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

SUBSTANCE ABUSE
CONTRACT BILLING MANUAL

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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 recipients 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 recipient's needs. Services provided to non-Medicaid eligible family members independent of meeting the identified recipient'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)
AM - Buprenorphine
CG – Probation (methadone)
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
SR – SOR
S2 – SOR2
TS – Guest dosing (methadone)
U6 – HIV
UF – Phase 2-3 (methadone)
V1 – For use as needed
V2 – For use as needed
V3 – For use as needed

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, and interpreted by a computer.

Eligible Staff:	QSAP I
SAS Reporting Code: (replaces codes 96103)	**96146:HF - Adult** **96146:HF:HA - Adolescent**
SAS Reporting Unit:	One episode
SAS Contract Billing Rate:	$1.78 per episode
Maximum Billable Unit(s):	1 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 recipient and staff member, that affords an adequate therapeutic environment, and that protects the recipient'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 recipient and a qualified practitioner.

Eligible Staff: Psychiatrist or Psychologist licensed under Alabama Law

SAS Reporting Code:
(replaces codes 96101)

96130:HF, HF:HD, or HF:HH -- Adult
96131:HF, HF:HD, or HF:HH

96130:HF:HA – Adolescent
96131:HF:HA

96136: HF
96137:HF

SAS Reporting Unit: 96130, 9131 (Psychological Evaluation) - one hour
96136, 96137 (Test Administration and Scoring)– 30 minutes

SAS Contract Billing Rate: $114.56 per hour- 96130
$87.27- 96131
$44.41- 96136
$40.99- 96137

Maximum Billable Unit(s): 96130- 1 per year
96131- 7 per year
96136- 1 per year
96137- 11 per year

Additional Information: Evaluation services include interpretation of test results and clinical data, integration of patient data, clinical decision-making, treatment planning, report generation, and interactive feedback to the patient or family member. The first hour is billed using 93160 and each additional hour is billed using 96131. Test administration and coring services include time spent to administer and score a minimum of two psychological tests. The first 30 minutes is billed using 96136 and each additional 30minutes increment is billed with 96137. Billing should reflect the total time face to face for administration, scoring, interpretation and report writing.

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 recipient and staff member, that affords an adequate therapeutic environment, and that protects the recipient'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 recipient and a qualified practitioner.

Eligible Staff: QSAP I (within the individual's scope of practice)

SAS Reporting Code: **96138:HF**
96139:HF

SAS Reporting Unit: 30 minutes

SAS Contract Billing Rate: $34.50 per 30 minutes

Maximum Billable Unit(s): 96138- 1 unit per year
96139- 11 units per year

Additional Information: The first 30 minutes is billed using 96138 and each additional 30 minutes increment is billed with 96139.

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 recipient and staff member, that affords an adequate therapeutic environment, and that protects the recipient's rights to privacy and confidentiality.

INTAKE EVALUATION (BEHAVIORAL HEALTH PLACEMENT ASSESSMENT)

Definition: An initial clinical evaluation of the recipient'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, or HF:HZ -Adult**
90791 HF:SR, HF:HD:SR, HF:HH:SR, HF:HZ:SR or HF:H9:SR- Adult
90791 HF:S2, HF:HD:S2, HF:HH:S2, HF:HZ:S2 or HF:H9:S2- Adult
90791:HF:HA, HF:HA:DY, HF:HA:HH or HF:HA:H9 – Adolescent

Assessment Instrument: ADMH Integrated Placement Assessment

SAS Reporting Unit: Episode

SAS Contract Billing Rate: $128.54 per episode

Maximum Billable Unit(s): 1 episode per fiscal year for state/block grant/SOR; Unlimited for Medicaid. NOTE-it is not necessary to update the assessment per year if there is not a break in service. Transfer between programs do not require a new intake/assessment.

SAS Reporting Combination Restrictions: This service cannot be billed in conjunction with Individual Counseling (90832, 90834, 90837), Group Counseling (90853), Family Counseling (90846, 90847), Multi Family Group Psychotherapy (90849) or TB services (T1023 or 97799).

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

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

INTAKE EVALUATION-SOR ONLY

(BEHAVIORAL HEALTH PLACEMENT ASSESSMENT)

Definition: An ADMH approved ASAM placement assessment conducted in response to referrals from the Alabama 24/7 helpline. An initial clinical evaluation of the recipient'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. To be eligible for the identified rate of payment, the evaluation must be completed within 24 hours of the referral from the 24/7 helpline. The referral must be documented by helpline staff and included with the documentation in the patient's chart.

Eligible Staff: QSAP I

SAS Reporting Code:
H0001:HF:SR, HF:S2-Adult
H0001:HF:HD:SR, HF:HD:S2-Special Women's
H0001:HF:HH:SR, HF:HH:S2-Co-Occurring
H0001:HF:HZ:SR, HF:HZ:S2-Indigent
H0001:HF:H9:SR, HF:H9:S2-Drug Court

Required 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 recipient's assessed needs.

SAS Reporting Combination Restrictions: This service cannot be billed in conjunction with Individual Counseling (90832, 90834, 90837), Multi Family Group Psychotherapy (90849) or TB services (T1023 or 97799). Eligibility for billing must contain a diagnosis of an opioid use disorder and/or a stimulant use disorder; no other diagnosis is eligible for this service.

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

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 recipients 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 recipient, family member on behalf of a recipient, institutional staff, or an agency or entity seeking services on behalf of a potential recipient. 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

Required Assessment Instrument: ADMH Integrated Placement Assessment

SAS Reporting Unit: Episode

SAS Contract Billing Rate: $140.00 per episode

Maximum Billable Unit(s): As according to the recipient's assessed needs

SAS Reporting Combination Restrictions: This service cannot be billed in conjunction with Individual Counseling (90832, 90834, 90837), Multi Family Group Psychotherapy (90849) or TB services (T1023 or 97799).

