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ASAM LEVEL 0.5 EARLY INTERVENTION SERVICES

**Each authorization at this LOC may be a maximum of 180 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	1	1	
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.
A0110 (Non-Emergency Transportation & Bus Token)	Non-Emergency transportation service	Up to 10 units maximum per day BILLABLE TO HMP AND BLOCK GRANT ONLY	10	10	N/A
T2003 (Non-Emergency Gas Card)	Non-Emergency transportation service	BILLABLE TO BLOCK GRANT ONLY	5	5	N/A

ASAM LEVEL 1 OUTPATIENT SERVICES

**Each authorization at this LOC may be a maximum of 180 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	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.
H0002 (Brief Screen, SBIRT; Face-to-Face)	Brief Screen	Encounter	1	1	
90832 (Psychotherapy Individual)	Psychotherapy, 30 minutes with individual and/or family member	Encounter	24 (Combination of 90832, 90834, and/or 90837)	48 (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	24 (Combination of 90832, 90834, and/or 90837)	48 (Combination of 90832, 90834, and/or 90837)	Same as above
90837 (Psychotherapy Individual)	Psychotherapy, 60 minutes with individual and/or family member	Encounter	24 (Combination of 90832, 90834, and/or 90837)	48 (Combination of 90832, 90834, and/or 90837)	Same as above

ASAM LEVEL 1 OUTPATIENT SERVICES

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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
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
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)	24	48	Same as above
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
99202-New Patient Medication Review	Brief, 20-minute encounter, may be face to face or telemedicine,	Encounter	1	1	Physician (MD or DO), licensed physician's assistant, or nurse practitioner under their scope of practice

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	patient evaluation and medication management				and under the supervision and delegation of a physician
99213-Established Patient Medication Review	Brief, 20-minute encounter, may be face to face or telemedicine, patient evaluation and medication management	Encounter	8	16	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
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
H0004 (Behavioral Health Counseling)	Behavioral health individual counseling. Includes: SUD/MH, Community-Based, Women's Specialty, and Adolescent.	15 Minute Increment (maximum 6/Day)	96	192	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.

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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)	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.
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
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.

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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.
T1012 (Recovery Support Services- Uncertified Peer)	Individual Recovery Support; Non-clinical services that assist individuals and families to recover from alcohol and/or drug problems.	Encounter	24	96	SUD peer specialist is not currently certified through an MDHHS-approved training program.
T1012:TT (Recovery Support Services Group- Uncertified Peer)	Group Recovery Support Services; Non-clinical services that assist individuals and families to recover from alcohol and/or drug problems.	Encounter	24	96	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	96	384	SUD peer specialist must be certified through an MDHHS-approved training program.
H0038:TT (Recovery Support)	Group Recovery Support Services; Non-clinical services that assist individuals and families to	15 Minute Increment	96	384	SUD peer specialist must be certified through an MDHHS-approved training program.

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Services Group-Certified Peer)	recover from alcohol and/or drug problems.				
A0110 (Non-Emergency Transportation & Bus Token)	Non-Emergency transportation service	Up to 10 units maximum per day BILLABLE TO HMP AND BLOCK GRANT ONLY	24	48	N/A
T2003 (Non-Emergency Gas Card)	Non-Emergency transportation service	BILLABLE TO BLOCK GRANT ONLY	16	32	N/A

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 180 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	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

ASAM LEVEL 1 OUTPATIENT MEDICATION-ASSISTED TREATMENT SERVICES

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		PAYMENT FOR MEDICARE BENEFICIARIES			
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

ASAM LEVEL 1 OUTPATIENT MEDICATION-ASSISTED TREATMENT SERVICES

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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)
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	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

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

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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)
		PAYMENT FOR MEDICARE BENEFICIARIES			
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	12	24	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	180	N/A	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.

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 180 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)
		conjunction with weekly G-Code bundles			
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 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	26	52	

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

**Each authorization at this LOC may be a maximum of 60 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	1	1	
90832 (Psychotherapy Individual)	Psychotherapy, 30 minutes with individual and/or family member	Encounter	16 (Combination of 90832, 90834, and/or 90837)	32 (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	16 (Combination of 90832, 90834, and/or 90837)	32 (Combination of 90832, 90834, and/or 90837)	Same as above
90837 (Psychotherapy Individual)	Psychotherapy, 60 minutes with individual and/or family member	Encounter	16 (Combination of 90846, 90847)	32 (Combination of 90846, 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 60 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)
90846 (Family Psychotherapy without consumer present)	Psychotherapy, 60 minutes with family member(s), without client present	Encounter	14 (Combination of 90846 and/or 90847)	24 (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	14 (Combination of 90846 and/or 90847)	24 (Combination of 90846 and/or 90847)	Same as above
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	32	Same as above
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
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

