

**Community-Based Substance Use Disorder Services  
Service Description Table**

SUD SERVICES	ASAM CRITERIA	BILLING CODE	UNIT OF SERVICE	RATE PER UNIT	SERVICE LIMITS	AUTH PERIOD	CONCURRENT REVIEW	EDITS & NOTES	COMBINATION CODE RESTRICTIONS
<b>Opioid Maintenance Therapy Program Medicaid Provider Type 32</b>									
Substance Use Disorder Assessment (CSAA)	N/A	H0001	One assessment	\$ 144.84	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	\$ 20.40	Provider may not bill for more than six Level I Individual counseling units as measured in 15 minute increments per day per participant.	26 weeks	6 months	Provider may bill Individual concurrently with Induction as well as weekly maintenance.	Cannot bill this with H0015 or H2036
Group Outpatient Therapy	Level 1-Outpatient Service	H0005	60-90 min	\$ 39.78	Provider may not bill for more than one Level I Group counseling session per day per participant.	26 weeks	6 months	Provider may bill Group concurrently with Induction as well as weekly maintenance.	Cannot bill this with H0015 or H2036
Initial Induction	Level OMT-Opioid Maintenance Therapy	H0016	Weekly	\$ 204.00	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 or after a break in treatment of 6 months.	Cannot bill this with H0014
Methadone Maintenance	Level OMT-Opioid Maintenance Therapy	H0020- HG	Weekly	\$ 63.00	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 monthly face-to-face visit.	26 weeks	6 months	Provider may bill once per seven days when the patient has been seen at least once during the month; Providers may bill with Induction during the first week only.	Cannot bill this with H0014 or H0047

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Methadone Guest Dosing	Level OMT-Opioid Maintenance Therapy	W9520	Daily	\$ 9.00	Guest dosing may be billed once per day that the patient is receiving their medication at the guest dosing program. The home program and guest dosing program shall be in communication regarding dosage, days of guest dosing required and other clinical concerns.	N/A	N/A	One patient is eligible for up to 30 days of guest dosing per year. Additional days may be used with clinical reasoning.	N/A
Buprenorphine Maintenance	Level OMT-Opioid Maintenance Therapy	H0047	Weekly	\$ 56.00	Weekly rate billed per participant for each week of treatment including the first week.	26 weeks	6 months	Provider may bill once per seven days when the patient has been seen at least once during the month; Providers may bill with Induction during the first week only.	Cannot bill this with H0014, or H0020
Buprenorphine Guest Dosing	Level OMT-Opioid Maintenance Therapy	W9521	Daily	\$ 8.00	Guest dosing may be billed once per day that the patient is receiving their medication at the guest dosing program. The home program and guest dosing program shall be in communication regarding dosage, days of guest dosing required and other clinical concerns.	N/A	N/A	One patient is eligible for up to 30 days of guest dosing per year. Additional days may be used with clinical reasoning.	N/A
MAT Ongoing (Evaluation and Management, including Rx - Minimal)	Level OMT-Opioid Maintenance Therapy	99211-HG	Per visit.	\$ 20.26					

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MAT Ongoing (Evaluation and Management, including Rx - Straight forward)	Level OMT-Opioid Maintenance Therapy	99212-HG	Per visit.	\$ 43.96	Service may be billed a maximum of 12 times per year.	26 weeks	6 months	Service may be billed a maximum of 12 times per year. If additional units are required, providers should contact the ASO with a clinical explanation of need to request additional units.	Cannot bill with H0016 or H0014
MAT Ongoing (Evaluation and Management, including Rx -Low complexity)	Level OMT-Opioid Maintenance Therapy	99213-HG	Per visit.	\$ 73.47					
MAT Ongoing (Evaluation and Management, including Rx - Moderately complex)	Level OMT-Opioid Maintenance Therapy	99214-HG	Per visit.	\$ 108.04					
MAT Ongoing (Evaluation and Management, including Rx - Highly complex)	Level OMT-Opioid Maintenance Therapy	99215-HG	Per visit.	\$ 145.44					
Drug Screens and Tests	<b>All lab tests are included in the bundled rate for OTPs. OTPs negotiate their rates with labs directly.</b>								
<b>OHCQ Certified Addiction Program Medicaid Provider Type 50</b>									
Substance Use Disorder Assessment (CSAA)	N/A	H0001	One assessment	\$ 144.84	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	\$ 20.40	Provider may not bill for more than six Level I Individual counseling units as measured in 15 minute increments per day per participant.	26 weeks	6 months	Provider may bill Individual on the same day as a Group for the same participant.	Cannot bill this with H0015 or H2036. Cannot be billed by the PT 50 while patient in OTP.