Location: Jails, Prisons, Hospitals, Location of individuals under house arrest

MENTAL HEALTH AND SUBSTANCE USE DISORDERS ASSESSMENT UPDATE

Definition: A structured interview process that functions to evaluate a recipient'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:HH or HF:HD-Adult**
H0031:HF:SR, HF:H9:SR, HF:HH:SR, HF:HZ:SR or HF:HD:SR – Adult
H0031:HF:S2, HF:H9:S2, HF:HH:S2, HF:HZ:S2 or HF:HD:S2 – Adult
H0031:HF:HA, HF:HA:DY or HF:HA:HH - Adolescent

Required Assessment Instrument: ADMH Update to Placement Assessment Tool

SAS Reporting Unit: 15 min

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

Maximum Billable Unit(s): 8 units per day, 56 per year

SAS Reporting Combination Restrictions: May not be billed in combination with intake evaluation.

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

MEDICAL ASSESSMENT AND TREATMENT

Definition: Face-to face contact with a recipient 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-Adult** **H0004:HF:HA, HF:HA:DY, or HF:HA:HH - Adolescent**
SAS Reporting Unit:	15 minutes
SAS Contract Billing Rate:	$52.00 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 1-WM, Level 2-WM, Level 3.7-WM, Level 3.01, 99205, 90833, and 99213. May only be billed with codes J0571, J0572, J0573, J0574 and J0575 if 99205, 90833 or 99213 are not used in any time frame.

Location: Services can be delivered in any setting that is acceptable for both the recipient and staff member, that affords an adequate therapeutic environment, and that protects the recipient'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 recipients who are in special women's residential programs.

SAS Reporting Code: **S9976 - One Child**
S9976:HF - Two Children
S9976:HF:HD - 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 recipient.

Location: In a residential structure that complies with all applicable federal, state and local codes and is certified at Level 3.I, 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 recipients, 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, or HF:HZ– 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 recipients must be sent away from the facility for a brief time, this service can be billed for up to three (3) days. Billing more than three (3) days must be approved by the ADMH Office of Substance Abuse 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 recipient that is admitted to the facility but must 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 recipients 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 (ASAIS) 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.).

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 recipient record will be necessary whenever a recipient is absent from the program for more than a 24-hour period. Documentation should cover the reason for the recipient's absence and note that the program is utilizing the Bed Day Policy. On occasions when the recipient 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 Services, must be included in the recipient'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, alcohol use disorders or sedative, hypnotic, or anxiolytic use disorder. Services are delivered under a defined set of physician approved policies and physician monitored procedures or clinical protocols. This level provides care to recipients whose opioid withdrawal signs and symptoms are, or historically have been, sufficiently severe to require 24-hour inpatient care with observation, monitoring and treatment being available. If a SOR modifier (SR or S2) is used for opioid use disorders, a transition plan from detoxification to treatment must be implemented and include the use of extended release naltrexone.

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

Eligible Staff:	See ADMH Administrative Code.
SAS Reporting Code:	**H0009:HF – Adult** **H0009:HF:SR, HF:S2- Adult** **H0009:HF:HH:SR, HF:HH:S2 – Co-Occurring** **H0009:HF:HZ:SR, HF:HZ:S2-Indigent** **H0009:HF:H9:SR, HF:H9:S2-Drug Court**
SAS Reporting Unit:	1 day
SAS Contract Billing Rate:	$425.00 / Unit
Maximum Billable Unit(s):	1 per day; 15 days per episode without prior approval from ADMH

SAS Reporting Combination Restrictions: Cannot be billed in conjunction with a bundled/residential rate (MH, SA or DD). May only be billed for individuals with a diagnosis of opioid use disorder, alcohol use disorder or sedative, hypnotic, or anxiolytic use disorder.

Location: Services can be delivered in a hospital setting only. It must afford an adequate therapeutic environment, and that protects the recipient'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, recipient 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 for those individuals with a diagnosed opioid use disorder, alcohol use disorder or sedative, hypnotic, or anxiolytic use disorder. Therapies also include physician and/or nurse monitoring, assessment, and management of signs and symptoms of intoxication and withdrawal

Eligible Staff: See ADMH Administrative Code.

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

SAS Reporting Unit: 1 day

SAS Contract Billing Rate: $45.00 Adult
$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 recipient and staff member, that affords an adequate therapeutic environment, and that protects the recipient'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 recipient's treatment plan. These programs typically have direct access to or close referral relationship with psychiatric, medical and lab services.

Eligible Staff: See ADMH Administrative Code.

SAS Reporting Code: **H0035:HF, HF:HV, HF:H9, or HF:HZ - 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). These restrictions apply while a recipient is attending/actively enrolled in Partial Hospitalization whether 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 recipient and staff member, that affords an adequate therapeutic environment, and that protects the recipient's rights to privacy and confidentiality.

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

Definition: Level 2WM detoxification is an organized outpatient service, which may be delivered by medical and nursing professionals who provide medically supervised evaluation, detoxification and referral services for those individuals with a diagnosed opioid use disorder, alcohol use disorder or sedative, hypnotic, or anxiolytic use disorder. Outpatient withdrawal management services shall be designed to treat the recipient's level of clinical severity and to achieve safe and comfortable withdrawal from mood-altering substances, as well as effectively facilitate the recipient's entry into ongoing treatment and recovery. If SOR modifier is used, transition plan must include the use of extended release naltrexone.

Essential to this level of care is the availability of appropriately credentialed and licensed nurses who monitor recipients 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 recipients 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, or HF:SR- 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 recipient and staff member, that affords an adequate therapeutic environment, and that protects the recipient'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, or HF:HZ - 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 recipient 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 recipients 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, or HF:HZ-Adul**t
H2034:HF:HD – Special Women's
H2034:HF:HH – Co-Occurring Enhanced

SAS Reporting Unit: Day

SAS Contract Billing Rate: $54.00 Adult
$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 recipients to support recovery from substance-related disorders. For the typical recipient 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 recipient'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 recipients 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, or HF:H9 - 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 recipients who, because of specific functional limitations, need safe and stable living environments 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 recipients 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 recipients 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 recipients 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, or HF:HZ- 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 recipients 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 recipients 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, or HF:HZ – 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 for those individuals with a diagnosed opioid use disorder, alcohol use disorder or sedative, hypnotic, or anxiolytic use disorder. Services are delivered under a defined set of physician-approved policies and physician-monitored procedures or clinical protocols. This level provides care to recipients whose withdrawal signs and symptoms are sufficiently severe to require 24-hour inpatient care with observation, monitoring and treatment being available. If SOR modifier is used, transition plan must include the use of extended release naltrexone.

