HD CB: \$27.50 HA: \$25.00 HA CB: \$27.50
<input type="checkbox"/>	H0005 (Group Counseling by a Clinician)	Alcohol and/or drug services; group counseling by a clinician; 90 minutes	Encounter (If billing more than 1 unit per day, services must be provided at different times and recorded as 2 separate services)	12 (Combination of H0005 and/or 90853)	36 (Combination of H0005 and/or 90853)	Provider agency licensed and accredited as substance abuse treatment program For all "H" and "T" HCPCS Codes: Clinical service provided by Substance Abuse Treatment Specialist (SATS) or Substance Abuse Treatment Practitioner (SATP) when working under the supervision of a SATS.	\$45.00 HS: \$45.00 HD: \$50.00 HA: \$50.00
<input type="checkbox"/>	H0006 (Case Management Services)	Alcohol and/or drug services; case management services provided to link, refer and coordinate clients to other essential medical, educational, social and/or other services	Encounter No limit on number of units billed in one day, however must be documented accurately in client record with start/stop times NOT BILLABLE TO MEDICAID/HMP; BILLABLE TO BLOCK GRANT ONLY	24	48	Provider agency licensed and accredited as substance abuse treatment program with case management license	\$40.00 HD: \$44.00 HA: \$44.00

Contracted Service	Service Code	Description (HCPCS/CPT)	Billing Parameters	Max # of Units/Auth	Total # of Units/Treatment Episode (services exceeding threshold require additional utilization review)	Provider/Staff Qualification (Per MDHHS)	FY18 MSHN Rate
<input type="checkbox"/>	H0020 (Methadone Administration Daily Dose)	Alcohol and/or drug services; methadone administration and/or service (provision of the drug by a licensed program); Per Day	Encounter (Daily Dosing)	180	730	Provider agency licensed and accredited as methadone clinic. Supervision by licensed physician. Administration of methadone by an MD, DO, licensed physician's assistant, RN, LPN or pharmacist.	\$7.50
<input type="checkbox"/>	H0048 (Instant Drug Testing Collection & Handling Only)	Alcohol and/or drug screening; <u>instant only</u> analysis of specimens for presence of alcohol and/or drugs.	Encounter <i>*Once weekly for clients receiving opioid-maintenance treatment; 2 per month for all other levels of care if clinically appropriate for the individual client</i>	26 (Combination of H0003 and/or H0048)	52 (Combination of H0003 and/or H0048)		\$12.00
<input type="checkbox"/>	H0050 (Brief Intervention/Care Coordination)	Alcohol and/or drug services; brief intervention/Care Coordination	15 Minute Increment	24	48	Provider agency licensed and accredited as substance abuse treatment program For all "H" and "T" HCPCS Codes: Clinical service provided by Substance Abuse Treatment Specialist (SATS) or Substance Abuse Treatment Practitioner (SATP) when working under the supervision of a SATS.	\$15.00 CB: \$16.50
<input type="checkbox"/>	H2027 (Psychoeducation Services)	Psychoeducational Service; Didactic/Educational Group	15 Minute Increment. No limit on number of units billed in one day, however must be documented accurately in client record with start/stop times	48	96	Provider agency licensed and accredited as substance abuse treatment program For all "H" and "T" HCPCS Codes: Clinical service provided by Substance Abuse Treatment Specialist (SATS) or Substance Abuse Treatment Practitioner (SATP) when working under the supervision of a SATS.	\$5.00 HH: \$6.00

Contracted Service	Service Code	Description (HCPCS/CPT)	Billing Parameters	Max # of Units/Auth	Total # of Units/Treatment Episode (services exceeding threshold require additional utilization review)	Provider/Staff Qualification (Per MDHHS)	FY18 MSHN Rate
<input type="checkbox"/>	T1012 (Recovery Support Services)	Individual Recovery Support; Non-clinical services that assist individuals and families to recover from alcohol and/or drug problems.	Encounter	24	72	A recovery coach or SUD peer specialist must be certified through an MDHHS-approved training program.	\$40.00 CB: \$44.00
<input type="checkbox"/>	H0038 (Recovery Support-Group)	Group Recovery Support	15 Minute Increment	50	150	A qualified SUD peer specialist must be certified through an MDHHS-approved training program.	\$3.00
<input type="checkbox"/>	H2011 (Crisis Intervention)	Crisis intervention service	15-minute unit, face to face. May use up to four 15-minute units (equaling 60 minutes); Only used in situations where a client arrives for group but is in a crisis best handled in a one-on-one, face-to-face setting. The group code can then be exchanged for the crisis intervention code.	Claims submission only; service is not authorized. This code is NOT to be used if a client calls in a crisis situation and talks with a PROVIDER on the phone and/or an individual session is then scheduled	Claims submission only; service is not authorized. This code is NOT to be used if a client calls in a crisis situation and talks with a PROVIDER on the phone and/or an individual session is then scheduled.	Provider agency licensed and accredited as substance abuse treatment program For all "H" and "T" HCPCS Codes: Clinical service provided by Substance Abuse Treatment Specialist (SATS) or Substance Abuse Treatment Practitioner (SATP) when working under the supervision of a SATS.	\$30.00
<input type="checkbox"/>	T1009 (Care of Child(ren) of the Individual Receiving Outpatient SUD Services; Care of Child(ren) of the Individual Receiving Residential SUD Services)	Child Sitting services for children of the individual receiving outpatient alcohol and/or substance abuse services (Per hour/Per child) -OR- Child Sitting services for children of the individual receiving residential alcohol and/or substance abuse services (Per Diem)	Must be Women's Specialty (HD Modifier). NOT BILLABLE TO MEDICAID/HMP; BILLABLE TO BLOCK GRANT ONLY	Claims submission only; Service is not authorized. Claims for child care services must also accompany claims for treatment service of the parent for the same date and duration of time	Claims submission only; Service is not authorized Claims for child care services must also accompany claims for treatment service of the parent for the same date and duration of time	Provider agency licensed and accredited as substance abuse treatment program and also has "Women's Specialty Services" Designation	Per Hr: \$10.00 Per Diem: \$50.00

