

Table of Contents

(Note: Click any of the ASAM Levels of Care listed below to be taken directly to that place in the document)

ASAM LEVEL 1 OUTPATIENT SERVICES	2
ASAM LEVEL 1 OUTPATIENT MEDICATION-ASSISTED TREATMENT SERVICES	8
ASAM LEVEL 2.1 INTENSIVE OUTPATIENT SERVICES.....	14
ASAM LEVEL 3.1 CLINICALLY-MANAGED LOW-INTENSITY RESIDENTIAL SERVICES	20
ASAM LEVEL 3.3 CLINICALLY-MANAGED POPULATION-SPECIFIC HIGH-INTENSITY RESIDENTIAL SERVICES	24
ASAM LEVEL 3.5 CLINICALLY-MANAGED HIGH-INTENSITY RESIDENTIAL SERVICES.....	29
ASAM LEVEL 3.7 MEDICALLY-MONITORED HIGH-INTENSITY RESIDENTIAL SERVICES.....	33
ASAM LEVEL 3.2 CLINICALLY-MANAGED WITHDRAWAL MANAGEMENT	37
ASAM LEVEL 3.7 MEDICALLY-MONITORED WITHDRAWAL MANAGEMENT	39
RECOVERY HOUSING SERVICES.....	41

ASAM LEVEL 1 OUTPATIENT SERVICES

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

SERVICE CODE	DESCRIPTION (HCPCS/CPT)	BILLING PARAMETERS	MAXIMUM NUMBER OF UNITS PER AUTHORIZATION	TOTAL NUMBER OF UNITS PER TREATMENT EPISODE* (Services exceeding threshold require additional utilization review)	PROVIDER/STAFF QUALIFICATIONS (Per MDHHS)
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.
H0002 (Brief Screen, SBIRT; Face-to-Face)	Brief Screen	Encounter; REMI Level of Care Determination must be completed and signed prior to claim submission	1	1	
T1007 (Treatment Planning)	Alcohol and/or substance abuse services, Treatment plan development and/or modification	Encounter; This code should be billed separately from a counseling session. If counseling occurs before or after treatment planning is completed, please ensure you are submitting billing for the appropriate amount of time	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.

ASAM LEVEL 1 OUTPATIENT SERVICES

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

SERVICE CODE	DESCRIPTION (HCPCS/CPT)	BILLING PARAMETERS	MAXIMUM NUMBER OF UNITS PER AUTHORIZATION	TOTAL NUMBER OF UNITS PER TREATMENT EPISODE* (Services exceeding threshold require additional utilization review)	PROVIDER/STAFF QUALIFICATIONS (Per MDHHS)
		spent in counseling outside of treatment planning.			
90832 (Psychotherapy Individual)	Psychotherapy, 30 minutes with individual and/or family member	Encounter	2 (Combination of 90832, 90834, and/or 90837)	6 (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.
90834 (Psychotherapy Individual)	Psychotherapy, 45 minutes with individual and/or family member	Encounter	2 (Combination of 90832, 90834, and/or 90837)	6 (Combination of 90832, 90834, and/or 90837)	Same as above
90837 (Psychotherapy Individual)	Psychotherapy, 60 minutes with individual and/or family member	Encounter	2 (Combination of 90832, 90834, and/or 90837)	6 (Combination of 90832, 90834, and/or 90837)	Same as above
90846 (Family Psychotherapy without consumer present)	Psychotherapy, 60 minutes with family member(s), without client present	Encounter	1 (Combination of 90846 and/or 90847)	2 (Combination of 90846 and/or 90847)	Same as above
90847 (Family Psychotherapy with consumer present)	Psychotherapy, 60 minutes with family member(s), with client present	Encounter	1 (Combination of 90846 and/or 90847)	2 (Combination of 90846 and/or 90847)	Same as above

ASAM LEVEL 1 OUTPATIENT SERVICES

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

SERVICE CODE	DESCRIPTION (HCPCS/CPT)	BILLING PARAMETERS	MAXIMUM NUMBER OF UNITS PER AUTHORIZATION	TOTAL NUMBER OF UNITS PER TREATMENT EPISODE* (Services exceeding threshold require additional utilization review)	PROVIDER/STAFF QUALIFICATIONS (Per MDHHS)
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)	8 (Combination of 90853 and H0005- GROUP Bundle)	24 (Combination of 90853 and H0005- GROUP Bundle)	Same as above
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	2 (Combination of 97810 and 97811)	6 (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
H0004 (Behavioral Health Counseling)	Behavioral health individual counseling. Includes: SUD/MH, Community-Based,	15 Minute Increment (maximum 6/Day)	8	24	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.

ASAM LEVEL 1 OUTPATIENT SERVICES

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

SERVICE CODE	DESCRIPTION (HCPCS/CPT)	BILLING PARAMETERS	MAXIMUM NUMBER OF UNITS PER AUTHORIZATION	TOTAL NUMBER OF UNITS PER TREATMENT EPISODE* (Services exceeding threshold require additional utilization review)	PROVIDER/STAFF QUALIFICATIONS (Per MDHHS)
	Women's Specialty, and Adolescent.				
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)	8 (Combination of 90853 and H0005- GROUP Bundle)	24 (Combination of 90853 and H0005- GROUP Bundle)	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.
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	2	4	Provider agency licensed and accredited as substance abuse treatment program with case management license
H2027 (Psychoeducation Services)	Psychoeducational Service; Didactic/Educational Group	15 Minute Increment No limit on number of units billed in one day,	8	24	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