A detailed description of the services typically offered in this level of care, the care setting and how to identify which recipients 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:SR, HF:H9:SR, HF:HD:SR, HF:HH:SR or HF:HZ:SR – Adult**

SAS Reporting Unit: 1 day

SAS Contract Billing Rate: Determined per agency

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): Maximum of 15 days per episode; ADMH approval required for episodes lasting longer than 15 days. May only be billed for individuals with a diagnosis of opioid use disorder, alcohol use disorder or sedative, hypnotic, or anxiolytic use disorder.

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

Opioid Use Disorder Treatment

Definition: For the purposes of this definition and billing code, the medications referenced are methadone and buprenorphine. 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 because of opioid addiction. This service includes medication administration and concurrent related medical and clinical services. Treatment with the use of methadone or buprenorphine is designed to offer the recipient an opportunity to effect constructive changes in his/her life through the provision of medication assistance in conjunction with counseling and medical services.

Eligible Staff: See ADMH Administrative Code.

Eligible Provider Type for Administration of Medication: Physician, Physician's Assistant, CRNP, RN, LPN

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:SR, HF:HD:SR, HF:HH:SR, HF:HZ:SR, HF:H9:SR, HF:S2, HF:HD:S2, HF:HH:S2, HF:HZ:S2, HF:H9:S2 -Methadone**
H0020:HF:AM, HF:AM:SR, HF:AM:S2-Buprenorphine products (oral only)

SAS Reporting Unit: Day

SAS Contract Maximum Billing Rate: $17.00 per day for methadone
$27.00 per day for buprenorphine

Maximum Billable Unit(s): 1 per day

SAS Reporting Combination Restrictions: Must be actively enrolled in an ADMH and SAMHSA certified opioid treatment program. May only be billed in conjunction with H0013, H0014, T2408, H2034, H0019, H2036, and H0018.

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

UNBUNDLED

SERVICES

ACTIVITY THERAPY

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

Eligible Staff: QSAP I, QSAP II, or QSAP III (with documented specialized training)

SAS Reporting Code:
H2032:HF:HA, HF:HA:H9, HF:HA:DY, HF:HA:HZ - Adolescent
H2032:HF:HD - Special Women's
H2032:HF:HH - 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 - Special Women's - Group
H2032:HF:HH: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 recipient and staff member, that affords an adequate therapeutic environment, and that protects the recipient's right to privacy and confidentiality.

BASIC LIVING SKILLS

Definition: Services provided on an individual or group basis to enable a recipient 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 recipient, as well as recipient education about the nature of the illness, symptoms, and the recipient's role in management of the illness

Eligible Staff:	QSAP I, QSAP II, QSAP III, QPP, RN 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 – Special Women's** **H0036:HF:HH – 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, or HF:HZ:HQ – Adult Group** **H0036:HF:HD:HQ – Special Women's Group** **H0036:HF:HH: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 recipient and staff member, that affords an adequate therapeutic environment, and that protects the recipient'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 recipient entry into treatment.

This service is not billed per recipient, it is billed (like prevention) on a "dummy" recipient that indicates services to unknown recipients.

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:	**H0023:HF, HF:HA, HF:HV, HF:H9, or HF:HZ - 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 Adults $12 Adolescents, Co-Occurring Enhanced & Special Women's
Maximum Billable Unit(s):	12 units per day per provider

SAS Reporting Combination Restrictions: None

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

BUPRENORPHINE MONOPRODUCT

Definition: Purchase of Buprenorphine Monoproduct 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:SR, HF:S2, HF:BG-Adult** **J0571:HF:HD:SR, HF:HD:S2, HF:HD:BG-Special Women's** **J0571:HF:HH:SR, HF:HH:S2, HF:HH:BG-Co-Occurring** **J0571:HF:HZ:SR, HF:HZ:S2, HF:HZ:BG-Indigent** **J0571:HF:H9:SR, HF:H9:S2, HF:H9:BG-Drug Court**
SAS Reporting Unit:	Dose/day
SAS Contract Billing Rate:	$4.00 per dose
Maximum Billable Units:	One dose per day; cannot exceed the number of days in a month

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 H0020, J0572, J0573, J0574 or J0575.

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

Note: Modifiers for block grant and state will be added; were not available at time of publication.

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:SR, HF:S2, HF:BG-Adult** **J0572:HF:HD:SR, HF:HD:S2, HF:HD:BG-Special Women's** **J0572:HF:HH:SR, HF:HH:S2, HF:HH:BG-Co-Occurring** **J0572:HF:HZ:SR, HF:HZ:S2, HF:HZ:BG-Indigent** **J0572:HF:H9:SR, HF:H9:S2, HF:H9:BG-Drug Court**
SAS Reporting Unit:	Dose
SAS Contract Billing Rate:	$14.00 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 H0020, J0571, J0573, J0574 or J0575.

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

Note: Modifiers for block grant and state will be added; were not available at time of publication.

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:SR, HF:S2, HF:BG-Adult
J0573:HF:HD:SR, HF:HD:S2, HF:HD:BG-Special Women's
J0573:HF:HH:SR, HF:HH:S2, HF:HH:BG-Co-Occurring
J0573:HF:HZ:SR, HF:HZ:S2, HF:HZ:BG-Indigent
J0573:HF:H9:SR, HF:H9:S2, HF:H9:BG-Drug Court

SAS Reporting Unit: Dose

SAS Contract Billing Rate: $14.00 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 H0020, J0571, J0572, J0574 or J0575.

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

Note: Modifiers for block grant and state will be added; were not available at time of publication.