**ASAM LEVEL 2.1 INTENSIVE OUTPATIENT/SERVICES
(INCLUDING ASAM LEVEL 2 WITHDRAWAL MANAGEMENT)**

**Each authorization at this LOC may be a maximum of 30 days duration*

Contracted Service	Service Code	Description (HCPCS/CPT)	Billing Parameters	Max # of Units/Auth	Total # of Units/Treatment Episode (services exceeding threshold require additional utilization review)	Provider/Staff Qualification (Per MDHHS)	FY18 MSHN Rate
<input type="checkbox"/>	H0001 (Individual Assessment)	Alcohol and/or drug assessment face-to-face service for the purpose of identifying functional and treatment needs and to formulate the basis for the Individualized Treatment Plan (Minimum 60 minutes)	Encounter Not billable with H0010, H0012, H0018, or H0019	1	1	Provider agency licensed and accredited as substance abuse treatment program. Service provided by Substance Abuse Treatment Specialist (SATS) or Substance Abuse Treatment Practitioner (SATP) when working under the supervision of a SATS.	\$125.00
<input type="checkbox"/>	H0002 (Brief Screen, SBIRT; Face-to-Face)	Brief Screen	Encounter	1	1		\$40.00
<input type="checkbox"/>	90832 (Psychotherapy Individual)	Psychotherapy, 30 minutes with individual and/or family member	Encounter	12 (Combination of 90832, 90834, and/or 90837)	24 (Combination of 90832, 90834, and/or 90837)	For psychotherapy (908xx series codes): Substance Abuse Treatment Specialist (SATS), Only Master's prepared with appropriate licensure and working under appropriate supervision may provide services.	\$55.00 HD: \$60.00 HA: \$60.00
<input type="checkbox"/>	90834 (Psychotherapy Individual)	Psychotherapy, 45 minutes with individual and/or family member	Encounter	12 (Combination of 90832, 90834, and/or 90837)	24 (Combination of 90832, 90834, and/or 90837)	Same as above	\$85.00 HD: \$90.00 HA: \$90.00
<input type="checkbox"/>	90837 (Psychotherapy Individual)	Psychotherapy, 60 minutes with individual and/or family member	Encounter	12 (Combination of 90832, 90834, and/or 90837)	24 (Combination of 90832, 90834, and/or 90837)	Same as above	\$110.00 HD: \$120.00 HA: 120.00

Contracted Service	Service Code	Description (HCPCS/CPT)	Billing Parameters	Max # of Units/Auth	Total # of Units/Treatment Episode (services exceeding threshold require additional utilization review)	Provider/Staff Qualification (Per MDHHS)	FY18 MSHN Rate
<input type="checkbox"/>	90846 (Family Psychotherapy without consumer present)	Psychotherapy, 60 minutes with family member(s), without client present	Encounter	6 (Combination of 90846 and/or 90847)	24 (Combination of 90846 and/or 90847)	Same as above	\$110.00
<input type="checkbox"/>	90847 (Family Psychotherapy with consumer present)	Psychotherapy, 60 minutes with family member(s), with client present	Encounter	6 (Combination of 90846 and/or 90847)	24 (Combination of 90846 and/or 90847)	Same as above	\$110.00
<input type="checkbox"/>	90853 (Psychotherapy Group)	Group Psychotherapy, may be provided in units of 60 minutes, 90 minutes, or 120 minutes	Encounter (If billing more than 1 unit per day, services must be provided at different times and recorded as 2 separate services in the medical record)	12 (Combination of H0005 and/or 90853)	24 (Combination of H0005 and/or 90853)	Same as above	60 Min: \$50.00 HD: \$55.00 HA: 55.00 90 Min: 75.00 120 Min: \$100.00
<input type="checkbox"/>	90791 (Psychiatric Diagnostic Evaluation, No Medical Services)	Integrated biopsychosocial assessment, including history, mental status and recommendations	Encounter	1	1	Psychiatrist or Psychiatric Mental Health Nurse Practitioner	\$110.00
<input type="checkbox"/>	99202-New Patient Medication Review	Brief, 20-minute encounter, may be face to face or telemedicine, patient evaluation and medication management	Encounter	1	1	Physician (MD or DO), licensed physician's assistant, or nurse practitioner under their scope of practice and under the supervision and delegation of a physician	\$90.00
<input type="checkbox"/>	99213-Established Patient Medication Review	Brief, 20-minute encounter, may be face to face or telemedicine, patient evaluation and medication management	Encounter	4	8	Physician (MD or DO), licensed physician's assistant, or nurse practitioner under their scope of practice and under the supervision and delegation of a physician	\$85.00

Contracted Service	Service Code	Description (HCPCS/CPT)	Billing Parameters	Max # of Units/Auth	Total # of Units/Treatment Episode (services exceeding threshold require additional utilization review)	Provider/Staff Qualification (Per MDHHS)	FY18 MSHN Rate
<input type="checkbox"/>	97810/97811 (Acupuncture 1 or more needles, Initial; Acupuncture 1 or more needles, Subsequent)	97810- Initial 15-minute contact 97811- Subsequent; each additional 15- minute contact within the same session	Only one initial (97810) code per day. 97811 must be billed in conjunction with 97810. NOT BILLABLE TO MEDICAID/HMP; BILLABLE TO BLOCK GRANT ONLY	16 (Combination of 97810 and 97811)	32 (Combination of 97810 and 97811)	Approved via LARA certified diplomate of the National Certification Commission for Acupuncture and Oriental Medicine (NCCAOM) in Acupuncture or Oriental Medicine	\$5.00
<input type="checkbox"/>	H0003 (Laboratory Analysis of Drug Screening)	Alcohol and/or drug screening; laboratory analysis of specimens for presence of alcohol and/or drugs	Encounter NOT BILLABLE TO MEDICAID/HMP; BILLABLE TO BLOCK GRANT ONLY <i>*To be used only when needed for confirmation/analysis of a specimen</i>	4 (Combination of H0003 and/or H0048)	8 (Combination of H0003 and/or H0048)	N/A	\$25.00
<input type="checkbox"/>	H0004 (Behavioral Health Counseling)	Behavioral health individual counseling. Includes: SUD/MH, Community-Based, Women’s Specialty, and Adolescent.	15 Minute Increment (maximum 6/Day)	20	40	Provider agency licensed and accredited as substance abuse treatment program For all "H" and "T" HCPCS Codes: Clinical service provided by Substance Abuse Treatment Specialist (SATS) or Substance Abuse Treatment Practitioner (SATP) when working under the supervision of a SATS.	\$22.50 CB: \$25.00 HD: \$25.00 HD CB: \$27.50 HA: \$25.00 HA CB: \$27.50

Contracted Service	Service Code	Description (HCPCS/CPT)	Billing Parameters	Max # of Units/Auth	Total # of Units/Treatment Episode (services exceeding threshold require additional utilization review)	Provider/Staff Qualification (Per MDHHS)	FY18 MSHN Rate
<input type="checkbox"/>	H0005 (Group Counseling by a Clinician)	Alcohol and/or drug services; group counseling by a clinician; 90 minutes	Encounter. (If billing more than 1 unit per day, services must be provided at different times and recorded as 2 separate services)	12 (Combination of H0005 and/or 90853)	24 (Combination of H0005 and/or 90853)	Provider agency licensed and accredited as substance abuse treatment program For all "H" and "T" HCPCS Codes: Clinical service provided by Substance Abuse Treatment Specialist (SATS) or Substance Abuse Treatment Practitioner (SATP) when working under the supervision of a SATS.	\$45.00 HS: \$45.00 HD: \$50.00 HA: \$50.00
<input type="checkbox"/>	H0006 (Case Management Services)	Alcohol and/or drug services; case management services provided to link, refer and coordinate clients to other essential medical, educational, social and/or other services	Encounter. No limit on number of units billed in one day, however must be documented accurately in client record with start/stop times NOT BILLABLE TO MEDICAID/HMP; BILLABLE TO BLOCK GRANT ONLY	24	48	Provider agency licensed and accredited as substance abuse treatment program with case management license	\$40.00 HD: \$44.00 HA: \$44.00
<input type="checkbox"/>	H0048 (Instant Drug Testing Collection & Handling Only)	Alcohol and/or drug screening; instant only analysis of specimens for presence of alcohol and/or drugs.	Encounter. <i>*Once weekly for clients receiving opioid-maintenance treatment; 2 per month for all other levels of care if clinically appropriate for the individual client</i>	4 (Combination of H0003 and/or H0048)	8 (Combination of H0003 and/or H0048)		\$12.00

