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Ohio Department of Medicaid and Ohio Department of Mental Health and Addiction Services

Behavioral Health Coding Chart with Updated Rates as of 3/9/2016

											Medical Behavioral Health (BH) Practitioners						Licensed BH Practitioners: Independent BH Professionals					BH Professionals (BHP) Under Supervision										BH Paraprofessionals (BHP-P)[3]					
NCCI PTP Edits - cannot be billed together	NCCI PTP Edits - Can be billed	Claim check procedure generally only	Claim check Mutually exclusive edits	Unit of Measure	ASAM	CPT/HCPCS Procedure Code	Pricing Modifier(s) 1	Pricing Modifier(s) 2	Description	Program	MD/DO	CNS	CNP	PA	RN	LPN	LISW	LIMFT	LPCC/ LPCC-S	LICDC	PSY	PSY-AI/I/T	LPC	LSW	LMFT	LCDC III	LCDC II	SW-A/T[2]	MFT-T[2]	CDC-A[2]	C-T[2]	Peer Supp.	CM Spec[2]	High School QMH Spec	Assoc QMH Spec	Bach QMH Spec	Master's QMH Spec
90839, 90841		X		Encounter		+90785			Use 90785 in conjunction with codes for diagnostic psychiatric evaluation [90791, 90792], psychotherapy [90832, 90834, 90837], psychotherapy when performed with an evaluation and management service [90833, 90836, 90838, 99201-99255, 99304–99337, 99341–99350], and group psychotherapy [90853]	NA	$13.81	$13.81	$13.81	$11.74	NA	NA	NA	NA	NA	NA	$13.81	$13.81	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
90839, 90842		X		Encounter		+90785			(Use 90785 in conjunction with codes for psychotherapy [90832, 90834, 90837], and group psychotherapy [90853])	NA	NA	NA	NA	NA	NA	NA	$11.74	$11.74	$11.74	$11.74	NA	NA	$11.74	$11.74	$11.74	$11.74	$11.74	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
90832-90834, 90836-90840, 90845-90847, 90863, 90885, 99201-99205, 99211-99215, 99354, 99355	G0396, G0397	X	99201, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215	Encounter		90791			Psychiatric diagnostic evaluation.	NA	$128.63	$128.63	$128.63	$109.34	NA	NA	$109.34	$109.34	$109.34	$109.34	$128.63	$128.63	$109.34	$109.34	$109.34	$109.34	$109.34	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
90791, 90832-90834, 90836-90840, 90845-90847, 90849, 90853, 90863, 90865, 90885, 99201-99205, 99211-99215, 99354, 99355	G0396, G0397	X	99201, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215	Encounter		90792			Psychiatric diagnostic evaluation - includes medical.	NA	$107.54	$107.54	$107.54	$91.41	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
90792, 90839, 90840, 90853, 90867, 99201-99205, 99211-99215, 99354, 99355	G0396, G0397	X	99201, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215	Encounter		90832			Psychotherapy, 30 minutes with patient and/or family member.	NA	$53.65	$53.65	$53.65	NA	NA	NA	$45.60	$45.60	$45.60	$45.60	$53.65	$53.65	$45.60	$45.60	$45.60	$45.60	$45.60	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
90791, 90792, 90832, 90839, 90840, 99354-99360,	90853, G0396, G0397	X		Encounter		+90833			Psychotherapy, 30 minutes with patient and/or family member when performed with an E&M service (list separately in addition to the code for primary procedure). (Use 90833 in conjunction with 99201–99255, 99304–99337, 99341–99350).	NA	$65.37	$65.37	$65.37	$55.56	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
90791, 90792, 90832, 90833, 90839, 90840, 90845, 99201-99205, 99211-99215, 99354, 99355	90853, G0396, G0397	X	99201, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215	Encounter		90834			Psychotherapy, 45 minutes with patient and/or family member.	NA	$69.75	$69.75	$69.75	NA	NA	NA	$59.29	$59.29	$59.29	$59.29	$69.75	$69.75	$59.29	$59.29	$59.29	$59.29	$59.29	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
90791, 90792, 90832, 90833, 90834, 90839, 90840, 99354, 99355	90853, G0396, G0397	X		Encounter		+90836			Psychotherapy, 45 minutes with patient and/or family member when performed with an E&M services (list separately in addition to the code for primary procedure). (Use 90836 in conjunction with 99201–99255, 99304–99337, 99341–99350).	NA	$83.03	$83.03	$83.03	$70.58	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
90791, 90792, 90832-90834, 90836, 90839, 90840, 90845, 99201-99205, 99211-99215	90853, G0396, G0397	X	90832, 90834, 99201, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215	Encounter		90837			Psychotherapy, 60 minutes with patient and/or family member.	NA	$102.32	$102.32	$102.32	NA	NA	NA	$86.97	$86.97	$86.97	$86.97	$102.32	$102.32	$86.97	$86.97	$86.97	$86.97	$86.97	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
