

**ALABAMA DEPARTMENT OF MENTAL HEALTH  
MENTAL HEALTH AND SUBSTANCE ABUSE SERVICES  
DIVISION**



**CONTRACT BILLING MANUAL**

EFFECTIVE August 1, 2018

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# INTRODUCTION

## INTRODUCTION

This document is the Contract Billing Manual and is intended to function as a companion to the ADMH Substance Abuse Services purchase of service contract. It serves to define billable services, eligible staff (where appropriate), reporting codes, units, unit rates, restrictions (if any), and any other condition of billing the service.

While it is recognized that involvement of family members in the rehabilitation of patients with mental health and substance use disorders may be necessary and appropriate, provision of services where the family is involved must be clearly directed to meeting the identified patient's needs. Services provided to non-Medicaid eligible family members independent of meeting the identified patient's needs are not covered by Medicaid.

Questions relative to this manual should be directed to the appropriate Office of Substance use disorder treatment Services (OSATS) team member.

### **No residential programs with 17 beds or more are eligible to bill Medicaid (IMD Exclusion).**

#### **Listing of modifier codes:**

- 59 – Special Medicaid Modifier (NCCI)
- CG – Probation (methadone)
- CU – Cures Grant
- DY – Department of Youth Services
- GZ – Bed Hold Day
- H9 – Drug Court
- HA – Adolescent
- HD – Special Women's
- HF – Substance Abuse
- HG – Methadone
- HH – Co-occurring Enhanced
- HQ – Group
- HV – State Only
- HW:QJ – Institutional Assessment
- HZ – Indigent Offender
- TS- Guest dosing (methadone)
- U6 – HIV
- UF – Phase 2-3 (methadone)
- V1 – Induction/Phase 1 (methadone)
- V3 – Maintenance/Phase 4-5 (methadone)

# ASSESSMENTS

## **DIAGNOSTIC TESTING ADMINISTERED BY COMPUTER**

**Definition:** Psychological testing (includes psycho-diagnostic assessment of emotionality, intellectual abilities, personality and psychopathology, e.g. MMPI), administered by a computer, with qualified health care professional interpretation and report.

**Eligible Staff:** QSAP I

**SAS Reporting Code:** 96103:HF, HF:HD, HF:HV, HF:H9, HF:HH , HF:HZ, HF:CU, HF:H9:CU, HF:HD:CU, HF:HH:CU or HF:HZ:CU- Adult

96103:HF:HA, HF:HA:DY, HF:HA:HH or HF:HA:H9 - Adolescent

**SAS Reporting Unit:** Hour

**SAS Contract Billing Rate:** \$85.53 per hour

**Maximum Billable Unit(s):** 1 hour per year

**SAS Reporting Combination Restrictions:** Must be actively enrolled in an ADMH certified substance use disorder treatment program. Not allowable in Level III.01

**Location:** Services can be delivered in any setting that is acceptable for both the patient and staff member, that affords an adequate therapeutic environment, and that protects the patient's rights to privacy and confidentiality.

## **DIAGNOSTIC TESTING ADMINISTERED BY PHYSICIAN**

Definition: Administration of a standardized objective and/or projective test of an intellectual, personality, or related nature in a face-to-face interaction between a patient and a qualified practitioner.

Eligible Staff: Physician or Psychologist

SAS Reporting Code: **96101:HF, HF:HD, HF:HV, HF:H9, HF:HH, HF:HZ, HF:CU, HF:H9:CU, HF:HD:CU, HF:HH:CU or HF:HZ:CU- Adult**

**96101:HF:HA, HF:HA:DY, HF:HA:HH or HF:HA:H9 – Adolescent**

SAS Reporting Unit: Hour

SAS Contract Billing Rate: \$150.00 per hour

Maximum Billable Unit(s): 5 hours per year per patient

**SAS Reporting Combination Restrictions:** Must be actively enrolled in an ADMH certified substance use disorder treatment program. Not allowable in Level III.01

Location: Services can be delivered in any setting that is acceptable for both the patient and staff member, that affords an adequate therapeutic environment, and that protects the patient's rights to privacy and confidentiality.

## **DIAGNOSTIC TESTING ADMINISTERED BY TECHNICIAN**

**Definition:** Administration of a standardized objective and/or projective test of an intellectual, personality, or related nature in a face-to-face interaction between a patient and a qualified practitioner.

**Eligible Staff:** QSAP I

**SAS Reporting Code:** 96102:HF, HF:HD, HF:HV, HF:H9, HF:HH, HF:HZ, HF:CU, HF:H9:CU, HF:HD:CU, HF:HH:CU or HF:HZ:CU- Adult

96102:HF:HA, HF:HA:DY, HF:HA:HH or HF:HA:H9 – Adolescent

**SAS Reporting Unit:** Hour

**SAS Contract Billing Rate:** \$85.53 per hour

**Maximum Billable Unit(s):** 5 hours per year per patient

**SAS Reporting Combination Restrictions:** Must be actively enrolled in an ADMH certified substance use disorder treatment program. Not allowable in Level III.01

**Location:** Services can be delivered in any setting that is acceptable for both the patient and staff member, that affords an adequate therapeutic environment, and that protects the patient's rights to privacy and confidentiality.

## **INTAKE EVALUATION (BEHAVIORAL HEALTH PLACEMENT ASSESSMENT)**

**Definition:** An initial clinical evaluation of the patient's request for assistance, presenting psychological and social functioning status, physical and medical condition, need for additional evaluation and/or treatment, and appropriateness for treatment of substance use disorders. Evaluation may incorporate the use of play equipment, physical devices, language interpreter, or other aids to enhance therapeutic interaction.

**Eligible Staff:** QSAP I

**SAS Reporting Code:** 90791:HF, HF:H9, HF:HD, HF:HG, HF:HH, HF:HV, HF:HZ,  
HF:H9:HG:CU, HF:HD:HG:CU, HF:HH:HG:CU, HF:HZ:HG:CU or  
HF:HG:CU- Adult

90791:HF:HA, HF:HA:DY, HF:HA:HH, HF:HA:H9 or HF:HA:HG:CU –  
Adolescent

**Assessment Instrument:** ADMH Integrated Placement Assessment

**SAS Reporting Unit:** Episode

**SAS Contract Billing Rate:** \$120 per episode

**Maximum Billable Unit(s):** 1 episode per year (1 per calendar year for Medicaid, 1 per fiscal year for state/block grant)

**SAS Reporting Combination Restrictions:** This service cannot be billed in conjunction with Individual Counseling (90832, 90834, 90837), Group Counseling (90853), Family Counseling (90846, 90847), or Multi Family Group Psychotherapy (90849).

**Location:** Services can be delivered in any setting that is acceptable for both the patient and staff member, that affords an adequate therapeutic environment, and that protects the patient's rights to privacy and confidentiality.

**Level 0.5 Early Intervention:** This service can be billed for patient with a Z03.89 code.

**INTAKE EVALUATION-CURES ONLY**  
(BEHAVIORAL HEALTH PLACEMENT ASSESSMENT)

**Definition:** An ADMH approved ASAM placement assessment conducted in response to referrals from the Alabama STR hotline. An initial clinical evaluation of the patient’s request for assistance, presenting psychological and social functioning status, physical and medical condition, need for additional evaluation and/or treatment, and appropriateness for treatment of substance use disorders. Evaluation may incorporate the use of play equipment, physical devices, language interpreter, or other aids to enhance therapeutic interaction.

**Eligible Staff:** QSAP I

**SAS Reporting Code:** H0001:HF:HG:CU-Adult  
H0001:HF:HD:HG:CU-Special Women’s  
H0001:HF:HA:HG:CU- Adolescent  
H0001:HF:HH:HG:CU-Co-Occurring  
H0001:HF:HZ:HG:CU-Indigent  
H0001:HF:H9:HG:CU-Drug Court

**Assessment Instrument:** ADMH Integrated Placement Assessment

**SAS Reporting Unit:** Episode

**SAS Contract Billing Rate:** \$150 per Unit

**Maximum Billable Unit(s):** As according to the patient’s assessed needs.

**SAS Reporting Combination Restrictions:** This service cannot be billed in conjunction with Individual Counseling (90832, 90834, 90837) or Multi Family Group Psychotherapy (90849).

**Location:** Services can be delivered in any setting that is acceptable for both the patient and staff member, that affords an adequate therapeutic environment, and that protects the patient's rights to privacy and confidentiality.

**Level 0.5 Early Intervention:** This service can be billed for patient with a Z03.89 code.

## **INTAKE/BEHAVIORAL HEALTH PLACEMENT ASSESSMENT IN INSTITUTIONS (JAILS, PRISONS, HOSPITALS)**

**Definition:** The Alabama Department of Mental Health has enabled payment for this service in response to requests from partner agencies to assist patients who need substance use disorder treatment in transitioning from an institutional setting to community-based care. Assessments done in institutional settings are not allowable for the purpose of case finding. These assessments must be completed at the request of a potential patient, family member on behalf of a patient, institutional staff, or an agency or entity seeking services on behalf of a potential patient. In each of these cases, the person must have an indicated need for transitioning from his/her current institutional setting to a substance use disorder treatment program. All rules published in the Alabama Department of Mental Health Administrative Code for the provision of the Intake Evaluation (Behavioral Health Placement Assessment) and related documentation are applicable to this service.

Eligible Staff:	QSAP I
SAS Reporting Codes:	90791:HF:HW:QJ – Adult 90791:HF:HA:HW:QJ - Adolescents
Assessment Instrument:	ADMH Integrated Placement Assessment
SAS Reporting Unit:	Episode
SAS Contract Billing Rate:	\$140.00 per episode
Maximum Billable Unit(s):	1 episode per year
Location:	Jails, Prisons, Hospitals, Location of individuals under house arrest

## **MENTAL HEALTH AND SUBSTANCE USE DISORDERS ASSESSMENT**

**Definition:** A structured interview process that functions to evaluate a patient's present level of functioning and/or presenting needs. The assessment is used to establish additional or modify existing diagnoses, establish new or additional rehabilitation service goals, assess progress toward goals, and/or to determine the need for continued care, transfer, or discharge.

**Eligible Staff:** QSAP I

**SAS Reporting Code:** H0031:HF, HF:HV, HF:H9, HF:HZ, HF:CU, HF:H9:CU, HF:HH:CU or HF:HZ:CU - Adult  
H0031:HF:HD or HF:HD:CU – Special Women's  
H0031:HF:HA, HF:HA:DY - Adolescent

**SAS Reporting Unit:** 15 min

**SAS Contract Billing Rate:** \$10.00 per 15-minute unit

**Maximum Billable Unit(s):** 8 units per day, 32 per year

**SAS Reporting Combination Restrictions:** Must be actively enrolled in an ADMH certified substance use disorder treatment program. May not be billed in combination with intake evaluation.

**Location:** Services can be delivered in any setting that is acceptable for both the patient and staff member, that affords an adequate therapeutic environment, and that protects the patient's rights to privacy and confidentiality. Location should be in compliance with all applicable federal, state, and local codes.

## **PHYSICIAN MEDICAL ASSESSMENT AND TREATMENT**

**Definition:** Face-to face contact with a patient during which a qualified practitioner provides psychotherapy and/or medical management services. Services may include physical examinations, evaluation of co-morbid medical conditions, development or management of medication regimens, the provision of insight oriented, behavior modifying, supportive, or interactive psychotherapeutic services, or the provision of educational services related to management of a physical or substance use disorder.

**Eligible Staff:** Physician  
Physician Assistant  
Certified Registered Nurse Practitioner (CRNP)

**SAS Reporting Code:** H0004:HF, HF:HD, HF:HG, HF:HH, HF:HV, HF:HZ, HF:H9, HF:H9:CU, HF:HD:CU, HF:HH:CU OR HF:HZ:CU -Adult  
H0004:HF:HA, HF:HA:DY, or HF:HA:HH - Adolescent

**SAS Reporting Unit:** 15 minutes

**SAS Contract Billing Rate:** \$42.00 per unit

**Maximum Billable Unit(s):** 6 units per day/52 units per year

**SAS Reporting Combination Restrictions:** Must be actively enrolled in an ADMH certified substance use disorder treatment program. Not billable with Level 2-WM, Level 3.7-WD or Level 3.01

**Location:** Services can be delivered in any setting that is acceptable for both the patient and staff member, that affords an adequate therapeutic environment, and that protects the patient's rights to privacy and confidentiality.

# ACCOMODATIONS

## **ACCOMMODATIONS FOR CHILDREN IN RESIDENTIAL SPECIAL WOMEN'S PROGRAM**

**Definition:** Overnight accommodations (room and board/lodging) for children of patients who are in special women's residential programs.

**SAS Reporting Code:**                **S9976 or S9976:CU - One Child**  
   **S9976:HF or HF:CU - Two Children**  
   **S9976:HF:HD or HF:HD:CU- Three Children**

**SAS Reporting Unit:**                Day

**SAS Contract Billing Rate:**        \$30.00 One Child  
   \$60.00 Two Children  
   \$90.00 Three Children

**Maximum Billable Unit(s):**    One per child per day

**SAS Reporting Combination Restrictions:** Parent/legal guardian must be actively enrolled in an ADMH certified substance use disorder treatment program. Only billable in program certified as a Special Women's Program whose written program description allows for children to come to treatment with the patient.

**Location:** In a residential structure that complies with all applicable federal, state and local codes and is certified at Level 3.1, 3.3, or 3.5.

**BEHAVIORAL HEALTH ACCOMMODATION (FORMERLY RESIDENTIAL BED, BOARD AND PROTECTION)**

**Definition:** A highly structured, twenty-four hour, supervised living arrangement operated by the facility using employees around the clock, awake staff, and designed to initiate and promote a safe and sober living environment for the patients, including food and housing. Academic services are also to be provided where applicable.