ASAM LEVEL 1 OUTPATIENT SERVICES

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

SERVICE CODE	DESCRIPTION (HCPCS/CPT)	BILLING PARAMETERS	MAXIMUM NUMBER OF UNITS PER AUTHORIZATION	TOTAL NUMBER OF UNITS PER TREATMENT EPISODE* (Services exceeding threshold require additional utilization review)	PROVIDER/STAFF QUALIFICATIONS (Per MDHHS)
		however must be documented accurately in client record with start/stop times			(SATP) when working under the supervision of a SATS.
T1012 (Recovery Support Services-Uncertified Peer)	Individual and group recovery support; Non-clinical services that assist individuals and families to recover from alcohol and/or drug problems.	Encounter	8	24	SUD peer specialist is not currently certified through an MDHHS-approved training program.
H0038 (Recovery Support Services-Certified Peer)	Individual and group recovery support; Non-clinical services that assist individuals and families to recover from alcohol and/or drug problems.	15 Minute Increment	32	96	SUD peer specialist must be certified through an MDHHS-approved training program.
A0110 (Non-Emergency Transportation & Bus Token)	Non-Emergency transportation service	Women's Specialty Only Up to 10 units maximum per day BILLABLE TO HMP AND BLOCK GRANT ONLY	16	48	N/A
T2003 (Non-Emergency Gas Card)	Non-Emergency transportation service	Women's Specialty Only BILLABLE TO BLOCK GRANT ONLY	8	24	N/A

ASAM LEVEL 1 OUTPATIENT SERVICES

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

SERVICE CODE	DESCRIPTION (HCPCS/CPT)	BILLING PARAMETERS	MAXIMUM NUMBER OF UNITS PER AUTHORIZATION	TOTAL NUMBER OF UNITS PER TREATMENT EPISODE* (Services exceeding threshold require additional utilization review)	PROVIDER/STAFF QUALIFICATIONS (Per MDHHS)
A0100 (Non-Emergency Transportation-Taxi PRIOR AUTH ONLY)	Non-emergency transportation services	<p>Prior auth given by MSHN UM Dept</p> <p>Women's Specialty Only</p> <p>BILLABLE TO HMP AND BLOCK GRANT ONLY</p>	1	1	This code can only be used when the auth is created by MSHN- prior authorization is required. Provider needs to rule out all other transportation options and all other closer residential/withdrawal management providers.

ASAM LEVEL 1 OUTPATIENT MEDICATION-ASSISTED TREATMENT SERVICES

In addition to all other ASAM Level 1 Service Codes, the following codes are available for outpatient medication-assisted treatment ONLY

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

SERVICE CODE	DESCRIPTION (HCPCS/CPT)	BILLING PARAMETERS	MAXIMUM NUMBER OF UNITS PER AUTHORIZATION	TOTAL NUMBER OF UNITS PER TREATMENT EPISODE* (Services exceeding threshold require additional utilization review)	PROVIDER/STAFF QUALIFICATIONS (Per MDHHS)
G2067 (MAT, Methadone, Weekly Bundle)	Including dispensing and/or administration, substance use counseling, individual and group therapy, and toxicology testing if performed.	Weekly Bundle 1 per week BILLABLE ONLY FOR SECONDARY PAYMENT FOR MEDICARE BENEFICIARIES	26	N/A	Provision of these services only by a Medicare-enrolled SAMHSA certified opioid treatment program (OTP) Must report the same NPI # as billed to Medicare
G2068 (MAT, Buprenorphine, Weekly Bundle)	Including dispensing and/or administration, substance use counseling, individual and group therapy, and toxicology testing if performed.	Weekly Bundle 1 per week BILLABLE ONLY FOR SECONDARY PAYMENT FOR MEDICARE BENEFICIARIES	26	N/A	Provision of these services only by a Medicare-enrolled SAMHSA certified opioid treatment program (OTP) Must report the same NPI # as billed to Medicare
G2073 (MAT, Naltrexone, Weekly Bundle)	Including dispensing and/or administration, substance use counseling, individual and group therapy, and toxicology testing if performed.	Weekly Bundle 1 per month BILLABLE ONLY FOR SECONDARY PAYMENT FOR MEDICARE BENEFICIARIES	6	N/A	Provision of these services only by a Medicare-enrolled SAMHSA certified opioid treatment program (OTP) Must report the same NPI # as billed to Medicare

G2074 (MAT, Drug Not Included, Weekly Bundle)	Including substance use counseling, individual and group therapy, and toxicology testing if performed.	Weekly Bundle 1 per week BILLABLE ONLY FOR SECONDARY PAYMENT FOR MEDICARE BENEFICIARIES	26	N/A	Provision of these services only by a Medicare-enrolled SAMHSA certified opioid treatment program (OTP) Must report the same NPI # as billed to Medicare
G2076 (MAT, Intake Activities)	Including initial medical examination that is a complete, fully documented physical evaluation and initial assessment by a program physician or a primary care physician, or an authorized health care professional under the supervision of a program physician or qualified personnel that includes preparation of a treatment plan that includes the patient's short-term goals and the tasks the patient must perform to complete the short-term goals; the patient's requirements for education, vocational rehabilitation, and employment; and the medical, psycho-social, economic, legal, or other supportive services that a patient needs	Encounter BILLABLE ONLY FOR SECONDARY PAYMENT FOR MEDICARE BENEFICIARIES	1	1	Provision of these services only by a Medicare-enrolled SAMHSA certified opioid treatment program (OTP); Conducted by qualified personnel Must report the same NPI # as billed to Medicare
G2077 (MAT Periodic Assessment)	Assessing periodically by qualified personnel to determine the most appropriate combination of services and treatment (provision of the services by a Medicare-enrolled opioid treatment program)	Encounter 1 per year BILLABLE ONLY FOR SECONDARY PAYMENT FOR MEDICARE BENEFICIARIES	1	N/A	Provision of these services only by a Medicare-enrolled SAMHSA certified opioid treatment program (OTP) Must report the same NPI # as billed to Medicare