90791, 90792, 90832-90834, 90836, 90837, 90839, 90840, 90845, 99354, 99355	90853, G0396, G0397	X		Encounter		+90838			Psychotherapy, 60 minutes with patient and/or family member when performed with an E&M services (list separately in addition to the code for primary procedure). (Use 90838 in conjunction with 99201–99255, 99304–99337, 99341–99350). (Use 90785 in conjunction with 90832, 90833, 90834, 90836, 90837, 90838 when psychotherapy includes interactive complexity services.)	NA	$109.53	$109.53	$109.53	$93.10	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
90845-90847, 90849, 90853, 90863, 90865, 90867-90870, 90885	G0396, G0397	X	90785, 90791, 90792, 90832, 90833, 90834, 90836, 90837, 90838, 90845, 90846, 90847, 90849, 90853	Encounter		90839			Psychotherapy for crisis; first 60 minutes.	NA	$116.53	$116.53	$116.53	$99.05	NA	NA	$99.05	$99.05	$99.05	$99.05	$116.53	$116.53	$99.05	$99.05	$99.05	$99.05	$99.05	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
90845-90847, 90849, 90853, 90863, 90885	G0396, G0397		90785, 90791, 90792, 90832, 90833, 90834, 90836, 90837, 90838, 90845, 90846, 90847, 90849, 90853	Encounter		+90840			Psychotherapy for crisis; each additional 30 minutes.	NA	$55.97	$55.97	$55.97	$47.57	NA	NA	$47.57	$47.57	$47.57	$47.57	$55.97	$55.97	$47.57	$47.57	$47.57	$47.57	$47.57	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
90791, 90792, 90832, 90833, 90836, 90846, 90847, 99201-99205, 99211-99215, 99354, 99355	G0396, G0397	X	99201, 99202, 99203, 99211, 99212, 99213, 99214	Encounter		90845*			Psychoanalysis (*only provided by MD/DO/Ph.D. with additional psychoanalytic training to be confirmed by state)	NA	$65.89	NA	NA	NA	NA	NA	NA	NA	NA	NA	$65.89	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
	90832-90834, 90836-90838, 90847, 99201-99205, 99211-99215, 99354, 99355 G0396, G0397	X	90849	Encounter		90846			Family psychotherapy (without the patient present).	NA	$69.71	$69.71	$69.71	NA	NA	NA	$59.25	$59.25	$59.25	$59.25	$69.71	$69.71	$59.25	$59.25	$59.25	$59.25	$59.25	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA

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						CPT/HCPCS	Pricing Modifier(s)		Description		Medical Behavioral Health (BH) Practitioners						Independent BH Professionals					BH Professionals (BHP) Under Supervision										BH Paraprofessionals (BHP-P)[3]					
NCCI PTP Edits - cannot be billed together	NCCI PTP Edits - Can be billed	Claim check procedure generally only	Claim check Mutually exclusive edits	Unit of Measure	ASAM	Procedure Code	1	2		Program	MD/DO	CNS	CNP	PA	RN	LPN	LISW	LIMFT	LPCC/ LPCC-S	LICDC	PSY	PSY-AI/IT	LPC	LSW	LMFT	LCDC III	LCDC II	SW-A/T[2]	MFT-T[2]	CDC-A[2]	C-T[2]	Peer Supp.	CM Spec[2]	High School QMH Spec	Assoc QMH Spec	Bach QMH Spec	Master's QMH Spec
	90836-90838, 99201-99205, 99211-99215, 99354, 99355, G0396, G0397	X	90849	Encounter		90847			Family psychotherapy (conjoint psychotherapy) (with patient present).	NA	$85.63	$85.63	$85.63	NA	NA	NA	$72.79	$72.79	$72.79	$72.79	$85.63	$85.63	$72.79	$72.79	$72.79	$72.79	$72.79	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
	90845-90847, 99201-99205, 99211-99215, 99354, 99355, G0396,	X		Encounter		90849			Multiple-family group psychotherapy.	NA	$26.59	$26.59	$26.59	NA	NA	NA	$22.60	$22.60	$22.60	$22.60	$26.59	$26.59	$22.60	$22.60	$22.60	$22.60	$22.60	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
	90845-90849, 99201-99205, 99211-99215, 99354, 99355, G0396,	X		Encounter		90853			Group psychotherapy (other than of a multiple-family group).	NA	$24.05	$24.05	$24.05	NA	NA	NA	$20.44	$20.44	$20.44	$20.44	$24.05	$24.05	$20.44	$20.44	$20.44	$20.44	$20.44	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
99211	99201-99205, 99212-99215			Encounter		96372			Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); subcutaneous or intramuscular	NA	$18.18	$18.18	$18.18	$15.45	$15.45	$15.45	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
90863	99211-99215, G0396, G0397	X	99211, 99212	Encounter		99201			Office or other outpatient visit for the evaluation and management of a new patient, which requires these three key components: • A problem focused history; • A problem focused examination; • Straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are self limited or minor. Typically, 10 minutes are spent face-to-face with the patient and/or family.	NA	$41.97	$41.97	$41.97	$35.67	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
