

Outpatient Substance Abuse Billing Guide

| Procedure | Primary | Secondary | Tertiary | Description | Units | Place of Service | Unlicensed and Residential Units | Physician | LCSW, LMFT, LPCMH, LCDP (HO Modifier) |
|-----------|---------|-----------|----------|--|-----------------------------------|------------------|----------------------------------|-----------|---------------------------------------|
| +90785 | HF | | | Interactive complexity (list separately in addition to the code for primary procedure). Licensed practitioners only. | | Any | | X | X |
| 90832 | HF | | | Psychotherapy, 30 minutes with patient and/or family member. Licensed practitioners only for substance abuse program. | Per session | Any | | X | X |
| 90834 | HF | | | Psychotherapy, 45 minutes with patient and/or family member. Licensed practitioners only for substance abuse program. | Per session | Any | | X | X |
| 90837 | HF | | | Psychotherapy, 60 minutes with patient and/or family member. Licensed practitioners only for substance abuse program. | Per session | Any | | X | X |
| 90839 | HF | | | Psychotherapy for crisis; first 60 minutes. Licensed practitioners only for substance abuse program must be part of certified crisis program. | 60 Minutes | Any | | X | X |
| 90840 | HF | | | Psychotherapy for crisis; each additional 30 minutes (list separately in addition to code for primary service). (Use 90840 in conjunction with 90839.) Licensed practitioners only for substance abuse program must be part of certified crisis program. | 30 Minutes | Any | | X | X |
| 90846 | HF | | | Family psychotherapy (without the patient present). Licensed practitioners only for substance abuse program. | Per session | Any | | X | X |
| 90847 | HF | | | Family psychotherapy (conjoint psychotherapy) (with patient present). Licensed practitioners only for substance abuse program. | Per session | Any | | X | X |
| 90849 | HF | | | Multiple-family group psychotherapy. | Per session | Any | | X | X |
| 90853 | HF | | | Group psychotherapy (other than of a multiple-family group). | Per session | Any | | X | X |
| H0001 | | | | Alcohol and/or drug assessment. (ASAM Level .5 or 1). | One Session (One hour visit) | Any | X | | |
| H0001 | U1 | | | Alcohol and/or drug assessment, Home/Community. (ASAM Level .5 or 1). | One Session (One hour visit) | Any | X | | |
| H0004 | HF | | | Behavioral health counseling and therapy (ASAM Level .5 or 1). Note: Utilize HR and HS modifiers as needed for family/couple therapy. | 15 Minutes | Any | X | | |
| H0004 | HF | U1 | | Behavioral health counseling and therapy (ASAM Level .5 or 1), Home/Community. Note: Utilize HR and HS modifiers as needed for family/couple therapy. | 15 Minutes | Any | X | | |
| H0005 | | | | Alcohol and/or drug services, group counseling by a clinician (ASAM Level 1). Note: Utilize HR and HS modifiers as needed for family/couple therapy. | One session (45 Minutes) | Any | X | | |
| H0005 | U1 | | | Alcohol and/or drug services, group counseling by a clinician (ASAM Level 1), Home/Community. Note: Utilize HR and HS modifiers as needed for family/couple therapy. | One session (45 Minutes) | Any | X | | |
| H0010 | | | | Alcohol and/or drug services; subacute detoxification (residential addiction program inpatient) (Level 3.2-WM). | Per diem (medical portion) | Any | X | | |
| H0010 | HW | | | Alcohol and/or drug services; subacute detoxification (residential addiction program inpatient) (Level 3.2-WM). Room and board note: MMIS will not process — not Medicaid. | Per diem (room and board portion) | Any | X | | |
| H0011 | | | | Alcohol and/or drug services; acute detoxification (residential addiction program inpatient) (Level 3.7-WM). Room and board note: MMIS will not process — not Medicaid. | Per diem (medical portion) | Any | X | | |
| H0011 | HW | | | Alcohol and/or drug services; acute detoxification (residential addiction program inpatient) (Level 3.7-WM). Room and board note: MMIS will not process — not Medicaid. | Per diem (room and board portion) | Any | X | | |
| H0012 | | | | Alcohol and/or drug abuse service; subacute detoxification (residential addiction program outpatient) (Level 2-WM 23-hour). | Per diem | Any | X | | |
| H0014 | TD | | | Alcohol and/or drug abuse services; ambulatory detoxification (Level 2-WM). Registered Nurse | Per 60 minutes | Any | X | | |

