PrimeWest Health Substance Use Disorder (SUD) Coding Structure

Service Description	Service Type	Claim Type	Type of Bill	Type of Bill Description	Revenue Code	Revenue Code Description	Unit	HCPCS Code	Comments/HCPCS Code Description
NON-HOSPITAL-BASED RESIDENTIAL TREATMENT FACILITY									
Non-Hospital-Based Residential Program	Room and Board	UB04/837I	086X	Special Facility – Residential Facility	1002 1003	Non-hospital-based residential program – room and board component only Free standing room and board (previously known as Supervised Living)	Day	N/A	Effective July 1, 2014, room and board services are billed directly to Minnesota Health Care Programs using MN–ITS Direct Data Entry (DDE) or Batch, not PrimeWest Health.
Non-Hospital-Based Residential Program	Treatment	UB04/837I	086X	Special Facility – Residential Facility	0944 0945 0953	Drug Rehabilitation Alcohol Rehabilitation Combined Drug and Alcohol Rehabilitation	Day	H2036	Only one revenue code (0944, 0945, or 0953) may be used for each stay MODIFIERS – TG=high intensity, TF=moderate intensity, UD=low intensity
Committed and Complex Level of Care Service	Treatment	UB04/837I	086X	Special Facility – Residential Facility	0944 0945 0953	Drug Rehabilitation Alcohol Rehabilitation Combined Drug and Alcohol Rehabilitation	Day	H2036 with HK modifier	Must meet eligibility for placement in a high-intensity (30 treatment hours) residential program; and are either: Placed in a Community Addiction Recovery Enterprise (C.A.R.E.) program; OR Are committed AND score an intensity level of 4 on at least two of the dimensions 4, 5, or 6 OR score an intensity level of 3 on dimension 3, and 4 on at least one of the dimensions 4, 5, or 6.
Medically Monitored Withdrawal Management	Treatment	UB04/837I	086X	Special Facility – Residential Facility	0919	Behavioral Health Treatment/Services	Day	N/A	Must meet criteria with an ASAM level of 3.7
Clinically Managed Withdrawal Management	Treatment	UB04/837I	086X	Special Facility – Residential Facility	0900	Behavioral Health Treatment/Services	Day	N/A	Must meet criteria with an ASAM level of 3.2
OUTPATIENT SERVICES **(CMS1500 or UB04 claim form submission is based on your facility's requirements)**									
Outpatient Program	Non-Residential Treatment	UB04/837I	089X or 013X	Special Facility Other (089X) or Outpatient Hospital (013X)*	0944 0945 0953	Drug Rehabilitation Alcohol Rehabilitation Combined Drug and Alcohol Rehabilitation	Hour	H2035	Individual alcohol and/or other drug treatment program, per hour Use U1 modifier if positive SBIRT referred member to treatment *013X is for Acute Care Hospital outpatient programs only
								H2035 with HQ modifier	Group alcohol and/or other drug treatment program, per hour (may be billed simultaneously with H2035) Use U1 modifier if positive SBIRT referred