G2078 (Methadone Take Home)	Up to 7-day supply of take-home doses. List separately in addition to primary procedure	Up to 3 per month BILLABLE ONLY FOR SECONDARY PAYMENT FOR MEDICARE BENEFICIARIES	18	N/A	Provision of these services only by a Medicare-enrolled SAMHSA certified opioid treatment program (OTP) Must report the same NPI # as billed to Medicare
G2079 (Buprenorphine Take Home)	Up to 7-day supply of take-home doses. List separately in addition to primary procedure	Up to 3 per month BILLABLE ONLY FOR SECONDARY PAYMENT FOR MEDICARE BENEFICIARIES	18	N/A	Provision of these services only by a Medicare-enrolled SAMHSA certified opioid treatment program (OTP) Must report the same NPI # as billed to Medicare
G2080 (MAT Counseling)	Each additional 30 minutes of counseling in a week of medication assisted treatment, list separately in addition to code for primary procedure	30 minutes 1 per week BILLABLE ONLY FOR SECONDARY PAYMENT FOR MEDICARE BENEFICIARIES	26	N/A	Provision of these services only by a Medicare-enrolled SAMHSA certified opioid treatment program (OTP) Must report the same NPI # as billed to Medicare
99202- Office or other outpatient visit for the evaluation and management of a new patient	Usually, the presenting problem(s) are of low to moderate severity. Typically, 20 minutes are spent face-to-face with the patient and/or family.	Encounter	2 (Combination of 99201, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, and 99215)	6 (Combination of 99201, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, and 99215)	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
99203- Office or other outpatient visit for the evaluation and management of a new patient	Usually, the presenting problem(s) are of moderate severity. Typically, 30 minutes are spent face-to-face with the patient and/or family.	Encounter	2 (Combination of 99201, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, and 99215)	6 (Combination of 99201, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, and 99215)	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

99204- Office or other outpatient visit for the evaluation and management of a new patient	Usually, the presenting problem(s) are of moderate to high severity. Typically, 45 minutes are spent face-to-face with the patient and/or family.	Encounter	2 (Combination of 99201, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, and 99215)	6 (Combination of 99201, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, and 99215)	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
99205- Office or other outpatient visit for the evaluation and management of a new patient	Usually, the presenting problem(s) are of moderate to high severity. Typically, 60 minutes are spent face-to-face with the patient and/or family.	Encounter	2 (Combination of 99201, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, and 99215)	6 (Combination of 99201, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, and 99215)	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
99211- Office or other outpatient visit for the evaluation and management of an established patient	Office or other outpatient visit for the evaluation and management of an established patient, that may not require the presence of a physician or other qualified health care professional. Usually, the presenting problem(s) are minimal. Typically, 5 minutes are spent performing or supervising these services.	Encounter	2 (Combination of 99201, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, and 99215)	6 (Combination of 99201, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, and 99215)	Physician (MD or DO), licensed physician's assistant, nurse practitioner, clinical nurse specialist, registered nurse, or a licensed practical nurse assisting a physician. Note: Only an MD or DO, or a licensed physician's assistant or nurse practitioner under the supervision of a physician (MCL 333.17076(3)), may prescribe medications.
99212- Office or other outpatient visit for the evaluation and management of an established patient	Usually, the presenting Problem(s) are self-limited or minor. Typically, 10 minutes are spent face-to-face with the patient and/or family.	Encounter	2 (Combination of 99201, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, and 99215)	6 (Combination of 99201, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, and 99215)	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
99213- Office or other outpatient visit for the evaluation and management of an established patient	Usually, the presenting problem(s) are of low to moderate severity. Typically, 15 minutes are spent face-to-face with the patient and/or family.	Encounter	2 (Combination of 99201, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, and 99215)	6 (Combination of 99201, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, and 99215)	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

99214- Office or other outpatient visit for the evaluation and management of an established patient	Usually, the presenting problem(s) are of moderate to high severity. Typically, 25 minutes are spent face-to-face with the patient and/or family.	Encounter	2 (Combination of 99201, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, and 99215)	6 (Combination of 99201, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, and 99215)	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
99215- Office or other outpatient visit for the evaluation and management of an established patient	Usually, the presenting problem(s) are of moderate to high severity. Typically, 40 minutes are spent face-to-face with the patient and/or family.	Encounter	2 (Combination of 99201, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, and 99215)	6 (Combination of 99201, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, and 99215)	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
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 To be used only when needed for confirmation/analysis of a specimen; May only be used by providers of MAT services; May not be used in conjunction with weekly G-Code bundles	. 2	6	N/A
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) May only be used by providers of MAT services; May not be used in	30	90	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.

		conjunction with weekly G-Code bundles			
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 May only be used by providers of MAT services ; once weekly for clients receiving MAT (other than methadone treatment) ; May not be used in conjunction with weekly G-Code bundles	4	12	

**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*

SERVICE CODE	DESCRIPTION (HCPCS/CPT)	BILLING PARAMETERS	MAXIMUM NUMBER OF UNITS PER AUTHORIZATION	TOTAL NUMBER OF UNITS PER TREATMENT EPISODE* (Services exceeding threshold require additional utilization review)	PROVIDER/STAFF QUALIFICATIONS (Per MDHHS)
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.
H0002 (Brief Screen, SBIRT; Face-to-Face)	Brief Screen	Encounter; REMI Level of Care Determination must be completed and signed prior to claim submission	1	1	
T1007 (Treatment Planning)	Alcohol and/or substance abuse services, Treatment plan development and/or modification	Encounter; This code should be billed separately from a counseling session. If counseling occurs before or after treatment planning is completed, please ensure you are submitting billing for the appropriate	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.