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

**Each authorization at this LOC may be a maximum of 60 days duration*

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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
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
H0004 (Behavioral Health Counseling)	Behavioral health individual counseling. Includes: SUD/MH, Community-Based,	15 Minute Increment (maximum 6/Day)	72	144	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 2.1 INTENSIVE OUTPATIENT SERVICES
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	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)	16	32	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 NOT BILLABLE TO MEDICAID/HMP; BILLABLE TO BLOCK GRANT ONLY	8	16	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)**

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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)
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.
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.
T1012 (Recovery Support Services- Uncertified Peer)	Individual Recovery Support; Non-clinical services that assist individuals and families to recover from alcohol and/or drug problems.	Encounter	15	30	SUD peer specialist is not currently certified through an MDHHS-approved training program.
T1012:TT (Recovery Support Services)	Group Recovery Support Services; Non-clinical services	Encounter	15	30	SUD peer specialist is not currently 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 60 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)
Group- Uncertified Peer)	that assist individuals and families to recover from alcohol and/or drug problems.				
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	48	96	SUD peer specialist must be certified through an MDHHS-approved training program.
H0038:TT (Recovery Support Services Group- Certified Peer)	Group Recovery Support Services; Non-clinical services that assist individuals and families to recover from alcohol and/or drug problems.	15 Minute Increment	48	96	SUD peer specialist must be certified through an MDHHS-approved training program.
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	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.

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

**Each authorization at this LOC may be a maximum of 60 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)
		can then be exchanged for the crisis intervention code.			
A0110 (Non-Emergency Transportation & Bus Token)	Non-Emergency transportation service	Up to 10 units maximum per day BILLABLE TO HMP AND BLOCK GRANT ONLY	24	48	N/A
T2003 (Non-Emergency Gas Card)	Non-Emergency transportation service	BILLABLE TO BLOCK GRANT ONLY	8	16	N/A

ASAM LEVEL 2.5 PARTIAL HOSPITALIZATION 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.
H2035 (Day Treatment/ Partial Hospitalization, per hour)	Outpatient alcohol and/or other drug partial hospitalization services, per hour, to be used when total number of treatment hours in a day is less than 8 hours	Per Hour	12	20	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. Non-clinical services under H0015, H0038, H0050, H2035, H2036, T1007, T1012, and 0906 revenue code: Services can be provided by appropriately trained staff when working under the supervision of a SATS or SATP.
H2036 (Day Treatment/ Partial Hospitalization, per diem)	Outpatient alcohol and/or other drug partial hospitalization services, per diem	Per Diem	14	14	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. Non-clinical services under H0015, H0038, H0050, H2035, H2036, T1007, T1012, and 0906 revenue code: Services can be provided by appropriately trained staff when working under the supervision of a SATS or SATP.

ASAM LEVEL 2.5 PARTIAL HOSPITALIZATION 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)
T1012 (Recovery Support Services- Uncertified Peer)	Individual Recovery Support; Non-clinical services that assist individuals and families to recover from alcohol and/or drug problems.	Encounter	8	16	SUD peer specialist is not currently certified through an MDHHS-approved training program.
T1012:TT (Recovery Support Services Group- Uncertified Peer)	Group Recovery Support Services; Non-clinical services that assist individuals and families to recover from alcohol and/or drug problems.	Encounter	8	16	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	24	46	SUD peer specialist must be certified through an MDHHS-approved training program.
H0038:TT (Recovery Support Services Group- Certified Peer)	Group Recovery Support Services; Non-clinical services that assist individuals and families to recover from alcohol and/or drug problems.	15 Minute Increment	24	48	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	24	48	N/A
T2003 (Non-Emergency Gas Card)	Non-Emergency transportation service	BILLABLE TO BLOCK GRANT ONLY	8	16	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*

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.
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	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.	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*

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)
		<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>			
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>	30	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</p>

ASAM LEVEL 3.1 CLINICALLY-MANAGED LOW-INTENSITY RESIDENTIAL 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)
		NOT BILLABLE TO MEDICAID/HMP; BILLABLE TO STATE DISABILITY ASSISTANCE ONLY			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.
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
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
99202-New Patient Medication Review	Brief, 20-minute encounter, may be face to face or telemedicine,	Encounter	1	1	Physician (MD or DO), licensed physician's assistant, or nurse practitioner under their scope