Contracted Service	Service Code	Description (HCPCS/CPT)	Billing Parameters	Max # of Units/Auth	Total # of Units/Treatment Episode (services exceeding threshold require additional utilization review)	Provider/Staff Qualification (Per MDHHS)	FY18 MSHN Rate
<input type="checkbox"/>	H0050 (Brief Intervention/Care Coordination)	Alcohol and/or drug services; brief intervention/Care Coordination	15 Minute Increment	8	16	Provider agency licensed and accredited as substance abuse treatment program For all "H" and "T" HCPCS Codes: Clinical service provided by Substance Abuse Treatment Specialist (SATS) or Substance Abuse Treatment Practitioner (SATP) when working under the supervision of a SATS.	\$15.00 CB: \$16.50
<input type="checkbox"/>	H2027 (Psychoeducation Services)	Psychoeducational Service; Didactic/Educational Group	15 Minute Increment No limit on number of units billed in one day, however must be documented accurately in client record with start/stop times	72	96	Provider agency licensed and accredited as substance abuse treatment program For all "H" and "T" HCPCS Codes: Clinical service provided by Substance Abuse Treatment Specialist (SATS) or Substance Abuse Treatment Practitioner (SATP) when working under the supervision of a SATS.	\$5.00 HH: \$6.00
<input type="checkbox"/>	T1012 (Recovery Support Services)	Individual Recovery Support; Non-clinical services that assist individuals and families to recover from alcohol and/or drug problems.	Encounter	15	30	A recovery coach or SUD peer specialist must be certified through an MDHHS-approved training program.	\$40.00 CB: \$44.00
<input type="checkbox"/>	H0038 (Recovery Support-Group)	Group Recovery Support	15 Minute Increment	48	96	A qualified SUD peer specialist must be certified through an MDHHS-approved training program.	\$3.00

Contracted Service	Service Code	Description (HCPCS/CPT)	Billing Parameters	Max # of Units/Auth	Total # of Units/Treatment Episode (services exceeding threshold require additional utilization review)	Provider/Staff Qualification (Per MDHHS)	FY18 MSHN Rate
<input type="checkbox"/>	H2011 (Crisis Intervention)	Crisis intervention service	15-minute unit, face to face. May use up to four 15-minute units (equaling 60 minutes); Only used in situations where a client arrives for group but is in a crisis best handled in a one-on-one, face-to-face setting. The group code can then be exchanged for the crisis intervention code.	Claims submission only; service is not authorized. This code is NOT to be used if a client calls in a crisis situation and talks with a PROVIDER on the phone and/or an individual session is then scheduled.	Claims submission only; service is not authorized. This code is NOT to be used if a client calls in a crisis situation and talks with a PROVIDER on the phone and/or an individual session is then scheduled.	Provider agency licensed and accredited as substance abuse treatment program For all "H" and "T" HCPCS Codes: Clinical service provided by Substance Abuse Treatment Specialist (SATS) or Substance Abuse Treatment Practitioner (SATP) when working under the supervision of a SATS.	\$30.00
<input type="checkbox"/>	T1009 (Care of Child(ren) of the Individual Receiving Outpatient SUD Services; Care of Child(ren) of the Individual Receiving Residential SUD Services)	Child Sitting services for children of the individual receiving outpatient alcohol and/or substance abuse services (Per hour/Per child) -OR- Child Sitting services for children of the individual receiving residential alcohol and/or substance abuse services (Per Diem)	Must be Women's Specialty (HD Modifier) NOT BILLABLE TO MEDICAID/HMP; BILLABLE TO BLOCK GRANT ONLY	Claims submission only; Service is not authorized Claims for child care services must also accompany claims for treatment service of the parent for the same date and duration of time	Claims submission only; Service is not authorized Claims for child care services must also accompany claims for treatment service of the parent for the same date and duration of time	Provider agency licensed and accredited as substance abuse treatment program and also has "Women's Specialty Services" Designation	Per Hr: \$10.00 Per Diem: \$50.00

ASAM LEVEL 3.1 CLINICALLY-MANAGED LOW-INTENSITY RESIDENTIAL SERVICES							
*Each authorization at this LOC may be a maximum of 21 days duration							
Contracted Service	Service Code	Description (HCPCS/CPT)	Billing Parameters	Max # of Units/Auth	Total # of Units/Treatment Episode (services exceeding threshold require additional utilization review)	Provider/Staff Qualification (Per MDHHS)	FY18 MSHN Rate
<input type="checkbox"/>	H0001 (Individual Assessment)	Alcohol and/or drug assessment face-to-face service for the purpose of identifying functional and treatment needs and to formulate the basis for the Individualized Treatment Plan (Minimum 60 minutes)	Encounter Not billable with H0010, H0012, H0018, or H0019 (May only be billed if the client was in a detox or residential program but did not stay a full 24-hours in order to bill 1 unit of H0010, H0012, H0018 or H0019)	1	1	Provider agency licensed and accredited as substance abuse treatment program. Service provided by Substance Abuse Treatment Specialist (SATS) or Substance Abuse Treatment Practitioner (SATP) when working under the supervision of a SATS.	\$125.00
<input type="checkbox"/>	H0018 (Low-Intensity Residential Treatment ASAM Level 3.1)	Alcohol and/or drug services; Low Intensity residential (non-hospital residential treatment program); directed toward applying recovery skills, preventing relapse, improving emotional functioning, promoting personal responsibility, and reintegrating the individual in the worlds of work, education, and family life. ASAM 3.1	Per Diem Cannot bill H0001 in conjunction with H0018 2 episodes of care within a 12-month period	21	90	Provider agency licensed and accredited as substance abuse treatment program. The clinical program must be provided under the supervision of a SATS with licensure as a psychologist, master’s social worker, licensed or limited-licensed professional counselor, physician, or licensed marriage and family therapist. Please see MSHN SUD Provider Manual for additional requirements pertaining to hours of service provision per week.	\$70.00 HD: \$90.00 HA: \$255.00

Contracted Service	Service Code	Description (HCPCS/CPT)	Billing Parameters	Max # of Units/Auth	Total # of Units/Treatment Episode (services exceeding threshold require additional utilization review)	Provider/Staff Qualification (Per MDHHS)	FY18 MSHN Rate
<input type="checkbox"/>	S9976 (Residential room and board)	Per Diem	May not exceed more than one per day. Cannot be billed with H0010 or H0012 Detox Services NOT BILLABLE TO MEDICAID/HMP; BILLABLE TO BLOCK GRANT ONLY Authorized in conjunction with H0018 or H0019; Authorized in same number of day increments as the H0018 and H0019.	21	90	N/A	\$27.00
<input type="checkbox"/>	S9976:SD (Residential room and board – State Disability Assistance)	Per Diem	May not exceed more than one per day Cannot be billed with H0010 or H0012 Detox Services NOT BILLABLE TO MEDICAID/HMP; BILLABLE TO STATE DISABILITY ASSISTANCE ONLY	21	90	The PIHP may employ either of two methods for determining whether an individual meets MDHHS eligibility criteria: The PIHP may refer the individual to the local MDHHS human services office. This method must be employed when there is a desire to qualify the individual for an incidental allowance under the SDA program. Or, The PIHP may make its own determination of eligibility by applying the essential MDHHS eligibility criteria. Regardless of the method used, the PIHP must retain documentation sufficient to justify determinations of eligibility. The PIHP must have a written agreement with a provider in order to provide SDA funds.	\$27.00

