



**COLORADO**  
Department of Health Care  
Policy & Financing

# **Provider Manual for Residential and Inpatient Substance Use Disorder (SUD) Services**

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**July 2021**

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## 1. Introduction

This manual is issued by the Department of Health Care Policy and Financing (HCPF), the administrator of Health First Colorado (Colorado's Medicaid program). It is intended to serve as guidance for substance use disorder (SUD) treatment providers seeking reimbursement for residential and inpatient SUD treatment and withdrawal management (WM) services. The manual outlines eligibility requirements, provider enrollment procedures, provider qualifications, billing documentation, and other service-related criteria that SUD providers must meet to be eligible for reimbursement through Health First Colorado. It also provides information regarding billing codes.

## 2. Background

From 2006 to January 2021, Health First Colorado's coverage of SUD services included: early intervention, outpatient, intensive outpatient SUD treatment and social detox services. Coverage for residential and inpatient SUD treatment and withdrawal management services has been added to ensure that members have access to the full continuum of SUD services through their Health First Colorado benefits.

The goal of adding inpatient and residential SUD treatment services is to complete the Colorado SUD continuum of care to improve health outcomes, promote long-term recovery, and reduce overdose deaths.

In order to achieve this goal, Health First Colorado is working toward the following objectives:

- Increase access to necessary levels of care by adding Health First Colorado coverage for inpatient and residential SUD treatment, including WM services;
- Ensure that members receive a comprehensive assessment and are placed in an appropriate level of care;
- Further align the state's SUD treatment system with a nationally recognized SUD-specific standard;
- Increase provider capacity where needed; and
- Improve the availability of Medication Assisted Treatment (MAT) to promote long-term recovery.

## 3. Delivery System

Since 1995, Colorado has operated a mental health capitation and managed care program under a 1915(b) waiver from the federal government. Health First Colorado's behavioral health capitation is currently administered by seven Regional Accountable Entities (RAEs). Each RAE is responsible for ensuring access to care for the members in their designated region of the state.

In order to do so, the RAEs contract with and reimburse a network of specialty behavioral health providers under the capitated behavioral health benefit. All providers must be contracted with the appropriate RAE(s) in order to receive reimbursement for behavioral health services delivered to Health First Colorado members. The RAEs manage the entire SUD continuum of care under the behavioral health capitation. The rare instance in which services will not be managed by the RAEs are cases where a newly eligible member is not yet enrolled with a RAE. Services for members not yet enrolled with a RAE will be billed directly to Health First Colorado on a fee-for-services basis. More information about the RAEs can be found in **Section 7: The Role of Regional Accountable Entities (RAEs)**.

## 4. Residential and Inpatient SUD Benefit Policies

### Medical Necessity and SUD Diagnosis

A clinical determination of medical necessity is required for reimbursement of services. Medical necessity is based on the ASAM Criteria and will be determined by the RAEs acting as Health First Colorado's agent in administering the benefit. Members must have a current SUD diagnosis to be eligible for Health First Colorado's payment of these services.

### Length of Stay

The length of stay covered by Health First Colorado is determined by the RAEs based on their assessment of medical necessity. Continued residential or inpatient stays are determined by progress in treatment and continued medical necessity.

### Prior Authorization

Prior authorization is required for all residential and inpatient SUD treatment services. Prior authorization is not be required for withdrawal management stays; however, medical necessity must be present in order to receive reimbursement.

### Co-Pays

There are no co-pays required for SUD services.

### Transportation

Transportation to and from SUD treatment services is available through Health First Colorado's [non-emergent medical transportation \(NEMT\)](#) benefit.

## 5. Member Eligibility

To qualify for residential and inpatient SUD services, individuals must:

- be enrolled as a member with Health First Colorado
- have a SUD diagnosis, and
- demonstrate medical necessity for the level of care recommended for their SUD treatment or withdrawal management.

## 6. Provider Requirements

All providers that seek reimbursement for residential and inpatient SUD services will need to be:

1. Licensed with the Office of Behavioral Health.
2. Enrolled with Health First Colorado.
3. Contracted and credentialed with the Regional Accountable Entity (RAE).

