

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 (INCLUDING ASAM LEVEL 1 WITHDRAWAL MANAGEMENT) <i>*Each authorization at this LOC may be a maximum of 180 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)
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

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	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, 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	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

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	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
H0003 (Laboratory Analysis of Drug Screening)	Alcohol and/or drug screening; laboratory analysis of specimens for presence of alcohol and/or drugs	Encounter NOT BILLABLE TO MEDICAID/HMP; BILLABLE TO BLOCK GRANT ONLY <i>*To be used only when needed for onfirmation/ analysis of a specimen; May only be used by providers of MAT services</i>	12	24	N/A
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.

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)
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
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) <i>*May only be used by providers of MAT services</i>	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.

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)
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 opioid- maintenance treatment (other than methadone treatment)	26	52	
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.
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.

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	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)	Group Recovery Support	15 Minute Increment	96	384	SUD peer specialist must be certified through an MDHHS-approved training program.
H0038 (Recovery Support Services Group- Certified Peer)	Group Recovery Support	15 Minute Increment	96	384	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

ASAM LEVEL 2.1 INTENSIVE OUTPATIENT/SERVICES (INCLUDING ASAM LEVEL 2 WITHDRAWAL MANAGEMENT) <i>*Each authorization at this LOC may be a maximum of 60 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)
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

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)
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

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)
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 <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
H0004 (Behavioral Health Counseling)	Behavioral health individual counseling. Includes: SUD/MH, Community-Based, Women's Specialty, and Adolescent.	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.
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.

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)
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
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.

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	15	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	15	30	SUD peer specialist is not currently certified through an MDHHS-approved training program.
H0038 (Recovery Support Services- Certified Peer)	Group Recovery Support	15 Minute Increment	48	96	SUD peer specialist must be certified through an MDHHS-approved training program.
H0038 (Recovery Support Services Group- Certified Peer)	Group Recovery Support	15 Minute Increment	48	96	SUD peer specialist must be certified through an MDHHS-approved training program.
H2011 (Crisis Intervention)	Crisis intervention service	<p>15-minute unit, face to face.</p> <p>May use up to four 15-minute units (equaling 60 minutes); Only used in situations where a client arrives for group but is in a crisis best handled in a one-on-one, face-to-face setting. The group code can then be exchanged for the crisis intervention code.</p>	<p>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.</p>	<p>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.</p>	<p>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.</p>

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)
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.

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	<p>May not exceed more than one per day.</p> <p>Cannot be billed with H0010 or H0012 Detox Services</p> <p>NOT BILLABLE TO MEDICAID/HMP; BILLABLE TO BLOCK GRANT ONLY</p> <p>Authorized in conjunction with H0018 or H0019; Authorized in same number of day increments as the H0018 and H0019.</p>	30	90	N/A
S9976:SD (Residential room and board – State Disability Assistance)	Per Diem	<p>May not exceed more than one per day</p> <p>Cannot be billed with H0010 or H0012 Detox Services</p> <p>NOT BILLABLE TO MEDICAID/HMP; BILLABLE TO STATE DISABILITY ASSISTANCE ONLY</p>	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.

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	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, 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.

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)
H0038 (Recovery Support Services- Certified Peer)	Group Recovery Support	15 Minute Increment	40	120	SUD peer specialist must be certified through an MDHHS-approved training program.
H0038 (Recovery Support Services Group- Certified Peer)	Group Recovery Support	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 3.3 CLINICALLY-MANAGED POPULATION-SPECIFIC HIGH-INTENSITY RESIDENTIAL SERVICES

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

SERVICE CODE	DESCRIPTION (HPCS/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 individuals with cognitive or other impairments</i>	Per Diem Cannot bill H0001 in conjunction with H0018 2 episodes of care within a 12-month period	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.

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	<p>May not exceed more than one per day.</p> <p>Cannot be billed with H0010 or H0012 Detox Services</p> <p>NOT BILLABLE TO MEDICAID/HMP; BILLABLE TO BLOCK GRANT ONLY</p> <p>Authorized in conjunction with H0018 or H0019; Authorized in same number of day increments as the H0018 and H0019.</p>	30	90	N/A
S9976:SD (Residential room and board – State Disability Assistance)	Per Diem	<p>May not exceed more than one per day</p> <p>Cannot be billed with H0010 or H0012 Detox Services</p> <p>NOT BILLABLE TO MEDICAID/HMP; BILLABLE TO STATE DISABILITY ASSISTANCE ONLY</p>	30	90	<p>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.</p>

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	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, 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.

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)
H0038 (Recovery Support Services- Certified Peer)	Group Recovery Support	15 Minute Increment	40	120	SUD peer specialist must be certified through an MDHHS-approved training program.
H0038 (Recovery Support Services Group- Certified Peer)	Group Recovery Support	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					
<i>*Each authorization at this LOC may be a maximum of 30 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)
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 individuals with cognitive or other impairments</i>	Per Diem Cannot bill H0001 in conjunction with H0018 2 episodes of care within a 12-month period	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.

