

**Substance Use Disorder Services
SERVICE DESCRIPTION TABLE**

SUD SERVICES	ASAM Criteria	BILLING CODE	UNIT OF SERVICE	RATE PER UNIT	SERVICE LIMITS	AUTH PERIOD (non-OMS providers)	Concurrent Review	EDITS & NOTES	COMBINATION CODE RESTRICTIONS
Opioid Maintenance Therapy Program Medicaid Provider Type 32									
Substance Use Disorder Assessment (CSAA)	N/A	H0001	1 per year	\$142	Can only be billed once per 12-months per participant per provider unless there is more than a 30 day break in treatment	N/A	N/A	If more than a 30 day break in treatment has occurred provider may bill for another assessment	N/A
Methadone Maintenance	Level OMT-Opioid Maintenance Therapy	H0020	Weekly	\$80	Bundled weekly rate includes the methadone, the face to face visits to receive the methadone, lab tests related to drug testing, and a minimum of one weekly visit with a licensed or certified health professional	26 weeks	N/A	Provider may bill once per seven days	Cannot bill this with H0004, H0005, H0014, H0015, H0016, H0047, or H2036
Buprenorphine Induction	N/A	H0016	Weekly	\$200	Weekly rate billed per participant <u>only</u> during the first week of treatment	N/A	N/A	Provider may bill once per seven days only in the first week of treatment	Cannot bill this with H0004, H0005, H0014, H0015, H0020, or H2036
Buprenorphine Maintenance	N/A	H0047	Weekly	\$75	Weekly rate billed per participant for each week of treatment INCLUDING the first week	26 weeks	N/A	Provider may bill once per seven days; Providers may bill with the Bup Induction during the first week only	Cannot bill this with H0004, H0005, H0014, H0015, H0020, or H2036
Buprenorphine Medication	N/A	J8499	2mg or 8mg	\$4.1483 (2 mg) \$7.4325 (8mg)	Providers may bill once per unit	N/A	N/A	Providers may bill on the same day as Bup Induction or Bup Maintenance	N/A

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<u>OHCQ Certified Addiction Program Medicaid Provider Type 50</u>									
Substance Use Disorder Assessment (CSAA)	N/A	H0001	1 per year	\$142	Can only be billed once per 12-months per participant per provider unless there is more than a 30 day break in treatment	N/A	N/A	If more than a 30 day break in treatment has occurred provider may bill for another assessment	N/A
Individual Outpatient Therapy	Level 1- Outpatient Service	H0004	15 min	\$20	Provider may not bill for more than six Level I Individual counseling units as measured in 15 minute increments per day per participant	75 visits (inclusive of group as described in the next row) within 6 months	N/A	Provider may bill Individual on the same day as a Group for the same participant	Cannot bill this with H0015, H0016, H0020, H0047, or H2036
Group Outpatient Therapy	Level 1- Outpatient Service	H0005	60-90 min.	\$39	Provider may not bill for more than one Level I Group counseling session per day per participant	75 visits (inclusive of individual as described in the row above) within 6 months	N/A	Family members may participate in the Level 1 Group session as long as the participant is also present in a Level 1 group counseling session	Cannot bill this with H0015, H0016, H0020, H0047, or H2036
Ambulatory Detoxification	Level 1- Outpatient Service, Level II.1- Intensive Outpatient Service, or Level II.5- Partial Hospitalization	H0014	1 per day	\$70	Max of 5 days	Initial 3 days max of 5; days beyond 3 must be medically justified	End of day 3	Service may be billed in addition to all Level I and Level II services	Cannot bill this with H0016, H0020, or H0047

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Intensive outpatient (IOP)	Level II.1- Intensive Outpatient Service	H0015	Per diem rate with minimum of 2 hours per day	\$125	Providers may bill a maximum 4 days per week and provide a minimum of 9 hours of service per week	Initial auth 4 weeks	End of first auth period reviewed every 3 weeks	Services for participants who require minimum of 9 hours weekly for an adult and Minimum of 6 hours weekly for an adolescent	Cannot bill with H0004, H0005, H0016, H0020, H0047, or H2036
Partial Hospitalization	Level II.5- Partial Hospitalization	H2036	1 day	\$130	Providers may bill one per day and sessions shall be a minimum of 2 hours per day	1 week	End of each auth period	Services for participants who require 20 hours weekly of structured outpatient treatment	Cannot bill this with H0004, H0005, H0015, H0016, H0020, or H0047