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Group Outpatient Therapy	Level 1- Outpatient Service	H0005	60-90 min	\$ 39.78	Provider may not bill for more than one Level I Group counseling session per day per participant.	26 weeks	6 months	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 or H2036. Cannot be billed by the PT 50 while patient in OTP.
Intensive outpatient (IOP)	Level II.1- Intensive Outpatient Service	H0015	Per diem rate with minimum of 2 hours per day	\$ 127.50	Providers may bill a maximum 4 days per week and provide a minimum of 9 hours of service per week.	4 weeks	End of first auth period reviewed every 4 weeks	Services for participants who require a minimum of 9 hours weekly for an adult and minimum of 6 hours weekly for adolescents.	Cannot bill with H0004, H0005, or H2036. MAY be billed while patient in OTP.
Partial Hospitalization	Level II.5- Partial Hospitalization ½ day	H2036	1 day	\$ 132.60	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 weekly hours of structured outpatient treatment.	Cannot bill this with H0004, H0005, or H0015. MAY be billed while patient in OTP.
Partial Hospitalization	Level II.5- Partial Hospitalization Full Day	H2036 Modifier 52	1 day	\$ 214.20	Providers may bill one per day and sessions shall be a minimum of 6 hours per day.	1 week	End of each auth period	Services for participants who require 20 weekly of structured outpatient treatment.	Cannot bill this with H0004, H0005, or H0015. MAY be billed while patient in OTP.
Ambulatory Withdrawal Management	Level 1- Outpatient Service, Level II.1- Intensive Outpatient Service, or Level II.5- Partial Hospitalization	H0014	1 per day	\$ 71.40	Max of 5 days.	Initial 3 days max of 5	End of day 3	Service may be billed in addition to all Level I and Level II services.	Cannot be billed while patient in OTP.
Drug test(s), presumptive, capable of being read by direct optical observation	N/A	80305	Per test	\$ 11.81	<b>This is the only lab category reimbursable to PT 50. If additional labs are required, they may be sent to the Lab for testing. All lab testing is subject to Departmental review and audit.</b>				

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MAT Ongoing (Evaluation and Management, including Rx - Minimal)	Level OMT-Opioid Maintenance Therapy	99211-HG	Per visit. Typically 5 minutes.	\$ 20.26	For most providers and most participants, twelve times a year will be sufficient.	N/A	N/A	For most providers and most participants, twelve times a year will be sufficient.	Cannot bill with H0014. Cannot be billed by PT 50 while patient in OTP.
MAT Ongoing (Evaluation and Management, including Rx - Straight forward)	Level OMT-Opioid Maintenance Therapy	99212-HG	Per visit. Typically 10 minutes.	\$ 43.96					
MAT Ongoing (Evaluation and Management, including Rx -Low complexity)	Level OMT-Opioid Maintenance Therapy	99213-HG	Per visit. Typically 15 minutes.	\$ 73.47					
MAT Ongoing (Evaluation and Management, including Rx - Moderately complex)	Level OMT-Opioid Maintenance Therapy	99214-HG	Per visit. Typically 25 minutes.	\$ 108.04					
MAT Ongoing (Evaluation and Management, including Rx - Highly complex)	Level OMT-Opioid Maintenance Therapy	99215-HG	Per visit. Typically 40 minutes.	\$ 145.44					

Claims for buprenorphine medication, when obtained through contract with the manufacturer, stores, and dispensed in the office setting may be submitted to the ASO. Reference the SUD Fee Schedule for current rates.