90863, 99201	99211-99215, G0396, G0397	X	99201, 99211, 99212, 99213	Encounter		99202			Office or other outpatient visit for the evaluation and management of a new patient, which requires these three key components: • An expanded problem focused history; • An expanded problem focused examination; • Straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low to moderate severity. Typically, 20 minutes are spent face-to-face with the patient and/or family.	NA	$71.97	$71.97	$71.97	$61.17	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
90863, 99201, 99202	99211-99215, G0396, G0397	X	99201, 99202, 99211, 99212, 99213, 99214	Encounter		99203			Office or other outpatient visit for the evaluation and management of a new patient, which requires these three key components: • A detailed history; • A detailed examination; • Medical decision making of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate severity. Typically, 30 minutes are spent face-to-face with the patient and/or family.	NA	$104.49	$104.49	$104.49	$88.82	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
90863, 99201-99203	99211-99215, G0396, G0397	X	99201, 99202, 99203, 99211, 99212, 99213, 99214, 99215	Encounter		99204			Office or other outpatient visit for the evaluation and management of a new patient, which requires these three key components: • A comprehensive history; • A comprehensive examination; • Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 45 minutes are spent face-to-face with the patient and/or family.	NA	$160.23	$160.23	$160.23	$136.20	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
90863, 99201-99204	99211-99215, G0396, G0397	X	99201, 99202, 99203, 99204, 99211, 99212, 99213, 99214, 99215	Encounter		99205			Office or other outpatient visit for the evaluation and management of a new patient, which requires these three key components: • A comprehensive history; • A comprehensive examination; • Medical decision making of high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 60 minutes are spent face-to-face with the patient and/or family.	NA	$201.38	$201.38	$201.38	$171.17	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA

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NCCI PTP Edits - cannot be billed together	NCCI PTP Edits - Can be billed	Claim check procedure generally only	Claim check Mutually exclusive edits	Unit of Measure	ASAM	Procedure Code	1	2		Program	MD/DO	CNS	CNP	PA	RN	LPN	LISW	LIMFT	LPCC/ LPCC-S	LICDC	PSY	PSY-AI/IT	LPC	LSW	LMFT	LCDC III	LCDC II	SW-A/T[2]	MFT-T[2]	CDC-A[2]	C-T[2]	Peer Supp.	CM Spec[2]	High School QMH Spec	Assoc QMH Spec	Bach QMH Spec	Master's QMH Spec
90863	G0396, G0397	X		Encounter		99211			Office or other outpatient visit for the evaluation and management of an established patient, that may not require the presence of a physician or other qualified health care professional. Usually, the presenting problem(s) are minimal. Typically, five minutes are spent performing or supervising these services.	NA	$18.96	$18.96	$18.96	$18.96	$18.96	$18.96	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
90863	99211, G0396, G0397	X	99211	Encounter		99212			Office or other outpatient visit for the evaluation and management of an established patient, which requires at least two of these three key components: • A problem focused history; • A problem focused examination; • Straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are self limited or minor. Typically, 10 minutes are spent face-to-face with the patient and/or family.	NA	$41.62	$41.62	$41.62	$35.38	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
90863	99211, 99212, G0396, G0397	X	99201, 99211, 99212	Encounter		99213			Office or other outpatient visit for the evaluation and management of an established patient, which requires at least two of these three key components: • An expanded problem focused history; • An expanded problem focused examination; • Medical decision making of low complexity. Counseling and coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low to moderate severity. Typically, 15 minutes are spent face-to-face with the patient and/or family.	NA	$70.42	$70.42	$70.42	$59.86	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
90863	99211-99213, G0396, G0397	X	99201, 99202, 99211, 99212, 99213	Encounter		99214			Office or other outpatient visit for the evaluation and management of an established patient, which requires at least two of these three key components: • A detailed history; • A detailed examination; • Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 25 minutes are spent face-to-face with the patient and/or family.	NA	$103.93	$103.93	$103.93	$88.34	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