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									member to treatment *013X is for Acute Care Hospital outpatient programs only
		CMS1500/837P	N/A	N/A	N/A	N/A	Hour	H2035	Individual alcohol and/or other drug treatment program, per hour Use U1 modifier if positive SBIRT referred member to treatment
								H2035 with HQ modifier	Group alcohol and/or other drug treatment program, per hour (may be billed simultaneously with H2035) Use U1 modifier if positive SBIRT referred member to treatment
Treatment Coordination	Non-Residential Treatment	CMS1500/837P	N/A	N/A	N/A	N/A	15 minute	T1016 with Modifier U8 HN	Service Limitations of 8 per day Use U1 modifier if positive SBIRT referred member to treatment
Peer Support Specialist	Non-Residential Treatment	CMS1500/837P	N/A	N/A	N/A	N/A	15 minute	H0038 with modifier U8	Service Limitations of 8 per day Use U1 modifier if positive SBIRT referred member to treatment
Comprehensive Assessment	Assessment	CMS1500/837P	N/A	N/A	N/A	N/A	N/A	H0001	
Substance Use Disorder Treatment with Medication for Opioid Use Disorder (SUD-MOUD) (methadone)	Non-Residential Treatment	CMS1500/837P	N/A	N/A	N/A	N/A	Day	H0020	Alcohol and/or drug services; methadone administration and/or service (provision of the drug by a licensed program); LIN segment to identify drug
Substance Use Disorder Treatment with Medication for Opioid Use Disorder (SUD-MOUD): All Other – naltrexone, Antabuse®	Non-Residential Treatment	CMS1500/837P	N/A	N/A	N/A	N/A	Day	H0047 with U9 modifier	Alcohol and/or drug services; buprenorphine, naltrexone, or Antabuse® administration and/or service (provision of the drug by a licensed program); LIN segment to identify drug
Substance Use Disorder Treatment with Medication for Opioid Use Disorder (SUD-MOUD): Plus – (methadone) – Minimum of nine hours of counseling services per week	Non-Residential Treatment	CMS1500/837P	N/A	N/A	N/A	N/A	Day	H0020 with UA modifier	Alcohol and/or drug services; methadone administration and/or service (provision of the drug by a licensed program); minimum of nine hours of counseling services per week; LIN segment to identify drug
Substance Use Disorder Treatment with Medication for Opioid Use Disorder (SUD-MOUD): Plus – All other – buprenorphine, naltrexone, Antabuse® – Minimum of nine hours of counseling services	Non-Residential Treatment	CMS1500/837P	N/A	N/A	N/A	N/A	Day	H0047 with UB modifier	Alcohol and/or drug services; buprenorphine, naltrexone, or Antabuse® administration and/or service (provision of the drug by a licensed program); minimum of nine hours of counseling services per week; LIN segment to identify drug

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Service Description	Service Type	Claim Type	Type of Bill	Type of Bill Description	Revenue Code	Revenue Code Description	Unit	HCPCS Code	Comments/HCPCS Code Description
per week									
Substance Use Disorder Treatment with Medication for Opioid Use Disorder (SUD-MOUD): Medicare – Methadone; weekly bundle including dispensing and/or administration, substance use counseling, individual and group therapy, and toxicology testing.	Non-Residential Treatment	CMS1500/837P	N/A	N/A	N/A	N/A	Weekly	G2067	Alcohol and/or drug services; methadone administration and/or service (provision of the services by a Medicare-enrolled Opioid Treatment Program); covers episodes of care of 7 contiguous days and cannot be billed more than once per 7 contiguous day period.
Substance Use Disorder Treatment with Medication for Opioid Use Disorder (SUD-MOUD): Medicare – Buprenorphine (oral); weekly bundle including dispensing and/or administration, substance use counseling, individual and group therapy, and toxicology testing.	Non-Residential Treatment	CMS1500/837P	N/A	N/A	N/A	N/A	Weekly	G2068	Alcohol and/or drug services; Buprenorphine administration and/or service (provision of the services by a Medicare-enrolled Opioid Treatment Program); covers episodes of care of 7 contiguous days and cannot be billed more than once per 7 contiguous day period.
Substance Use Disorder Treatment with Medication for Opioid Use Disorder (SUD-MOUD): Medicare – Buprenorphine (injectable); weekly bundle including dispensing and/or administration, substance use counseling, individual and group therapy, and toxicology testing.	Non-Residential Treatment	CMS1500/837P	N/A	N/A	N/A	N/A	Weekly	G2069	Alcohol and/or drug services; Buprenorphine (injectable) administration and/or service (provision of the services by a Medicare-enrolled Opioid Treatment Program); consistent with FDA labeling, should generally not be used more than once every 4 weeks.
Substance Use Disorder Treatment with Medication for Opioid Use Disorder (SUD-MOUD): Medicare – Buprenorphine (Implant insertion); weekly bundle including dispensing and/or administration, substance use counseling, individual and group therapy, and toxicology testing.	Non-Residential Treatment	CMS1500/837P	N/A	N/A	N/A	N/A	Weekly	G2070	Alcohol and/or drug services; Buprenorphine (Implant insertion) administration and/or service (provision of the services by a Medicare-enrolled Opioid Treatment Program); consistent with FDA labeling, should generally not be used more than once every 6 months.