ASAM LEVEL 3.1 CLINICALLY-MANAGED LOW-INTENSITY RESIDENTIAL 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)
	patient evaluation and medication management				of practice and under the supervision and delegation of a physician
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
T1012 (Recovery Support Services- Uncertified Peer)	Individual Recovery Support; Non-clinical services that assist individuals and families to recover from alcohol and/or drug problems.	Encounter	10	30	SUD peer specialist is not currently certified through an MDHHS-approved training program.
T1012:TT (Recovery Support Services Group- Uncertified Peer)	Group Recovery Support Services; 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	40	120	SUD peer specialist must be certified through an MDHHS-approved training program.
H0038:TT (Recovery Support Services Group- Certified Peer)	Group Recovery Support Services; 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.

ASAM LEVEL 3.1 CLINICALLY-MANAGED LOW-INTENSITY RESIDENTIAL 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)
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	500	State Plan and "b3" Services: Aide with valid Michigan driver's license appropriate to the vehicle being driven.

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*

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.
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</i>	Per Diem Cannot bill H0001 in conjunction with H0018 2 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.

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*

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)
	<i>individuals with cognitive or other impairments</i>				
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.	30	90	N/A
S9976:SD (Residential room and board – State	Per Diem	May not exceed more than one per day	30	90	The PIHP may employ either of two methods for determining whether an individual meets MDHHS eligibility criteria:

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*

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)
Disability Assistance)		Cannot be billed with H0010 or H0012 Detox Services NOT BILLABLE TO MEDICAID/HMP; BILLABLE TO STATE DISABILITY ASSISTANCE ONLY			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.
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

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*

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)
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
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
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
T1012 (Recovery Support Services- Uncertified Peer)	Individual Recovery Support; Non-clinical services that assist individuals and families to recover from alcohol and/or drug problems.	Encounter	10	30	SUD peer specialist is not currently certified through an MDHHS-approved training program.
T1012:TT (Recovery Support Services Group- Uncertified Peer)	Group Recovery Support Services; 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	40	120	SUD peer specialist must be certified through an MDHHS-approved training program.

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*

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:TT (Recovery Support Services Group- Certified Peer)	Group Recovery Support Services; 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	500	State Plan and "b3" Services: Aide with valid Michigan driver's license appropriate to the vehicle being driven.

ASAM LEVEL 3.5 CLINICALLY-MANAGED HIGH-INTENSITY RESIDENTIAL 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 (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.
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</i>	Per Diem Cannot bill H0001 in conjunction with H0018 2 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.

ASAM LEVEL 3.5 CLINICALLY-MANAGED HIGH-INTENSITY RESIDENTIAL 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)
	<i>individuals with cognitive or other impairments</i>				
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.	30	90	N/A
S9976:SD (Residential room and board – State	Per Diem	May not exceed more than one per day	30	90	The PIHP may employ either of two methods for determining whether an individual meets MDHHS eligibility criteria:

ASAM LEVEL 3.5 CLINICALLY-MANAGED HIGH-INTENSITY RESIDENTIAL 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)
Disability Assistance)		Cannot be billed with H0010 or H0012 Detox Services NOT BILLABLE TO MEDICAID/HMP; BILLABLE TO STATE DISABILITY ASSISTANCE ONLY			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.
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 <i>(Combination of 97810 and 97811)</i>	32 <i>(Combination of 97810 and 97811)</i>	Approved via LARA certified diplomate of the National Certification Commission for Acupuncture and Oriental Medicine (NCCAOM) in Acupuncture or Oriental Medicine

ASAM LEVEL 3.5 CLINICALLY-MANAGED HIGH-INTENSITY RESIDENTIAL 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)
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
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
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
T1012 (Recovery Support Services-Uncertified Peer)	Individual Recovery Support; Non-clinical services that assist individuals and families to recover from alcohol and/or drug problems.	Encounter	10	30	SUD peer specialist is not currently certified through an MDHHS-approved training program.
T1012:TT (Recovery Support Services Group-Uncertified Peer)	Group Recovery Support Services; 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	40	120	SUD peer specialist must be 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*

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:TT (Recovery Support Services Group- Certified Peer)	Group Recovery Support Services; 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	500	State Plan and "b3" Services: Aide with valid Michigan driver's license appropriate to the vehicle being driven.

ASAM LEVEL 3.7 MEDICALLY-MONITORED HIGH-INTENSITY RESIDENTIAL SERVICES

**Each authorization at this LOC may be a maximum of 15 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 <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.
H0019 (Medically Monitored High-Intensity Residential Treatment Services ASAM Level 3.7)	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.	Per Diem Cannot bill H0001 in conjunction with H0018 2 episodes of care within a 12-month period	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, physician, or licensed marriage and family therapist. Please see MSHN SUD Provider Manual for additional requirements pertaining to hours of service provision per week.