90863	99211-99214, G0396, G0397	X	99201, 99202, 99203, 99211, 99212, 99213, 99214	Encounter		99215			Office or other outpatient visit for the evaluation and management of an established patient, which requires at least two of these three key components: • A comprehensive history; • A comprehensive examination; • Medical decision making of high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 40 minutes are spent face-to-face with the patient and/or family.	NA	$140.37	$140.37	$140.37	$119.31	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
90833, 90836	G0396, G0397	X		Encounter		+99354			Prolonged service in the office or other outpatient setting requiring direct patient contact beyond the usual service; first hour (list separately in addition to code for office or other outpatient E&M service). Use 99354 in conjunction with 90837, 99201-99215, 99241-99245, 99324–99337, 99341–99350. Note which practitioner types in bold* can use +99354 only in conjunction with 90837.	NA	$76.43	$76.43	$76.43	$64.97	NA	NA	$64.97	$64.97	$64.97	$64.97	$76.43	$76.43	$64.97	$64.97	$64.97	$64.97	$64.97	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
90833, 90836	G0396, G0397			Encounter		+99355			Each additional 30 minutes (list separately in addition to code for prolonged service). Use in conjunction with 99354. Note which practitioner types in bold* can use +99355 only in conjunction with 90837.	NA	$75.87	$75.87	$75.87	$64.49	NA	NA	$64.49	$64.49	$64.49	$64.49	$75.87	$75.87	$64.49	$64.49	$64.49	$64.49	$64.49	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
G0397	90791, 90792, 90832-90834, 90836-90840, 90845-90847, 90849, 90853, 99201-99205,	X		Encounter		G0396			Alcohol and/or substance (other than tobacco) abuse structured screening (e.g., Alcohol Use Disorders Identification Test [AUDIT], Drug Abuse Screening Test [DAST]) and brief intervention (SBI) services, 15 to 30 minutes.	NA	$25.05	$25.05	$25.05	$21.29	NA	NA	$21.29	$21.29	$21.29	NA	$25.05	$25.05	$21.29	$21.29	$21.29	NA	NA	$21.29	$21.29	$21.29	$21.29	NA	NA	NA	NA	NA	NA
G0396	90791, 90792, 90832-90834, 90836-90840, 90845-90847, 90849, 90853, 99201-99205,	X		Encounter		G0397			Alcohol and/or substance (other than tobacco) abuse structured screening (e.g., AUDIT, DAST) and brief intervention (SBI) services, over 30 minutes.	NA	$47.68	$47.68	$47.68	$40.53	NA	NA	$40.53	$40.53	$40.53	NA	$47.68	$47.68	$40.53	$40.53	$40.53	NA	NA	$40.53	$40.53	$40.53	$40.53	NA	NA	NA	NA	NA	NA
				Hour	ASAM 1 Unlicensed Practitioner	H0001			Alcohol and/or drug assessment (not incident to a licensed practitioner's assessment).	NA	NA	NA	NA	NA	$77.22	$77.22	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	$77.22	$77.22	$77.22	$77.22	NA	NA	NA	NA	NA	NA

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				15 Minutes	ASAM 1 Unlicensed Practitioner	H0004			BH counseling and therapy, per 15 minutes. (Could add HR family/couple with client, HS family/couple without client, HQ group, UK services provided on behalf of client without client present)	NA	NA	NA	NA	NA	$16.34	$16.34	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	$16.34	$16.34	$16.34	$16.34	NA	NA	NA	NA	NA	NA
				15 Minutes	ASAM 1 Group Unlicensed Practitioner	H0005			Alcohol and/or drug services; group counseling by a clinician.	NA	NA	NA	NA	NA	$1.64	$1.64	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	$1.64	$1.64	$1.64	$1.64	NA	NA	NA	NA	NA	NA
				Hour		H0006			Alcohol and/or drug services; case management	NA	See CM Specialist for rate	See CM Specialist for rate	See CM Specialist for rate	See CM Specialist for rate	See CM Specialist for rate	See CM Specialist for rate	See CM Specialist for rate	See CM Specialist for rate	See CM Specialist for rate	See CM Specialist for rate	See CM Specialist for rate	See PSY rate	See CM Specialist for rate	See CM Specialist for rate	See CM Specialist for rate	See CM Specialist for rate	See CM Specialist for rate	See CM Specialist for rate	See CM Specialist for rate	See CM Specialist for rate	See CM Specialist for rate	See CM Specialist for rate	$78.17	NA	NA	NA	NA
				Day	ASAM 3.2 WM Program rate	H0010			Alcohol and/or drug services; sub acute detoxification (residential addiction program inpatient).	$256.33	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
				Day	ASAM 3.7 WM Program rate	H0011			Alcohol and/or drug services; acute detoxification (residential addiction program inpatient).	$392.86	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