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Service Description	Service Type	Claim Type	Type of Bill	Type of Bill Description	Revenue Code	Revenue Code Description	Unit	HCPCS Code	Comments/HCPCS Code Description
Substance Use Disorder Treatment with Medication for Opioid Use Disorder (SUD-MOUD): Medicare – Buprenorphine (Implant removal); weekly bundle including dispensing and/or administration, substance use counseling, individual and group therapy, and toxicology testing.	Non-Residential Treatment	CMS1500/837P	N/A	N/A	N/A	N/A	Weekly	G2071	
Substance Use Disorder Treatment with Medication for Opioid Use Disorder (SUD-MOUD): Medicare – Buprenorphine (Implant insertion and removal); weekly bundle including dispensing and/or administration, substance use counseling, individual and group therapy, and toxicology testing.	Non-Residential Treatment	CMS1500/837P	N/A	N/A	N/A	N/A	Weekly	G2072	Alcohol and/or drug services; Buprenorphine (Implant insertion and removal) administration and/or service (provision of the services by a Medicare-enrolled Opioid Treatment Program); consistent with FDA labeling, should generally not be used more than once every 6 months.
Substance Use Disorder Treatment with Medication for Opioid Use Disorder (SUD-MOUD): Medicare – Naltrexone; weekly bundle including dispensing and/or administration, substance use counseling, individual and group therapy, and toxicology testing.	Non-Residential Treatment	CMS1500/837P	N/A	N/A	N/A	N/A	Weekly	G2073	Alcohol and/or drug services; Naltrexone administration and/or service (provision of the services by a Medicare-enrolled Opioid Treatment Program); covers episodes of care of 7 contiguous days and cannot be billed more than once per 7 contiguous day period.
Substance Use Disorder Treatment with Medication for Opioid Use Disorder (SUD-MOUD): Medicare – Weekly bundle not including the drug, including substance use counseling, individual and group therapy, and toxicology testing.	Non-Residential Treatment	CMS1500/837P	N/A	N/A	N/A	N/A	Weekly	G2074	Bill for services furnished during an episode of care when medication is not administered (provision of the services by a Medicare-enrolled Opioid Treatment Program).
Substance Use Disorder Treatment with Medication for Opioid Use Disorder (SUD-MOUD): Medicare – Medication not otherwise specified; weekly bundle including dispensing and/or administration, substance use counseling, individual and group therapy, and toxicology testing.	Non-Residential Treatment	CMS1500/837P	N/A	N/A	N/A	N/A	Weekly	G2075	Alcohol and/or drug services; new opioid agonist or antagonist treatment medication approved by the FDA under section 505 of the US FFCSA for the treatment of OUD administration and/or service (provision of the services by a Medicare-enrolled Opioid Treatment Program); Cover episodes of care of 7 contiguous days and cannot be billed more than once per 7 contiguous day period.