Note: Health First Colorado cannot pay for room and board in residential treatment settings. Residential treatment providers seeking reimbursement for room and board must be contracted with the Managed Service Organization (MSO) that serves their region. More information can be found in **Section 8: The Role of Managed Service Organizations. If the program is a correctional facility, room and board reimbursement may come from the Division of Criminal Justice.**

Health First Colorado does pay for room and board in inpatient settings; therefore, providers classified as hospitals submit claims to the RAE using revenue codes and are reimbursed for both treatment and room and board. Hospitals do not need to submit room and board claims to the MSO.

### Provider Licensing

Prior to enrolling with Health First Colorado, providers must be licensed with the Colorado Department of Human Services, Office of Behavioral Health (OBH). The OBH SUD treatment license identifies the level of care provided based on the ASAM Criteria and any specialized populations an agency serves. Providers need to be licensed for the specific ASAM level(s) of care that they render and bill to Health First Colorado. Documentation of licensure is required at the time of enrollment.

Out of state providers may also enroll with Health First Colorado to bill for residential and inpatient SUD services. Those providers must demonstrate equivalent licensure in the state in which they are located for the level of care they offer.

For more information about the ASAM Criteria, see *The ASAM Criteria: Treatment Criteria for Addictive, Substance-Related, and Co-Occurring Conditions (2013)*.

For more information about licensing, see the [OBH Designation and Licensing website](#).

Every treatment professional within an agency must be licensed or supervised by a licensed SUD treatment professional as defined under Colorado Code of Regulations found at [2 CCR 502-1](#). The [Colorado Department of Regulatory Agencies \(DORA\) Division of Professions and Occupations](#) licenses SUD treatment professionals.

## Provider Enrollment

In order to be reimbursed for services, SUD providers must be enrolled with Health First Colorado as a Substance Use Disorder - Clinic (Provider Type 64). Providers offering residential and inpatient services will also need to enroll with the Specialty Provider Types associated with the ASAM level of care they are licensed to provide and intend to bill to Health First Colorado. Provider type/specialty details on this are found [here](#). Providers already enrolled as Provider Type 64 with Health First Colorado must add the new Specialty(ies) even if they are already enrolled and billing for other services. The specialty types by ASAM level are as follows:

ASAM Level	Specialty Type
3.1	871
3.3	872
3.5	873
3.7	874
3.2WM	875
3.7WM	876

## New Providers

New SUD providers may enroll under the Provider Type and specialty(ies) by applying through the [provider enrollment portal](#), a secure website that is accessible 24 hours a day, seven days a week. Once enrollment is approved, the provider will receive a Medicaid Provider identification number (ID) and a welcome letter. Please see the Provider Enrollment Manual for detailed instructions on how to enroll in the provider enrollment portal. Technical assistance for the portal is provided by Gainwell at the following telephone number: 1-(844)-235-2387.

## Existing Providers

Existing providers may add additional specialties to their current profile by logging in to the Provider Web Portal and submitting a Provider Maintenance request. (Do not begin a new enrollment application.) Once the update is approved, the specialty(ies) requested will be added to the existing profile. Please see the [Provider Maintenance Quick Guides](#) for help completing the request. Technical assistance for the portal is provided by Gainwell at the following telephone number: 1-(844)-235-2387.

## Hospital Enrollment

Hospitals offering inpatient levels of care (ASAM 3.7, 3.7WM) may provide these services under an 01 (acute care hospital) or 02 (psychiatric hospital) enrollment through Health First Colorado. They do not need to enroll under an ASAM Specialty Type.

Hospitals offering residential levels of care (3.1, 3.3, 3.5) must license with the Office of Behavioral Health for those levels of care and enroll with Health First Colorado with the corresponding ASAM Specialty Type(s).

## **Contracting with the RAE**

To bill for treatment services, a provider must be contracted with and credentialed by the RAE. Providers must be contracted with all RAEs that it intends to bill. If a provider renders treatment to a member of a RAE that it is not contracted with, reimbursement is not guaranteed. More information can be found in **Section 7. The Role of Regional Accountable Entities (RAEs)**.