				Day	ASAM 2 WM 23 Hours Program Rate	H0012			Alcohol and/or drug services; sub-acute detoxification (residential addiction program outpatient)	$360.36	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
				Hour	ASAM 2 WM (Unlicensed Practitioner)	H0014			Alcohol and/or drug services; ambulatory detoxification.	NA	NA	NA	NA	NA	NA	$74.81	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	$74.81	$74.81	$74.81	$74.81	NA	NA	NA	NA	NA	NA
				Hour	ASAM 2 WM (Unlicensed Practitioner)	H0014	TD		Alcohol and/or drug services; ambulatory detoxification.	NA	NA	NA	NA	NA	$102.57	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
				Hour	ASAM 2.1 Unlicensed Practitioner	H0015			Alcohol and/or drug services; intensive outpatient (treatment program that operates at least three hours/day and at least three days/week and is based on an individualized treatment plan), including assessment, counseling; crisis intervention, and activity therapies or education. Per Hour	NA	NA	NA	NA	NA	$74.81	$74.81	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	$74.81	$74.81	$74.81	$74.81	NA	NA	NA	NA	NA	NA
				Hour	ASAM 2.1 Unlicensed Practitioner Group	H0015	HQ		Alcohol and/or drug services; intensive outpatient (treatment program that operates at least three hours/day and at least three days/week and is based on an individualized treatment plan), including assessment, counseling; crisis intervention, and activity therapies or education Group. Per Hour	NA	NA	NA	NA	NA	$7.48	$7.48	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	$7.48	$7.48	$7.48	$7.48	NA	NA	NA	NA	NA	NA
				Hour	ASAM 2.5 Unlicensed Practitioner	H0015	TG		Alcohol and/or drug services; intensive outpatient (treatment program that operates at least three hours/day and at least three days/week and is based on an individualized treatment plan), including assessment, counseling; crisis intervention, and activity therapies or education. Per Hour	NA	NA	NA	NA	NA	$74.81	$74.81	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	$74.81	$74.81	$74.81	$74.81	NA	NA	NA	NA	NA	NA
				Hour	ASAM 2.5 Unlicensed Practitioner group	H0015	HQ	TG	Alcohol and/or drug services; intensive outpatient (treatment program that operates at least three hours/day and at least three days/week and is based on an individualized treatment plan), including assessment, counseling; crisis intervention, and activity therapies or education. Per Hour	NA	NA	NA	NA		$7.48	$7.48	NA	NA	NA	NA	NA	NA	NA	NA	NA			$7.48	$7.48	$7.48	$7.48	NA	NA	NA	NA	NA	NA
				15 Minutes		H0038			SUD Peer Recovery Support	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	$15.51	NA	NA	NA	NA	NA
				15 Minutes		H0038	HQ		SUD Peer Recovery Support Group	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	$1.94	NA	NA	NA	NA	NA
		X		Day	ASAM 3.1 Program cost	H2034			Alcohol and/or drug abuse halfway house services, per diem.	$158.99	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
		X		Day	ASAM 3.3 HI Cogr/IM	H2036	HI		Alcohol and/or other drug treatment program, per diem. Cognitive Impairment.	$152.57	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
		X		Day	ASAM 3.5	H2036			Alcohol and/or other drug treatment program, per diem.	$213.70	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
		X		Day	ASAM 3.7	H2036	TG		Alcohol and/or other drug treatment program, per diem.	$303.49	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
				Dose		H0020			Alcohol and/or drug services; methadone administration and/or service (provision of the drug by a licensed program).	NA	$16.38	$16.38	$16.38	NA	$16.38	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
		X		Day		H0040	AM		Assertive community treatment program, per diem, small team * See attached billing guidance	NA	$662.60	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
				Day		H0040	HP		Assertive community treatment program, per diem, small team	NA	NA	$383.75	$383.75	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
				Day		H0040	HO		Assertive community treatment program, per diem, small team	NA	NA	NA	NA	NA	$282.80	$282.80	$282.80	$282.80	$282.80	$282.80	$282.80	$282.80	$282.80	$282.80	$282.80	$282.80	$282.80	$282.80	$282.80	$282.80	NA	$282.80	NA	NA	NA	$282.80
				Day		H0040	HN		Assertive community treatment program, per diem, small team	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	$221.41	$221.41	$221.41	$221.41	NA	$221.41	NA	NA	$221.41	NA
				Day		H0040	HM		Assertive community treatment program, per diem, small team	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	$178.50	NA	NA	NA	NA	NA