BUPRENORPHINE/NALOXONE
(COMBINATION PRODUCTS ≥6 mg- ≤ 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:SR, HF:S2, HF:BG-Adult
J0574:HF:HD:SR, HF:HD:S2, HF:HD:BG-Special Women's
J0574:HF:HH:SR, HF:HH:S2, HF:HH:BG-Co-Occurring
J0574:HF:HZ:SR, HF:HZ:S2, HF:HZ:BG-Indigent
J0574:HF:H9:SR, HF:H9:S2, HF:H9:BG-Drug Court

SAS Reporting Unit: Dose

SAS Contract Billing Rate: $14.00 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 H0020, J0571, J0572, J0573 or J0575.

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

Note: Modifiers for block grant and state will be added; were not available at time of publication.

BUPRENORPHINE/NALOXONE
(COMBINATION PRODUCT > 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:	**J0551:HF:SR, HF:S2, HF:BG-Adult** **J0575:HF:HD:SR, HF:HD:S2, HF:HD:BG-Special Women's** **J0575:HF:HH:SR, HF:HH:S2, HF:HH:BG-Co-Occurring** **J0575:HF:HZ:SR, HF:HZ:S2, HF:HZ:BG-Indigent** **J0575:HF:H9:SR, HF:H9:S2, HF:H9:BG-Drug Court**
SAS Reporting Unit:	Dose
SAS Contract Billing Rate:	$14.00 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 H0020, J0571, J0572, J0573 or J0574.

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

Note: Modifiers for block grant and state will be added; were not available at time of publication.

CASE MANAGEMENT

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

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

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

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

- taking recipient history;
- identifying the recipient'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 recipient.

Reassessment/follow-up – The case manager shall evaluate, at intervals of six months or less, through interviews and observations, the progress of the recipient toward accomplishing the goals listed in the case plan. In addition, the persons and/or agencies providing services to the recipient 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 recipient;
- includes activities such as ensuring the active participation of the eligible recipient, and working with the recipient (or the recipient'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 recipient;

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

- activities that help link the recipient 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 recipient's needs, and which may be with the recipient, family members, service providers, or other entities or recipients 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 recipient's case plan;
  - services in the case plan are adequate; and
  - changes in the needs or status of the recipient 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 Combination Restrictions: Must be actively enrolled in an ADMH certified substance use disorder treatment program. The completion of a Human Services Needs Assessment is required for enhanced billing.

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

Case Management

Targeted Case Management – SOR Only

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

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

- Assessment
- Planning (includes the use of ADMH approved Human Services Needs Assessment)
- Referral and linkage
- Monitoring and coordination.

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

- taking recipient history;
- identifying the recipient'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 recipient.

Reassessment/follow-up – The case manager shall evaluate, at intervals of six months or less, through interviews and observations, the progress of the recipient toward accomplishing the goals listed in the case plan. In addition, the persons and/or agencies providing services to the recipient 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 and the required ADMH Human Services Needs assessment, that:

- specifies the goals and actions to address the medical, social, educational, and other services needed by the recipient;
- includes activities such as ensuring the active participation of the eligible recipient, and working with the recipient (or the recipient'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 recipient;

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

- activities that help link the recipient 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 recipient's needs, and which may be with the recipient, family members, service providers, or other entities or recipients 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 recipient's case plan;
  - services in the case plan are adequate; and
  - changes in the needs or status of the recipient 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 for SOR:	**G9012:HF:SR, HF:S2 Adult** **G9012:HF:HD:SR, HF:HD:S2 Special Women's** **G9012:HF:HH:SR, HF:HH:S2 Co-Occurring** **G9012:HF:HZ:SR, HF:HZ:S2 Indigent** **G9012:HF:H9:SR, HF:H9:S2 Drug Court**
SAS Reporting Unit for SOR:	Five (5) minute increments
SAS Contract Billing Rate for SOR:	$5.82/ Unit
Maximum Billable Unit(s) for SOR:	12 Units per day

SAS Reporting Combination Restrictions: Must be actively enrolled in an ADMH certified substance use disorder treatment program which provides MAT for those individuals with an opioid use disorder or which provides services for those individuals with a stimulant use disorder. The completion of a Human Services Needs Assessment is required.

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

CASE MANAGEMENT

Targeted Case Management – Medicaid Recipients Only (Target 9)

Definition – Medicaid TCM-9: Case management services are comprehensive services that assist eligible individuals in gaining access to needed medical, social, educational and other services. Targeted Case Management (TCM) services assist specific eligible recipients, or targeted individuals, to access other services.

Target Group 9 consists of Medicaid-eligible individuals who have a diagnosed substance use disorder or substance induced disorder, in accordance with criteria set forth by the most recent edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM) published by the American Psychiatric Association, and who meet the following additional criteria.

(1) Individuals who:

(a) Have been unable to independently maintain a sustained period of recovery after repeated treatment episodes; or

(b) Have little or no access to community resources necessary to support sustained recovery efforts; or

(c) Have co-morbid conditions, as mental illness, emotional disorders, intellectual disabilities, medical conditions, sensory impairments, or mobility impairments; or

(d) Have significant responsibility for the care of dependents, as well as themselves.

Core Services – Medicaid TCM-9:

- Needs assessment
- Case planning
- Service arrangement
- Social support
- Reassessment and follow-up
- Monitoring

NEEDS ASSESSMENT – Medicaid TCM-9:

A TCM provider performs a written comprehensive assessment of the recipient's assets, deficits, and needs. The TCM provider gathers the following information:

- Identifying information
- Socialization and recreational needs
- Training needs for community living
- Vocational needs
- Physical needs

- Medical care concerns
- Social and emotional status
- Housing and physical environment
- Resource analysis and planning

CASE PLANNING – Medicaid TCM-9:

TCM providers must develop a systematic, recipient-coordinated plan of care that lists the actions required to meet the identified needs of the recipient based on the needs assessment. The plan is developed through a collaborative process involving the recipient, his family or other support system, and the case manager. It must be completed in conjunction with the needs assessment within the first 30 days of contact with the recipient.

SERVICE ARRANGEMENT – Medicaid TCM-9:

Through linkage and advocacy, the case manager coordinates contacts between the recipient and the appropriate person or agency. These contacts may be face to face, phone calls, or electronic communication.

