| Service Name | Per Diem* | Billing Code | Service Description | Service Requirements | TX Hours | Staffing Reqs | |
|--|---|-------------------------------|--|--|--|---|--|
| ASAM Level 3.1 Clinically Managed Low Intensity Residential | | | | | | | |
| Halfway House Services | \$46 | H2034 HF | Emphasis on continuing substance use disorder care and follow-up, and community ancillary services in an environment supporting continued abstinence. | The facility shall have scheduled services to assess and address the individual needs of each consumer. Services include therapy, rehab/skill development, case management, and crisis intervention. | 6 hrs/wk | Licensed physician available by phone 24/7; staff on site 24/7 | |
| Halfway House Services, Adolescents | \$63 | H2034 HF HA | Emphasis on continuing substance use disorder care and follow-up, applying recovery skills, relapse prevention, and independent living skills. | The facility shall provide substance use disorder treatment services to assess and address the individual needs of each adolescent. Services include therapy, rehab/skill development, case management, and crisis intervention. | 6 hrs/wk | Licensed physician available by phone 24/7; staff on site 24/7 | |
| Halfway House Services- Pregnant Women Indv. with Dep Children** | \$117 \$117 | H2034 HF HD TF H2034 HF HD | Special attention given to parenting/family dynamics. Treatment services for dependent children 4 an up billed fee for service with appropriate provider qualifications. | The facility shall have scheduled services to assess and address the individual needs of each consumer. Services include therapy, rehab/skill development, case management, and crisis intervention. | 6 hrs/wk | Licensed physician available by phone 24/7; staff on site 24/7 | |
| | ASAM Level 3.3 Clinically Managed, Population Specific, High Intensity Services (Adults Only) | | | | | | |
| Residential Treatment, Co-occurring | \$100 | H0019 HH U1 | Provide a planned regimen of 24/7, structured evaluation, care, and treatment. Special attention given to accommodate impairments. | Daily treatment service shall be provided to assess and address individual needs of each consumer. Services include therapy, rehab, crisis intervention, and case management. Psychiatric and/or psychological and/or mental health evaluations shall be completed on all consumers. Medication monitoring must be provided. | 24 hrs/wk; min 1 hr/wk therapy and 7 hrs/wk rehab | Licensed physician available by phone 24/7; staff on site 24/7 | |

| Service Name | Per Diem* | Billing Code | Service Description | Service Requirements | TX Hours | Staffing Reqs | |
|--|--------------|----------------|---|---|---|--|--|
| ASAM Level 3.5 Clinically Managed Medium Intensity for Adolescents/High Intensity for Adults | | | | | | | |
| Residential Treatment | \$85 | H0019 HF U1 | Provide a planned regimen of 24/7, professionally directed evaluation, care, and treatment | Daily treatment service shall be provided to assess and address individual needs of each consumer. Services include therapy, rehab/skill development, crisis intervention, and case management. | 24 hrs/wk; min 1 hr/wk therapy and 7 hrs/wk rehab | Licensed physician available by phone 24/7; staff on site 24/7 | |
| Residential Treatment, Adolescents | \$135 | H0019 HF HA U1 | Provide a planned regimen of 24/7, professionally directed evaluation, care, and treatment for chemically dependent adolescents. | A multidisciplinary team approach shall be utilized in providing daily treatment services to assess and address the individual needs of each adolescent, including therapy, rehab/skill development, case management, and crisis intervention. A physical examination shall be conducted by a licensed physician. | 24 hrs/wk or 15 if in school; min 1 hr/wk therapy and 7 hrs/wk rehab | Licensed physician available by phone 24/7; min. 2 staff on site 24/7 | |
| Intensive Residential Treatment (Adults) | \$160 | H0019 HF TF | Provide a planned regimen of 24/7, professionally directed evaluation, care, and treatment | Daily treatment service shall be provided to assess and address individual needs of each consumer. Services include therapy, rehab/skill development, crisis intervention, and case management. | 37 hrs/wk; min 4 hrs/wk therapy and 7 hrs/wk rehab | Licensed physician available by phone 24/7; staff on site 24/7 | |
| Residential Treatment, Preg Women/Indv. with Dependent Children** | \$180 | H0019 HF HD U1 | Special attention given to parenting/family dynamics. Treatment services for dependent children 4 and up billed fee for service with appropriate provider qualifications. | The facility shall provide substance use disorder treatment services to assess and address individual needs of each consumer. Services include therapy, rehab/skill development, crisis intervention, and case management. | 24 hrs/wk; min 1 hr/wk therapy and 7 hrs/wk rehab | Licensed physician available by phone 24/7; staff on site 24/7 | |
| Intensive Residential Treatment, Preg Women/Indv. with Dependent Children** | \$250 | H0019 HF HD TF | Special attention given to parenting/family dynamics. Treatment services for dependent children 4 and up billed fee for service with appropriate provider qualifications | The facility shall provide substance use disorder treatment services to assess and address individual needs of each consumer. Services include therapy, rehab/skill development, crisis intervention, and case management. | 35 hrs/wk; min 4 hrs/wk therapy and 7 hrs/wk rehab | Licensed physician available by phone 24/7; staff on site 24/7 | |