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	<p>May not exceed more than one per day.</p> <p>Cannot be billed with H0010 or H0012 Detox Services</p> <p>NOT BILLABLE TO MEDICAID/HMP; BILLABLE TO BLOCK GRANT ONLY</p> <p>Authorized in conjunction with H0018 or H0019; Authorized in same number of day increments as the H0018 and H0019.</p>	30	90	N/A
S9976:SD (Residential room and board – State Disability Assistance)	Per Diem	<p>May not exceed more than one per day</p> <p>Cannot be billed with H0010 or H0012 Detox Services</p> <p>NOT BILLABLE TO MEDICAID/HMP; BILLABLE TO STATE DISABILITY ASSISTANCE ONLY</p>	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.

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	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, 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.

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: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)	Group Recovery Support	15 Minute Increment	40	120	SUD peer specialist must be certified through an MDHHS-approved training program.
H0038 (Recovery Support Services Group- Certified Peer)	Group Recovery Support	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					
<i>*Each authorization at this LOC may be a maximum of 15 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)
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.

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	<p>May not exceed more than one per day.</p> <p>Cannot be billed with H0010 or H0012 Detox Services</p> <p>NOT BILLABLE TO MEDICAID/HMP; BILLABLE TO BLOCK GRANT ONLY</p> <p>Authorized in conjunction with H0018 or H0019; Authorized in same number of day increments as the H0018 and H0019.</p>	15	30	N/A
S9976:SD (Residential room and board – State Disability Assistance)	Per Diem	<p>May not exceed more than one per day</p> <p>Cannot be billed with H0010 or H0012 Detox Services</p> <p>NOT BILLABLE TO MEDICAID/HMP; BILLABLE TO STATE DISABILITY ASSISTANCE ONLY</p>	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.
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	15 (Combination of 97810 and 97811)	30 (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
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.
97810/97811 (Acupuncture 1 or more needles, Initial; Acupuncture 1 or more needles, Subsequent)	97810- Initial 15-minute contact 97811- Subsequent; each additional 15- minute contact within the same session	Only one initial (97810) code per day. 97811 must be billed in conjunction with 97810. NOT BILLABLE TO MEDICAID/HMP; BILLABLE TO BLOCK GRANT ONLY	8 (Combination of 97810 and 97811)	8 (Combination of 97810 and 97811)	Approved via LARA certified diplomate of the National Certification Commission for Acupuncture and Oriental Medicine (NCCAOM) in Acupuncture or Oriental Medicine

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)
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

**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)
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, Initial; Acupuncture 1 or more needles, Subsequent)	97810- Initial 15-minute contact 97811- Subsequent; each additional 15- minute contact within the same session	Only one initial (97810) code per day. 97811 must be billed in conjunction with 97810. NOT BILLABLE TO MEDICAID/HMP; BILLABLE TO BLOCK GRANT ONLY	8 (Combination of 97810 and 97811)	8 (Combination of 97810 and 97811)	Approved via LARA certified diplomate of the National Certification Commission for Acupuncture and Oriental Medicine (NCCAOM) in Acupuncture or Oriental Medicine

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)

**Each authorization at this LOC may be a maximum of 90 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)
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 Only authorized in conjunction with current enrollment in outpatient treatment services	90	180	MARR/NARR Certification; LARA CAIT License

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)
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 Services- Uncertified Peer)	Individual Recovery Support; 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.
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)	Group Recovery Support	15 Minute Increment	72	144	SUD peer specialist must be certified through an MDHHS-approved training program.
H0038 (Recovery Support Services Group- Certified Peer)	Group Recovery Support	15 Minute Increment	72	144	SUD peer specialist must be certified through an MDHHS-approved training program.

SERVICE CODE	DESCRIPTION (HPCPS/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	24	48	N/A
T2003 (Non-Emergency Gas Card)	Non-Emergency transportation service	BILLABLE TO BLOCK GRANT ONLY	16	32	N/A
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.

Modifiers for Substance Abuse HPCPS & CPT Codes

Modifier	Description
GT	Telemedicine: the use of an electronic media to link beneficiaries with health professionals in different locations. The examination of the beneficiary is performed via a real-time interactive audio and video telecommunications system. The beneficiary must be able to see and interact with the off-site practitioner at the time services are provided via telemedicine.
HA	Child-Adolescent Program: services designed for persons under the age of 18.
HD	Women's Specialty Services: Pregnant/Parenting Women Program: services provided in a program that treats pregnant or women with dependent children. HD is required for all qualified Women's Specialty Services.
HF	Substance Abuse Program: to be used with those codes shared between Mental Health and SUD. The modifier is to differentiate between SUD and Mental Health for billing purposes.
HH	Integrated Substance Abuse/Mental Health Program: program specifically designed to provide integrated services to persons who need both substance abuse and mental health services, as planned in an integrated, individualized treatment plan. HH modifier is required for qualifying Integrated Substance Abuse/Mental Health services. Providers will be assigned the use of HH modifiers with submission of documentation of licensure for Integrated Substance Abuse & Mental Health Services. <u>All</u> subsequent services delivered to meet the goals of the integrated plan are to be reported with an 'HH'.
HH TG	SAMHSA – Approved Evidence Based Practice for Co-Occurring Disorders: Integrated Dual Disorder Treatment is provided.
SD	State Disability assistance



Substance Use Disorder Benefit Plan