**Eligible Levels of Care:** Unbundled Level 3.1, Level 3.3, Level 3.5, Level 3.7, and Level 3.7-WM

**SAS Reporting Code:** **1003:HF, HF:HD, HF:HV, HF:H9 HF:HH, HF:HZ, HF:CU, HF:H9:CU, HF:HD:CU, HF:HH:CU or HF:HZ:CU – Adult Supervised Living**

**1003:HF:HA, HF:HA:HH or HF:HA:H9 – Adolescent**

**SAS Reporting Unit:** Day

**SAS Contract Billing Rate:** \$37.42 per day

**Maximum Billable Unit(s):** **The maximum units billable in one day cannot exceed the number of certified beds.**

**SAS Reporting Combination Restrictions:** Must be actively enrolled in an ADMH certified substance use disorder treatment program. Cannot be billed in conjunction with another residential rate (MH, SA or DD).

In disaster situations where patients must be sent away from the facility for a brief time, this service can be billed for up to three (3) days. Billing in excess of three (3) days must be approved by the ADMH Office of Substance use disorder treatment Services.

**Location:** Level 3.1, Level 3.3, Level 3.5, Level 3.7-WM certified residential programs

## RESIDENTIAL BED HOLD DAY

**Definition:** Bed Hold is defined for the Residential Treatment Programs Contract Billing as the act of reserving a bed space for a patient that is admitted to the facility but has to be temporarily absent from the program. Absence is defined as time away from the program due to illness that results in a (psychiatric or general) hospital stay, family illness/emergency, weather-related disasters, temporary incarceration, or physical damage resulting in loss of power or water to the facility. All other conditions must comply with the general rules for bed occupancy. The Residential Bed Hold Day Policy is applicable to all residential levels of care.

**Billing Restriction:** Bed space for admitted patients is approved for payment for up to four (4) bed days without approval from the ADMH Office of Substance use disorder treatment Services. The contractor will submit on a timely basis to MHSAS the appropriate request for approval of additional days past the four (4) day time limit for the signature and approval of the appropriate staff member. Requests for approval may be made by fax or e-mail before services are entered into the Alabama Substance Abuse Information System (ASAS) for payment.

**Required/Eligible Staff:** Program and/or clinical directors as defined in the current version of the SA Administrative Code.

**ADMH Reporting Code:** Add the GZ modifier to any bundled residential code or Behavioral Health Accommodation code (i.e. H0018:HF:GZ, H0019:HF:GZ, H2036:HF:GZ, etc.). If the individual is enrolled in Cures, add CU immediately before the GZ modifier (i.e. H0018 HF:CU:GZ, etc.).

**SAS Reporting Unit:** 1 Bed Day

**SAS Contract Billing Rate:** \$45.00 Adult  
\$60.00 Co-Occurring Enhanced, Adolescent and Special Women's

**Documentation Requirements:** Written notification in the patient record will be necessary whenever a patient is absent from the program for more than a 24 hour period of time. Documentation should cover the reason for the patient's absence and note that the program is utilizing the Bed Day Policy. On occasions when the patient will be absent from the program for more than the four (4) days allowed by this policy, written documentation of the reason(s) for the absence, along with the approval from the ADMH office of Substance use disorder treatment Services, must be included in the patient's record.

**Maximum Billing Unit(s):** 4 Bed Days (96 hours) Without State Approval

**SAS Reporting Combination Restrictions:** Must be actively enrolled in an ADMH certified substance use disorder treatment program. Cannot be billed in conjunction with another residential rate (MH, SA or DD).

**Location:** Only appropriate for residential settings.

**BUNDLED**

**SERVICES**

## HOSPITAL DETOXIFICATION

**Definition:** An organized service delivered by medical and nursing professionals, which provides 24-hour medically supervised evaluation and withdrawal management in a permanent facility with inpatient beds for individuals who have opioid use disorders. Services are delivered under a defined set of physician approved policies and physician monitored procedures or clinical protocols. This level provides care to patients whose opioid withdrawal signs and symptoms are, or historically have been, sufficiently severe so as to require 24-hour inpatient care with observation, monitoring and treatment being available.

Essential to this level of care is the availability of appropriately credentialed and licensed nurses who monitor patients over a period of several hours each day of service.

A detailed description of the services typically offered in this level of care, the care setting and how to identify which patients would benefit best from these services based on an ASAM dimensional needs assessment, is described in the most recent publication of ASAM.

**Eligible Staff:** See ADMH Administrative Code.

**SAS Reporting Code:**

- H0009:HF:HG:CU – Adult**
- H0009:HF:HD:HG:CU-Special Women’s**
- H0009:HF:HA:HG:CU – Adolescent**
- H0009:HF:HH:HG:CU – Co-Occurring**
- H0009:HF:HZ:HG:CU-Indigent**
- H0009:HF:H9:HG:CU-Drug Court**

**SAS Reporting Unit:** 1 day

**SAS Contract Billing Rate:** \$425.00 / Unit

**Maximum Billable Unit(s):** 1 per day

**SAS Reporting Combination Restrictions:** Must be actively enrolled in an ADMH certified substance use disorder treatment program. Cannot be billed in conjunction with a bundled/residential rate (MH, SA or DD).

**Location:** Services can be delivered in a hospital setting only. It must afford an adequate therapeutic environment, and that protects the patient's rights to privacy and confidentiality.

## **LEVEL 1:WM AMBULATORY WITHDRAWAL MANAGEMENT WITHOUT EXTENDED ON-SITE MONITORING**

**Definition:** Level I-WM is an organized outpatient service, delivered by trained clinicians who provide medically supervised assessment, medication or non-medication methods of withdrawal management, patient education, non-pharmacological clinical support, involvement of family members or significant others in the withdrawal management process, and discharge or transfer planning, including referral for counseling and involvement in community recovery support groups. Therapies also include physician and/or nurse monitoring, assessment, and management of signs and symptoms of intoxication and withdrawal

A detailed description of the services typically offered in this level of care, the care setting and how to identify which patients would benefit best from these services based on an ASAM dimensional needs assessment, is described in the most recent publication of ASAM Criteria.

**Eligible Staff:** See ADMH Administrative Code.

**SAS Reporting Codes:** H0014:HF, HF:HV, HF:H9, HF:HZ, HF:CU, HF:H9:CU, HF:HD:CU, HF:HH:CU or HF:HZ:CU - Adult  
H0014:HF:HD – Special Women’s  
H0014:HF:HH – Co-occurring

**SAS Reporting Unit:** 1 day

**SAS Contract Billing Rate:** \$45.00  
\$54.00 Co-occurring Enhanced or Special Women’s

**SAS Reporting Combination Restrictions:** Must be actively enrolled in an ADMH certified substance use disorder treatment program. Cannot be billed in conjunction with a bundled/residential rate (MH, SA or DD).

**Maximum Billable Unit(s):** 1 per day

**Location:** Services can be delivered in any setting that is acceptable for both the patient and staff member, that affords an adequate therapeutic environment, and that protects the patient's rights to privacy and confidentiality.

## **LEVEL 2.5: PARTIAL HOSPITALIZATION SERVICES**

**Definition:** Partial hospitalization programs generally feature 20 or more hours of clinically intensive programming per week, as well as daily or near-daily contact, as specified in the patient's treatment plan. These programs typically have direct access to or close referral relationship with psychiatric, medical and lab services.

A detailed description of the services typically offered in this level of care, the care setting and how to identify which patients would benefit best from these services based on an ASAM dimensional needs assessment, is described in the most recent publication of the ASAM criteria.

**Eligible Staff:** See ADMH Administrative Code.

**SAS Reporting Code:** H0035:HF, HF:HV, HF:H9, HF:HZ, HF:CU, HF:H9:CU, HF:HD:CU, HF:HH:CU or HF:HZ:CU - Adult  
H0035:HF:HD – Special Women's  
H0035: HF:HH – Co-Occurring Enhanced

**SAS Reporting Unit:** Hour

**SAS Contract Billing Rate:** \$16.25 Adult  
\$19.50 Co-occurring Enhanced and Special Women's

**Maximum Billable Unit(s):** 4 units per day/520 units per year

**SAS Reporting Combination Restrictions:** Must be actively enrolled in an ADMH certified substance use disorder treatment program. Cannot be billed in conjunction with a bundled/residential rate (MH, SA or DD). May not be billed in combination with Individual (90832, 90834, 90837), Family (90846, 90847, 90849), or Group Counseling (90853), Physician Medical Assessment and Treatment (H0004), Medication Administration (96372, H0033), Medication Monitoring (H0034), Intensive Day Treatment (H2012), and Rehabilitative Day Program (H2017). These restrictions apply while a client is attending/actively enrolled in Partial Hospitalization whether or not the restricted services occur on the same day as Partial Hospitalization.

**Location:** Services can be delivered in any setting that is acceptable for both the patient and staff member, that affords an adequate therapeutic environment, and that protects the patient's rights to privacy and confidentiality.

**LEVEL 2 WM: AMBULATORY WITHDRAWAL MANAGEMENT WITH EXTENDED ON-SITE MONITORING**

**Definition:** Level 2WD detoxification is an organized outpatient service, which may be delivered by medical and nursing professionals who provide medically supervised evaluation, detoxification and referral services. Outpatient detoxification services shall be designed to treat the patient's level of clinical severity and to achieve safe and comfortable withdrawal from mood-altering substances, as well as effectively facilitate the patient's entry into ongoing treatment and recovery.

Essential to this level of care is the availability of appropriately credentialed and licensed nurses who monitor patients over a period of several hours each day of service.

A detailed description of the services typically offered in this level of care, the care setting and how to identify which patients would benefit best from these services based on an ASAM dimensional needs assessment, is described in the most recent publication of the ASAM criteria.

**Eligible Staff:** See ADMH Administrative Code.

**SAS Reporting Code:** **H0013:HF, HF:HV, HF:H9, HF:HZ, HF:CU, HF:H9:CU, HF:HD:CU, HF:HH:CU or HF:HZ:CU- Adult**  
**H0013:HF:HH – Co-Occurring Enhanced**  
**H0013:HF:HD – Special Women’s**

**SAS Reporting Unit:** 1 day

**SAS Contract Billing Rate:** \$145.00 – Adult  
\$174.00 – Co-Occurring Enhanced or Special Women’s

**Maximum Billable Unit(s):** 1 per day

**SAS Reporting Combination Restrictions:** Must be actively enrolled in an ADMH certified substance use disorder treatment program. Cannot be billed in conjunction with a bundled/residential rate (MH, SA or DD).

**Location:** Services can be delivered in any setting that is acceptable for both the patient and staff member, that affords an adequate therapeutic environment, and that protects the patient's rights to privacy and confidentiality.

### **LEVEL 3.01: TRANSITIONAL RESIDENTIAL TREATMENT**

**Definition:** A residential service that provides substance use disorder supportive services and therapeutic activities conducted in a residential setting designed to provide an environment conducive to recovery and to promote reintegration into the mainstream of society.

**Eligible Staff:** See ADMH Administrative Code.

**SAS Reporting Code:** T2048:HF, HF:HV, HF:H9, HF:HZ, HF:CU, HF:H9:CU, HF:HD:CU, HF:HH:CU or HF:HZ:CU - Adult  
T2048:HF:HD – Special Women’s  
T2048:HF:HH – Co-Occurring Enhanced

**SAS Reporting Unit:** Day

**SAS Contract Billing Rate:** \$40.00 per day Adult  
\$48.00 per day Co-Occurring Enhanced and Special Women’s

**Maximum Billable Unit(s):** **The maximum units billable in one day cannot exceed the number of certified beds.**

**SAS Reporting Combination Restrictions:** Must be actively enrolled in an ADMH certified substance use disorder treatment program. Cannot be billed in conjunction with a bundled/residential rate (MH, SA or DD).

**Location:** In a residential structure that complies with all applicable federal, state, and local codes.

### **LEVEL 3.1: CLINICALLY MANAGED LOW INTENSITY RESIDENTIAL TREATMENT ADULT**

**Definition:** Program offers at least 5 hours per week of low intensity treatment of substance use disorders. Treatment is characterized by services such as individual, group, and family therapy; medication management; and psychoeducation. These services facilitate the application of recovery skills, relapse prevention, and emotional coping strategies. They promote personal responsibility and reintegration of the patient into the network systems of work, education, and family life. Mutual/self-help meetings are available on-site, or easily accessible in the local community.

A detailed description of the services typically offered in this level of care, the care setting and how to identify which patients would benefit best from these services based on an ASAM dimensional needs assessment, is described in the most recent publication of the ASAM Criteria.

**Eligible Staff:** See ADMH Administrative Code.

**SAS Reporting Code:** **H2034:HF, HF:HV, HF:H9, HF:HZ, HF:CU, HF:H9:CU, HF:HD:CU, HF:HH:CU or HF:HZ:CU – Adult**  
**H2034:HF:HD – Special Women’s**  
**H2034:HF:HH – Co-Occurring Enhanced**

**SAS Reporting Unit:** Day

**SAS Contract Billing Rate:** \$54.00 – Adult, Adult Drug Court, Adult (State-Funded Only)  
\$65.00 Co-occurring Enhanced and Special Women’s

**Maximum Billable Unit(s):** **The maximum units billable in one day cannot exceed the number of certified beds.**

**SAS Reporting Combination Restrictions:** Must be actively enrolled in an ADMH certified substance use disorder treatment program. Cannot be billed in conjunction with a bundled/residential rate (MH, SA or DD).

**Location:** In a residential structure that complies with all applicable federal, state, and local codes.

**LEVEL 3.3: CLINICALLY MANAGED POPULATION-SPECIFIC HIGH INTENSITY ADULT  
RESIDENTIAL TREATMENT**

**Definition:** Provide a structured recovery environment in combination with high intensity clinical services provided in a manner to meet the functional limitations of patients to support recovery from substance-related disorders. For the typical patient in a Level 3.3 program, the effects of the substance use or other addictive disorder or a co-occurring disorder resulting in cognitive impairment on the individual’s life are so significant, and the resulting level of impairment so great, that outpatient motivational and/or relapse prevention strategies are not feasible or effective. Similarly, the patient’s cognitive limitations make it unlikely that he or she could benefit from other levels of residential care. The functional limitations seen in individuals who are appropriately placed in Level 3.3 are primarily cognitive and can be either temporary or permanent. When assessment indicates that such an individual is no longer cognitively impaired, he or she can be transferred to a higher or lower level of care based upon the severity of illness and rehabilitative needs.