**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*

SERVICE CODE	DESCRIPTION (HCPCS/CPT)	BILLING PARAMETERS	MAXIMUM NUMBER OF UNITS PER AUTHORIZATION	TOTAL NUMBER OF UNITS PER TREATMENT EPISODE* (Services exceeding threshold require additional utilization review)	PROVIDER/STAFF QUALIFICATIONS (Per MDHHS)
		amount of time spent in counseling outside of treatment planning.			
90832 (Psychotherapy Individual)	Psychotherapy, 30 minutes with individual and/or family member	Encounter	2 (Combination of 90832, 90834, and/or 90837)	6 (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.
90834 (Psychotherapy Individual)	Psychotherapy, 45 minutes with individual and/or family member	Encounter	2 (Combination of 90832, 90834, and/or 90837)	6 (Combination of 90832, 90834, and/or 90837)	Same as above
90837 (Psychotherapy Individual)	Psychotherapy, 60 minutes with individual and/or family member	Encounter	2 (Combination of 90846, 90847)	6 (Combination of 90846, 90847)	Same as above
90846 (Family Psychotherapy without consumer present)	Psychotherapy, 60 minutes with family member(s), without client present	Encounter	1 (Combination of 90846 and/or 90847)	2 (Combination of 90846 and/or 90847)	Same as above
90847 (Family Psychotherapy with consumer present)	Psychotherapy, 60 minutes with family member(s), with client present	Encounter	1 (Combination of 90846 and/or 90847)	2 (Combination of 90846 and/or 90847)	Same as above

**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*

SERVICE CODE	DESCRIPTION (HCPCS/CPT)	BILLING PARAMETERS	MAXIMUM NUMBER OF UNITS PER AUTHORIZATION	TOTAL NUMBER OF UNITS PER TREATMENT EPISODE* (Services exceeding threshold require additional utilization review)	PROVIDER/STAFF QUALIFICATIONS (Per MDHHS)
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)	16 (Combination of 90853 and H0005- GROUP Bundle)	32 (Combination of 90853 and H0005- GROUP Bundle)	Same as above
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	2 (Combination of 97810 and 97811)	6 (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
H0004 (Behavioral Health Counseling)		15 Minute Increment (maximum 6/Day)	16	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

**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*

SERVICE CODE	DESCRIPTION (HCPCS/CPT)	BILLING PARAMETERS	MAXIMUM NUMBER OF UNITS PER AUTHORIZATION	TOTAL NUMBER OF UNITS PER TREATMENT EPISODE* (Services exceeding threshold require additional utilization review)	PROVIDER/STAFF QUALIFICATIONS (Per MDHHS)
	Behavioral health individual counseling. Includes: SUD/MH, Community-Based, Women's Specialty, and Adolescent.				(SATS) or Substance Abuse Treatment Practitioner (SATP) when working under the supervision of a SATS.
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)	16 (Combination of 90853 and H0005- GROUP Bundle)	32 (Combination of 90853 and H0005- GROUP Bundle)	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.
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	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	2	6	Provider agency licensed and accredited as substance abuse treatment program with case management license

**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*

SERVICE CODE	DESCRIPTION (HCPCS/CPT)	BILLING PARAMETERS	MAXIMUM NUMBER OF UNITS PER AUTHORIZATION	TOTAL NUMBER OF UNITS PER TREATMENT EPISODE* (Services exceeding threshold require additional utilization review)	PROVIDER/STAFF QUALIFICATIONS (Per MDHHS)
		NOT BILLABLE TO MEDICAID/HMP; BILLABLE TO BLOCK GRANT ONLY			
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	16	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.
T1012 (Recovery Support Services- Uncertified Peer)	Individual and group recovery support; Non-clinical services that assist individuals and families to recover from alcohol and/or drug problems.	Encounter	8	24	SUD peer specialist is not currently certified through an MDHHS-approved training program.
H0038 (Recovery Support Services- Certified Peer)	Individual and group recovery support; Non-clinical services that assist individuals and	15 Minute Increment	32	96	SUD peer specialist must be certified through an MDHHS-approved training program.

**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*

SERVICE CODE	DESCRIPTION (HCPCS/CPT)	BILLING PARAMETERS	MAXIMUM NUMBER OF UNITS PER AUTHORIZATION	TOTAL NUMBER OF UNITS PER TREATMENT EPISODE* (Services exceeding threshold require additional utilization review)	PROVIDER/STAFF QUALIFICATIONS (Per MDHHS)
	families to recover from alcohol and/or drug problems.				
A0110 (Non- Emergency Transportation & Bus Token)	Non-Emergency transportation service	Women's Specialty Only Up to 10 units maximum per day BILLABLE TO HMP AND BLOCK GRANT ONLY	16	48	N/A
T2003 (Non- Emergency Gas Card)	Non-Emergency transportation service	Women's Specialty Only BILLABLE TO BLOCK GRANT ONLY	8	24	N/A
A0100 (Non- Emergency Transportation- Taxi PRIOR AUTH ONLY)	Non-emergency transportation services	Prior auth given by MSHN UM Dept Women's Specialty Only BILLABLE TO HMP AND BLOCK GRANT ONLY	1	1	This code can only be used when the auth is created by MSHN- prior authorization is required. Provider needs to rule out all other transportation options and all other closer residential/withdrawal management providers.