Contracted Service	Service Code	Description (HCPCS/CPT)	Billing Parameters	Max # of Units/Auth	Total # of Units/Treatment Episode (services exceeding threshold require additional utilization review)	Provider/Staff Qualification (Per MDHHS)	FY18 MSHN Rate
<input type="checkbox"/>	T1009 (Care of Child(ren) of the Individual Receiving Outpatient SUD Services; Care of Child(ren) of the Individual Receiving Residential SUD Services)	Child Sitting services for children of the individual receiving outpatient alcohol and/or substance abuse services (Per hour/Per child) -OR- Child Sitting services for children of the individual receiving residential alcohol and/or substance abuse services (Per Diem)	Must be Women's Specialty (HD Modifier) NOT BILLABLE TO MEDICAID/HMP; BILLABLE TO BLOCK GRANT ONLY	Claims submission only; Service is not authorized. Claims for child care services must also accompany claims for treatment service of the parent for the same date and duration of time	Claims submission only; Service is not authorized Claims for child care services must also accompany claims for treatment service of the parent for the same date and duration of time	Provider agency licensed and accredited as substance abuse treatment program and also has "Women's Specialty Services" Designation	Per Hr: \$10.00 Per Diem: \$50.00
<input type="checkbox"/>	97810/97811 (Acupuncture 1 or more needles, Initial; Acupuncture 1 or more needles, Subsequent)	97810- Initial 15-minute contact 97811- Subsequent; each additional 15- minute contact within the same session	Only one initial (97810) code per day. 97811 must be billed in conjunction with 97810. NOT BILLABLE TO MEDICAID/HMP; BILLABLE TO BLOCK GRANT ONLY	16 (Combination of 97810 and 97811)	32 (Combination of 97810 and 97811)	Approved via LARA certified diplomate of the National Certification Commission for Acupuncture and Oriental Medicine (NCCAOM) in Acupuncture or Oriental Medicine	\$5.00
<input type="checkbox"/>	90791 (Psychiatric Diagnostic Evaluation, No Medical Services)	Integrated biopsychosocial assessment, including history, mental status and recommendations	Encounter	1	1	Psychiatrist or Psychiatric Mental Health Nurse Practitioner	\$110.00
<input type="checkbox"/>	99202-New Patient Medication Review	Brief, 20-minute encounter, may be face to face or telemedicine, patient evaluation and medication management	Encounter	1	1	Physician (MD or DO), licensed physician's assistant, or nurse practitioner under their scope of practice and under the supervision and delegation of a physician	\$90.00

Contracted Service	Service Code	Description (HCPCS/CPT)	Billing Parameters	Max # of Units/Auth	Total # of Units/Treatment Episode (services exceeding threshold require additional utilization review)	Provider/Staff Qualification (Per MDHHS)	FY18 MSHN Rate
<input type="checkbox"/>	99213-Established Patient Medication Review	Brief, 20-minute encounter, may be face to face or telemedicine, patient evaluation and medication management	Encounter	4	8	Physician (MD or DO), licensed physician's assistant, or nurse practitioner under their scope of practice and under the supervision and delegation of a physician	\$85.00
<input type="checkbox"/>	T1012 (Recovery Support Services)	Individual Recovery Support; Non-clinical services that assist individuals and families to recover from alcohol and/or drug problems.	Encounter	10	30	A recovery coach or SUD peer specialist must be certified through an MDHHS-approved training program.	\$40.00 CB: \$44.00
<input type="checkbox"/>	H0038 (Recovery Support-Group)	Group Recovery Support	15 Minute Increment	24	72	A qualified SUD peer specialist must be certified through an MDHHS-approved training program.	\$3.00

ASAM LEVEL 3.3 CLINICALLY-MANAGED POPULATION-SPECIFIC HIGH-INTENSITY RESIDENTIAL

**Each authorization at this LOC may be a maximum of 21 days duration*

Contracted Service	Service Code	Description (HCPCS/CPT)	Billing Parameters	Max # of Units/Auth	Total # of Units/Treatment Episode (services exceeding threshold require additional utilization review)	Provider/Staff Qualification (Per MDHHS)	FY18 MSHN Rate
<input type="checkbox"/>	H0001 (Individual Assessment)	Alcohol and/or drug assessment face-to-face service for the purpose of identifying functional and treatment needs and to formulate the basis for the Individualized Treatment Plan (Minimum 60 minutes)	Encounter Not billable with H0010, H0012, H0018, or H0019. (May only be billed if the client was in a detox or residential program but did not stay a full 24-hours in order to bill 1 unit of H0010, H0012, H0018 or H0019)	1	1	Provider agency licensed and accredited as substance abuse treatment program. Service provided by Substance Abuse Treatment Specialist (SATS) or Substance Abuse Treatment Practitioner (SATP) when working under the supervision of a SATS.	\$125.00

Contracted Service	Service Code	Description (HCPCS/CPT)	Billing Parameters	Max # of Units/Auth	Total # of Units/Treatment Episode (services exceeding threshold require additional utilization review)	Provider/Staff Qualification (Per MDHHS)	FY18 MSHN Rate
<input type="checkbox"/>	H0019 (Clinically-Managed Population Specific High-Intensity Residential Treatment Services ASAM Level 3.3)	Alcohol and/or drug services; High-Intensity residential (non-hospital residential treatment program); directed toward applying recovery skills, preventing relapse, improving emotional functioning, promoting personal responsibility, and reintegrating the individual in the worlds of work, education, and family life. <i>*Services and interventions are delivered in a specialized manner to address the specific needs of individuals with cognitive or other impairments</i>	Per Diem Cannot bill H0001 in conjunction with H0018 2 episodes of care within a 12-month period	21	90	Provider agency licensed and accredited as substance abuse treatment program. The clinical program must be provided under the supervision of a SATS with licensure as a psychologist, master’s social worker, licensed or limited-licensed professional counselor, physician, or licensed marriage and family therapist. Please see MSHN SUD Provider Manual for additional requirements pertaining to hours of service provision per week.	\$110.00 HD: \$130.00 HA: \$270.00
<input type="checkbox"/>	S9976 (Residential room and board)	Per Diem	May not exceed more than one per day. Cannot be billed with H0010 or H0012 Detox Services. NOT BILLABLE TO MEDICAID/HMP; BILLABLE TO BLOCK GRANT ONLY. Authorized in conjunction with H0018 or H0019; Authorized in same number of day increments as the H0018 and H0019.	21	90	N/A	\$27.00

