



Community Alcohol and Other Drug Treatment Services Procedure Codes and Modifier Combinations

PROCEDURE CODE	SERVICE DESCRIPTION	AGE LIMIT	PLACE OF SERVICE RESTRICTION(S)	MODIFIER(S)	QUANTITY LIMITS
H0001	Assessment	None	None	REQUIRED* : HA, HF OPTIONAL** : 99, <u>GT</u> , H9, HB, HC, HD, HE, HG, HH, HI, HJ, HK, HL, HM, HN, HO, HP, HQ, HR, HT, HU, HV, HW, HX, HZ, TS	None
H0003	Alcohol/Drug Screening Analysis/Lab Urinalysis	None	Exclude 21, 22, 23 and 51	REQUIRED* : HA, HF OPTIONAL** : 99, H9, HB, HC, HD, HE, HG, HH, HI, HJ, HK, HL, HM, HN, HO, HP, HQ, HR, HT, HU, HV, HW, HX, HZ, TS	None
H0004	Individual Counseling	None	None	REQUIRED* : HA, HF OPTIONAL** : 99, <u>GT</u> , H9, HB, HC, HD, HG, HH, HI, HJ, HK, HL, HM, HN, HO, HP, HR, HT, HU, HV, HW, HX, HZ, TS	None
H0005	Group Counseling	None	None	REQUIRED* : HA, HF OPTIONAL** : 99, <u>GT</u> , H9, HB, HC, HD, HE, HG, HH, HI, HJ, HK, HL, HM, HN, HO, HP, HQ, HR, HT, HU, HV, HW, HX, HZ, TS	None
H0006	Case Management	None	None	REQUIRED* : HA, HF OPTIONAL** : 99, <u>GT</u> , H9, HB, HC, HD, HE, HG, HH, HI, HJ, HK, HL, HM, HN, HO, HP, HQ, HR, HT, HU, HV, HW, HX, HZ, TS	None
H0007	Crisis Intervention	None	None	REQUIRED* : HA, HF OPTIONAL** : 99, H9, HB, HC, HD, HE, HG, HH, HI, HJ, HK, HL, HM, HN, HO, HP, HQ, HR, HT, HU, HV, HW, HX, HZ, TS	None

PROCEDURE CODE	SERVICE DESCRIPTION	AGE LIMIT	PLACE OF SERVICE RESTRICTION(S)	MODIFIER(S)	QUANTITY LIMITS
H0014	Ambulatory Detoxification	None	Exclude 21, 22, 23 and 51	REQUIRED*: HA, HF OPTIONAL**: 99, H9, HB, HC, HD, HE, HG, HH, HI, HJ, HK, HL, HM, HN, HO, HP, HQ, HR, HT, HU, HV, HW, HX, HZ, TS	1
H0015	Intensive Outpatient	None	Exclude 21, 22, 23 and 51	REQUIRED*: HA, HF OPTIONAL**: 99, H9, HB, HC, HD, HE, HG, HH, HI, HJ, HK, HL, HM, HN, HO, HP, HQ, HR, HT, HU, HV, HW, HX, HZ, TS	1
H0016	Medical/Somatic	None	None	REQUIRED*: HA, HF OPTIONAL**: 99, H9, HB, HC, HD, HE, HG, HH, HI, HJ, HK, HL, HM, HN, HO, HP, HQ, HR, HT, HU, HV, HW, HX, HZ, TS	None
H0020	Methadone Administration	None	Exclude 21, 22, 23 and 51	REQUIRED*: HA, HF OPTIONAL**: 99, H9, HB, HC, HD, HE, HG, HH, HI, HJ, HK, HL, HM, HN, HO, HP, HQ, HR, HT, HU, HV, HW, HX, HZ, TS	None
J2315	NALTREXONE INJ,DEPOT FORM (Vivitrol)	None	Exclude 21, 22, 23 and 51	None	None
J8499	Prescription Drug, Oral, Non Chemotherapeutic (Buprenorphine based Medications)	None	Exclude 21, 22, 23 and 51	None	None

The position of the modifier is not taken into consideration when adjudicating a claim in MITS. MITS will use up to four modifiers; ignoring their position to determine the validity of a claim.

* The service line must include at one and only one of the REQUIRED modifiers.

** Any additional modifiers submitted must be listed as one of the OPTIONAL modifiers.

This is true for claims submitted via EDI (837) or claims submitted via the MITS web portal.