ASAM LEVEL 3.7 MEDICALLY-MONITORED HIGH-INTENSITY RESIDENTIAL SERVICES

**Each authorization at this LOC may be a maximum of 15 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)
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
S9976:SD (Residential room and board – State Disability Assistance)	Per Diem	May not exceed more than one per day	15	30	The PIHP may employ either of two methods for determining whether an individual meets MDHHS eligibility criteria:

ASAM LEVEL 3.7 MEDICALLY-MONITORED HIGH-INTENSITY RESIDENTIAL SERVICES

**Each authorization at this LOC may be a maximum of 15 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)
		Cannot be billed with H0010 or H0012 Detox Services NOT BILLABLE TO MEDICAID/HMP; BILLABLE TO STATE DISABILITY ASSISTANCE ONLY			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.
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	15 <i>(Combination of 97810 and 97811)</i>	30 <i>(Combination of 97810 and 97811)</i>	Approved via LARA certified diplomate of the National Certification Commission for Acupuncture and Oriental Medicine (NCCAOM) in Acupuncture or Oriental Medicine

ASAM LEVEL 3.7 MEDICALLY-MONITORED HIGH-INTENSITY RESIDENTIAL SERVICES

**Each authorization at this LOC may be a maximum of 15 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)
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	500	State Plan and "b3" Services: Aide with valid Michigan driver's license appropriate to the vehicle being driven.

ASAM LEVEL 3.2 CLINICALLY-MANAGED WITHDRAWAL MANAGEMENT

**Each authorization at this LOC may be a maximum of 5 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)
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*

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)
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 <i>(Combination of 97810 and 97811)</i>	8 <i>(Combination of 97810 and 97811)</i>	Approved via LARA certified diplomate of the National Certification Commission for Acupuncture and Oriental Medicine (NCCAOM) in Acupuncture or Oriental Medicine
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 WITHDRAWAL MANAGEMENT <i>*Each authorization at this LOC may be a maximum of 5 days duration</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.
97810/97811 (Acupuncture 1 or more needles,	97810- Initial 15-minute contact	Only one initial (97810) code per day.	8	8	Approved via LARA certified diplomate of the National Certification Commission for Acupuncture and Oriental Medicine

ASAM LEVEL 3.7 MEDICALLY-MONITORED WITHDRAWAL MANAGEMENT					
<i>*Each authorization at this LOC may be a maximum of 5 days duration</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)
Initial; Acupuncture 1 or more needles, Subsequent)	97811- Subsequent; each additional 15- minute contact within the same session	97811 must be billed in conjunction with 97810. NOT BILLABLE TO MEDICAID/HMP; BILLABLE TO BLOCK GRANT ONLY	(Combination of 97810 and 97811)	(Combination of 97810 and 97811)	(NCCAOM) in Acupuncture or Oriental Medicine
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

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</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 Only authorized in conjunction with current enrollment in outpatient treatment services	90	180	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; BILLABLE TO BLOCK GRANT ONLY	90	180	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</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)
		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 Only authorized in conjunction with current enrollment in outpatient treatment services	90	180	MARR/NARR Certification; LARA CAIT License
T1012 (Recovery Support)	Individual Recovery Support; Non-clinical services that assist individuals	Encounter	18	36	SUD peer specialist is not currently certified through an MDHHS-approved training program.

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</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)
Services- Uncertified Peer)	and families to recover from alcohol and/or drug problems.				
T1012:TT (Recovery Support Services Group- Uncertified Peer)	Group Recovery Support Services; Non-clinical services that assist individuals and families to recover from alcohol and/or drug problems.	Encounter	18	36	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	72	144	SUD peer specialist must be certified through an MDHHS-approved training program.
H0038:TT (Recovery Support Services Group- Certified Peer)	Group Recovery Support Services; Non-clinical services that assist individuals and families to recover from alcohol and/or drug problems.	15 Minute Increment	72	144	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	24	48	N/A
T2003 (Non- Emergency Gas Card)	Non-Emergency transportation service	BILLABLE TO BLOCK GRANT ONLY	16	32	N/A

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</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)
S0215 (Non-Emergency Transportation per mile)	Non-Emergency transportation services	Per Mile. IRS rate is the maximum allowable.	325	1000	State Plan and "b3" Services: Aide with valid Michigan driver's license appropriate to the vehicle being driven.