Contracted Service	Service Code	Description (HCPCS/CPT)	Billing Parameters	Max # of Units/Auth	Total # of Units/Treatment Episode (services exceeding threshold require additional utilization review)	Provider/Staff Qualification (Per MDHHS)	FY18 MSHN Rate
<input type="checkbox"/>	S9976:SD (Residential room and board – State Disability Assistance)	Per Diem	<p>May not exceed more than one per day</p> <p>Cannot be billed with H0010 or H0012 Detox Services</p> <p>NOT BILLABLE TO MEDICAID/HMP; BILLABLE TO STATE DISABILITY ASSISTANCE ONLY</p>	21	90	<p>The PIHP may employ either of two methods for determining whether an individual meets MDHHS eligibility criteria:</p> <p>The PIHP may refer the individual to the local MDHHS human services office. This method must be employed when there is a desire to qualify the individual for an incidental allowance under the SDA program. Or, The PIHP may make its own determination of eligibility by applying the essential MDHHS eligibility criteria.</p> <p>Regardless of the method used, the PIHP must retain documentation sufficient to justify determinations of eligibility. The PIHP must have a written agreement with a provider in order to provide SDA funds.</p>	\$27.00
<input type="checkbox"/>	T1009 (Care of Child(ren) of the Individual Receiving Outpatient SUD Services; Care of Child(ren) of the Individual Receiving Residential SUD Services)	<p>Child Sitting services for children of the individual receiving outpatient alcohol and/or substance abuse services (Per hour/Per child) -OR-</p> <p>Child Sitting services for children of the individual receiving residential alcohol and/or substance abuse services (Per Diem)</p>	<p>Must be Women’s Specialty (HD Modifier)</p> <p>NOT BILLABLE TO MEDICAID/HMP; BILLABLE TO BLOCK GRANT ONLY</p>	<p>Claims submission only; Service is not authorized</p> <p>Claims for child care services must also accompany claims for treatment service of the parent for the same date and duration of time</p>	<p>Claims submission only; Service is not authorized</p> <p>Claims for child care services must also accompany claims for treatment service of the parent for the same date and duration of time</p>	<p>Provider agency licensed and accredited as substance abuse treatment program and also has “Women’s Specialty Services” Designation</p>	<p>Per Hr: \$10.00</p> <p>Per Diem: \$50.00</p>

Contracted Service	Service Code	Description (HCPCS/CPT)	Billing Parameters	Max # of Units/Auth	Total # of Units/Treatment Episode (services exceeding threshold require additional utilization review)	Provider/Staff Qualification (Per MDHHS)	FY18 MSHN Rate
<input type="checkbox"/>	97810/97811 (Acupuncture 1 or more needles, Initial; Acupuncture 1 or more needles, Subsequent)	97810- Initial 15-minute contact 97811- Subsequent; each additional 15- minute contact within the same session	Only one initial (97810) code per day. 97811 must be billed in conjunction with 97810. NOT BILLABLE TO MEDICAID/HMP; BILLABLE TO BLOCK GRANT ONLY	16 (Combination of 97810 and 97811)	32 (Combination of 97810 and 97811)	Approved via LARA certified diplomate of the National Certification Commission for Acupuncture and Oriental Medicine (NCCAOM) in Acupuncture or Oriental Medicine	\$5.00
<input type="checkbox"/>	90791 (Psychiatric Diagnostic Evaluation, No Medical Services)	Integrated biopsychosocial assessment, including history, mental status and recommendations	Encounter	1	1	Psychiatrist or Psychiatric Mental Health Nurse Practitioner	\$110.00
<input type="checkbox"/>	99202-New Patient Medication Review	Brief, 20-minute encounter, may be face to face or telemedicine, patient evaluation and medication management	Encounter	1	1	Physician (MD or DO), licensed physician's assistant, or nurse practitioner under their scope of practice and under the supervision and delegation of a physician	\$90.00
<input type="checkbox"/>	99213-Established Patient Medication Review	Brief, 20-minute encounter, may be face to face or telemedicine, patient evaluation and medication management	Encounter	4	8	Physician (MD or DO), licensed physician's assistant, or nurse practitioner under their scope of practice and under the supervision and delegation of a physician	\$85.00
<input type="checkbox"/>	T1012 (Recovery Support Services)	Individual Recovery Support; Non-clinical services that assist individuals and families to recover from alcohol and/or drug problems.	Encounter	10	30	A recovery coach or SUD peer specialist must be certified through an MDHHS-approved training program.	\$40.00 CB: \$44.00
<input type="checkbox"/>	H0038 (Recovery Support-Group)	Group Recovery Support	15 Minute Increment	24	72	A qualified SUD peer specialist must be certified through an MDHHS-approved training program.	\$3.00

ASAM LEVEL 3.5 CLINICALLY-MANAGED HIGH-INTENSITY RESIDENTIAL SERVICES							
*Each authorization at this LOC may be a maximum of 21 days duration							
Contracted Service	Service Code	Description (HCPCS/CPT)	Billing Parameters	Max # of Units/Auth	Total # of Units/Treatment Episode (services exceeding threshold require additional utilization review)	Provider/Staff Qualification (Per MDHHS)	FY18 MSHN Rate
<input type="checkbox"/>	H0001 (Individual Assessment)	Alcohol and/or drug assessment face-to-face service for the purpose of identifying functional and treatment needs and to formulate the basis for the Individualized Treatment Plan (Minimum 60 minutes)	Encounter Not billable with H0010, H0012, H0018, or H0019 (May only be billed if the client was in a detox or residential program but did not stay a full 24-hours in order to bill 1 unit of H0010, H0012, H0018 or H0019)	1	1	Provider agency licensed and accredited as substance abuse treatment program. Service provided by Substance Abuse Treatment Specialist (SATS) or Substance Abuse Treatment Practitioner (SATP) when working under the supervision of a SATS.	\$125.00
<input type="checkbox"/>	H0019 (Clinically-Managed High-Intensity Residential Treatment Services ASAM Level 3.5)	Alcohol and/or drug services; High-Intensity residential (non-hospital residential treatment program); directed toward applying recovery skills, preventing relapse, improving emotional functioning, promoting personal responsibility, and reintegrating the individual in the worlds of work, education, and family life. <i>*Services and interventions are delivered in a specialized manner to address the specific needs of individuals with cognitive or other impairments</i>	Per Diem Cannot bill H0001 in conjunction with H0018 2 episodes of care within a 12-month period	21	90	Provider agency licensed and accredited as substance abuse treatment program. The clinical program must be provided under the supervision of a SATS with licensure as a psychologist, master's social worker, licensed or limited-licensed professional counselor, physician, or licensed marriage and family therapist. Please see MSHN SUD Provider Manual for additional requirements pertaining to hours of service provision per week.	\$150.00 HD: \$170.00 HA: \$286.00

Contracted Service	Service Code	Description (HCPCS/CPT)	Billing Parameters	Max # of Units/Auth	Total # of Units/Treatment Episode (services exceeding threshold require additional utilization review)	Provider/Staff Qualification (Per MDHHS)	FY18 MSHN Rate
<input type="checkbox"/>	S9976 (Residential room and board)	Per Diem	<p>May not exceed more than one per day.</p> <p>Cannot be billed with H0010 or H0012 Detox Services.</p> <p>NOT BILLABLE TO MEDICAID/HMP; BILLABLE TO BLOCK GRANT ONLY.</p> <p>Authorized in conjunction with H0018 or H0019; Authorized in same number of day increments as the H0018 and H0019.</p>	21	90	N/A	\$27.00
<input type="checkbox"/>	S9976:SD (Residential room and board – State Disability Assistance)	Per Diem	<p>May not exceed more than one per day</p> <p>Cannot be billed with H0010 or H0012 Detox Services</p> <p>NOT BILLABLE TO MEDICAID/HMP; BILLABLE TO STATE DISABILITY ASSISTANCE ONLY</p>	21	90	<p>The PIHP may employ either of two methods for determining whether an individual meets MDHHS eligibility criteria:</p> <p>The PIHP may refer the individual to the local MDHHS human services office. This method must be employed when there is a desire to qualify the individual for an incidental allowance under the SDA program. Or, The PIHP may make its own determination of eligibility by applying the essential MDHHS eligibility criteria.</p> <p>Regardless of the method used, the PIHP must retain documentation sufficient to justify determinations of eligibility. The PIHP must have a written agreement with a provider in order to provide SDA funds.</p>	\$27.00

