

Maryland Department of Health Combination of Substance Use Disorder Services Rules

Provider Type 32

1. **H0001 (Substance Use Disorder Assessment)**
 - a. Can only be billed once per 12-months, per participant, per provider unless there is more than a 30 day break in treatment

2. **H0004 (Individual outpatient therapy)**
 - a. Cannot bill with H0015 (SUD IOP) or H2036 (Partial Hospitalization)
 - b. Cannot bill on the same day as W7330, W7350, W7370, W7375 (ASAM Levels, 3.3, 3.5, 3.7, and 3.7 WM)

3. **H0005 (Group outpatient therapy)**
 - a. Cannot bill with H0015 (SUD IOP) or H2036 (Partial Hospitalization)
 - b. Cannot bill on the same day as W7330, W7350, W7370, W7375 (ASAM Levels 3.3, 3.5, 3.7, and 3.7 WM)

4. **H0016 (Medication Assisted Treatment Initial Induction)**
 - a. Cannot be billed with H0014 (Ambulatory Detox).
 - b. Cannot be billed with H0020 (Methadone Maintenance) or H0047 (Ongoing Buprenorphine Monitoring) except for the initial induction week.
 - i. Exception: For patients requiring withdrawal management for alcohol or benzodiazepine/sedative use disorder would be reimbursable while a patient is in ongoing OUD treatment by the same (or different) provider.

5. **H0020-HG (Methadone maintenance)**
 - a. Cannot be billed with H0014 (Ambulatory Detox), or H0047 (Ongoing Buprenorphine Monitoring).
 - b. Cannot be billed with H0016 (MAT Initial Induction) except for the induction week.
 - i. Exception: For patients requiring withdrawal management for alcohol or benzodiazepine/sedative use disorder would be reimbursable while a patient is in ongoing OUD treatment by the same (or different) provider.

6. **W9520 (Methadone Guest Dosing)**
 - a. Guest dosing may be billed once per day that the patient is receiving their medication at the guest dosing program.
 - b. One patient is eligible for up to 30 days of guest dosing per year, regardless of guest dosing location. If additional days are required, providers must contact the ASO with clinical reasoning to request additional units.
 - c. The home program and guest dosing program shall be in communication regarding dosage, days of guest dosing required and other clinical concerns.

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7. **H0047 (Ongoing Buprenorphine Monitoring)**
 - a. Cannot be billed with H0014 (Ambulatory Detox) or H0020 (Methadone Maintenance).
 - b. Cannot be billed with H0016 (MAT Initial Induction) except for the induction week.
 - i. Exception: For patients requiring withdrawal management for alcohol or benzodiazepine/sedative use disorder would be reimbursable while a patient is in ongoing OUD treatment by the same (or different) provider.

8. **W9521 (Buprenorphine Guest Dosing)**
 - a. Guest dosing may be billed once per day that the patient is receiving their medication at the guest dosing program. One patient is eligible for up to 30 days of guest dosing per year, regardless of guest dosing location. If additional days are required, providers must contact the ASO with clinical reasoning to request additional units.
 - b. The home program and guest dosing program shall be in communication regarding dosage, days of guest dosing required and other clinical concerns.

9. **99211 - 99215 – HG (MAT Ongoing Evaluation and Management, including Rx -Minimal)**
 - a. May only be billed PT 32s when the service is delivered by an appropriately credentialed physician or nurse practitioner (and billed with the HG modifier).
 - b. Cannot be billed with H0014 (Ambulatory Detox) or H0016 (MAT Initial Induction).