A detailed description of the services typically offered in this level of care, the care setting and how to identify which patients would benefit best from these services based on an ASAM dimensional needs assessment, is described in the most recent publication of the ASAM criteria.

**Eligible Staff:** See ADMH Administrative Code.

**SAS Reporting Code:** **H0019:HF, HF:HV, HF:HZ, HF:H9, HF:CU, HF:H9:CU, HF:HD:CU, HF:HH:CU or HF:HZ:CU - Adult**  
**H0019:HF:HH – Co-Occurring Enhanced**  
**H0019:HF:HD – Special Women’s**

**SAS Reporting Unit:** 1 day

**SAS Contract Billing Rate:** \$90.00 Adult  
\$115.00 – Co-Occurring Enhanced and Special Women’s

**Maximum Billable Unit(s):** **The maximum units billable in one day cannot exceed the number of certified beds.**

**SAS Reporting Combination Restrictions:** Must be actively enrolled in an ADMH certified substance use disorder treatment program. Cannot be billed in conjunction with a bundled/residential rate (MH, SA or DD).

**Location:** In a residential structure that complies with all applicable federal, state, and local codes.

**LEVEL 3.5: CLINICALLY MANAGED HIGH INTENSITY RESIDENTIAL TREATMENT - ADULTS**

**LEVEL 3.5: CLINICALLY MANAGED MEDIUM INTENSITY RESIDENTIAL TREATMENT - ADOLESCENTS**

**Definition:** Programs are designed to serve patients who, because of specific functional limitations, need safe and stable living environments in order to develop and/or demonstrate sufficient recovery skills so that they do not immediately relapse or continue to use in an imminently dangerous manner upon transfer to a less intensive level of care. This level assists patients whose addiction is currently so out of control that they need a 24-hour supportive treatment environment to initiate or continue a recovery process that has failed to progress. Their multidimensional needs are of such severity that they cannot safely be treated in less intensive levels of care. Many patients treated in this level have significant social and psychological problems.

A detailed description of the services typically offered in this level of care, the care setting and how to identify which patients would benefit best from these services based on an ASAM dimensional needs assessment, is described in the most recent publication of the ASAM criteria.

**Eligible Staff:** See ADMH Administrative Code.

**SAS Reporting Code**                    **H2036:HF, HF:HA, HF:HV, HF:H9, HF:HZ, HF:CU, HF:H9:CU, HF:HD:CU, HF:HH:CU or HF:HZ:CU - Adult**  
**H2036:HF:HA, HF:HA:H9 – Adolescent**  
**H2036:HF:HH – Co-Occurring Enhanced**  
**H2036:HF:HD – Special Women’s**  
**H2036:HF:HA:HH – Adolescent Co-Occurring Enhanced**

**SAS Reporting Unit:**                    Day

**SAS Contract Billing Rate:**            \$120.00 Adult  
\$144.00 – Adolescent, Co-Occurring Enhanced, TANF and Special Women’s

**Maximum Billable Unit(s):**        Cannot exceed number of certified beds.

**SAS Reporting Combination Restrictions:** Must be actively enrolled in an ADMH certified substance use disorder treatment program. Cannot be billed in conjunction with a bundled/residential rate (MH, SA or DD).

**Location:** In a residential structure that complies with all applicable federal, state, and local codes.

**LEVEL 3.7: MEDICALLY MONITORED INTENSIVE INPATIENT TREATMENT - ADULTS**

**LEVEL 3.7: MEDICALLY MONITORED HIGH-INTENSITY INPATIENT TREATMENT - ADOLESCENTS**

**Definition:** Programs provide a planned and structured regime of 24-hour professionally directed evaluation, observation, medical monitoring and addiction treatment in an inpatient setting. This level of care is appropriate for those patients whose sub-acute, biomedical and emotional, behavioral or cognitive problems are so severe that they require inpatient treatment, but who do not need the full resources of an acute care general hospital or a medically managed inpatient treatment program.

A detailed description of the services typically offered in this level of care, the care setting and how to identify which patients would benefit best from these services based on an ASAM dimensional needs assessment, is described in the most recent publication of the ASAM criteria.

**Eligible Staff:** See ADMH Administrative Code.

**SAS Reporting Code:** H0018:HF, HF:HV, HF:H9, HF:HZ, HF:CU, HF:H9:CU, HF:HD:CU, HF:HH:CU or HF:HZ:CU – Adult  
H0018:HF:HH – Co-Occurring  
H0018:HF:HD – Special Women’s  
H0018:HF:HA - Adolescent

**SAS Reporting Unit:** 1 day

**SAS Contract Billing Rate:** \$145.00 Adult  
\$190.00 – Adolescent, Special Women’s Co-Occurring Enhanced

**Maximum Billable Unit(s):** **The maximum units billable in one day cannot exceed the number of certified beds.**

**SAS Reporting Combination Restrictions:** Must be actively enrolled in an ADMH certified substance use disorder treatment program. Cannot be billed in conjunction with a bundled/residential rate (MH, SA or DD).

**Location:** In a residential structure that complies with all applicable federal, state, and local codes.

## **LEVEL 3.7-WM MEDICALLY MONITORED INPATIENT WITHDRAWAL MANAGEMENT**

**Definition:** Level 3.7-WM is an organized service delivered by medical and nursing professionals, which provides 24-hour medically supervised evaluation and withdrawal management in a permanent facility with inpatient beds. Services are delivered under a defined set of physician-approved policies and physician-monitored procedures or clinical protocols. This level provides care to patients whose withdrawal signs and symptoms are sufficiently severe to require 24-hour inpatient care with observation, monitoring and treatment being available.

A detailed description of the services typically offered in this level of care, the care setting and how to identify which patients would benefit best from these services based on an ASAM dimensional needs assessment, is described in the most recent publication of the ASAM criteria.

**Eligible Staff:** See ADMH Administrative Code.

**SAS Reporting Code:** **H0011:HF, HF:GZ, HF:HV, HF:HZ, HF:HG:CU, HF:H9:CU, HF:HD:CU, HF:HH:CU or HF:HZ:CU – Adult**

H0011: **HF:HA:HG:CU- Adolescents**

**SAS Reporting Unit:** 1 day

**SAS Contract Billing Rate:** \$205.00 per day

**SAS Reporting Combination Restrictions:** Must be actively enrolled in an ADMH certified substance use disorder treatment program. Cannot be billed in conjunction with a bundled/residential rate (MH, SA or DD).

**Maximum Billable Unit(s):** 1 per day

**Location:** In a residential structure that complies with all applicable federal, state, and local codes.

## Opioid Use Disorder Treatment

### (Formerly termed Methadone Treatment)

Definition: For the purposes of this definition and billing code, the medication referenced is methadone. Opioid Use Disorder Treatment is defined as the administration of medication to recipients who have a diagnosed opioid use disorder. Medication is administered to support the recipient's efforts to restore adequate functioning in major life areas that have been debilitated as a result of opioid addiction. This service includes medication administration and concurrent related medical, clinical and case management services. Treatment with the use of methadone is designed to offer the patient an opportunity to effect constructive changes in his/her life through the provision of medication assistance in conjunction with counseling and medical services. Methadone may be used in maintenance treatment to prevent a recurrence of the debilitating effects of Opioid use disorders.

Eligible Staff: See ADMH Administrative Code.

SAS Reporting Code: **H0020:HF, HF:HD, HF:HG, HF:HH, HF:HD:HG, HF:HH:HG  
HF:HG:V1, HF:HG:UF, HF:HG:V3, HF:HG:CG, HF:HG:TS,  
HF:H9:HG:CU, HG:HA:HG:CU, HG:HD:HG:CU, HF:HG:CU,  
HG:HH:HG:CU or HF:HZ:HG:CU**

SAS Reporting Unit: Dose

SAS Contract Maximum Billing Rate: \$17.00 per dose

Maximum Billable Unit(s): 1 per day / 365 per year

**SAS Reporting Combination Restrictions:** Must be actively enrolled in an ADMH and SAMHSA certified opioid treatment program.

Location: Services can be delivered in any setting that is acceptable for both the patient and staff member, that affords an adequate therapeutic environment, and that protects the patient's rights to privacy and confidentiality. Location and services should be in compliance with all applicable federal, state, and local codes.

**UNBUNDLED**

**SERVICES**

## ACTIVITY THERAPY

**Definition:** Activity Therapy – Structured, object-oriented, dance, art, social, or play therapeutic activities conducted, not for recreational purposes, by a qualified substance abuse professional with documented specialized training, to assist a patient in developing or enhancing psychosocial competencies, to alleviate emotional disturbance, to change maladaptive patterns of behavior, and/or to assist in restoring the patient to a level of functioning capable of supporting and sustaining recovery.

**Eligible Staff:** QSAP I, QSAP II, or QSAP III

**SAS Reporting Code:** H2032:HF:HA, HF:HA:H9, HF:HA:DY, HF:HA:HZ - Adolescent  
H2032:HF:HD or HF:HD:CU- Special Women’s  
H2032:HF:HH or HF:HH:CU - Co-occurring Enhanced  
H2032:HF:HA:HH – Adolescent Co-occurring Enhanced

H2032:HF:HA:HQ, HF:HA:H9:HQ, HF:HA:DY:HQ, HF:HA:HZ:HQ – Adolescent Group  
H2032:HF:HD:HQ or HF:HD:CU:HQ- Special Women’s - Group  
H2032:HF:HH:HQ or HF:HH:CU:HQ- Co-occurring Enhanced – Group  
H2032:HF:HA:HH:HQ - Adolescent Co-occurring Enhanced - Group

**SAS Reporting Unit:** 15 minute units

**SAS Contract Billing Rate:** \$14.00 – Individual  
\$ 4.00 – Group

**Maximum Billable Unit(s):** 4 units per day/832 units per year for Individual  
10 units per day/1040 units per year for Group.

**SAS Reporting Combination Restrictions:** Must be actively enrolled in an ADMH certified substance use disorder treatment program. Cannot be billed in conjunction with a bundled/residential rate (MH, SA or DD).

**Location:** Services can be delivered in any setting that is acceptable for both the patient and staff member, that affords an adequate therapeutic environment, and that protects the patient's right to privacy and confidentiality.

## **BASIC LIVING SKILLS**

**Definition:** Psychosocial services provided on an individual or group basis to enable a patient to maintain community tenure and to improve his or her capacity for independent living. Key services functions include training and assistance in developing or maintaining skills such as personal hygiene, housekeeping, meal preparation, shopping, laundry, money management, using public transportation, medication management, healthy lifestyle, stress management, and behavior education appropriate to the age and setting of the patient, as well as patient education about the nature of the illness, symptoms, and the patient's role in management of the illness

**Eligible Staff:** QSAP I, QSAP II, QSAP III, QPP, or ADMH Certified Recovery Support Specialist (CRSS)

**SAS Reporting Code:** **H0036:HF, HF:HV, HF:H9, HF:HZ, HF:CU, HF:H9:CU or HF:HZ:CU – Adult**  
**H0036:HF:HD or HF:HD:CU– Special Women's**  
**H0036:HF:HH or HF:HH:CU– Co-Occurring Enhanced**  
**H0036:HF:HA – Adolescent**  
**H0036:HF:HA:HH – Adolescent Co-occurring Enhanced**  
**H0036:HF:HA:H9 – Adolescent Drug Court**

**H0036:HF:HQ, HF:HV:HQ, HF:H9:HQ, HF:HZ:HQ, or HF:CU:HQ, HF:H9:CU:HQ or HF:HZ:CU:HQ – Adult Group**  
**H0036:HF:HD:HQ or HF:HD:CU:HQ– Special Women's Group**  
**H0036:HF:HH:HQ or HF:HH:CU:HQ– Co-Occurring Enhanced Group**  
**H0036:HF:HA:HQ – Adolescent Group**  
**H0036:HF:HA:HH:HQ – Adolescent Co-Occurring Enhanced Group**  
**H0036:HF:HA:H9:HQ – Adolescent Drug Court Group**

**SAS Reporting Unit:** 15 minutes

**SAS Contract Billing Rate:** \$14.00 (Individual)

\$4.00 (Group)

**Maximum Billable Unit(s):** 20 units per day/2080 units per year for Individual  
8 units per day/2080 units per year for Group

**SAS Reporting Combination Restrictions:** Must be actively enrolled in an ADMH certified substance use disorder treatment program. Cannot be billed in conjunction with a bundled/residential rate (MH, SA or DD).

**Location:** Services can be delivered in any setting that is acceptable for both the patient and staff member, that affords an adequate therapeutic environment, and that protects the patient's rights to privacy and confidentiality.

## **BEHAVIORAL HEALTH OUTREACH SERVICE**

Definition: Behavioral health outreach services are a planned approach to reach a targeted population. Contracted providers must use outreach models that are scientifically sound. Federal regulations identify three examples of scientifically sound models that may be used. They are:

1. The Standard Intervention Model
2. The Health Education Model
3. The Indigenous Leader Model

No one model fits all communities or all situations. If none of the models listed above are applicable to the local situation, the contracted provider may use an approach which reasonably can be expected to be effective and which has been approved, in writing, by ADMH. When other models are used, the providers must show how, within that community, the chosen model has the expectation to be effective.

As outreach demonstrates an agency’s willingness to go to the community rather than the community coming to it, providers must ensure that their outreach efforts:

- a. Consist of contracting, communicating with, and following up with high-risk substance abusers, their associates, and the neighborhood residents.
- b. Adhere to federal and state confidentiality requirements.
- c. Promote awareness about the relationship between injecting drug abuse and communicable diseases.
- d. Recommend steps that can be taken to prevent HIV transmission.
- e. Address the selection, training, and supervision of their outreach workers.
- f. Encourage patient entry into treatment.