Contracted Service	Service Code	Description (HCPCS/CPT)	Billing Parameters	Max # of Units/Auth	Total # of Units/Treatment Episode (services exceeding threshold require additional utilization review)	Provider/Staff Qualification (Per MDHHS)	FY18 MSHN Rate
<input type="checkbox"/>	T1009 (Care of Child(ren) of the Individual Receiving Outpatient SUD Services; Care of Child(ren) of the Individual Receiving Residential SUD Services)	Child Sitting services for children of the individual receiving outpatient alcohol and/or substance abuse services (Per hour/Per child) -OR- Child Sitting services for children of the individual receiving residential alcohol and/or substance abuse services (Per Diem)	Must be Women's Specialty (HD Modifier) NOT BILLABLE TO MEDICAID/HMP; BILLABLE TO BLOCK GRANT ONLY	Claims submission only; Service is not authorized Claims for child care services must also accompany claims for treatment service of the parent for the same date and duration of time	Claims submission only; Service is not authorized Claims for child care services must also accompany claims for treatment service of the parent for the same date and duration of time	Provider agency licensed and accredited as substance abuse treatment program and also has "Women's Specialty Services" Designation	Per Hr: \$10.00 Per Diem: \$50.00
<input type="checkbox"/>	97810/97811 (Acupuncture 1 or more needles, Initial; Acupuncture 1 or more needles, Subsequent)	97810- Initial 15-minute contact 97811- Subsequent; each additional 15- minute contact within the same session	Only one initial (97810) code per day. 97811 must be billed in conjunction with 97810. NOT BILLABLE TO MEDICAID/HMP; BILLABLE TO BLOCK GRANT ONLY	16 (Combination of 97810 and 97811)	32 (Combination of 97810 and 97811)	Approved via LARA certified diplomate of the National Certification Commission for Acupuncture and Oriental Medicine (NCCAOM) in Acupuncture or Oriental Medicine	\$5.00
<input type="checkbox"/>	90791 (Psychiatric Diagnostic Evaluation, No Medical Services)	Integrated biopsychosocial assessment, including history, mental status and recommendations	Encounter	1	1	Psychiatrist or Psychiatric Mental Health Nurse Practitioner	\$110.00
<input type="checkbox"/>	99202-New Patient Medication Review	Brief, 20-minute encounter, may be face to face or telemedicine, patient evaluation and medication management	Encounter	1	1	Physician (MD or DO), licensed physician's assistant, or nurse practitioner under their scope of practice and under the supervision and delegation of a physician	\$90.00

Contracted Service	Service Code	Description (HCPCS/CPT)	Billing Parameters	Max # of Units/Auth	Total # of Units/Treatment Episode (services exceeding threshold require additional utilization review)	Provider/Staff Qualification (Per MDHHS)	FY18 MSHN Rate
<input type="checkbox"/>	99213-Established Patient Medication Review	Brief, 20-minute encounter, may be face to face or telemedicine, patient evaluation and medication management	Encounter	4	8	Physician (MD or DO), licensed physician's assistant, or nurse practitioner under their scope of practice and under the supervision and delegation of a physician	\$85.00
<input type="checkbox"/>	T1012 (Recovery Support Services)	Individual Recovery Support; Non-clinical services that assist individuals and families to recover from alcohol and/or drug problems.	Encounter	10	30	A recovery coach or SUD peer specialist must be certified through an MDHHS-approved training program.	\$40.00 CB: \$44.00
<input type="checkbox"/>	H0038 (Recovery Support-Group)	Group Recovery Support	15 Minute Increment	24	72	A qualified SUD peer specialist must be certified through an MDHHS-approved training program.	\$3.00

ASAM LEVEL 3.7 MEDICALLY-MONITORED HIGH-INTENSITY INPATIENT SERVICES

**Each authorization at this LOC may be a maximum of 10 days duration*

Contracted Service	Service Code	Description (HCPCS/CPT)	Billing Parameters	Max # of Units/Auth	Total # of Units/Treatment Episode (services exceeding threshold require additional utilization review)	Provider/Staff Qualification (Per MDHHS)	FY18 MSHN Rate
<input type="checkbox"/>	H0001 (Individual Assessment)	Alcohol and/or drug assessment face-to-face service for the purpose of identifying functional and treatment needs and to formulate the basis for the Individualized Treatment Plan (Minimum 60 minutes)	Encounter. Not billable with H0010, H0012, H0018, or H0019 (May only be billed if the client was in a detox or residential program but did not stay a full 24-hours in order to bill 1 unit of H0010, H0012, H0018 or H0019)	1	1	Provider agency licensed and accredited as substance abuse treatment program. Service provided by Substance Abuse Treatment Specialist (SATS) or Substance Abuse Treatment Practitioner (SATP) when working under the supervision of a SATS.	\$125.00

Contracted Service	Service Code	Description (HCPCS/CPT)	Billing Parameters	Max # of Units/Auth	Total # of Units/Treatment Episode (services exceeding threshold require additional utilization review)	Provider/Staff Qualification (Per MDHHS)	FY18 MSHN Rate
<input type="checkbox"/>	H0019 (Medically-Monitored Intensive Inpatient Services)	Alcohol and/or drug services; Level 3.7 programs provide a structured regimen of 24-hour professionally directed evaluation, observation, medical monitoring, and addiction treatment in an inpatient setting.	Per Diem Cannot bill H0001 in conjunction with H0019 2 episodes of care within a 12-month period	10	30	Provider agency licensed and accredited as substance abuse treatment program. The clinical program must be provided under the supervision of a SATS with licensure as a psychologist, master's social worker, licensed or limited-licensed professional counselor, physician, or licensed marriage and family therapist. Please see MSHN SUD Provider Manual for additional requirements pertaining to hours of service provision per week.	\$200.00 HD: \$220.00 HA: \$310.00
<input type="checkbox"/>	S9976 (Residential room and board)	Per Diem	May not exceed more than one per day. Cannot be billed with H0010 or H0012 Detox Services NOT BILLABLE TO MEDICAID/HMP; BILLABLE TO BLOCK GRANT ONLY. Authorized in conjunction with H0018 or H0019; Authorized in same number of day increments as the H0018 and H0019.	10	30	N/A	\$27.00