				Day		H0040	AM		Assertive community treatment program, per diem, medium team	NA	$615.64	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
				Day		H0040	HP		Assertive community treatment program, per diem, medium team	NA	NA	$352.75	$352.75	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
				Day		H0040	HO		Assertive community treatment program, per diem, medium team	NA	NA	NA	NA	NA	$251.91	$251.91	$251.91	$251.91	$251.91	$251.91	$251.91	$251.91	$251.91	$251.91	$251.91	$251.91	$251.91	$251.91	$251.91	$251.91	NA	$251.91	NA	NA	NA	$251.91
				Day		H0040	HN		Assertive community treatment program, per diem, medium team	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	$199.70	$199.70	$199.70	$199.70	NA	$199.70	NA	NA	$199.70	NA
				Day		H0040	HM		Assertive community treatment program, per diem, medium team	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	$159.24	NA	NA	NA	NA	NA
				Day		H0040	AM		Assertive community treatment program, per diem, large team	NA	$585.22	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
				Day		H0040	HP		Assertive community treatment program, per diem, large team	NA	NA	$333.20	$333.20	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
				Day		H0040	HO		Assertive community treatment program, per diem, large team	NA	NA	NA	NA	NA	$234.98	$234.98	$234.98	$234.98	$234.98	$234.98	$234.98	$234.98	$234.98	$234.98	$234.98	$234.98	$234.98	$234.98	$234.98	$234.98	NA	$234.98	NA	NA	NA	$234.98
				Day		H0040	HN		Assertive community treatment program, per diem, large team	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	$186.48	$186.48	$186.48	$186.48	NA	$186.48	NA	NA	$186.48	NA
				Day		H0040	HM		Assertive community treatment program, per diem, large team	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	$147.70	NA	NA	NA	NA	NA
				Collection		H0048			Alcohol and/or other drug testing: collection and handling only, specimens other than blood (not incident to another professional code; not in a residential setting).	NA	$11.48	$11.48	$11.48	$11.48	$11.48	$11.48	$11.48	$11.48	$11.48	$11.48	$11.48	$11.48	$11.48	$11.48	$11.48	$11.48	$11.48	$11.48	$11.48	$11.48	$11.48	$11.48	$11.48	$11.48	NA	NA	NA	NA	NA	NA

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NCCI PTP Edits - cannot be billed together	NCCI PTP Edits - Can be billed	Claim check procedure generally only	Claim check Mutually exclusive edits	Unit of Measure	ASAM	CPT/HCPCS Procedure Code	Pricing Modifier(s) 1	Pricing Modifier(s) 2	Description	Program	Medical Behavioral Health (BH) Practitioners: MD/DO	CNS	CNP	PA	RN	LPN	Licensed BH Practitioners – Independent BH Professionals: LISW	LIMFT	LPCC/ LPCC-S	LICDC	PSY	BH Professionals (BHP) Under Supervision: PSY-AI/IT	LPC	LSW	LMFT	LCDC III	LCDC II	SW-A/T[2]	MFT-T[2]	CDC-A[2]	C-T[2]	BH Paraprofessionals (BHP-P)[3]: Peer Supp.	CM Spec[2]	High School QMH Spec	Assoc QMH Spec	Bach QMH Spec	Master's QMH Spec
				15 Minutes		H2017	HM		Psychosocial rehabilitation service . Office, 15 minutes.	NA	See High School QMH Spec for rate	See High School QMH Spec for rate	See High School QMH Spec for rate	See High School QMH Spec for rate	See High School QMH Spec for rate	See High School QMH Spec for rate	See High School QMH Spec for rate	See High School QMH Spec for rate	See High School QMH Spec for rate	NA	See High School QMH Spec for rate	See PSY rate	See High School QMH Spec for rate	See High School QMH Spec for rate	See High School QMH Spec for rate	NA	NA	See High School QMH Spec for rate	See High School QMH Spec for rate	NA	See High School QMH Spec for rate	See High School QMH Spec for rate	NA	$14.42	See High School QMH Spec for rate	See High School QMH Spec for rate	See High School QMH Spec for rate
				15 Minutes		H2017	HM		Psychosocial rehabilitation service . Home/Cmty, per 15 mins (use POS 12 or 99)	NA	See High School QMH Spec for rate	See High School QMH Spec for rate	See High School QMH Spec for rate	See High School QMH Spec for rate	See High School QMH Spec for rate	See High School QMH Spec for rate	See High School QMH Spec for rate	See High School QMH Spec for rate	See High School QMH Spec for rate	NA	See High School QMH Spec for rate	See PSY rate	See High School QMH Spec for rate	See High School QMH Spec for rate	See High School QMH Spec for rate	NA	NA	See High School QMH Spec for rate	See High School QMH Spec for rate	NA	See High School QMH Spec for rate	See High School QMH Spec for rate	NA	$18.55	See High School QMH Spec for rate	See High School QMH Spec for rate	See High School QMH Spec for rate