**This service is not billed per patient, it is billed (similar to prevention) on a “dummy” patient that indicates services to unknown patients.**

Eligible Staff: May be conducted by staff who meets the qualifications for QSAP I, QSAP II, QSAP III, Qualified Paraprofessional, or Certified Recovery Support Specialist (CRSS).

SAS Reporting Code: HVH0023:HF, HF:HA, HF:HV, HF:H9, HF:HZ or HF:CU, HF:H9:CU, HF:HD:CU, HF:HH:CU or HF:HZ:CU - Adult  
H0023:HF:HD – Special Women’s  
H0023:HF:HH – Co-occurring enhanced  
H0023:HF:HA – Adolescent

SAS Reporting Unit: 15 minutes

SAS Contract Billing Rate: \$9 for Adults  
\$12 for Adolescents, Co-Occurring Enhanced & Special Women’s

Maximum Billable Unit(s): 12 units per day

SAS Reporting Combination Restrictions: None

Location: This service will be delivered in a safe community environment.

## **BUPRENORPHINE MONOPRODUCT**

**Definition:** Purchase of Buprenorphine Monoprodukt from an appropriately authorized, licensed Alabama dispenser.

**Eligible Staff:** Registered Nurse (RN) or Licensed Practical Nurse (LPN) OR Physician who is appropriately authorized/licensed.

**SAS Reporting Code:** **J0571:HF:HG:CU-Adult**  
**J0571:HF:HD:HG:CU-Special Women's**  
**J0571:HF:HA:HG:CU-Adolescent**  
**J0571:HF:HH:HG:CU-Co-Occurring**  
**J0571:HF:HZ:HG:CU-Indigent**  
**J0571:HF:H9:HG:CU-Drug Court**

**SAS Reporting Unit:** Dose

**SAS Contract Billing Rate:** \$2.00 per dose

**Maximum Billable Units:** One dose per day

**SAS Reporting Combination Restrictions:** Must be actively enrolled in an ADMH certified substance use disorder treatment program. One dose per day. May not be billed in conjunction with Methadone Treatment.

**Location:** Services can delivered in any setting that is acceptable for both the patient and staff member, that affords an adequate therapeutic environment, and that protects the patient's rights to privacy and confidentiality. Location should be in compliance with all applicable federal, state and local codes.

**BUPRENORPHINE/NALOXONE**  
**(COMBINATION PRODUCT < 3 MG)**

**Definition:** Purchase of Buprenorphine/ Naloxone combination Products from an appropriately authorized, licensed Alabama dispenser.

**Eligible Staff:** Registered Nurse (RN) or Licensed Practical Nurse (LPN) OR Physician who is appropriately authorized/licensed.

**SAS Reporting Code:** **J0572:HF:HG:CU-Adult**  
**J0572:HF:HD:HG:CU-Special Women’s**  
**J0572:HF:HA:HG:CU-Adolescent**  
**J0572:HF:HH:HG:CU-Co-Occurring**  
**J0572:HF:HZ:HG:CU-Indigent**  
**J0572:HF:H9:HG:CU-Drug Court**

**SAS Reporting Unit:** Dose

**SAS Contract Billing Rate:** \$12.00 per dose

**Maximum Billable Units:** One dose per day

**SAS Reporting Combination Restrictions:** Must be actively enrolled in an ADMH certified substance use disorder treatment program. One dose per day. May not be billed in conjunction with Methadone Treatment.

**Location:** Services can delivered in any setting that is acceptable for both the patient and staff member, that affords an adequate therapeutic environment, and that protects the patient’s rights to privacy and confidentiality. Location should be in compliance with all applicable federal, state and local codes.

**BUPRENORPHINE/NALOXONE**  
**(COMBINATION PRODUCT ≥3 mg-≤6mg)**

Definition: Purchase of Buprenorphine/ Naloxone combination Products from an appropriately authorized, licensed Alabama dispenser.

Eligible Staff: Registered Nurse (RN) or Licensed Practical Nurse (LPN) OR Physician who is appropriately authorized/licensed.

SAS Reporting Code: **J0573:HF:HG:CU-Adult**  
**J0573:HF:HD:HG:CU-Special Women's**  
**J0573:HF:HA:HG:CU-Adolescent**  
**J0573:HF:HH:HG:CU-Co-Occurring**  
**J0573:HF:HZ:HG:CU-Indigent**  
**J0573:HF:H9:HG:CU-Drug Court**

SAS Reporting Unit: Dose

SAS Contract Billing Rate: \$12.00 per dose

Maximum Billable Units: One dose per day

SAS Reporting Combination Restrictions: Must be actively enrolled in an ADMH certified substance use disorder treatment program. One dose per day. May not be billed in conjunction with Methadone Treatment.

Location: Services can delivered in any setting that is acceptable for both the patient and staff member, that affords an adequate therapeutic environment, and that protects the patient's rights to privacy and confidentiality. Location should be in compliance with all applicable federal, state and local codes.

**BUPRENORPHINE/NALOXONE**  
**(COMBINATION PRODUCTS  $\geq$ 6 mg-  $\leq$  10mg)**

Definition: Purchase of Buprenorphine/ Naloxone combination Products from an appropriately authorized, licensed Alabama dispenser.

Eligible Staff: Registered Nurse (RN) or Licensed Practical Nurse (LPN) OR Physician who is appropriately authorized/licensed.

SAS Reporting Code: **J0574:HF:HG:CU-Adult**  
**J0574:HF:HD:HG:CU-Special Women's**  
**J0574:HF:HA:HG:CU-Adolescent**  
**J0574:HF:HH:HG:CU-Co-Occurring**  
**J0574:HF:HZ:HG:CU-Indigent**  
**J0574:HF:H9:HG:CU-Drug Court**

SAS Reporting Unit: Dose

SAS Contract Billing Rate: \$12.00 per dose

Maximum Billable Units: One dose per day

SAS Reporting Combination Restrictions: Must be actively enrolled in an ADMH certified substance use disorder treatment program. One dose per day. May not be billed in conjunction with Methadone Treatment.

Location: Services can delivered in any setting that is acceptable for both the patient and staff member, that affords an adequate therapeutic environment, and that protects the patient's rights to privacy and confidentiality. Location should be in compliance with all applicable federal, state and local codes.

**BUPRENORPHINE/NALOXONE**  
**(COMBINATION PRODUCT  $\geq$  10 MG)**

Definition: Purchase of Buprenorphine/ Naloxone combination Products from an appropriately authorized, licensed Alabama dispenser.

Eligible Staff: Registered Nurse (RN) or Licensed Practical Nurse (LPN) OR Physician who is appropriately authorized/licensed.

SAS Reporting Code: **J0575:HF:HG:CU-Adult**  
**J0575:HF:HD:HG:CU-Special Women's**  
**J0575:HF:HA:HG:CU-Adolescent**  
**J0575:HF:HH:HG:CU-Co-Occurring**  
**J0575:HF:HZ:HG:CU-Indigent**  
**J0575:HF:H9:HG:CU-Drug Court**

SAS Reporting Unit: Dose

SAS Contract Billing Rate: \$12.00 per dose

Maximum Billable Units: One dose per day

SAS Reporting Combination Restrictions: Must be actively enrolled in an ADMH certified substance use disorder treatment program. One dose per day. May not be billed in conjunction with Methadone Treatment.

Location: Services can delivered in any setting that is acceptable for both the patient and staff member, that affords an adequate therapeutic environment, and that protects the patient's rights to privacy and confidentiality. Location should be in compliance with all applicable federal, state and local codes.

## **CASE MANAGEMENT**

### **Targeted Case Management – CURES Only**

**Definition:** A case manager assists a patient in identifying the patient's goals, strengths and needs; plans with the patient what services and community resources might help the patient to accomplish the patient's goals; helps refer (and often accompanies) the patient to obtain services and resources; and then monitors and coordinates the services and resources received to assure that the patient is getting the help needed to accomplish the patient's goals and to address the patient's needs.

These are the four service components to services that case managers provide to their patients:

- Assessment
- Planning
- Referral and linkage
- Monitoring and coordination.

**ASSESSMENT:** Comprehensive assessment and periodic reassessment of patient needs, to determine the need for any medical, educational, social or other services. These assessment activities include:

- taking patient history;
- identifying the patient's needs and completing related documentation; and
- gathering information from other sources such as family members, medical providers, social workers, and educators (if necessary), to form a complete assessment of the eligible patient.

**Reassessment/follow-up –** The case manager shall evaluate, at intervals of six months or less, through interviews and observations, the progress of the patient toward accomplishing the goals listed in the case plan. In addition, the persons and/or agencies providing services to the patient will be contacted and the results of these contacts, together with the changes in need shown in the reassessments, will be utilized to accomplish any needed revisions to the case plan.

**PLANNING:** Development (and periodic revision) of a specific case plan, that is based on the information collected through the assessment, that:

- specifies the goals and actions to address the medical, social, educational, and other services needed by the patient;
- includes activities such as ensuring the active participation of the eligible patient, and working with the patient (or the patient's authorized health care decision maker) and others to develop those goals; and
- identifies a course of action to respond to the assessed needs of the eligible patient;

REFERRAL AND LINKAGE: Referral and related activities (such as scheduling appointments for the patient) to help the eligible patient obtain needed services including:

- activities that help link the patient with medical, social, and educational providers, or other programs and services that are capable of providing needed services to address identified needs and achieve goals specified in the case plan; and

MONITORING AND COORDINATION: Monitoring and follow-up activities include:

- activities and contacts that are necessary to ensure the case plan is implemented and adequately addresses the eligible patient’s needs, and which may be with the patient, family members, service providers, or other entities or patients and is conducted as frequently as necessary, and including at least one annual monitoring, to determine whether the following conditions are met:
  - services are being furnished in accordance with the patient’s case plan;
  - services in the case plan are adequate; and
  - changes in the needs or status of the patient are reflected in the case plan.Monitoring and follow-up activities include making necessary adjustments in the case plan and service arrangements with providers.

Eligible Staff: Staff members who have successfully completed an ADMH, OSATS, approved Case Manager Training program and who meet the qualifications of a QSAP I, QSAP II QSAP III, QPP or Certified Recovery Support Specialist (CRSS).

SAS Reporting Codes: **H0006:HF, HF:HD, HF:HG, HF:HH, HF:HV, H0006:HF:TB, HF:HZ or HF:H9 - Adult**  
**H0006:HF:HA, HF:HA:DY, HF:HA:HH or HF:HA:H9 – Adolescent**

SAS Reporting Unit: Five (5) minute increments

SAS Contract Billing Rate: \$4.63 per unit - Adult  
\$5.35 per unit – Adolescent, Special’s Women. Co-occurring Enhanced

Maximum Billable Unit(s): None

SAS Reporting Codes for CURES: **G9012:HF:HG:CU- Adult**  
**G9012:HF:HD:HG:CU-Special Women’s**  
**G9012:HF:HA:HG:CU-Adolescent**  
**G9012:HF:HH:HG:CU-Co-Occurring**  
**G9012:HF:HZ:HG:CU-Indigent**  
**G9012:HF:H9:HG:CU-Drug Court**

SAS Reporting Unit for CURES: Five (5) minute increments

SAS Contract Billing Rate for CURES: \$5.82/ Unit

Maximum Billable Unit(s) for CURES: 12 Units per day

SAS Reporting Combination Restrictions: Must be actively enrolled in an ADMH certified substance use disorder treatment program.

Location: Services can be delivered in any setting that is acceptable for both the patient and staff member, that affords an adequate therapeutic environment, and that protects the patient's rights to privacy and confidentiality.

## **CHILD SITTING SERVICES**

**Definition:** Care of the child of the patient while receiving substance use disorder treatment.

**Eligible Staff:** Must be 18 years of age, currently certified in First Aid and CPR at time of hire, and pass a criminal background check.

**SAS Reporting Code:** T1009:HF:HD or HF:HD:CU Special Women's

**SAS Reporting Unit:** 1 hour unit

**SAS Contract Billing Rate:** \$12.00

**SAS Reporting Combination Restrictions:** Parent/guardian must be actively enrolled in an ADMH certified substance use disorder treatment program. Only billable in program certified as a Special Women's Program whose written program description allows for children to come to treatment with the patient.

**Location:** Services can be delivered in any setting that is acceptable for both the patient and staff member, which affords an adequate therapeutic environment which protects the patient's rights to privacy and confidentiality and is separate from adult clinical services.

## **CRISIS INTERVENTION**

Definition: Immediate emergency intervention with a patient, or the patient’s family, legal guardian, and/or significant others to ameliorate a maladaptive emotional/behavioral reaction by the patient. Service is designed to resolve a crisis and develop symptomatic relief, increase knowledge of resources to assist in mitigating a future crisis, and facilitate the return to pre-crisis routine functioning.

Key service functions include the following:

- Specifying factors that led to the patient’s crisis state, when known
- Identifying the maladaptive reactions exhibited by the patient
- Evaluating the potential for rapid regression
- Resolving the crisis
- Referring the patient for treatment at an alternative setting, when indicated

Eligible Staff: QSAP I, QSAP II, QSAP III, CRNP, RN, or LPN

SAS Reporting Code: **H2011:HF, HF:HV, HF:H9, HF:HZ, HF:CU, HF:H9:CU or HF:HZ:CU– Adult**  
**H2011:HF:HD or HF:HD:CU– Special Women’s**  
**H2011:HF:HH or HF:HD:CU– Co-occurring Enhanced**  
**H2011:HF:HA, HF:HA:HH or HF:HA:H9 – Adolescent**

SAS Reporting Unit: 15 minutes

SAS Contract Billing Rate: \$22.00

Maximum Billable Unit(s): Limited to 12 units per day/4380 units per year.

**SAS Reporting Combination Restrictions:** Must be actively enrolled in an ADMH certified substance use disorder treatment program. Cannot be billed in conjunction with a bundled/residential rate (MH, SA or DD).

Location: Services can be delivered in any setting that is acceptable for both the patient and staff member, that affords an adequate therapeutic environment, and that protects the patient's rights to privacy and confidentiality.