| Service Name | Per Diem* | Billing Code | Service Description | Service Requirements | TX Hours | Staffing Reqs | |
|---|--------------|--------------|---|---|--------------------------------|---|--|
| ASAM Level 3.7 Medically Monitored High Intensity Withdrawal Management | | | | | | | |
| Medically Supervised Withdrawal Management | \$200 | H0010 HF | Medically supervised withdrawal management provided under the direction of a licensed physician and a licensed registered nurse supervisor, for consumers who are withdrawing or are intoxicated from alcohol or other drugs. | Presenting consumers shall be assessed as currently experiencing no apparent medical or neurological symptoms that would require hospitalization. Daily substance use disorder withdrawal management treatment services shall be provided which include taking of vital signs (temperature, pulse, respiration rate, blood pressure), documentation of fluid and food intake a minimum of one time every six hours or more often as indicated by the consumer's condition. Medications prescribed if needed during withdrawal management. The medications are to include those needed for physical health issues and mental impairment if acquired during the withdrawal process. | 24/7 medical supervision | Licensed physician providing supervision of withdrawal management on site or on call 24/7; licensed nurses shall provide 24/7 monitoring; statutorily approved personnel administer medications | |
| Medically Supervised Withdrawal Management - Adolescents | \$200 | H0010 HF HA | Same as above | Same as above | 24/7 medical supervision | Same as above | |

^{*}Note: Physician services may be billed in addition to per diems. Access to medically necessary medication assisted treatment (MAT) must be provided by all facilities on-site or through a relationship with an off-site MAT provider. Other medications are also separately billable for individuals enrolled in SoonerCare.

^{**}Services provided to dependent children ages 4 and up will no longer be billed using per diems but should instead be billed as fee-for-service outpatient services. A list of rates and codes is available here:

http://www.odmhsas.org/picis/BillingInfo/arc_Billing_info.htm

SUD Residential Level of Care (ASAM Level 3) SoonerCare/ODMHSAS Billing Codes MAT Medication Billing Codes

| Medication HCPCS Code* | Description | PA |
|------------------------|--|-----|
| J0570 | BUPRENORPHINE IMPLANT 74.2MG | Yes |
| J0571 | BUPRENORPHINE ORAL 1MG | No |
| J0572 | BUPRENORPHINE/NALOXONE, ORAL, LESS THAN OR EQUAL TO 3 MG BUPRENORPHINE | No |
| J0573 | BUPRENORPHINE/NALOXONE, ORAL, GREATER THAN 3 MG, BUT LESS THAN OR EQUAL TO 6 MG BUPRENORPHINE | No |
| J0574 | BUPRENORPHINE/NALOXONE, ORAL, GREATER THAN 6 MG, BUT LESS THAN OR EQUAL TO 10 MG BUPRENORPHINE | No |
| J0575 | BUPRENORPHINE/NALOXONE, ORAL, GREATER THAN 10 MG BUPRENORPHINE | No |
| J0592 | INJECTION, BUPRENORPHINE HYDROCHLORIDE, 0.1 MG | No |
| J1230 | INJECTION, METHADONE HCL, UP TO 10 MG | No |
| J2310 | INJECTION, NALOXONE HYDROCHLORIDE, PER 1 MG | No |
| J2315 | INJECTION, NALTREXONE, DEPOT FORM, 1 MG | No |
| Q9991 | INJECTION, BUPRENORPH XR 100 MG OR LESS | Yes |
| Q9992 | INJECTION, BUPRENORPHINE XR OVER 100 MG | Yes |
| S0109 | METHADONE, ORAL, 5 MG **Only billable by OTPs. | No |

NOTE:

Please note that billing procedures are subject to change. Information will be posted and updated at: http://www.odmhsas.org/picis/BillingInfo/arc_Billing_info.htm

^{*}National Drug Codes (NDCs) are required to be billed on the same line as the HCPCS code. HCPCS codes do change over time. It is the provider's responsibility to ensure the appropriate code is used.

Assessment/Screening Codes

Residential level of care providers who complete an assessment (ASI) and ASAM placement tool by an LBHP for an individual who walks in but is <u>not</u> admitted may bill for the assessment with the appropriate H0031 code and the screening with code H0002 HF HN. Otherwise assessments are not separately billable by residential level of care providers.

Physician Billing Codes

| E&M: new patient | 99202 | HE/HF/HV/HH | |
|---------------------------------|-------|-------------|----|
| E&M: new patient - telemedicine | 99202 | HE/HF/HV/HH | GT |
| E&M: new patient | 99203 | HE/HF/HV/HH | |
| E&M: new patient - telemedicine | 99203 | HE/HF/HV/HH | GT |
| E&M: new patient | 99204 | HE/HF/HV/HH | |
| E&M: new patient - telemedicine | 99204 | HE/HF/HV/HH | GT |
| E&M: new patient | 99205 | HE/HF/HV/HH | |
| E&M: new patient - telemedicine | 99205 | HE/HF/HV/HH | GT |
| E&M: established patient | 99211 | HE/HF/HV/HH | |
| E&M: established patient - | 99211 | HE/HF/HV/HH | GT |
| telemedicine | | | |
| E&M: established patient | 99212 | HE/HF/HV/HH | |
| E&M: established patient - | 99212 | HE/HF/HV/HH | GT |
| telemedicine | | | |
| E&M: established patient | 99213 | HE/HF/HV/HH | |
| E&M: established patient - | 99213 | HE/HF/HV/HH | GT |
| telemedicine | | | |
| E&M: established patient | 99214 | HE/HF/HV/HH | |
| E&M: established patient - | 99214 | HE/HF/HV/HH | GT |
| telemedicine | | | |
| E&M: established patient | 99215 | HE/HF/HV/HH | |
| E&M: established patient - | 99215 | HE/HF/HV/HH | GT |
| telemedicine | | | |
| E&M: psychotherapy add-on | 90833 | HE/HF/HV | |
| E&M: psychotherapy add-on | 90836 | HE/HF | |
| E&M: psychotherapy add-on | 90838 | HE/HF | |