MONITORING – Medicaid TCM-9:

The case manager determines what services have been delivered and whether they adequately meet the needs of the recipient. The plan of care may require adjustments because of monitoring.

SOCIAL SUPPORT – Medicaid TCM-9:

Through interviews with the recipient and significant others, the case manager determines whether the recipient possesses an adequate personal support system. If this personal support system is inadequate or nonexistent, the case manager assists the recipient in expanding or establishing such a network through advocacy and linking the recipient with appropriate persons, support groups, or agencies.

REASSESSMENT AND FOLLOW UP – Medicaid TCM-9:

Through interviews and observations, the case manager evaluates the recipient's progress toward accomplishing the goals listed in the case plan at intervals of six months or less. In addition, the case manager contacts persons or agencies providing services to the recipient and reviews the results of these contacts, together with the changes in the recipient's needs shown in the reassessments and revises the case plan if necessary.

Eligible Staff – Medicaid TCM-9

Staff members who have successfully completed an ADMH, OSATS, approved Case Manager Training program **and** who possess a minimum of a Bachelor of Arts or a Bachelor of Science degree, preferably in a human service related field or social work program. Must receive approval of ADMH

prior to provision of services.

SAS Reporting Codes for Medicaid TCM-9: **G9008:U9**

SAS Reporting Unit for Medicaid TCM-9: Five (5) minute increments

SAS Contract Billing Rate for Medicaid TCM-9: $6.85/ Unit

Maximum Billable Unit(s): None

SAS Reporting Combination Restrictions: Must be actively enrolled in an ADMH certified substance use disorder treatment program. The completion of a Human Services Needs Assessment is required.

Location: Services can be delivered in any setting that is acceptable for both the recipient and staff member, that affords an adequate therapeutic environment, and that protects the recipient's rights to privacy and confidentiality. TCM-9 services cannot be provided in total care environments, such as nursing facilities, hospitals, and residential programs.

CHILD SITTING SERVICES

Definition: Care of the child of the recipient 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 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 recipient.

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

CRISIS INTERVENTION

Definition: Immediate emergency intervention with a recipient, or the recipient's family, legal guardian, and/or significant others to ameliorate a maladaptive emotional/behavioral reaction by the recipient. 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 recipient's crisis state, when known
- Identifying the maladaptive reactions exhibited by the recipient
- Evaluating the potential for rapid regression
- Resolving the crisis
- Referring the recipient for treatment at an alternative setting, when indicated

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

SAS Reporting Code: **H2011:HF, HF:HV, HF:H9, or HF:HZ– Adult**
H2011:HF:HD– Special Women's
H2011:HF:HH– 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: 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 recipient and staff member, that affords an adequate therapeutic environment, and that protects the recipient's rights to privacy and confidentiality.

DEVELOPMENTAL DELAY PREVENTION ACTIVITIES FOR DEPENDENT CHILDREN

Definition: Structured activities provided for children of recipients in treatment, during the same time 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 Individual** **H2037:HF:HD:HQ Group**
SAS Reporting Unit(s):	15 minutes
SAS Contract Billing Rate:	$18.75 Recipient $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 recipient.

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

FAMILY COUNSELING

Definition: A recipient focused intervention that may include the recipient, 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 recipient's personal, familial, vocational, and/or community functioning. While it is recognized that involvement of family members in the rehabilitation of recipients 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 recipient's needs. Services provided to non-Medicaid eligible family members independent of meeting the identified recipient'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, or HF:59 – Adult without recipient present
90847:HF, HF:HD, HF:HG, HF:HH, HF:HV, HF:HZ, HF:H9, or HF:59 - Adult with recipient present
90849:HF, HF:HD, HF:HG, HF:HH, HF:HV, HF:HZ, HF:H9, or HF:59 - Multiple Family Group Psychotherapy Adult

90846:HF:HA, HF:HA:DY, HF:HA:H9, HF:HA:HH or HF:HA:59 - Adolescent without recipient present
90847:HF:HA, HF:HA:DY, HF:HA:H9, HF:HA:HH or HF:HA:59 - Adolescent with recipient 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:

Without Recipient Present (90846) Adult - $80.05 per episode, 60 minutes minimum
Adolescent, Special Women's and Co-occurring Enhanced - $100.59 per episode, 60 minutes minimum

With Recipient Present (90847) Adult - $83.34 per episode, 60 minutes minimum
Adolescent, Special Women's and Co-occurring Enhanced - $104.17 per episode, 60 minutes minimum

Multiple Family Group (90849) - $32.57 per episode, 90 minutes minimum, per Recipient

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 recipient and staff member, that affords an adequate therapeutic environment, and that protects the recipient's rights to privacy and confidentiality.

Level 0.5 Early Intervention: This service can be billed for recipient 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 – 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 recipient.

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

GPRA Gift Card Incentives
SOR and SOR2 Only

Definition: Gift card for the individual client who has received SOR services at the six month follow up interview.

Eligible Staff:	Any staff member
SAS Reporting Code:	GPGC:HF: SR or GPGC:HF:S2
SAS Reporting Unit:	1 gift card
SAS Contract Billing Rate:	$25.00
Maximum Billable Unit(s):	1 gift card per grant period

SAS Reporting Combination Restrictions: Must be actively enrolled in an ADMH certified substance use disorder treatment program receiving SOR services. Can only be billed if a GPRA interview for a six month follow up has been completed and sent to ADMH.

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

GROUP COUNSELING

Definition: The utilization of professional skills by a qualified practitioner to assist two or more unrelated recipients 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 recipient 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.

Eligible Staff:	QSAP I or QSAP II
SAS Reporting Code:	**90853:HF, HF:HD, HF:HG, HF:HH, HF:HV, HF:HZ, HF:H9, or HF:59 HF Adult** **90853:HF:HA, HF:HA:DY, HF:HA:H9, HF:HA:HH or HF:HA:59 - Adolescent**
SAS Reporting Unit:	1 Episode (each episode is a 90-minute minimum)
SAS Contract Billing Rate:	$25.05 per episode
Maximum Billable Unit(s):	1 episode per day/104 episodes per year
Group Size Limit:	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 recipient and staff member, that affords an adequate therapeutic environment, and that protects the recipient's rights to privacy and confidentiality.