## **7. The Role of Regional Accountable Entities (RAEs)**

### **RAE Credentialing and Contracting**

Treatment providers must credential and contract with each Regional Accountable Entity (RAE) that they plan to bill for services. As with other services under the behavioral health capitation, individual providers contract directly with the RAEs. Clinical services are billed to individual RAEs.

### **RAE Prior Authorization Review Process**

The process for submitting prior authorization requests is as follows:

1. The treatment provider conducts an assessment and determines the appropriate level of care for that individual based on the ASAM Criteria.
2. The ASAM Criteria are utilized to aid the provider in matching the member's needs to a level of care where they can be addressed.
3. Once the provider has made a level of care determination, they are required to submit a request for prior authorization to the RAE that manages that member's Health First Colorado services.
4. The RAE reviews the recommendation for treatment and ensures that medical necessity exists for the ASAM level of care being requested. They will issue an approval or denial for the request based on this review.

Prior authorizations are required for all treatment stays. Prior authorization is not required for admission to withdrawal management services; however, the provider should ensure that medical necessity is met for the level of WM care being provided. All services are subject to continued stay reviews by the authorizing RAE. Prior authorization determinations are required to be returned to the provider within 72 hours of submission for treatment services. For Special Connections admissions, prior authorization determinations are required to be returned within 24 hours of submission.

RAEs offer a peer to peer review process to review prior authorization denials upon request. If the denial stands after the peer to peer review and the provider or member still disagrees with the determination, the member has the right to appeal the decision. This process may be different depending on the RAE. Information about each RAE's appeal process can be found here:

[Colorado Access](#)  
[Colorado Community Health Alliance](#)  
[Health Colorado](#)  
[Northeast Health Partners](#)  
[Rocky Mountain Health Plans](#)

Note: Claims sent fee-for-service (FFS) to Health First Colorado do not require prior authorization.

### **Out-of-State Providers**

RAEs are required to have a statewide network of providers across the SUD continuum. In rare cases where a member has a need to receive care outside of the state, services may be provided by an out-of-state provider that meets the same provider requirements outlined above. Enrollment of out-of-state providers are allowed on a case-by-case basis and approvals require review of the license issued by the state in which they are located. Out-of-state providers should initiate enrollment with Health First Colorado and contact a RAE prior to seeking reimbursement for services in Colorado.

### **RAE Billing Documentation Requirements**

Please see **Appendix B** below for documentation requirements.

## **8. The Role of Managed Service Organizations (MSOs)**

Managed Service Organizations (MSOs) are contracted agents of the OBH. Each MSO serves a distinct region of the state. MSOs can provide payment for room and board for SUD services.

Due to federal regulations, Health First Colorado cannot pay for room and board for SUD services rendered in residential treatment settings. In order to be reimbursed for room and board, residential providers must be contracted with the MSO that serves the region in which their facility is located. Providers bill the MSO for Room and Board. More information about the MSOs and which regions they serve can be found [here](#).

Hospitals do not need to submit room and board claims to the MSO.

## **9. Special Connections**

Special Connections services are specialized SUD services for pregnant and parenting individuals up to one year postpartum. Special Connections providers are credentialed as Gender Responsive Treatment Providers by OBH.



Special Connections providers need to contract with and be credentialed by the RAE to bill for services rendered to Health First Colorado members. Special Connections providers should contract with any RAE that they intend to seek reimbursement from.

Special Connections providers have the following requirements to bill for services:

- enroll as Substance Use Disorder - Clinic (Provider Type 64);
- enroll as Specialty Provider Type 870 (Special Connections);
- enroll as the Specialty Provider Type(s) associated with the ASAM level(s) at which they are rendering care;
- provide documentation of their OBH provider license, as well as their endorsement for Gender Responsive Treatment, at the time of enrollment.
- use third position modifier HD when submitting claims for services. Coding guidance can be found in the coding pages beginning on page 9.