PrimeWest Health Substance Use Disorder (SUD) Coding Structure

Service Description	Service Type	Claim Type	Type of Bill	Type of Bill Description	Revenue Code	Revenue Code Description	Unit	HCPCS Code	Comments/HCPCS Code Description
Substance Use Disorder Treatment with Medication for Opioid Use Disorder (SUD-MOUD): Medicare – Intake activities, including initial medical exam; List separately in addition to code for primary procedure.	Intake	CMS1500/837P	N/A	N/A	N/A	N/A	Weekly	G2076	Only billable for patients starting treatment at the Opioid Treatment Program (OTP) (provision of the services by a Medicare-enrolled Opioid Treatment Program).
Substance Use Disorder Treatment with Medication for Opioid Use Disorder (SUD-MOUD): Medicare – periodic assessments	Non-Residential Treatment	CMS1500/837P	N/A	N/A	N/A	N/A	Weekly	G2077	
Substance Use Disorder Treatment with Medication for Opioid Use Disorder (SUD-MOUD): Medicare – Take home supply of methadone; up to 7 additional day supply; list separately in addition to code for primary procedure	Non-Residential Treatment	CMS1500/837P	N/A	N/A	N/A	N/A		G2078	Can only be used with the methadone weekly episode of care (G2067) and can be billed along with the base bundle in units of up to 3, for a total of up to a 1 month supply (provision of the services by a Medicare- enrolled Opioid Treatment Program).
Substance Use Disorder Treatment with Medication for Opioid Use Disorder (SUD-MOUD): Medicare – Take home supply of buprenorphine (oral); up to 7 additional day supply; list separately in addition to code for primary procedure	Non-Residential Treatment	CMS1500/837P	N/A	N/A	N/A	N/A		G2079	Can only be used with the buprenorphine weekly episode of care (G2068) and can be billed along with the base bundle in units of up to 3, for a total of up to a 1 month supply (provision of the services by a Medicare-enrolled Opioid Treatment Program).
Substance Use Disorder Treatment with Medication for Opioid Use Disorder (SUD-MOUD): Medicare – Each additional 30 minutes of counseling in a week of MAT; list separately in addition to code for primary procedure	Non-Residential Treatment	CMS1500/837P	N/A	N/A	N/A	N/A		G2080	May be billed when counseling or therapy services are furnished that substantially exceed the amount specified in the individualized treatment plan. Add Modifier 95 to the claim for counseling and therapy that is provided via audio-video telecommunications using HCPC code G2080. Add Modifier FQ to the claim for counseling and therapy that is provided via audio-only telecommunications using HCPCS code G2080.
Substance Use Disorder Treatment with Medication for Opioid Use Disorder (SUD-MOUD): Medicare – Take-Home supply of nasal naloxone, 2-pack of 4mg per 0.1 mL nasal spray; list	Non-Residential Treatment	CMS1500/837P	N/A	N/A	N/A	N/A		G2215	Provision of the services by a Medicare enrolled Opioid Treatment Program.

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separately in addition to code for primary procedure									
Substance Use Disorder Treatment with Medication for Opioid Use Disorder (SUD-MOUD): Medicare – Take-Home supply of injectable naloxone; list separately in addition to code for primary procedure.	Non-Residential Treatment	CMS1500/837P	N/A	N/A	N/A	N/A		G2216	When submitting a claim for HCPCS code G2216, you must note the dosage dispensed to the patient in the units field of the claim form, rounded to the nearest whole number (with a minimum dosage of 1 mg). Provision of the services by a Medicare enrolled Opioid Treatment Program.
Substance Use Disorder Treatment with Medication for Opioid Use Disorder (SUD-MOUD): Medicare – Take-Home supply of nasal naloxone, 2-pack of 8mg per 0.1 mL nasal spray; list separately in addition to code for primary procedure	Non-Residential Treatment	CMS1500/837P	N/A	N/A	N/A	N/A	Monthly	G1028	Can only be billed once every 30 days unless an additional take-home supply of the medication is medically reasonable and necessary (Provision of the services by a Medicare enrolled Opioid Treatment Program).
ACUTE HOSPITAL INPATIENT									
Hospital-Based Residential	Room and Board and Treatment	UB04/837I	011X	Hospital – Inpatient	0101	All-inclusive Treatment and Room and Board	Day	N/A	N/A
Hospital-Based Residential – Room and Board Component Only	Room and Board	UB04/837I	011X	Hospital – Inpatient	0118 0128 0138 0148 0158	Room and Board	Day	N/A	Effective July 1, 2014, room and board services are billed directly to MHCP using MN–ITS Direct Data Entry (DDE) or Batch, not PrimeWest Health.
Hospital-Based Residential – Treatment Component Only	Treatment	UB04/837I	011X	Hospital – Inpatient	0944 0945	Drug Rehabilitation Alcohol Rehabilitation	Day	N/A	N/A
Hospital-Based Clinically Managed Withdrawal Management	Treatment	UB04/837I	011X	Hospital – Inpatient	0900	Behavioral Health Treatment/Services	Day	N/A	Must meet criteria with an ASAM level of 3.2
Hospital-Based Medically Monitored Withdrawal Management	Treatment	UB04/837I	011X	Hospital – Inpatient	0919	Behavioral Health Treatment/Services	Day	N/A	Must meet criteria with an ASAM level of 3.7
Hospital-Based Room and Board Associated with Withdrawal Management	Room and Board	UB04/837I	011X	Hospital – Inpatient	0116 0126 0136 0146 0156	Room and Board	Day	N/A	Effective July 1, 2014, room and board services are billed directly to MHCP using MN–ITS Direct Data Entry (DDE) or Batch, not PrimeWest Health.