ASAM LEVEL 3.1 CLINICALLY-MANAGED LOW-INTENSITY RESIDENTIAL SERVICES

**Each authorization at this LOC may be a maximum of 30 days duration; Limit one episode per individual within 12 months*

SERVICE CODE	DESCRIPTION (HCPCS/CPT)	BILLING PARAMETERS	MAXIMUM NUMBER OF UNITS PER AUTHORIZATION	TOTAL NUMBER OF UNITS PER TREATMENT EPISODE* (Services exceeding threshold require additional utilization review)	PROVIDER/STAFF QUALIFICATIONS (Per MDHHS)
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 <i>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</i>	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.
H0002 (Brief Screen, SBIRT; Face-to-Face)	Brief Screen	Encounter; REMI Level of Care	1	1	

ASAM LEVEL 3.1 CLINICALLY-MANAGED LOW-INTENSITY RESIDENTIAL SERVICES

**Each authorization at this LOC may be a maximum of 30 days duration; Limit one episode per individual within 12 months*

SERVICE CODE	DESCRIPTION (HCPCS/CPT)	BILLING PARAMETERS	MAXIMUM NUMBER OF UNITS PER AUTHORIZATION	TOTAL NUMBER OF UNITS PER TREATMENT EPISODE* (Services exceeding threshold require additional utilization review)	PROVIDER/STAFF QUALIFICATIONS (Per MDHHS)
		Determination must be completed and signed prior to claim submission			
H0018 W1 (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 1 episodes of care within a 12-month period	30	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.
S9976 (Residential room and board)	Per Diem	May not exceed more than one per day. Cannot be billed with H0010 or H0012 Detox Services	30	90	N/A

ASAM LEVEL 3.1 CLINICALLY-MANAGED LOW-INTENSITY RESIDENTIAL SERVICES

**Each authorization at this LOC may be a maximum of 30 days duration; Limit one episode per individual within 12 months*

SERVICE CODE	DESCRIPTION (HCPCS/CPT)	BILLING PARAMETERS	MAXIMUM NUMBER OF UNITS PER AUTHORIZATION	TOTAL NUMBER OF UNITS PER TREATMENT EPISODE* (Services exceeding threshold require additional utilization review)	PROVIDER/STAFF QUALIFICATIONS (Per MDHHS)
		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.			
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	30	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

ASAM LEVEL 3.1 CLINICALLY-MANAGED LOW-INTENSITY RESIDENTIAL SERVICES

**Each authorization at this LOC may be a maximum of 30 days duration; Limit one episode per individual within 12 months*

SERVICE CODE	DESCRIPTION (HCPCS/CPT)	BILLING PARAMETERS	MAXIMUM NUMBER OF UNITS PER AUTHORIZATION	TOTAL NUMBER OF UNITS PER TREATMENT EPISODE* (Services exceeding threshold require additional utilization review)	PROVIDER/STAFF QUALIFICATIONS (Per MDHHS)
					written agreement with a provider in order to provide SDA funds.
T1012 (Recovery Support Services-Uncertified Peer)	Individual and group recovery support; Non-clinical services that assist individuals and families to recover from alcohol and/or drug problems.	Encounter	8	24	SUD peer specialist is not currently certified through an MDHHS-approved training program.
H0038 (Recovery Support Services-Certified Peer)	Individual and group recovery support; Non-clinical services that assist individuals and families to recover from alcohol and/or drug problems.	15 Minute Increment	32	96	SUD peer specialist must be certified through an MDHHS-approved training program.
A0110 (Non-Emergency Transportation & Bus Token)	Non-Emergency transportation service	Up to 10 units maximum per day BILLABLE TO HMP AND BLOCK GRANT ONLY	2	2	N/A
S0215 (Non-Emergency Transportation per mile)	Non-Emergency transportation services	Per Mile. IRS rate is the maximum allowable.	100	100	State Plan and "b3" Services: Aide with valid Michigan driver's license appropriate to the vehicle being driven.
A0100 (Non-Emergency Transportation-Taxi PRIOR AUTH ONLY)	Non-emergency transportation services	Prior auth given by MSHN UM Dept BILLABLE TO HMP AND BLOCK GRANT ONLY	1	1	This code can only be used when the auth is created by MSHN- prior authorization is required. Provider needs to rule out all other transportation options and all other closer residential/withdrawal management providers.

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

**Each authorization at this LOC may be a maximum of 30 days duration; Limit one episode per individual within 12 months*

SERVICE CODE	DESCRIPTION (HCPCS/CPT)	BILLING PARAMETERS	MAXIMUM NUMBER OF UNITS PER AUTHORIZATION	TOTAL NUMBER OF UNITS PER TREATMENT EPISODE* (Services exceeding threshold require additional utilization review)	PROVIDER/STAFF QUALIFICATIONS (Per MDHHS)
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.
H0002 (Brief Screen, SBIRT; Face-to-Face)	Brief Screen	Encounter; REMI Level of Care Determination must be	1	1	

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

**Each authorization at this LOC may be a maximum of 30 days duration; Limit one episode per individual within 12 months*

SERVICE CODE	DESCRIPTION (HCPCS/CPT)	BILLING PARAMETERS	MAXIMUM NUMBER OF UNITS PER AUTHORIZATION	TOTAL NUMBER OF UNITS PER TREATMENT EPISODE* (Services exceeding threshold require additional utilization review)	PROVIDER/STAFF QUALIFICATIONS (Per MDHHS)
		completed and signed prior to claim submission			
H0019 W3 (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 1 episodes of care within a 12-month period	30	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.
S9976 (Residential room and board)	Per Diem	May not exceed more than one per day. Cannot be billed with H0010 or H0012 Detox Services	30	90	N/A

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

**Each authorization at this LOC may be a maximum of 30 days duration; Limit one episode per individual within 12 months*

SERVICE CODE	DESCRIPTION (HCPCS/CPT)	BILLING PARAMETERS	MAXIMUM NUMBER OF UNITS PER AUTHORIZATION	TOTAL NUMBER OF UNITS PER TREATMENT EPISODE* (Services exceeding threshold require additional utilization review)	PROVIDER/STAFF QUALIFICATIONS (Per MDHHS)
		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.			
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	30	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

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

**Each authorization at this LOC may be a maximum of 30 days duration; Limit one episode per individual within 12 months*