Contracted Service	Service Code	Description (HCPCS/CPT)	Billing Parameters	Max # of Units/Auth	Total # of Units/Treatment Episode (services exceeding threshold require additional utilization review)	Provider/Staff Qualification (Per MDHHS)	FY18 MSHN Rate
<input type="checkbox"/>	S9976:SD (Residential room and board – State Disability Assistance)	Per Diem	<p>May not exceed more than one per day</p> <p>Cannot be billed with H0010 or H0012 Detox Services</p> <p>NOT BILLABLE TO MEDICAID/HMP; BILLABLE TO STATE DISABILITY ASSISTANCE ONLY</p>	10	30	<p>The PIHP may employ either of two methods for determining whether an individual meets MDHHS eligibility criteria:</p> <p>The PIHP may refer the individual to the local MDHHS human services office. This method must be employed when there is a desire to qualify the individual for an incidental allowance under the SDA program. Or, The PIHP may make its own determination of eligibility by applying the essential MDHHS eligibility criteria.</p> <p>Regardless of the method used, the PIHP must retain documentation sufficient to justify determinations of eligibility. The PIHP must have a written agreement with a provider in order to provide SDA funds.</p>	\$27.00
<input type="checkbox"/>	T1009 (Care of Child(ren) of the Individual Receiving Outpatient SUD Services; Care of Child(ren) of the Individual Receiving Residential SUD Services)	<p>Child Sitting services for children of the individual receiving outpatient alcohol and/or substance abuse services (Per hour/Per child) -OR-</p> <p>Child Sitting services for children of the individual receiving residential alcohol and/or substance abuse services (Per Diem)</p>	<p>Must be Women’s Specialty (HD Modifier)</p> <p>NOT BILLABLE TO MEDICAID/HMP; BILLABLE TO BLOCK GRANT ONLY</p>	<p>Claims submission only; Service is not authorized</p> <p>Claims for child care services must also accompany claims for treatment service of the parent for the same date and duration of time</p>	<p>Claims submission only; Service is not authorized</p> <p>Claims for child care services must also accompany claims for treatment service of the parent for the same date and duration of time</p>	<p>Provider agency licensed and accredited as substance abuse treatment program and also has “Women’s Specialty Services” Designation</p>	<p>Per Hr: \$10.00</p> <p>Per Diem: \$50.00</p>

Contracted Service	Service Code	Description (HCPCS/CPT)	Billing Parameters	Max # of Units/Auth	Total # of Units/Treatment Episode (services exceeding threshold require additional utilization review)	Provider/Staff Qualification (Per MDHHS)	FY18 MSHN Rate
<input type="checkbox"/>	97810/97811 (Acupuncture 1 or more needles, Initial; Acupuncture 1 or more needles, Subsequent)	97810- Initial 15-minute contact 97811- Subsequent; each additional 15- minute contact within the same session	Only one initial (97810) code per day. 97811 must be billed in conjunction with 97810. NOT BILLABLE TO MEDICAID/HMP; BILLABLE TO BLOCK GRANT ONLY	16 (Combination of 97810 and 97811)	32 (Combination of 97810 and 97811)	Approved via LARA certified diplomate of the National Certification Commission for Acupuncture and Oriental Medicine (NCCAOM) in Acupuncture or Oriental Medicine	\$5.00
<input type="checkbox"/>	90791 (Psychiatric Diagnostic Evaluation, No Medical Services)	Integrated biopsychosocial assessment, including history, mental status and recommendations	Encounter	1	1	Psychiatrist or Psychiatric Mental Health Nurse Practitioner	\$110.00
<input type="checkbox"/>	99202-New Patient Medication Review	Brief, 20-minute encounter, may be face to face or telemedicine, patient evaluation and medication management	Encounter	1	1	Physician (MD or DO), licensed physician's assistant, or nurse practitioner under their scope of practice and under the supervision and delegation of a physician	\$90.00
<input type="checkbox"/>	99213-Established Patient Medication Review	Brief, 20-minute encounter, may be face to face or telemedicine, patient evaluation and medication management	Encounter	4	8	Physician (MD or DO), licensed physician's assistant, or nurse practitioner under their scope of practice and under the supervision and delegation of a physician	\$85.00

ASAM LEVEL 3.2 CLINICALLY-MANAGED WITHDRAWAL MANAGEMENT							
<i>*Each authorization at this LOC may be a maximum of 5 days duration</i>							
Contracted Service	Service Code	Description (HCPCS/CPT)	Billing Parameters	Max # of Units/Auth	Total # of Units/Treatment Episode (services exceeding threshold require additional utilization review)	Provider/Staff Qualification (Per MDHHS)	FY18 MSHN Rate
<input type="checkbox"/>	H0012 (Clinically Managed Residential Detox, ASAM Level 3.2-WM)	Alcohol and/or drug services; sub-acute detoxification; ASAM Level 3.2-WM	Cannot bill H0001 or S9976 in conjunction with H0012 3 episodes of care within twelve-month period.	5	5	For residential settings (H0010 and H0012): provider agency licensed and accredited as substance abuse residential detoxification program. Supervision by licensed physician. Provided under the supervision of a Substance Abuse Treatment Specialist. Must have arrangements for access to licensed medical personnel as needed.	\$316.00
<input type="checkbox"/>	H0001 (Individual Assessment)	Alcohol and/or drug assessment face-to-face service for the purpose of identifying functional and treatment needs and to formulate the basis for the Individualized Treatment Plan (Minimum 60 minutes)	Encounter Not billable with H0010, H0012, H0018, or H0019 (May only be billed if the client was in a detox or residential program but did not stay a full 24-hours in order to bill 1 unit of H0010, H0012, H0018 or H0019)	1	1	Provider agency licensed and accredited as substance abuse treatment program. Service provided by Substance Abuse Treatment Specialist (SATS) or Substance Abuse Treatment Practitioner (SATP) when working under the supervision of a SATS.	\$125.00
<input type="checkbox"/>	97810/97811 (Acupuncture 1 or more needles, Initial; Acupuncture 1 or more needles, Subsequent)	97810- Initial 15-minute contact 97811- Subsequent; each additional 15- minute contact within the same session	Only one initial (97810) code per day. 97811 must be billed in conjunction with 97810. NOT BILLABLE TO MEDICAID/HMP; BILLABLE TO BLOCK GRANT ONLY	8 (Combination of 97810 and 97811)	8 (Combination of 97810 and 97811)	Approved via LARA certified diplomate of the National Certification Commission for Acupuncture and Oriental Medicine (NCCAOM) in Acupuncture or Oriental Medicine	\$5.00

