

Appendix G. MH and SUD Services Subject to Service Limitations (SL) NQTL

Maryland Department of Health Combination of Substance Use Disorder Services Rules

Provider Type 32

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)**
Cannot bill with H0015 (SUD IOP) or H2036 (Partial Hospitalization)
3. **H0005 (Group outpatient therapy)**
Cannot bill with H0015 (SUD IOP) or H2036 (Partial Hospitalization)
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
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.
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.
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.
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.

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- 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.
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
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
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
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
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 a DATA 2000 waiver.
 - b) Cannot be billed with H0014 (Ambulatory Detox) or H0016 (MAT Initial Induction).

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- 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)**
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. 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)**
Cannot be billed with any community based SUD codes with the exception of H0020 and H0047. 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.

Additional Combination of Service Rules

1. For the individual practitioner, a limit of only one individual, family or group therapy per day per consumer, regardless of the provider.
2. For the SUD programs, it 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. Both IOP and Partial Hospitalization codes cannot be billed for the same service date across MH & SUD.
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 rendering physician on claims.
7. ICF-A cannot bill with any of the above referenced H codes and may only bill using revenue code 0100

General Statements

In general these services may not be billed during an IP stay. Exceptions will be made for the day of admission.
 PRP encounters occurring during an IP stay do not count towards meeting encounter minimums.
 PRP and general therapy services may not be billed in the same month as ACT, except during a transition month. Exception by case is available.
 PRP, general therapy codes, crisis, TBS, SEP, may be billed on the same day but must follow the unique exceptions per sections below.
 For RRP bed days use T2048 and when current RRP consumer in a crisis bed use H0019 for the RRP bed and allow other residential crisis codes.
 96101 - 96102 (Psychological Testing) - Maximum of 8 hours per year.
 H0032 - Interdisciplinary Team Tax planning - Maximum 2 per per year. Same provider. OMHC only
 H2023 - SEP Job Coaching - Lifetime benefit of \$2,750
 H2024 - SEP - Pre-Placement - Maximum 3 per year.
 H2024-21 - SEP Job Placement - Maximum 3 per year.
 H2026 - Ongoing support - Maximum 1 per month.
 T1023 - Trans PRP - Only one per month per consumer while in hospital - non FFP.

Individual

Procedure

90791 & 90792 (w/ or w/out a GT/22 mdf) - Psychiatric diagnostic interview
 90832 (w/ or w/out a GT mdf) - Individual psychotherapy (30 min)
 90833 in combination with 99201-99205 or 99211-99215 (w/ or w/out GT mdf) - Indiv psychotherapy (30 min) w/ evaluation and management
 90834 (w/ or w/out GT mdf) - Individual psychotherapy (45 min)
 90836 in combination with 99201-99205 or 99211-99215 (w/ or w/out GT mdf) - Indiv psychotherapy (45 min) w/ evaluation and management
 90846 - Family psychotherapy without patient present
 90847 - Family psychotherapy with patient present (45-60 min)
 90847-52 - C&A Family psychotherapy with patient present--Abbrev
 90853 - Group psychotherapy (not multi-family.) 45-60 minutes
 90875 - Indiv psychophysio therapy incl biofdbk (20-30 min)
 90876 - Indiv psychophysio therapy incl biofdbk (45-50 min)

Only one from this group per day, per consumer regardless of the provider

Exception

99201-99205 or 99211-99215 (w/ or w/out the GT/HE mdf) - Evaluation and Management mgmt may be billed on the same day as 90832, 90834 (w/ or w/out the GT mdf), 90846, 90847, 90847-52, 90853, 90875, 90876 as long as therapy and evaluation and management are provided by two different providers.