INDIVIDUAL COUNSELING

Definition: The utilization of professional skills by a qualified practitioner to assist a recipient 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 recipient 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, or HF:59 Adult
90834:HF, HF:HD, HF:HG, HF:HH,HF:HV, HF:HZ, HF:H9, or HF:59 Adult
90837:HF, HF:HD, HF:HG, HF:HH,HF:HV, HF:HZ, HF:H9, or HF:59 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
$49.93 for time spent between 16 and 37 minutes (use 90832)
$66.38 for time spent between 38 and 52 minutes (use 90834)
$99.79 for time of 53 minutes and more (use 90837)

Adolescent, Special Women's, Enhanced Co-occurring
$62.41 for time spent between 16 and 37 minutes (use 90832)
$82.97 for time spent between 38 and 52 minutes (use 90834)
$124.73 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 recipient and staff member, that affords an adequate therapeutic environment, and that protects the recipient'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, or HF:HZ Adult**

96372:HF:HA, HF:HA:DY, HF:HA:HH, or HF:HA:H9 Adolescent

SAS Reporting Unit: Episode

SAS Contract Billing Rate: $23.12

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 code J2315 Extended release naltrexone.

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

MEDICATION MONITORING

Definition: Face-to-face contact between a qualified professional, other than a physician, and a recipient for the purpose of reviewing medication efficacy, monitoring compliance with dosage instructions, educating the recipient 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)
Licensed Pharmacist

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 codes H0020, J0571, J0572, J0573, J0574, J0575, J8499 or J2315.

Location: Services can be delivered in any setting that is acceptable for both the recipient and staff member, that affords an adequate therapeutic environment, and that protects the recipient'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 recipient who has an opioid use disorder with information about the role of medications in treating this disorder. Recipients 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 recipient'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), CRSS

SAS Reporting Code:
H0034:HF:SR, HF:S2- Adult
H0034:HF:HD:SR, HF:HD:S2– Special Women's
H0034:HF:HH:SR, HF:HH:S2-Co-Occurring
H0034:HF:HZ:SR, HF:HZ:S2- Indigent
H0034:HF:H9:SR, HF:H9:S2-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 have received approved training on the use of Shared Decision Making. May only be billed with individuals who have an opioid use disorder diagnosis.

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

MENTAL HEALTH CARE COORDINATION

Definition: Assisting other external service agency providers or independent practitioners in providing appropriate services to an identified recipient by providing clinical consultation. Key service functions include written or verbal interaction in a clinical capacity to assist another provider to meet the specific treatment needs of an individual recipient 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, or HF:HZ – Adult** **H0046:HF:HD – Special Women's** **H0046:HF:HH – 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 recipient'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:SR, HF:S2, HF:BG-Adult
J8499:HF:HD:SR, HF:HD:S2, HF:HD:BG-Special Women's
J8499:HF:HH:SR, HF:HH:S2, HF:HH:BG-Co-Occurring
J8499:HF:HZ:SR, HF:HZ:S2, HF:HZ:BG-Indigent
J8499:HF:H9:SR, HF:H9:S2, HF:H9:BG-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 H0020, J0571, J0572, J0573, J0574 or J0575. May only be billed for individuals with an opioid use disorder.

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

NALTREXONE-EXTENDED RELEASE INJECTABLE

Definition: The administration of medication, including the use of FDA approved medications for the use of opioid use disorders, 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 because of opioid use disorder.

Eligible Staff:	Registered Nurse (RN), Licensed Practical Nurse (LPN), Physician's Assistant, CRNP OR Physician who is appropriately authorized/licensed.
SAS Reporting Code:	**J2315:HF:SR, HF:S2, HF:BG-Adult** **J2315:HF:HD:SR, HF:HD:S2, HF:HD:BG-Special Women's** **J2315:HF:HH:SR, HF:HH:S2, HF:HH:BG-Co-Occurring** **J2315:HF:HZ:SR, HF:HZ:S2, HF:HZ:BG-Indigent** **J2315:HF:H9:SR, HF:H9:S2, HF:H9:BG-Drug Court**
SAS Reporting Unit:	Injection
SAS Contract Billing Rate:	$1300.00
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 H0020, J0571, J0572, J0573, J0574 or J0575. May only be billed for individuals with an opioid use disorder.

Location: Services can be delivered in any setting that is acceptable for both the recipient and staff member, that affords an adequate therapeutic environment, and that protects the recipient's rights to privacy and confidentiality. Location should follow 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 recipient 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:SR, HF:S2, HF:BG-Adult** **J3535:HF:HD:SR, HF:HD:S2, HF:HD:BG-Special Women's** **J3535:HF:HH:SR, HF:HH:S2, HF:HH:BG-Co-Occurring** **J3535:HF:HZ:SR, HF:HZ:S2, HF:HZ:BG-Indigent** **J3535:HF:H9:SR, HF:H9:S2, HF:H9:BG-Drug Court**
SAS Reporting Unit:	4 mg Dose
SAS Contract Billing Rate:	$37.50/Dose
Maximum Billable Units:	As according to recipient's assessed need.

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

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

NON-EMERGENCY TRANSPORTATION

Definition- State/Block/SOR Grant: Services utilized to transport a recipient to and/or from a treatment program or to other services assessed as needed and specified in the service plan. The agency must demonstrate that the recipient has no other means of transportation to and/or from needed services and the service must be listed as an intervention on the service plan.