ASAM LEVEL 3.7 MEDICALLY-MONITORED WITHDRAWAL MANAGEMENT							
<i>*Each authorization at this LOC may be a maximum of 5 days duration</i>							
Contracted Service	Service Code	Description (HCPCS/CPT)	Billing Parameters	Max # of Units/Auth	Total # of Units/Treatment Episode (services exceeding threshold require additional utilization review)	Provider/Staff Qualification (Per MDHHS)	FY18 MSHN Rate
<input type="checkbox"/>	H0010 (Medically-Monitored Residential Detox, ASAM Level 3.7-WM)	Alcohol and/or drug services; sub-acute detoxification; ASAM Level 3.7-WM	Cannot bill H0001 or S9976 in conjunction with H0012. 3 episodes of care within twelve-month period.	5	5	For residential settings (H0010 and H0012): provider agency licensed and accredited as substance abuse residential detoxification program. Supervision by licensed physician. Provided under the supervision of a Substance Abuse Treatment Specialist. Must have arrangements for access to licensed medical personnel as needed.	\$348.00
<input type="checkbox"/>	H0001 (Individual Assessment)	Alcohol and/or drug assessment face-to-face service for the purpose of identifying functional and treatment needs and to formulate the basis for the Individualized Treatment Plan (Minimum 60 minutes)	Encounter. Not billable with H0010, H0012, H0018, or H0019. (May only be billed if the client was in a detox or residential program but did not stay a full 24-hours in order to bill 1 unit of H0010, H0012, H0018 or H0019)	1	1	Provider agency licensed and accredited as substance abuse treatment program. Service provided by Substance Abuse Treatment Specialist (SATS) or Substance Abuse Treatment Practitioner (SATP) when working under the supervision of a SATS.	\$125.00
<input type="checkbox"/>	97810/97811 (Acupuncture 1 or more needles, Initial; Acupuncture 1 or more needles, Subsequent)	97810- Initial 15-minute contact 97811- Subsequent; each additional 15- minute contact within the same session	Only one initial (97810) code per day. 97811 must be billed in conjunction with 97810. NOT BILLABLE TO MEDICAID/HMP; BILLABLE TO BLOCK GRANT ONLY	8 (Combination of 97810 and 97811)	8 (Combination of 97810 and 97811)	Approved via LARA certified diplomate of the National Certification Commission for Acupuncture and Oriental Medicine (NCCAOM) in Acupuncture or Oriental Medicine	\$5.00

TRANSPORTATION CODES (CAN BE USED IN CONJUNCTION WITH ANY ASAM LEVEL OF CARE) <i>*Each authorization at this LOC may be a maximum of 180 days duration</i>							
Contracted Service	Service Code	Description (HCPCS/CPT)	Billing Parameters	Max # of Units/Auth	Total # of Units/Treatment Episode (services exceeding threshold require additional utilization review)	Provider/Staff Qualification (Per MDHHS)	FY18 MSHN Rate
<input type="checkbox"/>	A0110 (Non-Emergency Transportation & Bus Token)	Non-Emergency transportation service	Up to 10 units maximum per day BILLABLE TO HMP AND BLOCK GRANT ONLY	All transportation services require pre-authorization and benefit limitations are based on individual need	All transportation services require pre-authorization and benefit limitations are based on individual need		\$1.50
<input type="checkbox"/>	A0110 (Non-Emergency Greyhound Bus Transportation)	Non-Emergency transportation service to/from detox or residential services via Greyhound/Professional Bus Services	Up to 10 units maximum per day BILLABLE TO BLOCK GRANT ONLY	All transportation services require pre-authorization and benefit limitations are based on individual need	All transportation services require pre-authorization and benefit limitations are based on individual need		\$15.00
<input type="checkbox"/>	S0215 (Non-Emergency Transportation per mile)	Non-Emergency transportation services	Per Mile. IRS rate is the maximum allowable.	All transportation services require pre-authorization and benefit limitations are based on individual need	All transportation services require pre-authorization and benefit limitations are based on individual need	State Plan and "b3" Services: Aide with valid Michigan driver's license appropriate to the vehicle being driven.	IRS Rate
<input type="checkbox"/>	T2003 (Non-Emergency Gas Card)	Non-Emergency transportation service	BILLABLE TO BLOCK GRANT ONLY	All transportation services require pre-authorization and benefit limitations are based on individual need	All transportation services require pre-authorization and benefit limitations are based on individual need		\$5.00

RECOVERY HOUSING SERVICES (MUST BE USED IN CONJUNCTION WITH ASAM LEVEL 1, LEVEL 2.1, OR LEVEL 2.5 SERVICES)							
Contracted Service	Service Code	Description (HCPCS/CPT)	Billing Parameters	Max # of Units/Auth	Total # of Units/Treatment Episode (services exceeding threshold require additional utilization review)	Provider/Staff Qualification (Per MDHHS)	FY18 MSHN Rate
<input type="checkbox"/>	H2034 Recovery Housing Level II, Monitored	Per Diem; This level of housing maintains structure and a minimal amount of oversight. There is at least one paid staff position.	May not exceed more than one per day. NOT BILLABLE TO MEDICAID/HMP; BILLABLE TO BLOCK GRANT ONLY. Only authorized in conjunction with current enrollment in outpatient treatment services	90	180	TBD	\$17.00
<input type="checkbox"/>	H2034 Recovery Housing Level III, Supervised	Per Diem; This level of housing has administrative oversight and provides more structure. Paid staff positions include a facility manager and certified staff or case manager.	May not exceed more than one per day. NOT BILLABLE TO MEDICAID/HMP; BILLABLE TO BLOCK GRANT ONLY. Only authorized in conjunction with current enrollment in outpatient treatment services	90	180	TBD	\$22.00

Contracted Service	Service Code	Description (HCPCS/CPT)	Billing Parameters	Max # of Units/Auth	Total # of Units/Treatment Episode (services exceeding threshold require additional utilization review)	Provider/Staff Qualification (Per MDHHS)	FY18 MSHN Rate
<input type="checkbox"/>	H2034 Recovery Housing Level IV, Service Provider	Per Diem; This level of housing is highly structured and employs administrative and credentialed clinical staff.	May not exceed more than one per day. NOT BILLABLE TO MEDICAID/HMP; BILLABLE TO BLOCK GRANT ONLY. Only authorized in conjunction with current enrollment in outpatient treatment services	90	180	TBD	\$27.00

Modifiers for Substance Abuse HCPCS & CPT Codes

Contracted Service	Modifier	Description
<input type="checkbox"/>	GT	Telemedicine: the use of an electronic media to link beneficiaries with health professionals in different locations. The examination of the beneficiary is performed via a real-time interactive audio and video telecommunications system. The beneficiary must be able to see and interact with the off-site practitioner at the time services are provided via telemedicine.
<input type="checkbox"/>	HA	Child-Adolescent Program: services designed for persons under the age of 18.
<input type="checkbox"/>	HD	Women’s Specialty Services: Pregnant/Parenting Women Program: services provided in a program that treats pregnant or women with dependent children. HD is required for all qualified Women’s Specialty Services.
<input type="checkbox"/>	HF	Substance Abuse Program: to be used with those codes shared between Mental Health and SUD. The modifier is to differentiate between SUD and Mental Health for billing purposes.
<input type="checkbox"/>	HH	Integrated Substance Abuse/Mental Health Program (Co-Occurring): program specifically designed to provide integrated services to persons who need both substance abuse and mental health services, as planned in an integrated, individualized treatment plan. HH modifier is required for qualifying Integrated Substance Abuse/Mental Health services. Providers will be assigned the use of HH modifiers with submission of documentation of licensure for Integrated Substance Abuse & Mental Health Services. <u>All</u> subsequent services delivered to meet the goals of the integrated plan are to be reported with an ‘HH’.
<input type="checkbox"/>	HH TG	SAMHSA – Approved Evidence Based Practice for Co-Occurring Disorders: Integrated Dual Disorder Treatment is provided.
<input type="checkbox"/>	HS	Family Model: When patient is not present during session, but family is present
<input type="checkbox"/>	SD	State Disability assistance