## Residential, Inpatient and Withdrawal Management Services

RESIDENTIAL – ASAM 3.1		
CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION	USAGE
H2036	Clinically managed low-intensity residential services: ASAM level 3.1. Alcohol and/or other drug treatment program, per diem	<input checked="" type="checkbox"/> Medicaid <input checked="" type="checkbox"/> OBH
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMENTS	
Structured alcohol and/or drug treatment program to provide therapy and treatment toward rehabilitation. A planned program of professionally directed evaluation, care and treatment for the restoration of functioning for persons with alcohol and/or drug addiction disorders.	<p><b>Technical Documentation Requirements</b>  <i>See section X.</i></p> <p><b>Service Content</b>                      Shift Notes or Daily Note (summary of shift notes)</p> <ol style="list-style-type: none"> <li>1. Patient’s current clinical status, e.g. symptoms or pertinent mental status and functioning status</li> <li>2. Participation in treatment</li> <li>3. Pertinent physical health status information</li> <li>4. Progress toward treatment/service plan goals and/or discharge</li> <li>5. Any other patient activities or patient general behaviors in milieu</li> <li>6. The therapeutic intervention(s) utilized and the individual’s response to the intervention(s)</li> </ol> <p>All individual and group services, provided by residential staff, e.g. skills training group, individual therapy, med administration services should be identified separately. These services can all be included in the same documentation as the daily/shift notes or in a separate note. Refer to appropriate service procedure code minimum documentation for each service.</p>	
NOTES	EXAMPLE ACTIVITIES	
Procedure code H2036 is used to bill for ASAM level 3.1, 3.3, 3.5, and 3.7 services. Modifiers will be used to distinguish between these levels of care. Modifiers used for level 3.1 services are as follows:  First position: HF Second position: U1  Special Connections services use an additional modifier: Third position: HD  Room and board is billed separately to the Office of Behavioral Health or their designee.	This per diem could include services such as: <ol style="list-style-type: none"> <li>1. Substance use disorder assessment</li> <li>2. Individual and family therapy</li> <li>3. Group therapy</li> <li>4. Alcohol/drug screening counseling</li> <li>5. Service planning</li> <li>6. Discharge planning</li> </ol>	
APPLICABLE POPULATION(S)	UNIT	DURATION
<input checked="" type="checkbox"/> Child (0-11) <input checked="" type="checkbox"/> Young Adult (18-20) <input checked="" type="checkbox"/> Adult (21-64) <input checked="" type="checkbox"/> Adol (12-17) <input checked="" type="checkbox"/> Geriatric (65+)	<input checked="" type="checkbox"/> Day	Minimum: N/A Maximum: 24 Hours
FACILITY TYPE	PROGRAM SERVICE CATEGORY(IES)	
Facility must be licensed by the Colorado Department of Human Services, Office of Behavioral Health and enrolled with Medicaid under the 3.1 Specialty Provider Type (871) and SUD Clinic Provider Type (64). Refer to the <a href="#">Provider Enrollment Manual</a> for enrollment requirements and procedures.	<input checked="" type="checkbox"/> HF (SUD) (First position) <input checked="" type="checkbox"/> U1 (Second position)  For Special Connections <b>ONLY</b> : <input checked="" type="checkbox"/> HD (Third position)	
PLACE OF SERVICE (POS)		
<input checked="" type="checkbox"/> RSATF (55)		