## **DEVELOPMENTAL DELAY PREVENTION ACTIVITIES FOR DEPENDENT CHILDREN**

**Definition:** Structured activities provided for children of patients in treatment, during the same time period as the specific occurrence of the parent’s treatment. These services function to foster healthy psychological, emotional, social, and intellectual development of the child.

**Eligible Staff:** QSAP I, QSAP II, QSAP III, QPP, or Certified Recovery Support Specialist (CRSS), with specialized training, and co-signature of QSAP I or QSAP II

**SAS Reporting Code:** **H2037:HF:HD or HF:HC:CU Individual**  
**H2037:HF:HD:HQ or HF:HD:CU:HQ Group**

**SAS Reporting Unit(s):** 15 minutes

**SAS Contract Billing Rate:** \$18.75 Patient  
\$5.00 Group

**Maximum Billable Unit(s):** Four (4) per day, per child

**SAS Reporting Combination Restrictions:** Parent/guardian must be actively enrolled in an ADMH certified substance use disorder treatment program. Only billable in program certified as a Special Women’s Program whose written program description allows for children to come to treatment with the patient.

**Location:** Services may be provided in any appropriate setting that protects the patients’ rights to privacy, confidentiality, and safety, and meets the ADMH facility certification standards.

## **FAMILY COUNSELING**

Definition: A patient focused intervention that may include the patient, his/her family unit and/or significant others, and a qualified practitioner. This service is designed to maximize strengths and to reduce behavior problems and/or functional deficits stemming from the existence of a substance use disorder (and any co-occurring mental health disorder) that interferes with the patient's personal, familial, vocational, and/or community functioning. While it is recognized that involvement of family members in the rehabilitation of patients with mental health and substance use disorders may be necessary and appropriate, provision of services where the family is involved must be clearly directed to meeting the identified patient's needs. Services provided to non-Medicaid eligible family members independent of meeting the identified patient's needs are not covered by Medicaid.

Eligible Staff: QSAP I or QSAP II

SAS Reporting Code: **90846:HF, HF:HD, HF:HG, HF:HH, HF:HV, HF:HZ, HF:H9, HF:59, HF:HH:CU or HF:HZ:CU – Adult without patient present**  
**90847:HF, HF:HD, HF:HG, HF:HH, HF:HV, HF:HZ, HF:H9, HF:59, HF:CU, HF:H9:CU, HF:HD:CU, HF:HH:CU, or HF:HZ:CU - Adult with patient present**  
**90849:HF, HF:HD, HF:HG, HF:HH, HF:HV, HF:HZ, HF:H9, HF:59, HF:CU, HF:H9:CU, HF:HH:CU or HF:HZ:CU - Multiple Family Group Psychotherapy Adult**

**90846:HF:HA, HF:HA:DY, HF:HA:H9, HF:HA:HH or HF:HA:59 - Adolescent without patient present**

**90847:HF:HA, HF:HA:DY, HF:HA:H9, HF:HA:HH or HF:HA:59 - Adolescent with patient present**

**90849:HF:HA, HF:HA:DY, HF:HA:H9, HF:HA:HH or HF:HA:59 - Multiple Family Group Psychotherapy Adolescent**

SAS Reporting Unit: 1 Episode

SAS Contract Billing Rate: Adult - \$68.00 per episode, 60 minute minimum  
Adolescent, Special Women's and Co-occurring Enhanced - \$80.00 per episode, 60 minute minimum  
Multiple Family - \$46.02 per episode, 90 minute minimum, per patient

Maximum Billable Unit(s): For each code – 1 episode per day, 104 episodes per year

**SAS Reporting Combination Restrictions:** Must be actively enrolled in an ADMH certified substance use disorder treatment program. Cannot be billed in conjunction with a bundled/residential rate (MH, SA or DD). May not be billed in conjunction with Intake Evaluation/Behavioral Health Placement Assessment (90791).

Location: Services can be delivered in any setting that is acceptable for both the patient and staff member, that affords an adequate therapeutic environment, and that protects the patient's rights to privacy and confidentiality.

Level 0.5 Early Intervention: This service can be billed for patient with Z03.89 code. Maximum Billable Units: 4 episodes per year.

## **FAMILY TRAINING AND COUNSELING - FOR CHILD DEVELOPMENT**

**Definition:** The provision of child-focused training and counseling for parents or/significant others to support age appropriate child development. Interventions address the assessed developmental, bio-psychosocial, and emotional needs of infants, toddlers, and children through age eighteen and provide guidance and age appropriate strategies to support healthy development and functioning of this population.

**Eligible Staff:** QSAP I, QSAP II, or QSAP III with specialized training as approved by ADMH Office of Substance use disorder treatment Services

**SAS Reporting Code:** **T1017:HF:HD or HF:HD:CU– Special Women’s**

**SAS Reporting Unit:** 15 minutes

**SAS Contract Billing Rate:** \$18.75

**Maximum Billable Unit(s):** Eight (8) per day

**SAS Reporting Combination Restrictions:** Must be actively enrolled in an ADMH certified substance use disorder treatment program. Only billable in program certified as a Special Women’s Program whose written program description allows for children to come to treatment with the patient.

**Location:** Services may be provided in any appropriate setting that protects the patients’ rights to privacy, confidentiality, and safety, and meets the ADMH facility certification standards.

## GROUP COUNSELING

Definition: The utilization of professional skills by a qualified practitioner to assist two or more unrelated patients in a group setting in achieving specific objectives of treatment or care for a mental health and/or substance use disorder. Services are generally directed toward alleviating maladaptive functioning and behavioral, psychological, and/or emotional disturbances, and utilization of the shared experiences of the group's members to assist in restoration of each patient to a level of functioning capable of supporting and sustaining recovery. Group Counseling may consist of insight oriented, behavior modifying, supportive, or interactive psychotherapeutic service strategies.

<u>Eligible Staff:</u>	QSAP I or QSAP II
<u>SAS Reporting Code:</u>	<b>90853:HF, HF:HD, HF:HG, HF:HH, HF:HV, HF:HZ, HF:H9, HF:59, HF:CU, HF:H9:CU, HF:HD:CU, HF:HH:CU or HF:HZ:CU – Adult</b>  <b>90853:HF:HA, HF:HA:DY, HF:HA:H9, HF:HA:HH or HF:HA:59 - Adolescent</b>
<u>SAS Reporting Unit:</u>	1 Episode
<u>SAS Contract Billing Rate:</u>	\$30.00 per episode, 90 minute minimum - Adult \$36.00 per episode, 90 minute minimum - Adolescent, Special Women's and Enhanced Co-occurring
<u>Maximum Billable Unit(s):</u>	1 episode per day/104 episodes per year
<u>Group Size Limit:</u>	15 per therapist

**SAS Reporting Combination Restrictions:** Must be actively enrolled in an ADMH certified substance use disorder treatment program. Cannot be billed in conjunction with a bundled/residential rate (MH, SA or DD). May not be billed in conjunction with Intake Evaluation/Behavioral Health Placement Assessment (90791).

Location: Services can be delivered in any setting that is acceptable for both the patient and staff member, that affords an adequate therapeutic environment, and that protects the patient's rights to privacy and confidentiality.

## HIV EARLY INTERVENTION SERVICES

Definition: HIV – Early Intervention Services consist of services to individuals receiving treatment for substance use disorders in each ADMH funded treatment program located in Conecuh, Dallas, Jefferson, Lowndes, Mobile and Montgomery Counties. The focus of this initiative is to ensure ADMH’s compliance with SABG requirements and corresponding regulations. The EIS Program consist of HIV/AIDS and EIS education and information; appropriate pretest counseling for HIV and AIDS; rapid HIV on site testing; appropriate post-test counseling; case management to support delivery of appropriate therapeutic measures for preventing and treating the deterioration of the immune system and for preventing and treating conditions arising from the disease; peer support to facilitate patient engagement in and adherence to recommended HIV/AIDS prevention and treatment regimens; and the provision of or referral for laboratory testing to confirm the presence of the disease, tests to diagnose the extent of the deficiency in the immune system, services to provide information on appropriate therapeutic measures for preventing and treating the deterioration of the immune system, and services for preventing and treating conditions arising from the disease. These codes will no longer be valid for billing after September 30, 2018.

Eligible Staff, SAS Reporting Code, SAS Reporting Unit, SAS Contract Billing Rate, Maximum Billable Unit(s): Services shall be reimbursed as described in Table 1 below:

**TABLE 1**

<b>HIV EIS Reimbursement</b>					
<b>Service Name</b>	<b>Service Code</b>	<b>Unit Type</b>	<b>Restrictions</b>	<b>Rate</b>	<b>Brief Service Description</b>
HIV Education - Group	98962:U6	15 min	Staff: QSAP I, QSAP II, or QSAP III. Maximum participants 30	\$12.00/unit  Maximum 4 units/participant/day	Information presented in a group setting to inform about HIV/AIDS and HIV EIS. Topics may include the purpose and description of HIV EIS, HIV/AIDS pathology, risk factors, transmission, prevention, treatment, community resources, etc. The goal of HIV education is to improve the knowledge, ability, and motivation of high risk individuals to reduce the transmission of HIV.
HIV Risk Assessment (Pre-Test Counseling)	99402:U6	Episode	Staff: QSAP I, QSAP II, or QSAP III with appropriate HIV/AIDS Training	\$80.00/unit  1 unit/per admission	Staff assisted assessment to determine a patient’s risk of being HIV positive. Includes administration of an OSATS approved risk assessment instrument and processing of the results with the patient.
HIV Medical Assessment and Treatment.	99205:U6	15 min	Staff: Physician or qualified physician extender	\$50.00/unit	Face-to face contact between a physician or qualified physician extender and a patient to address the patient’s medical concerns relative to HIV/AIDS. Services may include physical examinations, evaluation of co-morbid medical conditions, development or management of medication regimens, referrals for follow-up care, etc.
HIV Counseling - Individual	H0047:U6	15 min	Staff: QSAP I, QSAP II, or QSAP III	\$43.00/unit	May only be billed after an HIV Risk Assessment (99402:U6) has been conducted: Face-to-face contact with a patient by a qualified counselor relative to concerns about HIV risks, HIV testing, HIV test results, transmission,

					family/partner concerns, etc. This service shall be utilized for post-test counseling provided by non-physicians.
HIV Family Counseling	90847:U6	15 min	Staff: QSAP I, QSAP II OR QSAP III	\$40.00/unit	A patient focused individual session that includes the patient and his/ her family. This therapeutic process will address and seek resolution of family concerns relative to the patient's HIV status.
HIV Case Management	H006:U6	5 min	Staff: Minimum Bachelor Level QSAP III with case management and HIV EIS training.	6.00/unit Max 24 units per participant/day	Services conducted by a properly trained Case Manager to assure that individuals who have received a positive HIV test result through the HIV EIS are properly linked to appropriate care and remain engaged in this care.
HIV Peer Support	Group: H0038:H G:U6	15 min	Persons with appropriate lived experience, ADMH recovery support specialist training, and HIV EIS training	Group: \$10.00/unit Max: 4 units/day	The provision of support services to at risk and HIV positive patients by an appropriately trained recovery support specialist to motivate engagement and retention in HIV prevention, testing, and treatment efforts.
	Individual: H0038:U6			Individual: \$20.00/unit Max: 4 units/day	
HIV Test/Test Administration	87389:U6	Episode	Staff: Persons appropriately trained and credentialed to administer CLIA Waived Rapid HIV Tests.	\$100.00/Episode	Purchase and administration of an approved CLIA Waived Rapid HIV Test.
HIV EIS Intake (Profile/ASAIS)	T1023:U6	Episode	Staff: Personnel properly trained to secure data from patient and/or provider agency to ensure enrollment in ASAIS and access to an ASAIS ID.	\$50.00/Episode  This service is only available for patients who desire to participate in the HIV EIS program, but do not have an ASAIS ID.	Completion of the ASAIS patient profile for patients not currently enrolled in ASAIS. This action will enable acquisition of an ASAIS ID number and is applicable only to non-Medicaid patients enrolled in Jefferson County Opioid Treatment programs. Includes informing the patient of the need for enrollment in ASAIS and acquiring related releases.

**SAS Reporting Combination Restrictions:** Must be actively enrolled in an ADMH certified substance use disorder treatment program and must have been approved by the Office of Substance use disorder treatment Services to provide these services.

**Location:** Services can be delivered in any setting that is acceptable for both the patient and staff member, that affords an adequate therapeutic environment, and that protects the patient's right to privacy and confidentiality.

## INDIVIDUAL COUNSELING

**Definition:** The utilization of professional skills by a qualified practitioner to assist a patient in a face-to-face, one-to-one psychotherapeutic encounter in achieving specific objectives of treatment or care for a mental health and/or a substance use disorder. Services are generally directed toward alleviating maladaptive functioning and emotional disturbances relative to a mental health and/or substance use disorder, and restoration of the patient to a level of functioning capable of supporting and sustaining recovery. Individual Counseling may consist of insight oriented, behavior modifying, supportive, or interactive psychotherapeutic services.