SERVICE CODE	DESCRIPTION (HCPCS/CPT)	BILLING PARAMETERS	MAXIMUM NUMBER OF UNITS PER AUTHORIZATION	TOTAL NUMBER OF UNITS PER TREATMENT EPISODE* (Services exceeding threshold require additional utilization review)	PROVIDER/STAFF QUALIFICATIONS (Per MDHHS)
					written agreement with a provider in order to provide SDA funds.
T1012 (Recovery Support Services-Uncertified Peer)	Individual and group recovery support; Non-clinical services that assist individuals and families to recover from alcohol and/or drug problems.	Encounter	8	24	SUD peer specialist is not currently certified through an MDHHS-approved training program.
H0038 (Recovery Support Services-Certified Peer)	Individual Recovery Support; Non-clinical services that assist individuals and families to recover from alcohol and/or drug problems.	15 Minute Increment	32	96	SUD peer specialist must be certified through an MDHHS-approved training program.
A0110 (Non-Emergency Transportation & Bus Token)	Non-Emergency transportation service	Up to 10 units maximum per day BILLABLE TO HMP AND BLOCK GRANT ONLY	2	2	N/A
S0215 (Non-Emergency Transportation per mile)	Non-Emergency transportation services	Per Mile. IRS rate is the maximum allowable.	100	100	State Plan and "b3" Services: Aide with valid Michigan driver's license appropriate to the vehicle being driven.
A0100 (Non-Emergency Transportation-Taxi PRIOR AUTH ONLY)	Non-emergency transportation services	Prior auth given by MSHN UM Dept	1	1	This code can only be used when the auth is created by MSHN- prior authorization is required. Provider needs to rule out all other transportation options and all other closer residential/withdrawal management providers.

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

**Each authorization at this LOC may be a maximum of 30 days duration; Limit one episode per individual within 12 months*

SERVICE CODE	DESCRIPTION (HCPCS/CPT)	BILLING PARAMETERS	MAXIMUM NUMBER OF UNITS PER AUTHORIZATION	TOTAL NUMBER OF UNITS PER TREATMENT EPISODE* (Services exceeding threshold require additional utilization review)	PROVIDER/STAFF QUALIFICATIONS (Per MDHHS)
		BILLABLE TO HMP AND BLOCK GRANT ONLY			

ASAM LEVEL 3.5 CLINICALLY-MANAGED HIGH-INTENSITY RESIDENTIAL SERVICES

**Each authorization at this LOC may be a maximum of 30 days duration; Limit one episode per individual within 12 months*

SERVICE CODE	DESCRIPTION (HCPCS/CPT)	BILLING PARAMETERS	MAXIMUM NUMBER OF UNITS PER AUTHORIZATION	TOTAL NUMBER OF UNITS PER TREATMENT EPISODE* (Services exceeding threshold require additional utilization review)	PROVIDER/STAFF QUALIFICATIONS (Per MDHHS)
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.
H0002 (Brief Screen, SBIRT; Face-to-Face)	Brief Screen	Encounter; REMI Level of Care Determination must be completed and signed prior to claim submission	1	1	
H0019 W5 (Clinically-Managed Population Specific High-Intensity Residential)	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,	Per Diem Cannot bill H0001 in conjunction with H0018	30	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.

ASAM LEVEL 3.5 CLINICALLY-MANAGED HIGH-INTENSITY RESIDENTIAL SERVICES

**Each authorization at this LOC may be a maximum of 30 days duration; Limit one episode per individual within 12 months*

SERVICE CODE	DESCRIPTION (HCPCS/CPT)	BILLING PARAMETERS	MAXIMUM NUMBER OF UNITS PER AUTHORIZATION	TOTAL NUMBER OF UNITS PER TREATMENT EPISODE* (Services exceeding threshold require additional utilization review)	PROVIDER/STAFF QUALIFICATIONS (Per MDHHS)
Treatment Services ASAM Level 3.3)	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>	1 episode of care within a 12-month period			Please see MSHN SUD Provider Manual for additional requirements pertaining to hours of service provision per week.
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	30	90	N/A

ASAM LEVEL 3.5 CLINICALLY-MANAGED HIGH-INTENSITY RESIDENTIAL SERVICES

**Each authorization at this LOC may be a maximum of 30 days duration; Limit one episode per individual within 12 months*

SERVICE CODE	DESCRIPTION (HCPCS/CPT)	BILLING PARAMETERS	MAXIMUM NUMBER OF UNITS PER AUTHORIZATION	TOTAL NUMBER OF UNITS PER TREATMENT EPISODE* (Services exceeding threshold require additional utilization review)	PROVIDER/STAFF QUALIFICATIONS (Per MDHHS)
		day increments as the H0018 and H0019.			
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	30	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.
T1012 (Recovery Support Services- Uncertified Peer)	Individual and group recovery support; Non-clinical services that assist individuals and families to recover from alcohol and/or drug problems.	Encounter	8	24	SUD peer specialist is not currently certified through an MDHHS-approved training program.

ASAM LEVEL 3.5 CLINICALLY-MANAGED HIGH-INTENSITY RESIDENTIAL SERVICES

**Each authorization at this LOC may be a maximum of 30 days duration; Limit one episode per individual within 12 months*

SERVICE CODE	DESCRIPTION (HCPCS/CPT)	BILLING PARAMETERS	MAXIMUM NUMBER OF UNITS PER AUTHORIZATION	TOTAL NUMBER OF UNITS PER TREATMENT EPISODE* (Services exceeding threshold require additional utilization review)	PROVIDER/STAFF QUALIFICATIONS (Per MDHHS)
H0038 (Recovery Support Services-Certified Peer)	Individual and group recovery support; Non-clinical services that assist individuals and families to recover from alcohol and/or drug problems.	15 Minute Increment	32	96	SUD peer specialist must be certified through an MDHHS-approved training program.
A0110 (Non-Emergency Transportation & Bus Token)	Non-Emergency transportation service	Up to 10 units maximum per day BILLABLE TO HMP AND BLOCK GRANT ONLY	2	2	N/A
S0215 (Non-Emergency Transportation per mile)	Non-Emergency transportation services	Per Mile. IRS rate is the maximum allowable.	100	100	State Plan and "b3" Services: Aide with valid Michigan driver's license appropriate to the vehicle being driven.
A0100 (Non-Emergency Transportation-Taxi PRIOR AUTH ONLY)	Non-emergency transportation services	Prior auth given by MSHN UM Dept BILLABLE TO HMP AND BLOCK GRANT ONLY	1	1	This code can only be used when the auth is created by MSHN- prior authorization is required. Provider needs to rule out all other transportation options and all other closer residential/withdrawal management providers.