Provider Type 50

1. **H0001 (Substance Use Disorder Assessment)**
Can only be billed once per 12-months, per participant, per provider unless there is more than a 30 day break in treatment

2. **H0004 (Individual outpatient therapy)**
 - a. Cannot be billed with H0015 (SUD IOP) or H2036 (Partial Hospitalization)
 - b. Cannot be billed by the PT 50 while patient is receiving services through an OTP
 - c. Cannot bill on the same day as W7330, W7350, W7370, W7375 (ASAM Levels 3.3, 3.5, 3.7, and 3.7 WM)

3. **H0005 (Group outpatient therapy)**
 - a. Cannot be billed with H0015 (SUD IOP) or H2036 (Partial Hospitalization)
 - b. Cannot be billed by the PT 50 while patient is receiving services through an OTP
 - c. Cannot bill on the same day as W7330, W7350, W7370, W7375 (ASAM Levels 3.3, 3.5, 3.7, and 3.7 WM)

4. **H0015 (Intensive outpatient – IOP)**
 - a. Cannot bill with H0004 (Individual OP therapy), H0005 (Group Outpatient Therapy), MH PHP (0912, S0201, S0201 with 52 modifier) and SUD PHP (H2036).
 - b. Cannot bill MH IOP (S9480, 0905, 0949) on the same date of service
 - c. Cannot bill on the same day as W7310, W7330, W7350, W7370, W7375 (ASAM Levels 3.1, 3.3, 3.5, 3.7, and 3.7 WM)

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5. H2036 (Partial Hospitalization)

- a. Cannot be billed with H0004 (individual outpatient therapy) H0005 (group outpatient therapy), H0015 (IOP), MH IOP (S9480, 0905, 0949) or MH PHP (0912, S0201, S0201 with 52 modifier).
- b. Cannot bill MH PHP (0912, 0913, S0201) on the same date of service
- c. Cannot bill on the same day as W7310, W7330, W7350, W7370, W7375 (ASAM Levels 3.1, 3.3, 3.5, 3.7, and 3.7 WM)

6. H0014 (Ambulatory Detox)

Cannot be billed with H0016 (Buprenorphine Induction), H0020 (Methadone Maintenance), H0047 (Ongoing Buprenorphine Monitoring), or E&M MAT Ongoing Medication Management provided by a PT 50.

7. 99211 – 99215 - HG (MAT Ongoing Evaluation and Management, including Rx -Minimal)

- a. May only be billed by PT 50s when the service is delivered by a practitioner with schedule III authority.
- b. Cannot be billed with H0014 (Ambulatory Detox) or H0016 (MAT Initial Induction).
- c. Cannot be billed by the PT 50 while patient is receiving services through an OTP

Provider Type 54

1. H0001 (Alcohol and/ or Drug Assessment)

- a. Can only be billed if the patient is assessed and does NOT meet ASAM Residential Levels of Care 3.3, 3.5, 3.7, or 3.7WM.
- b. Cannot be billed within 7 days of W7330, W7350, W7370, or W7375.

2. W7330, W7350, W7370, W7375 (ASAM Levels 3.3, 3.5, 3.7, and 3.7 WM)

- a. Cannot be billed with any community based SUD codes with the exception of H0020 and H0047.
- b. Cannot be billed with any mental health community based services except for on the date of admission or for services rendered by a community based psychiatrist.

3. W7310 (ASAM level 3.1)

- a. Cannot be billed with H0015 and H2036.
- b. Cannot be billed with any inpatient hospital-based codes. Cannot be billed with any drug screen/test codes

Additional Combination of Service Rules

1. For the individual practitioner, a limit of only one individual or group therapy per day per consumer, regardless of the provider. Family therapy may be billed on the same day as individual therapy if performed as a separate and distinct service during a different time interval.
2. For the SUD programs, there is a maximum of two counseling services per day per consumer; but H0004 (individual outpatient therapy) can be billed up to 6 units per day.
3. Providers may not bill for both MH IOP and SUD IOP nor MH PHP and SUD PHP or any combination of either for the same service date.
4. MH Inpatient and SUD community based services cannot be billed for the same service date

except for date of admission

5. SUD inpatient and MH community based services cannot be billed for the same service date except for date of admission
6. FQHCs can bill one unit of the daily rate –T1015 - for MH and one H-code for SUD on the same date of service within the FQHC. FQHC must include the rendering physician NPI on claims.
7. ICF-A (Medicaid Provider Type 55, adolescent residential substance use program) cannot bill with any of the above referenced H codes and may only bill using revenue code 0100