**Eligible Staff:** QSAP I or QSAP II

**SAS Reporting Code:** **90832:HF, HF:HD, HF:HG, HF:HH, HF:HV, HF:HZ, HF:H9, HF:59, HF:CU, HF:H9:CU, HF:HD:CU, HF:HH:CU or HF:HZ:CU – Adult**  
**90834:HF, HF:HD, HF:HG, HF:HH, HF:HV, HF:HZ, HF:H9, HF:59, HF:CU, HF:H9:CU, HF:HD:CU, HF:HH:CU or HF:HZ:CU – Adult**  
**90837:HF, HF:HD, HF:HG, HF:HH, HF:HV, HF:HZ, HF:H9, HF:59, HF:CU, HF:H9:CU, HF:HD:CU, HF:HH:CU or HF:HZ:CU – Adult**

**90832:HF:HA, HF:HA:DY, HF:HA:HH, HF:HA:H9, HF:HA:59– Adolescent**  
**90834:HF:HA, HF:HA:DY, HF:HA:HH, HF:HA:H9, HF:HA:59– Adolescent**  
**90837:HF:HA, HF:HA:DY, HF:HA:HH, HF:HA:H9, HF:HA:59– Adolescent**

**SAS Reporting Unit:** 1 unit based on time spent in activity

**SAS Contract Billing Rate:** **Adult**  
\$34.00 for time spent between 16 and 37 minutes (use 90832)  
\$51.00 for time spent between 38 and 52 minutes (use 90834)  
\$68.00 for time of 53 minutes and more (use 90837)

**Adolescent, Special Women’s and Enhanced Co-occurring**  
\$40.00 for time spent between 16 and 37 minutes (use 90832)  
\$60.00 for time spent between 38 and 52 minutes (use 90834)  
\$80.00 for time of 53 minutes or more (use 90837)

**Maximum Billable Unit(s):** 1 unit per day/52 units per year

**SAS Reporting Combination Restrictions:** Must be actively enrolled in an ADMH certified substance use disorder treatment program. Cannot be billed in conjunction with a bundled/residential rate (MH, SA or DD). Only one of the three codes (90832, 90834 and 90837) may be billed per day. 90832, 90834, and 90837 may not be billed in conjunction with Intake Evaluation/Behavioral Health Assessment (90791).

**Location:** Services can be delivered in any setting that is acceptable for both the patient and staff member, that affords an adequate therapeutic environment, and that protects the patient's rights to privacy and confidentiality.

## INJECTABLE MEDICATION ADMINISTRATION

Definition: Administration of injectable medication under the direction of a physician, physician assistant or certified registered nurse practitioner.

Eligible Staff: Registered Nurse (RN) or Licensed Practical Nurse (LPN)

SAS Reporting Code: **96372:HF, HF:HD, HF:HV, HF:H9, HF:HH, HF:HZ, HF:H9:HG:CU, HF:HD:HG:CU, HF:HG:CU, HF:HH:HG:CU or HF:HZ:HG:CU - Adult**

**96372:HF:HA, HF:HA:DY, HF:HA:HH, HF:HA:H9 or HF:HA:HG:CU – Adolescent**

SAS Reporting Unit: Episode

SAS Contract Billing Rate: \$14.00

Maximum Billable Unit(s): 1 per day

**SAS Reporting Combination Restrictions:** Must be actively enrolled in an ADMH certified substance use disorder treatment program.

Location: Services can be delivered in any setting that is acceptable for both the patient and staff member, that affords an adequate therapeutic environment, and that protects the patient's rights to privacy and confidentiality.

## **MEDICATION MONITORING**

Definition: Face-to-face contact between a qualified professional, other than a physician, and a patient for the purpose of reviewing medication efficacy, monitoring compliance with dosage instructions, educating the patient and family/significant others of the expected effect of specified medication, and/or identifying needed changes in the medication regimen.

Eligible Staff: QSAP I, QSAP II, and QSAP III,  
Registered Nurse (RN),  
Licensed Practical Nurse (LPN)

SAS Reporting Code: **H0034:HF, HF:HV, HF:H9, HF:HH or HF:HZ - Adult**  
**H0034:HF:HD – Special Women’s**  
**H0034:HF:HA, HF:HA:HH or HF:HA:H9 – Adolescent**

SAS Reporting Unit: 15 minutes

SAS Contract Billing Rate: \$22.00

Maximum Billable Unit(s): 2 units per day/52 units per year

**SAS Reporting Combination Restrictions:** Must be actively enrolled in an ADMH certified substance use disorder treatment program. Not billable in Level III.01 or in conjunction with Methadone Treatment (H0020).

Location: Services can be delivered in any setting that is acceptable for both the patient and staff member, that affords an adequate therapeutic environment, and that protects the patient's rights to privacy and confidentiality.

## **MEDICATION TRAINING AND SUPPORT** **(SHARED DECISION MAKING)**

**Definition:** An individual session in which the Decisions in Recovery (SAMHSA) support tool is utilized to provide a patient who has an opioid use disorder with information about the role of medications in treating this disorder. Patients will receive facts on various options for medication assisted treatment, compare treatment options in relation to his/her identified needs, discuss preferences with the provider, and decide which option is best for him/her. The patient's decisions will be incorporated into the treatment planning process.

**Eligible Staff:** QSAP I, QSAP II, and QSAP III, Registered Nurse (RN),  
Licensed Practical Nurse (LPN)

**SAS Reporting Code:** **H0034:HF:H9:HG:CU - Adult**  
**H0034:HF:HD:HG:CU – Special Women's**  
**H0034:HF:HA:HG:CU – Adolescent**  
**H0034:HF:HH:HG:CU-Co-Occurring**  
**H0034:HF:HZ:HG:CU- Indigent**  
**H0034:HF:H9:HG:CU-Drug Court**

**SAS Reporting Unit:** 15 minutes

**SAS Contract Billing Rate:** \$22.00/Unit

**Maximum Billable Unit(s):** 4 units per day

**SAS Reporting Combination Restrictions:** Must be actively enrolled in an ADMH certified substance use disorder treatment program.

**Location:** Services can be delivered in any setting that is acceptable for both the patient and staff member, that affords an adequate therapeutic environment, and that protects the patient's rights to privacy and confidentiality.

## MENTAL HEALTH CONSULTATION

**Definition:** Assisting other external service agency providers or independent practitioners in providing appropriate services to an identified patient by providing clinical consultation. Key service functions include written or verbal interaction in a clinical capacity in order to assist another provider to meet the specific treatment needs of an individual patient and to assure continuity of care to another setting.

**Eligible Staff:** QSAP I, QSAP II or QSAP III,  
CRNP, RN

**SAS Reporting Code:** H0046:HF, HF:HV, HF:HZ, HF:CU, HF:H9:CU or HF:HZ:CU – Adult  
H0046:HF:HD or HF:HD:CU– Special Women’s  
H0046:HF:HH or HF:HH:CU– Co-occurring Enhanced  
H0046:HF: HA, HF:HA:HH or HF:HA:H9– Adolescent

**SAS Reporting Unit:** 15 minutes

**SAS Contract Billing Rate:** \$22.00

**Maximum Billable Unit(s):** 24 units per day/312 units per year

**SAS Reporting Combination Restrictions:** Must be actively enrolled in an ADMH certified substance use disorder treatment program.

**Location:** Services can be delivered in any setting that is acceptable for both parties, that affords an adequate therapeutic environment, and that protects the patient's rights to privacy and confidentiality.

## **NALTREXONE- ORAL**

Definition: Purchase of Oral Naltrexone from an appropriately authorized, licensed Alabama dispenser.

Eligible Staff: Registered Nurse (RN) or Licensed Practical Nurse (LPN) OR Physician who is appropriately authorized/licensed.

SAS Reporting Code: **J8499:HF:HG:CU-Adul**  
**J8499:HF:HD:HG:CU-Special Women's**  
**J8499:HF:HA:HG:CU-Adolescent**  
**J8499:HF:HH:HG:CU-Co-Occurring**  
**J8499:HF:HZ:HG:CU-Indigent**  
**J8499:HF:H9:HG:CU-Drug Court**

SAS Reporting Unit: Dose

SAS Contract Billing Rate: \$2.00 per dose

Maximum Billable Units: One dose per day

SAS Reporting Combination Restrictions: Must be actively enrolled in an ADMH certified substance use disorder treatment program. One dose per day. May not be billed in conjunction with Methadone Treatment.

Location: Services can delivered in any setting that is acceptable for both the patient and staff member, that affords an adequate therapeutic environment, and that protects the patient's rights to privacy and confidentiality. Location should be in compliance with all applicable federal, state and local codes.

## **NALTREXONE-EXTENDED RELEASE INJECTABLE**

**Definition:** IM administration of Extended Release Injectable Naltrexone by an appropriately authorized, licensed practitioner.

**Eligible Staff:** Registered Nurse (RN) or Licensed Practical Nurse (LPN) OR Physician who is appropriately authorized/licensed.

**SAS Reporting Code:** **J2315:HF:HG:CU-Adult**  
**J2315:HF:HD:HG:CU-Special Women's**  
**J2315:HF:HA:HG:CU-Adolescent**  
**J2315:HF:HH:HG:CU-Co-Occurring**  
**J2315:HF:HZ:HG:CU-Indigent**  
**J2315:HF:H9:HG:CU-Drug Court**

**SAS Reporting Unit:** Injection

**SAS Contract Billing Rate:** \$1300.00- Preauthorization Required

**Maximum Billable Units:** One injection every four weeks.

**SAS Reporting Combination Restrictions:** Must be actively enrolled in an ADMH certified substance use disorder treatment program. May not be billed in conjunction with Methadone Treatment.

**Location:** Services can delivered in any setting that is acceptable for both the patient and staff member, that affords an adequate therapeutic environment, and that protects the patient's rights to privacy and confidentiality. Location should be in compliance with all applicable federal, state and local codes.

## **NARCAN NASAL SPRAY**

Definition: Administration of NARCAN Nasal Spray for treatment of an opioid emergency, such as an overdose or a possible opioid overdose. May also be distributed to patient as part of written overdose prevention plan.

Eligible Staff: Registered Nurse (RN) or Licensed Practical Nurse (LPN) OR Physician who is appropriately authorized/licensed.

SAS Reporting Code: **J3535:HF:HG:CU-Adult**  
**J3535:HF:HD:HG:CU-Special Women's**  
**J3535:HF:HA:HG:CU-Adolescent**  
**J3535:HF:HH:HG:CU-Co-Occurring**  
**J3535:HF:HZ:HG:CU-Indigent**  
**J3535:HF:H9:HG:CU-Drug Court**

SAS Reporting Unit: 4 mg Dose

SAS Contract Billing Rate: \$37.50/Dose

Maximum Billable Units: As according to patient's assessed need.

SAS Reporting Combination Restrictions: Must be actively enrolled in an ADMH certified substance use disorder treatment program. May not be billed in conjunction with Methadone Treatment.

Location: Services can delivered in any setting that is acceptable for both the patient and staff member, that affords an adequate therapeutic environment, and that protects the patient's rights to privacy and confidentiality. Location should be in compliance with all applicable federal, state and local codes.

## **NON-EMERGENCY TRANSPORTATION**

Definition- State/Block/CURES Grant: Services utilized to transport a patient to and/or from a treatment program or to other services assessed as needed and specified in the service plan and which are billed to ADMH. The agency must demonstrate that the patient has no other means of transportation to and/or from needed services.

Definition - Medicaid: The Non-Emergency Transportation provides necessary non-ambulance transportation services to Medicaid patients. Medicaid pays for transportation of a Medicaid patient to an authorized location for receipt of a covered mental illness or substance abuse rehabilitation service as specified in Chapter 105 of the Alabama Medicaid Provider Billing Manual. Requirements for provision and documentation of this service are specified in Appendix D of the Alabama Medicaid Provider Billing Manual.

Eligible Staff: Appropriately screened agency staff members who: are at least 19 years old; are in possession of a valid driver's license for the type of vehicle used for this service; carry, at all times, the name(s) and telephone number(s) of the performing provider's staff to notify in case of a medical or other emergency; are prohibited from the use of alcohol, drugs, tobacco products, cellular phones or other mobile devices, or from eating while driving; and are prohibited from leaving a minor unattended in the vehicle at any time.

State/Block Grant/CURES Reporting Codes: A0120:HF:HV, HF:HG:CU, HF:H9:HG:CU or HF:HZ:HG:CU– Adult  
A0120:HF:HD or HF:HD:HG:CU– Special Women's  
A0120: HF:HH or HF:HH:HG:CU– Adult Co-occurring  
A0120:HF:HA:HV or HF:HA:HG:CU– Adolescent  
A0120:HF:HA:HH – Adolescent Co-Occurring

Medicaid Reporting Codes: T2002:HF – Adult  
T2002:HF:HD – Special Women's  
T2002:HF:HH – Adult Co-occurring Enhanced  
T2002:HF:HA – Adolescent  
T2002:HF:HA:HH – Adolescent Co-occurring Enhanced

SAS Reporting Unit(s): 1 episode, one way or round trip

SAS Contract Billing Rate for State/Block Grant/Medicaid: \$17 per episode

SAS Contract Billing Rate for CURES: \$20 per episode

Maximum Billable Unit(s): One episode per day, per patient

SAS Reporting Combination Restrictions: Must be actively enrolled in an ADMH certified substance use disorder treatment program.

Location: Service may be provided in any appropriate setting that protects the patients' rights to privacy, confidentiality, and safety, and meets the ADMH facility certification standards.

## **ORAL MEDICATION ADMINISTRATION**

**Definition:** Administration of oral medication under the direction of a physician, physician assistant, or certified registered nurse practitioner.

**Eligible Staff:** QSAP I, QSAP II, QSAP III, Qualified Paraprofessional QPP or Certified Recovery Support Specialist (CRSS) must hold a current MAC certification. CRNP, RN, or LPN.

**SAS Reporting Code:** **H0033:HF, HF:HG:CU, HF:H9:HG:CU or HF:HZ:HG:CU- Adult**  
**H0033:HF:HA or HF:HA:HG:CU– Adolescent**  
**H0033:HF:HD or HF:HD:HG:CU– Special Women’s**  
**H0033:HF:HH or HF:HH:HG:CU– Adult Co-occurring**  
**H0033:HF:HA:HH – Adolescent Co-occurring**

**SAS Reporting Unit:** Episode

**SAS Contract Billing Rate:** \$14.00 per episode

**Maximum Billable Unit(s):** 1 per day

**SAS Reporting Combination Restrictions:** Must be actively enrolled in an ADMH certified substance use disorder treatment program. Cannot be billed for methadone administration. Also, cannot be billed for patients whom the MAS nurse has determined are capable of self-administration of medication.

**Location:** Services can be delivered in any setting that is acceptable for both the patient and staff member, that affords an adequate therapeutic environment, and that protects the patient's rights to privacy and confidentiality.

## PARENTING SKILLS DEVELOPMENT

Definition: A structured face-to-face encounter conducted for the purpose of enhancing the parenting competency of patients who are parents of dependent children, and who have a substance use disorder. This service may include interactive activities involving the patients' children.