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| H0014 | | | | Alcohol and/or drug abuse services; ambulatory detoxification (Level 2-WM). Unlicensed Practitioner | Per 60 minutes | Any | X | | |
| H0015 | | | | Alcohol and/or drug services, intensive outpatient (treatment program that operates at least three hours/day and at least three days/week and is based on an individualized treatment plan), including assessment, counseling, crisis intervention, and activity therapies or education. Level 2.1 at least 9 contact hours per week but not in excess of 19 hours per week; a minimum of contact 3 days per week. Without a modifier, this will be hourly and only may be billed for individuals under the age of 18. | Per hour | Any | X | | |
| H0015 | HQ | | | Alcohol and/or drug services, intensive outpatient (treatment program that operates at least three hours/day and at least three days/week and is based on an individualized treatment plan), including assessment, counseling, crisis intervention, and activity therapies or education. Level 2.1 at least 9 contact hours per week but not in excess of 19 hours per week; a minimum of contact 3 days per week. Unlicensed residential. | Per diem** | Any | X | | |
| H0015 | HQ | HK | | Alcohol and/or drug services, intensive outpatient (treatment program that operates at least three hours/day and at least three days/week and is based on an individualized treatment plan), including assessment, counseling, crisis intervention, and activity therapies or education. Level 2.1 at least 9 contact hours per week but not in excess of 19 hours per week; a minimum of contact 3 days per week. Licensed residential. **Refer to billing guidance | Per diem** | Any | X | | |
| H0015 | HQ | U1 | | Alcohol and/or drug services, intensive outpatient (treatment program that operates at least three hours/day and at least three days/week and is based on an individualized treatment plan), including assessment, counseling, crisis intervention, and activity therapies or education, Home/community. Level 2.1 at least 9 contact hours per week but not in excess of 19 hours per week; a minimum of contact 3 days per week. Unlicensed residential. **Refer to billing guidance | Per diem** | Any | X | | |
| H0015 | HQ | H K | T G | Alcohol and/or drug services, intensive outpatient (treatment program that operates at least three hours/day and at least three days/week and is based on an individualized treatment plan), including assessment, counseling, crisis intervention, and activity therapies or education. Level 2.5 a minimum of 20 contact hours per week; a minimum of contact 3 days per week. Licensed residential **Refer to billing guidance | Per diem** | Any | X | | |
| H0015 | HQ | TG | | Alcohol and/or drug services, intensive outpatient (treatment program that operates at least three hours/day and at least three days/week and is based on an individualized treatment plan), including assessment, counseling, crisis intervention, and activity therapies or education. Level 2.5 a minimum of 20 contact hours per week; a minimum of contact 3 days per week. Unlicensed residential **Refer to billing guidance | Per diem** | Any | X | | |
| H0015 | HQ | TG | U1 | Alcohol and/or drug services, intensive outpatient (treatment program that operates at least three hours/day and at least three days/week and is based on an individualized treatment plan), including assessment, counseling, crisis intervention, and activity therapies or education, Home/Community. Level 2.5 a minimum of 20 contact hours per week; a minimum of contact 3 days per week. Unlicensed residential **Refer to billing guidance | Per diem*** | Any | X | | |
| H0020 | | | | Alcohol and/or drug services; methadone administration and/or service (provision of the drug by a licensed or certified program). (Limited to one per day.) Note: MA-OTPs may bill this code. | Per Service | 57, 71 | | X | |
| H0038 | HF | | | Self-help/peer services, substance abuse program. | Per 15 Minute | Any | X | | |