Clinic

Procedure

90791 & 90792 (w/ or w/out a GT/22 mdf) - Psychiatric diagnostic interview
 90832 (w/ or w/out a GT mdf) - Individual psychotherapy (30 min)
 90833 in combination with 99201-99205 or 99211-99215 (w/ or w/out GT mdf) - Indiv psychotherapy (30 min) w/ evaluation and management
 90834 (w/ or w/out GT mdf) - Individual psychotherapy (45 min)
 90836 in combination with 99201-99205 or 99211-99215 (w/ or w/out GT mdf) - Indiv psychotherapy (45 min) w/ evaluation and management
 90837 - Individual psychotherapy (60 min) * OMHC Only
 90838 in combination with 99201-99205 or 99211-99215 (w/ or w/out GT mdf) - Indiv psychotherapy (60 min) w/ evaluation and management
 * OMHC Only
 90846 - Family psychotherapy without patient present
 90847 - Family psychotherapy with patient present (45-60 min)
 90847-52 - C&A Family psychotherapy with patient present--Abbrev
 90849 - Multiple family group psychotherapy 45 - 60 minutes * OMHC Only
 90849-52 - Multiple family group psychotherapy--Abbrev * OMHC Only
 90853 - Group psychotherapy (not multi-family.) 45-60 minutes
 90853-21 - Group psychotherapy prolonged (More than 75 minutes) - OMHC Only
 90875 - Indiv psychophysio therapy incl biofdbk (20-30 min)
 90876 - Indiv psychophysio therapy incl biofdbk (45-50 min)
 H0032 - Interdisciplinary team tx plng w/patient present
 H2027 - Family psycho-education with the consumer present * OMHC Only
 H1011 - Family psycho-education without consumer present * OMHC Only

Maximum of two services per day.

Exclusion

Only one 99201-99205 or 99211-99215 (w/ or w/out the GT/HE mdf) per day
 Only one 90791 & 90792 (w/ or w/out a GT/22 mdf) per day
 Only one 90832 (w/ or w/out GT mdf); 90834 (w/ or w/out GT mdf); 90837 per day
 Only one 90833 in combination with 99201-99205 or 99211-99215 (w/ or w/out GT mdf); 90836 in combination with 99201-99205 or 99211-99215 (w/ or w/out GT mdf); 90838 in combination with 99201-99205 or 99211-99215-99215 (w/ or w/out GT mdf) per day

May not bill a 90791/90792 and a 90832/90833 or 90834/90836 or 90837/90838 on the Same Day

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PRP and general therapy services may not be billed in the same month as ACT, except during a transition month. Exception by case is available.
PRP, general therapy codes, crisis, TBS, SEP, may be billed on the same day but must follow the unique exceptions per sections below.
For RRP bed days use T2048 and when current RRP consumer in a crisis bed use H0019 for the RRP bed and allow other residential crisis codes.
96101 - 96102 (Psychological Testing) - Maximum of 8 hours per year.
H0032 - Interdisciplinary Team Tax planning - Maximum 2 per per year. Same provider. OMHC only
H2023 - SEP Job Coaching - Lifetime benefit of \$2,750
H2024 - SEP - Pre-Placement - Maximum 3 per year.
H2024-21 - SEP Job Placement - Maximum 3 per year.
H2026 - Ongoing support - Maximum 1 per month.
T1023 - Trans PRP - Only one per month per consumer while in hospital - non FFP.

May not bill 90833 in combination with 99201-99205 or 99211-99215 (w/ or w/out GT mdfrr); 90836 in combination with 99201-99205 or 99211-99215 (w/ or w/out GT mdfrr); 90838 in combination with 99201-99205 or 99211-99215 (w/ or w/out GT mdfrr) on same day as 90832 (w/ or w/out a GT mdfrr); 90834 (w/ or w/out GT mdfrr); 90837 (w/ or w/out GT mdfrr)
May not bill 90846 & 90847 on the same day
May not bill 90791 & 90792 (w/ or w/out a GT/22 mdfrr) and H0032 on the same day
Only one 90853 per day
May not bill 90846, 90847, 90849, H2027, H1011 on same day as 90853
99201-99205 or 99211-99215 (w/ or w/out the GT/HE mdfrrs) - Evaluation and Management mgmt is not included in the two service per day rules but all other exclusions apply. Chart review must support service provided by different rendering provider than therapy provider.