Eligible Staff: QSAP I, QSAP II or QSAP III.  
QPP, or Certified Recovery Support Specialist (CRSS), with specialized training, and co-signature of QSAP I or QSAP II

SAS Reporting Code: **S9444:HF:HD or HF:HD:CU – Special Women's Individual**  
**S9444:HF:HD:HQ or HF:HD:CU:HQ– Special Women's Group**

SAS Reporting Unit(s): Episode (50 minute session)

SAS Contract Billing Rate: \$37.50 Patient  
\$12.00 Group

Maximum Billable Unit(s): Two per day

**SAS Reporting Combination Restrictions:** Must be actively enrolled in an ADMH certified substance use disorder treatment program. Only billable in program certified as a Special Women's Program whose written program description allows for children to come to treatment with the patient.

Location: Services may be provided in any appropriate setting that protects the patients' rights to privacy, confidentiality, and safety, and meets the ADMH facility certification standards.

## **PEER COUNSELING**

**Definition:** A service provided to patients and their families in an individual or group setting by a Certified Recovery Support Specialist CRSS who uses his/her life experience with mental health and/or substance use disorders, along with specialized training, to promote recovery. While it is recognized that involvement of family members in the rehabilitation of patients with mental health and substance use disorders may be necessary and appropriate, provision of services where the family is involved must be clearly directed to meeting the identified patient's needs. Services provided to non-Medicaid eligible family members independent of meeting the identified patient's needs are not covered by Medicaid.

**Eligible Staff:** ADMH Certified Adult, Child/Adolescent or Family Certified Recovery Support Specialist (CRSS) [CRSS Certification to be obtained within 6 months of hire]

**SAS Reporting Code:** **H0038:HF, HF:HV, HF:HZ or HF:H9 - Adult**  
**H0038:HF:HD – Special Women's**  
**H0038:HF:HH – Co-Occurring Enhanced**  
**H0038:HF:HA, HF:HA:DY or HF:HA:H9 – Adolescent**  
**H0038:HF:HA:HH – Adolescent Co-occurring Enhanced**  
  
**H0038:HF:HQ, HF:HV:HQ, HF:HZ:HQ or HF:H9:HQ – Adult Group**  
**H0038:HF:HD:HQ – Special Women's**  
**H0038:HF:HH:HQ – Co Occurring Enhanced**  
**H0038:HF:HA:HQ - Adolescent Group**  
**H0038:HF:HA:HH:HQ – Adolescent Co-occurring Enhanced Group**

**SAS Reporting Unit:** 15 minutes

**SAS Contract Billing Rate:** \$9.00 - Adult Individual  
\$12.00 for Adolescents, Special Women's and Co-occurring Enhanced – Individual  
  
\$3.00 for Adult Group  
\$4.00 for Adolescent, Special Women's and Co-occurring Enhanced - Group

**Maximum Billable Unit(s):** 20 units per day/2080 per year for Individual  
8 units per day/2080 units per year for Group

**Group Size Limit:** 30 per peer counselor

**SAS Reporting Combination Restrictions:** Must be actively enrolled in an ADMH certified substance use disorder treatment program.

**Location:** Services can be delivered in any setting that is acceptable for both the patient and staff member, that affords an adequate therapeutic environment, and that protects the patient's rights to privacy and confidentiality.

## **PEER SUPPORT SERVICES-CURES ONLY**

**Definition:** A service provided to patients who have opioid use disorders, and their families, in an individual or group setting by a Certified Recovery Support Specialist (CRSS). The CRSS uses his/her lived experience with substance use disorders, along with specialized, to assist the patient in attainment of treatment goals, enhance life skills development, support treatment retention and promote recovery.

**Eligible Staff:** ADMH Certified Adult, Child/Adolescent or Family Certified Recovery Support Specialist [CRSS Certification to be obtained within 6 months of hire]

**SAS Reporting Code:**

- H0038:HF, HF:HV, HF:HZ or HF:H9 - Adult**
- H0038:HF:HD – Special Women’s**
- H0038:HF:HA:HG:CU – Adolescent**
- H0038:HF:HH:HG:CU – Co-Occurring Enhanced**
- H0038:HF:HZ:HG:CU-Indigent**
- H0038:HF:H9:HG:CU-Drug Court**

  

- H0038:HF:HQ:CU:HQ – Adult Group**
- H0038:HF:HD:HG:CU:HQ – Special Women’s**
- H0038:HF:HA:HG:CU:HQ - Adolescent Group**
- H0038:HF:HH:HG:CU:HQ – Co Occurring Enhanced**
- H0038:HF:HZ:HG:CU:HQ- Indigent**
- H0038:HF:H9:HG:CU:HQ-Drug Court**

**SAS Reporting Unit:** 15 minutes

**SAS Contract Billing Rate:** \$11.00 - Adult Individual for Adolescents, Special Women’s and Co-Occurring Enhanced  
\$12.00- Individual  
\$4.00 for Adult Group  
\$4.00 for Adolescent, Special Women’s and Co-occurring Enhanced -Group

**Maximum Billable Unit(s):** 20 units per day/2080 per year for Individual  
8 units per day/2080 units per year for Group

**Group Size Limit:** 30 per peer counselor

**SAS Reporting Combination Restrictions:** Must be actively enrolled in an ADMH certified substance use disorder treatment program.

**Location:** Services can be delivered in any setting that is acceptable for both the patient and staff member, that affords an adequate therapeutic environment, and that protects the patient's rights to privacy and confidentiality.

**PEER SUPPORT SERVICES-CURES ONLY**  
**(CRIMINAL JUSTICE RE-ENTRY)**

**Definition:** A service provided to patients who have opioid use disorders, and are re-entering the community after a period of incarceration, along with families, in an individual or group setting by a Certified Recovery Support Specialist (CRSS). The CRSS will utilize an ADMH prescribed evidenced-based practice, his/her lived experience with substance use disorders, along with specialized training, to assist the patient in attainment of treatment goals, enhance life skills development, support treatment retention and promote recovery.

**Eligible Staff:** ADMH Certified Adult, Child/Adolescent or Family Certified Recovery Support Specialist [CRSS Certification to be obtained within 6 months of hire]

**SAS Reporting Code:** **H0038:HF:HG:V1:CU - Adult**  
**H0038:HF:HD:HG:V1:CU– Special Women’s**  
**H0038:HF:HA:HG:V1:CU – Adolescent**  
**H0038:HF:HH:HG:V1:CU– Co-Occurring Enhanced**  
**H0038:HF:HZ:HG:V1:CU-Indigent**  
**H0038:HF:H9:HG:V1:CU-Drug Court**

**H0038:HF:HG:V1:CU:HQ – Adult Group**  
**H0038:HF:HD:HG:V1:CU:HQ – Special Women’s**  
**H0038:HF:HA:HG:V1:CU:HQ - Adolescent Group**  
**H0038:HF:HH:HG:V1:CU:HQ – Co Occurring**  
**H0038:HF:HZ:HG:V1:CU:HQ- Indigent**  
**H0038:HF:H9:HG:V1:CU:HQ-Drug Court**

**SAS Reporting Unit:** 15 minutes

**SAS Contract Billing Rate:** \$14.00 - Adult Individual for Adolescents, Special Women’s and Co-Occurring Enhanced  
\$6.00 for Adult Group

**Maximum Billable Unit(s):** 8 units per day/2080 per year for Individual  
8 units per day/2080 units per year for Group

**Group Size Limit:** 30 per peer counselor

**SAS Reporting Combination Restrictions:** Must be actively enrolled in an ADMH certified substance use disorder treatment program.

**Location:** Services can be delivered in any setting that is acceptable for both the patient and staff member, that affords an adequate therapeutic environment, and that protects the patient's rights to privacy and confidentiality.

**PEER SUPPORT SERVICES-CURES ONLY**  
**(VETERANS)**

**Definition:** A service provided for Veterans who have opioid use disorders, and their families, in an individual or group setting by a Certified Recovery Support Specialist (CRSS), utilizing an ADMH prescribed evidence-based practice. The CRSS uses his/her lived experience with substance use disorders, along with specialized training, to assist the patient in attainment of treatment goals, enhance life skills development, support treatment retention and promote recovery.

**Eligible Staff:** ADMH Certified Adult, Child/Adolescent or Family Certified Recovery Support Specialist [CRSS Certification to be obtained within 6 months of hire]

**SAS Reporting Code:**

- H0038:HF:HG:V2:CU - Adult**
- H0038:HF:HD:HG:V2:CU– Special Women’s**
- H0038:HF:HH:HG:V2:CU– Co-Occurring Enhanced**
- H0038:HF:HZ:HG:V2:CU-Indigent**
- H0038:HF:H9:HG:V2:CU-Drug Court**

  

- H0038:HF:HG:V1:CU:HQ – Adult Group**
- H0038:HF:HD:HG:V1:CU:HQ – Special Women’s**
- H0038:HF:HH:HG:V1:CU:HQ – Co Occurring Enhanced**
- H0038:HF:HZ:HG:V2:CU:HQ-Indigent**
- H0038:HF:H9:HG:V2:CU:HQ-Drug Court**

**SAS Reporting Unit:** 15 minutes

**SAS Contract Billing Rate:** \$14.00 - Adult Individual for Adolescents, Special Women’s and Co-Occurring Enhanced  
\$6.00 for Adult Group

**Maximum Billable Unit(s):** 8 units per day/2080 per year for Individual  
8 units per day/2080 units per year for Group

**Group Size Limit:** 30 per peer counselor

**SAS Reporting Combination Restrictions:** Must be actively enrolled in an ADMH certified substance use disorder treatment program.

**Location:** Services can be delivered in any setting that is acceptable for both the patient and staff member, that affords an adequate therapeutic environment, and that protects the patient's rights to privacy and confidentiality.

## **PHYSICIAN RETAINER**

**Definition:** Funds to assure the services of a licensed physician as required for residential detoxification.

**Eligible Staff:** A state of Alabama licensed physician.

**SAS Reporting Code:** **H0016:HF**

**SAS Reporting Unit:** Month

**SAS Contract Billing Rate:** \$3,207.36 per month

**Maximum Billable Unit(s):** 12 per fiscal year

**SAS Reporting Combination Restrictions:** Can be billed only in conjunction with Level III.7-D

**Location:** Certified Level III.7-D residential treatment programs only.

## **PHYSICIAN SERVICES: INDUCTION**

**(BUPRENORPHINE, BUPRENORPHINE/NALOXONE COMBINATION PRODUCTS, NALTREXONE)**

Definition: Services provided by an appropriately authorized, licensed physician to identify the correct dose of medication needed by a patient in preparation of stabilization on FDA approved medication for treatment of opioid addiction.

Eligible Staff: Physician who is appropriately authorized/licensed.

SAS Reporting Code: **99205:HF:HG:CU-Adult**  
**99205:HF:HD:HG:CU-Special Women's**  
**99205:HF:HA:HG:CU-Adolescent**  
**99205:HF:HH:HG:CU-Co-Occurring**  
**99205:HF:HZ:HG:CU-Indigent**  
**99205:HF:H9:HG:CU-Drug Court**

SAS Reporting Unit: Episode

SAS Contract Billing Rate: \$300.00- Unit

Maximum Billable Units: One unit/ 2 per year

SAS Reporting Combination Restrictions: Must be actively enrolled in an ADMH certified substance use disorder treatment program. May not be billed in conjunction with Methadone Treatment.

Location: Services can delivered in any setting that is acceptable for both the patient and staff member, that affords an adequate therapeutic environment, and that protects the patient's rights to privacy and confidentiality. Location should be in compliance with all applicable federal, state and local codes.

## **PHYSICIAN SERVICES: STABILIZATION**

**(BUPRENORPHINE, BUPRENORPHINE/NALOXONE COMBINATION PRODUCTS, NALTREXONE)**

**Definition:** Services provided by an appropriately authorized, licensed physician to stabilize a patient dependent upon opioids to a dose of FDA approved medication used for treatment of an opioid addiction.

**Eligible Staff:** Physician who is appropriately authorized/licensed.

**SAS Reporting Code:** **90833:HF:HG:CU-Adult**  
**90833:HF:HD:HG:CU-Special Women’s**  
**90833:HF:HA:HG:CU-Adolescent**  
**90833:HF:HH:HG:CU-Co-Occurring**  
**90833:HF:HZ:HG:CU-Indigent**  
**90833:HF:H9:HG:CU-Drug Court**

**SAS Reporting Unit:** Episode

**SAS Contract Billing Rate:** \$175.00- Unit

**Maximum Billable Units:** Two episodes per month until patient clinically stabilized. Max four episodes.

**SAS Reporting Combination Restrictions:** Must be actively enrolled in an ADMH certified substance use disorder treatment program. May not be billed in conjunction with Methadone Treatment.

**Location:** Services can delivered in any setting that is acceptable for both the patient and staff member, that affords an adequate therapeutic environment, and that protects the patient’s rights to privacy and confidentiality. Location should be in compliance with all applicable federal, state and local codes.

## **PHYSICIAN SERVICES: MAINTENANCE**

**(BUPRENORPHINE, BUPRENORPHINE/NALOXONE COMBINATION PRODUCTS, NALTREXONE)**

**Definition:** Services provided by an appropriately authorized, licensed physician to stabilize a patient dependent upon opioids to a dose of FDA approved medication used for treatment of an opioid addiction.

**Eligible Staff:** Physician who is appropriately authorized/licensed.

**SAS Reporting Code:** **99213:HF:HG:CU-Adult**  
**99213:HF:HD:HG:CU-Special Women's**  
**99213:HF:HA:HG:CU-Adolescent**  
**99213:HF:HH:HG:CU-Co-Occurring**  
**99213:HF:HZ:HG:CU-Indigent**  
**99213:HF:H9:HG:CU-Drug Court**

**SAS Reporting Unit:** Episode

**SAS Contract Billing Rate:** \$175.00- Unit

**Maximum Billable Units:** One visit per month.

**SAS Reporting Combination Restrictions:** Must be actively enrolled in an ADMH certified substance use disorder treatment program. May not be billed in conjunction with Methadone Treatment.