Definition - Medicaid: The Non-Emergency Transportation provides necessary non-ambulance transportation services to Medicaid recipients. Medicaid pays for transportation of a Medicaid recipient 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/SOR Reporting Codes:

A0120:HF:HV, HF:SR, HF:S2 – Adult
A0120:HF:HD, HF:HD:SR, HF:HD:S2– Special Women's
A0120:HF:HH, HF:HH:SR, HF:HH:S2– Co-occurring
A0120:HF:HZ, HF:HZ:SR, HF:HZ:S2-Indigent
A0120:HF:H9, HF:H9:SR, HF:HZ:S2-Drug Court
A0120:HF:HA:HV – 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 SOR: $20 per episode

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

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 recipients' 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- Adult
H0033:HF:HA– Adolescent
H0033:HF:HD- Special Women's
H0033:HF:HH-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 in conjunction with codes H0020, J0571, J0572, J0573, J0574, J0575, J8499 or J2315. Cannot be billed for recipients 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 recipient and staff member, that affords an adequate therapeutic environment, and that protects the recipient's rights to privacy and confidentiality.

PARENTING SKILLS DEVELOPMENT

Definition: A structured face-to-face encounter conducted for enhancing the parenting competency of recipients who are parents of dependent children, and who have a substance use disorder. This service may include interactive activities involving the recipients' 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 – Special Women's Individual** **S9444:HF:HD:HQ – Special Women's Group**
SAS Reporting Unit(s):	Episode (50-minute session)
SAS Contract Billing Rate:	$37.50 Recipient $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 recipient.

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

PEER COUNSELING

Definition: A service provided to recipients 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 recipients 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 recipient's needs. Services provided to non-Medicaid eligible family members independent of meeting the identified recipient'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 – Adult
HF:HV – Adult State
HF:HZ – Adult Indigent
HF:H9 – Adult Drug Court
HF:HD – Special Women's
HF:HH – Co-Occurring Enhanced
HF:HA, HF:HA:DY or HF:HA:H9 – Adolescent
HF:HA:HH – Adolescent Co-occurring Enhanced

H0038:HF:HQ – Adult Group
HF:HV:HQ – Adult State Group
HF:HZ:HQ – Indigent Group
HF:H9:HQ – Drug Court Group
HF:HD:HQ – Special Women's Group
HF:HH:HQ – Co Occurring Enhanced Group

HF:HA:HQ - Adolescent Group
HF:HA:H9:HQ – Adolescent Drug Court Group
HF:HA:DY:HQ – Adolescent DYS Group
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 recipient and staff member, that affords an adequate therapeutic environment, and that protects the recipient's rights to privacy and confidentiality.

PEER SUPPORT SERVICES-SOR/2 ONLY

Definition: A service provided to recipients 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 recipient in attainment of treatment goals, enhance life skills development, support treatment retention and promote recovery.

Eligible Staff: ADMH Certified Recovery Support Specialist [CRSS Certification to be obtained within 6 months of hire]

SAS Reporting Code:

H0038:HF:SR, HF:S2- Adult
H0038:HF:HD:SR, HF:HD:S2– Special Women's
H0038:HF:HH:SR, HF:HH:S2– Co-Occurring Enhanced
H0038:HF:HZ:SR, HF:HZ:S2 -Indigent
H0038:HF:H9:SR, HF:H9:S2-Drug Court

H0038:HF:SR:HQ, HF:S2:HQ– Adult Group
H0038:HF:HD:SR:HQ, HF:HD:S2:HQ– Special Women's Group
H0038:HF:HH:SR:HQ, HF:HH:S2:HQ– Co Occurring Enhanced Group
H0038:HF:HZ:SR:HQ, HF:HZ:S2:HQ- Indigent Group
H0038:HF:H9:SR:HQ, HF:H9:S2:HQ-Drug Court Group

SAS Reporting Unit: 15 minutes

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

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 and receiving MAT services for an opioid use disorder and/or services for a stimulant use disorder.

Location: Services can be delivered in any setting that is acceptable for both the recipient and staff member, that affords an adequate therapeutic environment, and that protects the recipient'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 3.7-WM

Location: Certified Level 3.7-WM 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 recipient in preparation of stabilization on FDA approved medication for treatment of opioid use disorder.

Eligible Staff: Physician who is appropriately authorized/licensed.

SAS Reporting Code:
99205:HF:SR, HF:S2, HF:BG-Adult
99205:HF:HD:SR, HF:HD:S2, HF:HD:BG-Special Women's
99205:HF:HH:SR, HF:HH:S2, HF:HH:BG-Co-Occurring
99205:HF:HZ:SR, HF:HZ:S2, HF:HZ:BG-Indigent
99205:HF:H9:SR, HF:H9:S2, HF:H9:BG-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 for an opioid use disorder. May not be billed in conjunction with a bundled rate. May be not be billed in conjunction with codes H0020, 90833 or 99213. Must be billed in conjunction with overall services that include codes J0571, J0572, J5073, J5074 or J5075.

Location: Services can be delivered in any setting that is acceptable for both the recipient and staff member, that affords an adequate therapeutic environment, and that protects the recipient's rights to privacy and confidentiality. Location should follow 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 recipient 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:SR, HF:S2, HF:BG-Adult
90833:HF:HD:SR, HF:HD:S2, HF:HD:BG-Special Women's
90833:HF:HH:SR, HF:HH:S2, HF:HH:BG-Co-Occurring
90833:HF:HZ:SR, HF:HZ:S2, HF:HZ:BG-Indigent
90833:HF:H9:SR, HF:H9:S2, HF:H9:BG-Drug Court

SAS Reporting Unit: Episode

SAS Contract Billing Rate: $175.00- Unit

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

SAS Reporting Combination Restrictions: Must be actively enrolled in an ADMH certified substance use disorder treatment program for an opioid use disorder. May not be billed in conjunction with a bundled rate. May be not be billed in conjunction with codes H0020, 99205 or 99213. Must be billed in conjunction with overall services that include codes J0571, J0572, J5073, J5074 or J5075.

Location: Services can be delivered in any setting that is acceptable for both the recipient and staff member, that affords an adequate therapeutic environment, and that protects the recipient's rights to privacy and confidentiality. Location should follow 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 recipient 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:SR, HF:S2, HF:BG-Adult
99213:HF:HD:SR, HF:HD:S2, HF:HD:BG-Special Women's
99213:HF:HH:SR, HF:HH:S2, HF:HH:BG-Co-Occurring
99213:HF:HZ:SR, HF:HZ:S2, HF:HZ:BG-Indigent
99213:HF:H9:SR, HF:H9:S2, HF:H9:BG-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 for an opioid use disorder. May not be billed in conjunction with a bundled rate. May be not be billed in conjunction with codes H0020, 90833 or 99205. Must be billed in conjunction with overall services that include codes J0571, J0572, J5073, J5074 or J5075.