Mobile Treatment Providers Only

Procedure

H0040-21 - Assertive Community Treatment (ACT) EBP ***
H0040-U9 - Assertive Community Treatment (ACT) EBP for Medicare consumers ***
H0040 - Mobile treatment Non-EBP
H0040-52 - Mobile treatment Non-EBP for Medicare consumers
*** EBP Providers Only

General Statements

In general these services may not be billed during an IP stay. Exceptions will be made for the day of admission.
PRP encounters occurring during an IP stay do not count towards meeting encounter minimums.
PRP and general therapy services may not be billed in the same month as ACT, except during a transition month. Exception by case is available.
PRP, general therapy codes, crisis, TBS, SEP, may be billed on the same day but must follow the unique exceptions per sections below.
For RRP bed days use T2048 and when current RRP consumer in a crisis bed use H0019 for the RRP bed and allow other residential crisis codes.
96101 - 96102 (Psychological Testing) - Maximum of 8 hours per year.
H0032 - Interdisciplinary Team Tax planning - Maximum 2 per per year. Same provider. OMHC only
H2023 - SEP Job Coaching - Lifetime benefit of \$2,750
H2024 - SEP - Pre-Placement - Maximum 3 per year.
H2024-21 - SEP Job Placement - Maximum 3 per year.
H2026 - Ongoing support - Maximum 1 per month.
T1023 - Trans PRP - Only one per month per consumer while in hospital - non FFP.

Crisis Providers Only

Procedure

S9485 - Residential crisis services (also bill as T2048)
S5145 - Residential crisis, treatment foster care

EP Providers Only

Procedure

96150 - Initial Assessment & Development of Behavioral Plan for TBS
96151 - Reassessment and development of new Behavior Plan for TBS (licensed TBS Providers only)
96152 - EPSDT Health & behavior intervention, each 15 min (must be a designated provider of Therapeutic Behavioral Services)

SE Providers Only

Procedure

H2023 - Supported employment (intensive job coaching), per 15 minutes (Auth'd by CSA w/lifetime benefit of \$2,750)
H2024 - Supported employment (Pre-placement phase) (Auth'd by CSA and has a maximum number of 3 units/year)
H2024-21 - Supported employment (Job placement phase) (Auth'd by CSA and has a maximum number of 3 units/year)
H2026 - Ongoing support to maintain employment, per month
H2026-21 - Ongoing support to maintain employment, per month - EBP ***
S9445-52 - Clinic coordination - EBP *** may be billed with all other phases of SE and H2026-21
*** EBP Providers Only

PRP Providers Only

Procedure For Monthly Rates

H0002 - Rehabilitation Assessment
H2016 - Encounter - only bill w/POS 15 (off-site) or 52 (on-site)
H2018 - U2 - Any combination of on/off-site PRP svcs for Community client (child or adult under supv of guardian) must use POS 49 & min 3 encounters
H2018-U2 - Off-site PRP svcs only for Community client must use POS 15 & min 2 encounters
H2018-U2 - On-site PRP svcs only for Community client must use POS 52 & min 2 encounters
H2018-U3 - Any combination of on/off-site PRP svcs for Supported Living client (adult living independently) must use POS 49 & min 6 encounters
H2018-U3 - Off-site PRP svcs for Supported Living client must use POS 15 & min 5 encounters
H2018-U3 - On-site PRP svcs for Supported Living client must use POS 52 & min 3 encounters
H2018-U4 - Off-site PRP svcs to Adults in General beds must use POS 15 & min 13 encounters
H2018-U4 - On-site PRP svcs to Adults in General beds must use POS 52 & min 4 encounters
H2018-U5 - Off-site PRP svcs to Adults in Intensive beds must use POS 15 & min 19 encounters
H2018-U5 - On-site PRP svcs to Adults in Intensive beds must use POS 52 & min 4 encounters
H2018-U6 - Any combination of on/off-site PRP svcs for Adults in General beds must use POS 49 & min 17 encounters
H2018-U7 - Any combination of on/off-site PRP svcs for Adults in Intensivel beds must use POS 49 & min 23 encounters
S9445 - Any combination of on/off-site PRP svcs for clients in supported employment must use POS 52 or 15 & min 2 encounters

T1023 - Transitional PRP - Any combination of on/off-site PRP services to adult or TAY consumer transitioning to an RRP or an inpt. Facility must use POS 49 and min 4 encounters for at least 60 min each

Only 1 provider may bill for blended services per month. There may be two providers paid for PRP during the same month - only if one provider bills the On-Site and the other bills the Off-Site. There is one exception to this rule. If a consumer moves to a different PRP then you may have duplicate services, but it is ONLY for the transition month AND the encounters may not overlap between the providers. Does not apply to S9445. S9445 may be billed in the same month as H2018. The encounters for S9445 must be separate than encounters billed for H2018.