**Location:** Services can delivered in any setting that is acceptable for both the patient and staff member, that affords an adequate therapeutic environment, and that protects the patient's rights to privacy and confidentiality. Location should be in compliance with all applicable federal, state and local codes.

## PSYCHOEDUCATIONAL SERVICES

**Definition:** Structured, topic specific educational services provided to assist the patient and the families of beneficiaries in understanding the nature of the identified behavioral health disorder, and to identify strategies to support restoration of the patient to his/her best possible level of functioning.

**Eligible Staff:** QSAP I, QSAP II, or QSAP III.  
ADMH Certified Recovery Support Specialist (CRSS) [CRSS Certification to be obtained within 6 months of hire].  
CRNP, RN.

**SAS Reporting Code:** **H2027:HF, HF:H9, HF:HV, HF:HZ, HF:CU, HF:H9:CU or HF:HZ:CU – Adult Individual**  
**H2027:HF:HD, HF:HD:HH or HF:HD:CU– Special Women’s**  
**H2027:HF:HH, HF:HD:HH or HF:HH:CU– Co Occurring Enhanced**  
**H2027:HF:HA, HF:HA:H9, HF:HA:DY, or HF:HA:HH – Adolescent**  
  
**H2027:HF:HQ, HF:H9:HQ, HF:HV:HQ, HF:HZ:HQ, HF:CU:HQ, HF:H9:CU:HQ or HF:HZ:CU:HQ-Adult Group**  
**H2027:HF:HD:HQ HF:HD:CU:HQ– Special Women’s Group**  
**H2027:HF:HH:HQ –or HF:HH:CU:HQ Co Occurring Enhanced Group**  
**H2027:HF:HA:HQ, HF:HA:H9:HQ, HF:HA:DY:HQ , or HF:HA:HH:HQ – Adolescent Group**

**SAS Reporting Unit:** 15 min

**SAS Contract Billing Rate:** \$14.00 - Individual  
\$4.00 - Group

**Maximum Group Size:** 30 adults or 24 adolescents

**Maximum Billing Units:** 8 units per day/416 per year

**SAS Reporting Combination Restrictions:** Must be actively enrolled in an ADMH certified substance use disorder treatment program. Cannot be billed in conjunction with a bundled/residential rate (MH, SA or DD).

**Location:** Services can be delivered in any setting that is acceptable for the patient, patient’s family and staff member, that affords an adequate therapeutic environment, and that protects the patient's right to privacy and confidentiality.

**Level 0.5 Early Intervention:** This service can be billed for patient with Z03.89 code.

## TREATMENT PLAN REVIEW

Definition: Review and/or revision of a patient's individualized mental health and/or substance use disorder treatment plan by a qualified practitioner who is not directly involved in providing services to the patient. This review will evaluate the patient's progress toward treatment objectives, the appropriateness of services provided, and the need for continued participation in treatment. This service does not include those activities or costs associated with direct interaction between a patient and his/her primary therapist regarding the patient's treatment plan. That interaction shall be billed through an alternative service such as patient counseling.

Eligible Staff: QSAP I (Master's level - ***licensed only***)  
Physician, CRNP, or RN.

SAS Reporting Code: **H0032:HF, HF:HV, HF:H9, HF:HH, HF:HZ, HF:CU, HF:H9:CU, HF:HH:CU or HF:HZ:CU-Adult**  
**H0032:HF:HD or HF:HD:CU – Special Women's**  
**H0032:HF:HA, HF:HA:DY, HF:HA:HH or HF:HA:H9 - Adolescent**

SAS Reporting Unit: 15 minutes

SAS Contract Billing Rate: \$22.00

Maximum Billable Unit(s): 2 units per quarter/8 per year

**SAS Reporting Combination Restrictions:** Must be actively enrolled in an ADMH certified substance use disorder treatment program. May not be billed in combination with intake evaluation.

Location: Services can be delivered in any setting that is acceptable for both the patient and staff member, that affords an adequate therapeutic environment, and that protects the patient's rights to privacy and confidentiality. Location should be in compliance with all applicable federal, state, and local codes.

## TUBERCULOSIS RISK SCREENING AND INTERVENTION

**Definition:** Implementation of effective TB prevention and control measures in substance use disorder treatment programs is essential for reduction of TB rates among the general U.S. population and for maintaining the gains made in this area during the past several years. Thus, as part of its TB prevention and control efforts, the Alabama Department of Mental Health is requiring utilization of the Tuberculosis Risk Screening Questionnaire (TRSQ) in each of its contract substance use disorder treatment programs.

The TRSQ, as provided by the Office of Substance use disorder treatment Services, is to be completed during the intake process for all patients accepted for admission to residential and outpatient treatment programs.

**Eligible Staff:** Each agency shall establish the qualifications of its staff to administer the TRSQ. If nonmedical personnel administer the TRSQ, medical staff consultation shall be readily accessible.

**SAS Reporting Code, SAS Reporting Unit, SAS Contract Billing Rate, Maximum Billable Unit(s):**

<b>TRSQ Reimbursement</b>				
<b>Service Name</b>	<b>Unit Type</b>	<b>Restrictions</b>	<b>Rate</b>	<b>Brief Service Description</b>
Tuberculosis Risk Screening Questionnaire	Episode	1 Per Treatment Admission for Residential and Outpatient. 1 annually for Methadone Treatment	\$25.00	A brief examination of patient provided information to determine the patient's risk of being infected or becoming infected by Tuberculosis relative to both personal history and environmental conditions
<b>Service Code:</b>		<b>Adult</b>		<b>Adolescent</b>
T1023	T1023: HF:HV T1023: HF: HD:HV T1023: HF:H9:HV T1023: HF:HH:HV T1023: HF:HZ:HV T1023: HF:HG:HV			T1023: HF:HA:HV T1023: HF:HA:HH:HV T1023: HF:HA:H9:HV T1023: HF:HA:DY:HV

<b>TRSQ Reimbursement</b>				
<b>Service Name</b>	<b>Unit Type</b>	<b>Restrictions</b>	<b>Rate</b>	<b>Brief Service Description</b>
Medical/somatic intervention in a substance use disorder treatment program.	15 min	4 Per treatment admission by qualified medical personnel: Physician, Physician Extender, RN, LPN. Limited to exclusive use relative to administration of the TRSQ.	\$15.00 /unit	Onsite medical evaluation of a patient's risks/ symptoms of Tuberculosis, of the need for TB testing, or for referral to treatment resulting from administration of the TRSQ. This service is only to be utilized if needed relative to section 6 of these Guidelines. Appropriate documentation of this need should be provided.
<b>Service Code:</b>		<b>Adult</b>		<b>Adolescent</b>
97799	97799: HF:HV 97799: HF: HD:HV 97799: HF:H9:HV 97799: HF:HH:HV 97799: HF:HZ:HV 97799: HF:HG:HV			97799: HF:HA:HV 97799: HF:HA:HH:HV 97799: HF:HA:H9:HV 97799: HF:HA:DY:HV

**SAS Reporting Combination Restrictions:** Must be actively enrolled in an ADMH certified substance use disorder treatment program.

**Location:** Services can be delivered in any setting that is acceptable for both the patient and staff member, that affords an adequate therapeutic environment, and that protects the patient's rights to privacy and confidentiality.

# PREVENTION

## PREVENTION

Definition: A proactive process that empowers patients and systems to meet the challenges of life events and transitions by creating and reinforcing conditions that promote healthy behaviors and lifestyles. The goal of substance abuse prevention is the fostering of a climate in which alcohol use is acceptable only for those of legal age and only when the risk of adverse consequences is minimal; prescription and over-the counter drugs are used only for the purposes for which they were intended; other substances that may be abused and not used for their purposes such as aerosols, paint thinners, glue, etc. and other illegal drugs and tobacco are not used at all.

Eligible Staff: See Standards

Reporting Unit: 15 minutes

### PREVENTION DEFINITIONS

#### (50% of the overall prevention budget will be allocated for Environmental strategies)

- 1) Information Dissemination (**H0024**): This strategy involves one-way communication between the source and the audience, with limited contact between the two. This strategy provides information about drug use, abuse and addiction and the effects on patients, families and communities. It also provides information on available prevention programs and services. Examples of this strategy include: brochures, pamphlets, posters, & flyers; clearinghouse/information resource centers; community resource directories; health fairs and other health promotion; information lines/hot lines; information through websites; information based media campaign; media campaigns; newspaper and newsletter articles; radio and television public service announcements; and speaking engagements. This strategy may be used in conjunction with other strategies, practices and policies to have efficacy in communities.

Contract Billing Rate: \$12.75 per 15 minute unit<sup>1</sup>

- 2) Environmental Approaches (**H0025**): This strategy seeks to establish or change community standards, codes and attitudes, thereby influencing the substance use in the general population. Examples of this strategy include: changing norms or attitudes about ATOD; changing public perceptions and norms about youth and their capabilities; changing school norms and attitudes to increase a positive school climate; media strategies to assure balanced responsible reporting about you; vendor education or business practices that promote health; promoting the establishments or review of alcohol, tobacco and drug use policies in schools; guidance and technical assistance on monitoring enforcement governing availability and distribution of alcohol, tobacco and other drugs; modifying alcohol and tobacco advertising practices; and product pricing strategies. This strategy may

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<sup>1</sup> All rates include costs for salaries & benefits. Rates do not include travel, operating expense/admin and equipment, which will continue to be a separate line item.

be used in conjunction with other strategies, practices and policies to have efficacy in communities.

Environmental strategies focus on the cause and the conditions of the community environment that are:

- Changing economic conditions (How much things cost; how available things are);
- Changing social conditions (What people think; how people live);
- Changing media conditions (what people read, watch, hear, and see); and
- Changing political conditions (Who has power; who has influence)

Environmental strategies also focus on changing the norms and regulations that influence/control the social and physical contexts of the use of alcohol, tobacco and other drugs.

Environmental strategies cannot be solely used for meetings, information dissemination or community awareness campaigns.

Contract Billing Rate:            \$21.39 per 15 minute unit

- 3) **Community-Based Processes (H0026):** This strategy aims to enhance the ability of the community to provide more effective prevention and treatment services for substance abuse disorders by including activities such as organizing, planning, interagency collaboration, coalition building and networking. Effective organizing and planning are paramount to the success of prevention practices, policies and programs. Examples of this strategy include: efforts to decrease barriers to services; youth-adult partnerships addressing community issues; needs assessments & community readiness surveys; community and volunteer training; cross-systems planning; multi-agency coordination and collaboration/coalition; community team building activities; accessing services and funding; and coalitions, collaborations and/or wellness teams. This strategy may be used in conjunction with other strategies, practices and policies to have efficacy in communities. This strategy cannot be solely used for meetings, information dissemination or community awareness campaigns.

Contract Billing Rate:            \$13.75 per 15 minute unit

- 4) **Education (H0027):** This strategy involves two-way communication and is distinguished from merely disseminating information by the fact that it is based on an interaction between the educator and the participants. Activities under this strategy aim to affect critical life and social skills, including decision making, refusal, and critical analysis skills. Examples of this strategy include: community service activities; interactive technologies; community and volunteer workshops; parenting and family management classes; ongoing classroom and/or small group sessions; peer leader/peer helper programs; education programs for youth groups; children of substance abusers groups; and life skills. This strategy may be used in conjunction with other strategies, practices and policies to have efficacy in communities.

Contract Billing Rate:            \$3.50 per 15 minute unit            H0027

stand alone program (1 domain, 1 location)

\$12.75 per 15 minute unit                      H0027:HF  
2 or more strategies in different domains with the same target  
population during business hours (8am-3pm Monday-Friday).

\$21.39 per 15 minute unit                      H0027: HF:HA  
2 or more strategies in different domains with the same target  
population after business hours, weekends, summer and spring  
breaks.

- 5) Problem Identification and Referral (**H0028**): This strategy aims to identify those who have indulged in the use of illicit drugs or underage use of tobacco and alcohol in order to determine whether their behavior can be reversed through education. This strategy does not include any activity designed to determine whether a patient is in need of treatment. Examples of this strategy include: alcohol information schools; crisis lines or hotlines; depression and mental health screening programs; driving while intoxicated education programs; driving while under the influence/while intoxicated programs; Employee Assistance Programs; nicotine use and addiction screening; Student Assistance Programs; and support groups, talking/healing circles. This strategy may be used in conjunction with other strategies, practices and policies to have efficacy in communities.

Contract Billing Rate:                      \$15.00 per 15 minute unit

- 6) Alternatives (**H0029**): Evidence does not support the use of an alternative strategy as a sole prevention strategy with the intended target population. Alternatives can and should be used as a part of a comprehensive plan to make lives richer and healthier. The goal of this strategy is to have target populations participate in activities that are alcohol, tobacco, and other drug free in nature and incorporate educational messages. Examples of this strategy include: community service activities; culturally-based activities; drug free dances and parties; intergenerational events and celebrations; job shadowing, internships, work place experiences; leadership activities; mentoring programs; Outward Bound; recognition events that celebrate patient or group accomplishments; social & recreation activities; youth centers & community drop-in centers. This strategy may be used in conjunction with other strategies, practices and policies to have efficacy in communities.

Contract Billing Rate:                      \$3.50 per 15 minute unit                      H0029  
stand alone program (1 domain, 1 location)

\$12.75 per 15 minute unit                      H0029:HF  
2 or more strategies in different domains with the same target  
population during business hours (8am-3pm Monday-Friday).

\$21.38 per 15 minute unit                      H0029: HF:HA

2 or more strategies in different domains with the same target population after business hours, weekends, summer and spring breaks

An approved Plan must be on file prior to the implementation and reimbursement of strategies. Documentation of strategies must be facilitated on an ongoing basis and data entered in the information management system (ASAIS). Supporting documentation must be maintained by the provider of services in accordance with the guidelines within the Prevention Standards.