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

PSYCHOEDUCATIONAL SERVICES

Definition: Structured, topic specific educational services provided to assist the recipient and the families of beneficiaries in understanding the nature of the identified behavioral health disorder, and to identify strategies to support restoration of the recipient 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, or HF:HZ – Adult Individual
H2027:HF:HD – Special Women's
H2027:HF:HH – 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, Adult Group
H2027:HF:HD:HQ – Special Women's Group
H2027:HF:HH:HQ Co Occurring Enhanced Group
H2027:HF:HA: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 recipient, recipient's family and staff member, that affords an adequate therapeutic environment, and that protects the recipient's right to privacy and confidentiality.

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

TREATMENT PLAN REVIEW

Definition: Review and/or revision of a recipient's individualized mental health and/or substance use disorder treatment plan by a qualified practitioner who is not the primary therapist for the recipient. This review will evaluate the recipient'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 recipient and his/her primary therapist regarding the recipient's treatment plan. That interaction shall be billed through an alternative service such as recipient 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, or HF:HZ-Adult** **H0032:HF:HD – 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 recipient and staff member, that affords an adequate therapeutic environment, and that protects the recipient's rights to privacy and confidentiality. Location should follow 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.

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):

TRSQ Reimbursement				
Service Name	**Unit Type**	**Restrictions**	**Rate**	**Brief Service Description**
Tuberculosis Risk Screening Questionnaire	Episode	1 Per Treatment Admission for Residential and Outpatient. 1 annually for Opioid Use Disorder Treatment	$25.00	A brief examination of recipient provided information to determine the recipient's risk of being infected or becoming infected by Tuberculosis relative to both personal history and environmental conditions
Service Code:	**Adult**			**Adolescent**
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

TRSQ Reimbursement				
Service Name	**Unit Type**	**Restrictions**	**Rate**	**Brief Service Description**
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 recipient's risks/ symptoms of Tuberculosis, of the need for TB testing, or for referral to treatment resulting from administration of the TRSQ. Appropriate documentation of this need should be provided.
Service Code:	**Adult**			**Adolescent**
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. Neither code may be billed in conjunction with code 90791. The T1023 can only be billed upon admission into an ADMH certified substance abuse program.

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

GUEST DOSING PROTOCOLS

OTPS ONLY

Definition: Guest dosing is allowed for patients who need to travel but do not meet the criteria for take home medications. Individuals may also be eligible for guest dosing if the number of days away from the home clinic exceeds their approved number of take homes which have been authorized by the home clinic.

Protocols:

- Requirements of the sending provider agency:
    - Email referral information below to the current ASAIS administrator, Yolanda Ballentine (Yolanda.Ballentine@mh.alabama.gov) and the current ADMH OTP Program manager Debbi Metzger (Debbi.metzger@mh.alabama.gov).
    - The identified contact for the guest dosing/receiving agency (found on the most recent Guest Dosing roster) must also be carbon copied (cc) on the email.
    - Yolanda Ballentine will complete the patient referral process in ASAIS. If Yolanda Ballentine is not available, Debbi Metzger will complete the process. This is not a transfer of the patient. It simply allows the guest dosing agency to see the patient in ASAIS.
    - The email must contain the following information:
        - ASAIS number for person who needs to guest dose
        - Name of receiving agency where the person needs to guest dose
        - Start date for the guest dosing and estimated end date

- Requirements of the receiving provider agency/guest dosing agency:
    - After completion of guest dosing, the receiving agency/guest dosing agency must appropriately discharge the patient through ASAIS.
    - The guest dosing agency must enter a discharge profile, then discharge the enrollment record.
    - Use "Guest Dosing Completed" as discharge reason.
    - This must be completed upon completion of guest dosing for your agency census to be accurate.

- Medicaid recipients MAY NOT be charged for guest dosing, administrative fees, referral fees, transfer fees or any other fees associated with guest dosing.

Location: Certified OTPs only.

PREVENTION

PREVENTION

Definition: A proactive process that empowers recipients 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 recipients, 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[1]

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

[1] 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.

alcohol and tobacco advertising practices; and product pricing strategies. This strategy may 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 recipient 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 recipient 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.

Changes made to October 1, 2020 Billing Manual

1. SOR2 Code added (S2) to all applicable services.
2. BG:SR codes removed from all services; agencies will use either BG, SR or S2 codes for any service for which BG:SR was removed.
3. Diagnostic Testing by Computer-definition updated; code replaced.
4. Diagnostic Testing by Physician-definition updated; eligible staff updated; additional information added; codes replaced.
5. Diagnostic Testing by Technician-definition updated; codes replaced.
6. Peer Support Services-Veterans only-removed due to non-use.
7. Peer Support Services-Criminal justice reentry only-removed due to non-use.
8. Intake Evaluation-SOR only-requirement of helpline staff documentation added to definition; combination restriction updated.
9. Mental Health and Substance Use Disorders Assessment-requirement of ADMH tool added
10. Peer support services (SOR only)-combination restriction updated.
11. Hospital detoxification-combination restriction updated.
12. Level 3.7 WM-combination restriction updated.
13. Case management (SOR only)-combination restriction updated.
14. Medication training and support (Shared decision making)-combination restriction updated.
15. Naltrexone (oral and extended release)-combination restriction updated.
16. Physician services (induction, stabilization and maintenance)-combination restriction updated.
17. Guest Dosing Procedures (OTPs)- All requirements of the administrative code regarding guest dosing should continue to be followed. Information was added regarding guest dosing protocols as it relates to ASAIS/billing for easy referencing.
18. GPRA Gift Card Codes-added.
19. Block Grant Modifiers added to Buprenorphine codes; naltrexone codes; Narcan codes; and physician induction, maintenance and stabilization codes