				15 Minutes		H2017			Psychosocial rehabilitation service . LPN, Office, 15 minutes.	NA	NA	NA	NA	NA	NA	$17.50	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
				15 Minutes		H2017			Psychosocial rehabilitation service . LPN Home/Cmty, per 15 mins (use POS 12 or 99)	NA	NA	NA	NA	NA	NA	$22.39	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
				15 Minutes		H2018	HN		IHBT per 15 minutes (Bachelor's)	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	$29.51	$29.51	NA	$29.51	NA	$29.51	NA	NA	$29.51	NA
				15 Minutes		H2018	HO		IHBT per 15 minutes (Master's)	NA	NA	NA	NA	NA	NA	NA	$33.26	$33.26	$33.26	NA	$33.26	$33.26	$33.26	$33.26	$33.26	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
				15 Minutes		H2019	HN		IITS, per 15 minutes (Bachelor's, Office)	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	See Bach QMH Spec for rate	See Bach QMH Spec for rate	NA	See Bach QMH Spec for rate	NA	NA	NA	NA	$18.54	NA
				15 Minutes		H2019	HO		IITS, per 15 minutes (Master's, Office)	NA	See Master's QMH Spec for rate	See Master's QMH Spec for rate	See Master's QMH Spec for rate	See Master's QMH Spec for rate	See Master's QMH Spec for rate	See Master's QMH Spec for rate	See Master's QMH Spec for rate	See Master's QMH Spec for rate	See Master's QMH Spec for rate	NA	See Master's QMH Spec for rate	See PSY rate	See Master's QMH Spec for rate	See Master's QMH Spec for rate	See Master's QMH Spec for rate	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	$21.05
				15 Minutes		H2019	HN	HQ	IITS, per 15 minutes (Bachelor's, Office, Group)	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	See Bach QMH Spec for rate	See Bach QMH Spec for rate	NA	See Bach QMH Spec for rate	NA	NA	NA	NA	$4.64	NA
				15 Minutes		H2019	HO	HQ	IITS, per 15 minutes (Master's, Office, Group)	NA	See Master's QMH Spec for rate	See Master's QMH Spec for rate	See Master's QMH Spec for rate	See Master's QMH Spec for rate	See Master's QMH Spec for rate	See Master's QMH Spec for rate	See Master's QMH Spec for rate	See Master's QMH Spec for rate	See Master's QMH Spec for rate	NA	See Master's QMH Spec for rate	See PSY rate	See Master's QMH Spec for rate	See Master's QMH Spec for rate	See Master's QMH Spec for rate	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	$5.26
				15 Minutes		H2019	HN		IITS, per 15 minutes (Bachelor's, Home/Cmty-use POS 12 or 99)	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	See Bach QMH Spec for rate	See Bach QMH Spec for rate	NA	See Bach QMH Spec for rate	NA	NA	NA	NA	$23.69	NA
				15 Minutes		H2019	HO		IITS, per 15 minutes (Master's, Home/Cmty-use POS 12, 99)	NA	See Master's QMH Spec for rate	See Master's QMH Spec for rate	See Master's QMH Spec for rate	See Master's QMH Spec for rate	See Master's QMH Spec for rate	See Master's QMH Spec for rate	See Master's QMH Spec for rate	See Master's QMH Spec for rate	See Master's QMH Spec for rate	NA	See Master's QMH Spec for rate	See PSY rate	See Master's QMH Spec for rate	See Master's QMH Spec for rate	See Master's QMH Spec for rate	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	$26.82
				15 Minutes		H2019			IITS, per 15 minutes (RN, Office)	NA	NA	NA	NA	NA	$25.62	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
				15 Minutes		H2019			IITS, per 15 minutes (RN, Home/Cmty-use POS 12 or 99)	NA	NA	NA	NA	NA	$32.52	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
				15 Minutes		H2019		HQ	IITS, per 15 minutes (RN, Office, Group)	NA	NA	NA	NA	NA	$6.41	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
				15 Minutes		H2023[1]			1915(i): IPS-Supported Employment per 15 minutes	NA	See High School QMH Spec for rate	See High School QMH Spec for rate	See High School QMH Spec for rate	See High School QMH Spec for rate	NA	NA	See High School QMH Spec for rate	See High School QMH Spec for rate	See High School QMH Spec for rate	NA	See High School QMH Spec for rate	See PSY rate	See High School QMH Spec for rate	See High School QMH Spec for rate	See High School QMH Spec for rate	NA	NA	See High School QMH Spec for rate	See High School QMH Spec for rate	NA	See High School QMH Spec for rate	NA	NA	$19.53	See High School QMH Spec for rate	See High School QMH Spec for rate	See High School QMH Spec for rate