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| H0048 | HF | | | Alcohol and/or other drug testing: collection and handling only, specimens other than blood. Collection and handling of specimens (UAs) for alcohol/drug analysis. To ensure the integrity of the specimen a chain of custody from the point of collection throughout the analysis process is necessary. Service frequency is limited based on medical necessity. ***Refer to billing guidance at the end of the section. | Per Service*** | Any | X | | |
| H2034 | | | | Alcohol and/or drug abuse halfway house services, per diem (Level 3.1). | Per diem (medical portion) | Any | X | | |
| H2034 | HW | | | Alcohol and/or drug abuse halfway house services, per diem (Level 3.1). Room and Board Note: MMIS will not process — not Medicaid. | Per diem (room and board portion) | Any | X | | |
| H2036 | HI | | | Alcohol and/or drug treatment program, per diem. Level 3.3 – cognitive impairment (Medicaid 10 and under beds). | Per diem (medical portion) | Any | X | | |
| H2036 | HI | | | Alcohol and/or drug treatment program, per diem. Level 3.3 – cognitive impairment (Medicaid 11-16 and under beds). | Per diem (medical portion) | Any | X | | |
| H2036 | HI | | | Alcohol and/or drug treatment program, per diem. Level 3.3 – cognitive impairment (Non-Medicaid 47 beds). | Per diem (medical portion) | Any | X | | |
| H2036 | | | | Alcohol and/or drug treatment program, per diem. Level 3.5 – no cognitive impairment. (Medicaid 11-16 and under beds). | Per diem (medical portion) | Any | X | | |
| H2036 | TG | | | Alcohol and/or drug treatment program, per diem. Level 3.7. | Per diem (medical portion) | Any | X | | |
| H2036 | HW | | | Alcohol and/or drug treatment program, per diem. Room and Board Note: MMIS will not process — not Medicaid. | Per diem (room and board portion)* | Any | X | | |
| J0571 | | | | Buprenorphine, oral, 1 mg | 1 unit | 49, 57 | X | | |
| J0572 | | | | Buprenorphine/naloxone, oral, less than or equal to 3 mg. Note: Do not enter cubic centimeter (cc) volume | 1 unit | 49, 57 | X | | |
| J0573 | | | | Buprenorphine/naloxone, oral, greater than 3 mg, but less than or equal to 6 mg Note: Do not enter cubic centimeter (cc) volume | 1 unit | 49, 57 | X | | |
| J0574 | | | | Buprenorphine/naloxone, oral, greater than 6 mg, but less than or equal to 10 mg. Note: Do not enter cubic centimeter (cc) volume | 1 unit | 49, 57 | X | | |
| J0575 | | | | Buprenorphine/naloxone, oral, greater than 10 mg. Note: Do not enter cubic centimeter (cc) volume | 1 unit | 49, 57 | X | | |
| J2315 | | | | Injection, naltrexone, depot form, 1 mg. Note: Do not enter cubic centimeter (cc) volume | Per unit | 11, 49, 49, 57, 71 | X | | |
| T1502 | HF | | | Administration of oral, intramuscular and/or subcutaneous medication by health care agency/professional, per visit. This code may only be used for the following medication assisted therapies: buprenorphine (SUBUTEX®), buprenorphine and naloxone (SUBOXONE®), by an alcohol and drug provider type. Frequency max 7 administrations per week (1 unit–1 administration). No modifier = oral. Note: MA-OTP may bill this code. | Per Service | 57 | | X | |

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| 99211 | HE | | | Office or other outpatient visit for the evaluation and management of an established patient that may not require the presence of a physician. Usually, the presenting problem(s) are minimal. Typically, five minutes are spent performing or supervising these services. 99211 HE for injection of MH medications, including long-acting and acute forms of anti-psychotic medications and medications used to treat acute side effects of antipsychotic medications (e.g., haloperidol, risperidone, benztropine). | Per visit | 11, 20, 22, 49, 50, 53, 57, 71 | | X | |
| 99211 | HR | | | Office or other outpatient visit for the evaluation and management of an established patient that may not require the presence of a physician. Usually, the presenting problem(s) are minimal. Typically, five minutes are spent performing or supervising these services. For Vivitrol up to 1 time per month. | Per visit | 11, 20, 22, 49, 50, 53, 57, 72 | | X | |

Use +90785 in conjunction with codes for diagnostic psychiatric evaluation [90791, 90792], psychotherapy [90832, 90834, 90837], psychotherapy when performed with an E&M service [90833, 90836, 90838, 99201–99255, 99304–99337, 99341–99350], and group psychotherapy [90853].

Do not report 90785 in conjunction with 90839, 90840, or in conjunction with E&M services when no psychotherapy service is also reported.

H0048 cannot be billed for collection and handling during a residential or other SUD services billed on a per diem basis because the cost of time and supplies were built into those rates.

H0048 cannot be billed in addition to separately billing for the time spent by the nurse for the same process (e.g., 99211)

Rates are inclusive of expenses for cups, wipes, instant testing, and other supplies as well as for sending the specimens to a third-party lab. It does not include the third-party lab expenses.

When the specimen is sent to the third-party lab, the third-party lab will bill the Medicaid MCO for MCO members.

Only one H0048 may be billed a day with a maximum of 2 units in a week.

**Please see the appropriate reimbursement policy for more detailed billing guidance