ASAM LEVEL 3.7 MEDICALLY-MONITORED HIGH-INTENSITY RESIDENTIAL SERVICES

**Each authorization at this LOC may be a maximum of 15 days duration; Limit one episode per individual within 12 months*

SERVICE CODE	DESCRIPTION (HCPCS/CPT)	BILLING PARAMETERS	MAXIMUM NUMBER OF UNITS PER AUTHORIZATION	TOTAL NUMBER OF UNITS PER TREATMENT EPISODE* (Services exceeding threshold require additional utilization review)	PROVIDER/STAFF QUALIFICATIONS (Per MDHHS)
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 <i>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</i>	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.
H0002 (Brief Screen, SBIRT; Face-to-Face)	Brief Screen	Encounter; REMI Level of Care Determination must be completed and signed prior to claim submission	1	1	
H0019 W7 (Medically Monitored High-Intensity Residential Treatment)	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,	Per Diem Cannot bill H0001 in conjunction with H0018	15	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,

ASAM LEVEL 3.7 MEDICALLY-MONITORED HIGH-INTENSITY RESIDENTIAL SERVICES

**Each authorization at this LOC may be a maximum of 15 days duration; Limit one episode per individual within 12 months*

SERVICE CODE	DESCRIPTION (HCPCS/CPT)	BILLING PARAMETERS	MAXIMUM NUMBER OF UNITS PER AUTHORIZATION	TOTAL NUMBER OF UNITS PER TREATMENT EPISODE* (Services exceeding threshold require additional utilization review)	PROVIDER/STAFF QUALIFICATIONS (Per MDHHS)
Services ASAM Level 3.7)	and reintegrating the individual in the worlds of work, education, and family life.	1 episode of care within a 12-month period			physician, or licensed marriage and family therapist. Please see MSHN SUD Provider Manual for additional requirements pertaining to hours of service provision per week.
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.	15	30	N/A

ASAM LEVEL 3.7 MEDICALLY-MONITORED HIGH-INTENSITY RESIDENTIAL SERVICES

**Each authorization at this LOC may be a maximum of 15 days duration; Limit one episode per individual within 12 months*

SERVICE CODE	DESCRIPTION (HCPCS/CPT)	BILLING PARAMETERS	MAXIMUM NUMBER OF UNITS PER AUTHORIZATION	TOTAL NUMBER OF UNITS PER TREATMENT EPISODE* (Services exceeding threshold require additional utilization review)	PROVIDER/STAFF QUALIFICATIONS (Per MDHHS)
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	15	30	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.
A0110 (Non-Emergency Transportation & Bus Token)	Non-Emergency transportation service	Up to 10 units maximum per day BILLABLE TO HMP AND BLOCK GRANT ONLY	2	2	N/A

ASAM LEVEL 3.7 MEDICALLY-MONITORED HIGH-INTENSITY RESIDENTIAL SERVICES

**Each authorization at this LOC may be a maximum of 15 days duration; Limit one episode per individual within 12 months*

SERVICE CODE	DESCRIPTION (HCPCS/CPT)	BILLING PARAMETERS	MAXIMUM NUMBER OF UNITS PER AUTHORIZATION	TOTAL NUMBER OF UNITS PER TREATMENT EPISODE* (Services exceeding threshold require additional utilization review)	PROVIDER/STAFF QUALIFICATIONS (Per MDHHS)
S0215 (Non-Emergency Transportation per mile)	Non-Emergency transportation services	Per Mile. IRS rate is the maximum allowable.	100	100	State Plan and "b3" Services: Aide with valid Michigan driver's license appropriate to the vehicle being driven.
A0100 (Non-Emergency Transportation-Taxi PRIOR AUTH ONLY)	Non-emergency transportation services	Prior auth given by MSHN UM Dept BILLABLE TO HMP AND BLOCK GRANT ONLY	1	1	This code can only be used when the auth is created by MSHN- prior authorization is required. Provider needs to rule out all other transportation options and all other closer residential/withdrawal management providers.

ASAM LEVEL 3.2 CLINICALLY-MANAGED WITHDRAWAL MANAGEMENT

**Each authorization at this LOC may be a maximum of 5 days duration; Limit one episode per individual within 12 months*

SERVICE CODE	DESCRIPTION (HCPCS/CPT)	BILLING PARAMETERS	MAXIMUM NUMBER OF UNITS PER AUTHORIZATION	TOTAL NUMBER OF UNITS PER TREATMENT EPISODE* (Services exceeding threshold require additional utilization review)	PROVIDER/STAFF QUALIFICATIONS (Per MDHHS)
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.
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.

ASAM LEVEL 3.2 CLINICALLY-MANAGED WITHDRAWAL MANAGEMENT

**Each authorization at this LOC may be a maximum of 5 days duration; Limit one episode per individual within 12 months*

SERVICE CODE	DESCRIPTION (HCPCS/CPT)	BILLING PARAMETERS	MAXIMUM NUMBER OF UNITS PER AUTHORIZATION	TOTAL NUMBER OF UNITS PER TREATMENT EPISODE* (Services exceeding threshold require additional utilization review)	PROVIDER/STAFF QUALIFICATIONS (Per MDHHS)
H0002 (Brief Screen, SBIRT; Face-to-Face)	Brief Screen	Encounter; REMI Level of Care Determination must be completed and signed prior to claim submission	1	1	
A0110 (Non- Emergency Transportation & Bus Token)	Non-Emergency transportation service	Up to 10 units maximum per day BILLABLE TO HMP AND BLOCK GRANT ONLY	2	2	N/A
A0100 (Non- Emergency Transportation- Taxi PRIOR AUTH ONLY)	Non-emergency transportation services	Prior auth given by MSHN UM Dept BILLABLE TO HMP AND BLOCK GRANT ONLY	1	1	This code can only be used when the auth is created by MSHN- prior authorization is required. Provider needs to rule out all other transportation options and all other closer residential/withdrawal management providers.

