

## MHRH - MSA010

**Substance Abuse Program**

Local Code	Local Code Description	National Code	National Modifier	National Code Description
S0316	INITIAL ASSESSMENT			To Be Eliminated - Use H0001 UD - See Below
S0317	INDIVIDUAL THERAPY (PER DAY)			To Be Eliminated - Use H0004 UD - See Below
S0319	GROUP THERAPY (PER DAY)			To Be Eliminated - Use H0005 UD - See Below
X0300	SUBSTANCE ABUSE-ADOLESCENT RESIDENTIAL- NO ROOM AND BOARD	H0018	HA	BEHAVIORAL HEALTH; SHORT-TERM RESIDENTIAL (NON-HOSPITAL RESIDENTIAL TREATMENT PROGRAM), WITHOUT ROOM AND BOARD, PER DIEM
X0302	SUBSTANCE ABUSE, DAY TREATMENT	H2036		ALCOHOL AND/OR OTHER DRUG TREATMENT PROGRAM, PER DIEM
X0303	SUBSTANCE ABUSE-ADOLESCENT DAY TREATMENT-PER DIEM	H2036	HA	ALCOHOL AND/OR OTHER DRUG TREATMENT PROGRAM, PER DIEM
X0316	SUBSTANCE ABUSE COUNSELING SERVICES - INITIAL ASSESSMENT 60 - 90 MINUTE VISIT	H0001		ALCOHOL AND/OR DRUG ASSESSMENT 60-90 MINUTES
X0317	SUBSTANCE ABUSE COUNSELING SERVICES - INDIVIDUAL MINIMUM 40-50 MINUTE VISIT	H0004		BEHAVIORAL HEALTH COUNSELING AND THERAPY, PER 15 MINUTES
X0318	SUBSTANCE ABUSE COUNSELING SERVICES - INDIVIDUAL MINIMUM 20-30 MINUTE VISIT	H0004		BEHAVIORAL HEALTH COUNSELING AND THERAPY, PER 15 MINUTES
X0319	SUBSTANCE ABUSE COUNSELING SERVICES - GROUP MINIMUM 40 - 50 MINUTE VISIT	H0005		ALCOHOL AND/OR DRUG SERVICES; GROUP COUNSELING BY A CLINICIAN
X0320	SUBSTANCE ABUSE - RESIDENTIAL SERVICES - NO ROOM AND BOARD	H0018		BEHAVIORAL HEALTH; SHORT-TERM RESIDENTIAL (NON-HOSPITAL RESIDENTIAL TREATMENT PROGRAM), WITHOUT ROOM AND BOARD, PER DIEM
X0321	METHADONE MAINTENANCE, ASSESSMENT AND EVALUATION, COUNSELING, MEDICATION, TREATMENT AND REVIEW, AND LAB TESTIN	H0020		ALCOHOL AND OR DRUG SERVICES; METHADONE ADMINISTRATION AND OR SERVICE 1UNIT/WEEK
X0322	SUBSTANCE ABUSE COUNSELING SERVICES, SIGNIFICANT OTHER - ASSESSMENT, MINIMUM 1 1/2 HOURS	H0001		ALCOHOL AND/OR DRUG ASSESSMENT 60-90 MINUTES
X0323	SUBSTANCE ABUSE COUNSELING SERVICES, SIGNIFICANT OTHER - INDIVIDUAL, MINIMUM 40-50 MINUTE VISIT	H0004		BEHAVIORAL HEALTH COUNSELING AND THERAPY, PER 15 MINUTES
X0324	SUBSTANCE ABUSE COUNSELING SERVICES, SIGNIFICANT OTHER - INDIVIDUAL, MINIMUM 20-30 MINUTE VISIT	H0004		BEHAVIORAL HEALTH COUNSELING AND THERAPY, PER 15 MINUTES
X0325	SUBSTANCE ABUSE COUNSELING SERVICES, SIGNIFICANT OTHER - GROUP, MINIMUM 40-50 MINUTE VISIT, PER CLIENT VISIT	H0005		ALCOHOL AND/OR DRUG SERVICES; GROUP COUNSELING BY A CLINICIAN
X0326	SUBSTANCE ABUSE COUNSELING: INITIAL ASSESSMENT, 60-90 MINUTES - RESIDENTIAL	H0001	UD	ALCOHOL AND/OR DRUG ASSESSMENT 60-90 MINUTES

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X0327	SUBSTANCE ABUSE COUNSELING: INDIVIDUAL, MINIMUM 40-50 MINUTES - RESIDENTIAL		H0004	UD	BEHAVIORAL HEALTH COUNSELING AND THERAPY, PER 15 MINUTES
X0328	SUBSTANCE ABUSE COUNSELING: GROUP, MINIMUM 40-50 MINUTES - RESIDENTIAL		H0005	UD	ALCOHOL AND/OR DRUG SERVICES; GROUP COUNSELING BY A CLINICIAN

TBD - To Be Determined

MOD	Modifier Description
HA	Child/Adolescent Program
UD	Medicaid Care Level 13 State Defined