				15 Minutes		H2025[1]			1915(i): IPS-Supported Employment, ongoing support	NA	See High School QMH Spec for rate	See High School QMH Spec for rate	See High School QMH Spec for rate	See High School QMH Spec for rate	NA	NA	See High School QMH Spec for rate	See High School QMH Spec for rate	See High School QMH Spec for rate	NA	See High School QMH Spec for rate	See PSY rate	See High School QMH Spec for rate	See High School QMH Spec for rate	See High School QMH Spec for rate	NA	NA	See High School QMH Spec for rate	See High School QMH Spec for rate	NA	See High School QMH Spec for rate	NA	NA	$19.53	See High School QMH Spec for rate	See High School QMH Spec for rate	See High School QMH Spec for rate
				15 Minutes		H0038			MH SRSP Peer Recovery Support	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	$15.51	NA	NA	NA	NA	NA
				15 Minutes		H0038	HO		MH SRSP Peer Recovery Support Grp	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	$1.94	NA	NA	NA	NA	NA
				15 Minutes		H0036			Community Psychiatric Supportive Treatment (CPST), per 15 minutes	NA	See High School QMH Spec for rate	See High School QMH Spec for rate	See High School QMH Spec for rate	See High School QMH Spec for rate	NA	NA	See High School QMH Spec for rate	See High School QMH Spec for rate	See High School QMH Spec for rate	NA	See High School QMH Spec for rate	See PSY rate	See High School QMH Spec for rate	See High School QMH Spec for rate	See High School QMH Spec for rate	NA	NA	See High School QMH Spec for rate	See High School QMH Spec for rate	NA	See High School QMH Spec for rate	NA	NA	$19.54	See High School QMH Spec for rate	See High School QMH Spec for rate	See High School QMH Spec for rate
				15 Minutes		H0036	HQ		Community Psychiatric Supportive Treatment (CPST), per 15 minutes, Group	NA	See High School QMH Spec for rate	See High School QMH Spec for rate	See High School QMH Spec for rate	See High School QMH Spec for rate	NA	NA	See High School QMH Spec for rate	See High School QMH Spec for rate	See High School QMH Spec for rate	NA	See High School QMH Spec for rate	See PSY rate	See High School QMH Spec for rate	See High School QMH Spec for rate	See High School QMH Spec for rate	NA	NA	See High School QMH Spec for rate	See High School QMH Spec for rate	NA	See High School QMH Spec for rate	NA	NA	$8.99	See High School QMH Spec for rate	See High School QMH Spec for rate	See High School QMH Spec for rate

Modifiers	
AM	Physician, team member
HI	Cognitive impairment
HM	Less than
HN	Bachelor's
HO	Master's degree
HP	Doctoral level
HQ	Group Setting
TG	Complex/High Tech Level
TD	Registered Nurse
Informational Modifiers	
HD	Pregnant/Parenting

Practitioners		Supervised By
MD/DO	Medical Doctor/Doctor of Osteopathy	N/A
CNS	Clinical Nurse Specialist	TBD
CNP	Certified Nurse Practitioner	TBD
PA	Physician Assistant	TBD
RN	Registered Nurse	TBD
LPN	Licensed Practical Nurse	TBD
LISW	Licensed Independent Social Worker	N/A
LIMFT	Licensed Independent Marriage and Family Therapist	N/A
PSY	Psychologist	TBD
LPCC/LPCC-S	Licensed Professional Clinical Counselor/Licensed Professional	TBD
LICDC	Licensed Independent Chemical Dependency Counselor	N/A
LPC	Licensed Professional Counselor	Psychiatrist, Psychologist, LPCC, IMFT, LISW
LSW	Licensed Social Worker	Psychiatrist, PSY, LPCC, IMFT, LISW, RN with Master's degree
LMFT	Licensed Marriage and Family Therapist	Psychiatrist, Psychologist, LPCC, IMFT, LISW
LCDC II	Licensed Chemical Dependency Counselor II	MD/DO, Psychologist, RN with an appropriate scope of practice, CNP, CNS, PCC with
LCDC III	Licensed Chemical Dependency Counselor III	MD/DO, Psychologist, RN with an appropriate scope of practice, CNP, CNS, PCC with
SW-A/T	Social Work Assistant/Trainee	Psychiatrist, PSY, LPCC, IMFT, LISW, RN with Master's degree
MFT-T	Marriage and Family Therapist-Trainee	Psychiatrist, PSY, LPCC, IMFT, LISW, RN with Master's degree
CDC-A	Chemical Dependency Counselor Assistant	MD/DO, Psychologist, RN with an appropriate scope of practice, CNP, CNS, PCC with
C-T	Counselor Trainee	Psychiatrist, PSY, LPCC, IMFT, LISW, RN with Master's degree
PSY-AI/IT	Psychologist Assistant/Intern/Trainee	TBD
Peer Supp	Peer Supporter	TBD
CM Spec	Care Management Specialist	MD/DO, Psychologist, RN with an appropriate scope of practice, CNP, CNS, PCC with
QMH Spec	Qualified Mental Health Specialist	TBD

1. All providers must meet the MHAS qualified IPS provider requirements.
2. Practitioners may only bill the Bachelor's or Master's level services if they meet the appropriate qualifications.
3. The BH Paraprofessionals may bill SUD ASAM non-program codes only if they work for facilities credentialed to provide SUD ASAM levels of care.
4. J codes are included in the Laboratory and Vaccines coding and rate chart

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