ASAM LEVEL 3.7 MEDICALLY-MONITORED WITHDRAWAL MANAGEMENT <i>*Each authorization at this LOC may be a maximum of 5 days duration; Limit one episode per individual within 12 months</i>					
SERVICE CODE	DESCRIPTION (HCPCS/CPT)	BILLING PARAMETERS	MAXIMUM NUMBER OF UNITS PER AUTHORIZATION	TOTAL NUMBER OF UNITS PER TREATMENT EPISODE* (Services exceeding threshold require additional utilization review)	PROVIDER/STAFF QUALIFICATIONS (Per MDHHS)
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.
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.

ASAM LEVEL 3.7 MEDICALLY-MONITORED WITHDRAWAL MANAGEMENT					
<i>*Each authorization at this LOC may be a maximum of 5 days duration; Limit one episode per individual within 12 months</i>					
SERVICE CODE	DESCRIPTION (HCPCS/CPT)	BILLING PARAMETERS	MAXIMUM NUMBER OF UNITS PER AUTHORIZATION	TOTAL NUMBER OF UNITS PER TREATMENT EPISODE* (Services exceeding threshold require additional utilization review)	PROVIDER/STAFF QUALIFICATIONS (Per MDHHS)
H0002 (Brief Screen, SBIRT; Face-to-Face)	Brief Screen	Encounter; REMI Level of Care Determination must be completed and signed prior to claim submission	1	1	
A0110 (Non-Emergency Transportation & Bus Token)	Non-Emergency transportation service	Up to 10 units maximum per day BILLABLE TO HMP AND BLOCK GRANT ONLY	2	2	N/A
A0100 (Non-Emergency Transportation-Taxi PRIOR AUTH ONLY)	Non-emergency transportation services	Prior auth given by MSHN UM Dept BILLABLE TO HMP AND BLOCK GRANT ONLY	1	1	This code can only be used when the auth is created by MSHN- prior authorization is required. Provider needs to rule out all other transportation options and all other closer residential/withdrawal management providers.

RECOVERY HOUSING SERVICES (MUST BE USED IN CONJUNCTION WITH ASAM LEVEL 1, LEVEL 2.1, OR LEVEL 2.5 SERVICES) <i>*Each authorization at this LOC may be a maximum of 90 days duration; Limit one episode per individual within 12 months</i>					
SERVICE CODE	DESCRIPTION (HCPCS/CPT)	BILLING PARAMETERS	MAXIMUM NUMBER OF UNITS PER AUTHORIZATION	TOTAL NUMBER OF UNITS PER TREATMENT EPISODE* <i>(Services exceeding threshold require additional utilization review)</i>	PROVIDER/STAFF QUALIFICATIONS (Per MDHHS)
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 1 episode of care within a 12-month period Only authorized in conjunction with current enrollment in outpatient treatment services	90	90	MARR/NARR Certification; LARA CAIT License
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;	90	90	MARR/NARR Certification; LARA CAIT License

RECOVERY HOUSING SERVICES (MUST BE USED IN CONJUNCTION WITH ASAM LEVEL 1, LEVEL 2.1, OR LEVEL 2.5 SERVICES) <i>*Each authorization at this LOC may be a maximum of 90 days duration; Limit one episode per individual within 12 months</i>					
SERVICE CODE	DESCRIPTION (HCPCS/CPT)	BILLING PARAMETERS	MAXIMUM NUMBER OF UNITS PER AUTHORIZATION	TOTAL NUMBER OF UNITS PER TREATMENT EPISODE* (Services exceeding threshold require additional utilization review)	PROVIDER/STAFF QUALIFICATIONS (Per MDHHS)
		BILLABLE TO BLOCK GRANT ONLY 1 episode of care within a 12-month period Only authorized in conjunction with current enrollment in outpatient treatment services			
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 1 episode of care within a 12-month period	90	90	MARR/NARR Certification; LARA CAIT License

RECOVERY HOUSING SERVICES (MUST BE USED IN CONJUNCTION WITH ASAM LEVEL 1, LEVEL 2.1, OR LEVEL 2.5 SERVICES) <i>*Each authorization at this LOC may be a maximum of 90 days duration; Limit one episode per individual within 12 months</i>					
SERVICE CODE	DESCRIPTION (HCPCS/CPT)	BILLING PARAMETERS	MAXIMUM NUMBER OF UNITS PER AUTHORIZATION	TOTAL NUMBER OF UNITS PER TREATMENT EPISODE* (Services exceeding threshold require additional utilization review)	PROVIDER/STAFF QUALIFICATIONS (Per MDHHS)
		Only authorized in conjunction with current enrollment in outpatient treatment services			
T1012 (Recovery Support Services- Uncertified Peer)	Individual and group recovery support; Non-clinical services that assist individuals and families to recover from alcohol and/or drug problems.	Encounter	18	18	SUD peer specialist is not currently certified through an MDHHS-approved training program.
H0038 (Recovery Support Services- Certified Peer)	Individual and group recovery support; Non-clinical services that assist individuals and families to recover from alcohol and/or drug problems.	15 Minute Increment	72	72	SUD peer specialist must be certified through an MDHHS-approved training program.