RESIDENTIAL – ASAM 3.3		
CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION	USAGE
H2036	Clinically managed population-specific high-intensity residential services: ASAM level 3.3. Alcohol and/or other drug treatment program, per diem	<input checked="" type="checkbox"/> Medicaid <input checked="" type="checkbox"/> OBH
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMENTS	
Structured alcohol and/or drug treatment program specifically tailored to meet the needs of individuals who are unable to participate in other levels of care due to <b>cognitive limitations</b> . The recovery environment is combined with high-intensity clinical services in a manner that meets the functional limitations of the individual. If the limitation is temporary, the individual may be transferred to another level of care when he or she is no longer impaired. A planned program of professionally directed evaluation, care and treatment for persons with alcohol and/or drug addiction disorders.	<b>Technical Documentation Requirements</b> <i>See section X.</i> <b>Service Content</b> Shift Notes or Daily Note (summary of shift notes) <ol style="list-style-type: none"> <li>1. Patient's current clinical status, e.g. symptoms or pertinent mental status and functioning status</li> <li>2. Participation in treatment</li> <li>3. Pertinent physical health status information</li> <li>4. Progress toward treatment/service plan goals and/or discharge</li> <li>5. Any other patient activities or patient general behaviors in milieu</li> <li>6. The therapeutic intervention(s) utilized and the individual's response to the intervention(s)</li> </ol> <p>All individual and group services, provided by residential staff, e.g. skills training group, individual therapy, med administration services should be identified separately. These services can all be included in the same documentation as the daily/shift notes or in a separate note. Refer to appropriate service procedure code minimum documentation for each service.</p>	
NOTES	EXAMPLE ACTIVITIES	
Procedure code H2036 is used to bill for ASAM level 3.1, 3.3, 3.5, and 3.7 services. Modifiers will be used to distinguish between these levels of care. Modifiers used for level 3.3 services are as follows:  First position: HF Second position: U3  Special Connections services use an additional modifier: Third position: HD  Room and board is billed separately to the Office of Behavioral Health or their designee.	This per diem could include services such as: <ol style="list-style-type: none"> <li>1. Substance use disorder assessment</li> <li>2. Individual and family therapy</li> <li>3. Group therapy</li> <li>4. Alcohol/drug screening counseling</li> <li>5. Service planning</li> <li>6. Discharge planning</li> </ol>	
APPLICABLE POPULATION(S)	UNIT	DURATION
<input checked="" type="checkbox"/> Child (0-11) <input checked="" type="checkbox"/> Young Adult (18-20) <input checked="" type="checkbox"/> Adult (21-64) <input checked="" type="checkbox"/> Adol (12-17) <input checked="" type="checkbox"/> Geriatric (65+)	<input checked="" type="checkbox"/> Day	Minimum: N/A Maximum: 24 Hours
FACILITY TYPE	PROGRAM SERVICE CATEGORY(IES)	
Facility must be licensed by the Colorado Department of Human Services, Office of Behavioral Health and enrolled with Medicaid under the 3.3 Specialty Provider Type (872) and SUD Clinic Provider Type (64). Refer to the <a href="#">Provider Enrollment Manual</a> for enrollment requirements and procedures.	<input checked="" type="checkbox"/> HF (SUD) (First position) <input checked="" type="checkbox"/> U3 (Second position)  For Special Connections <b>ONLY</b> : <input checked="" type="checkbox"/> HD (Third position)	
PLACE OF SERVICE (POS)	<input checked="" type="checkbox"/> RSATF (55)	

RESIDENTIAL – ASAM 3.5		
CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION	USAGE
H2036	Clinically managed high-intensity residential services: ASAM level 3.5. Alcohol and/or other drug treatment program, per diem	<input checked="" type="checkbox"/> Medicaid <input checked="" type="checkbox"/> OBH
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMENTS	
24-hour supportive treatment environment to assist with the initiation or continuation of a patient’s recovery process. Daily clinical services are provided as outlined in an individualized treatment plan to address the client’s needs.	<p><b>Technical Documentation Requirements</b> <i>See section X.</i></p> <p><b>Service Content</b> Shift Notes or Daily Note (summary of shift notes)</p> <ol style="list-style-type: none"> <li>1. Patient’s current clinical status, e.g. symptoms or pertinent mental status and functioning status</li> <li>2. Participation in treatment</li> <li>3. Pertinent physical health status information</li> <li>4. Progress toward treatment/service plan goals and/or discharge</li> <li>5. Any other patient activities or patient general behaviors in milieu</li> <li>6. The therapeutic intervention(s) utilized and the individual’s response to the intervention(s)</li> </ol> <p>All individual and group services, provided by residential staff, e.g. skills training group, individual therapy, med administration services should be identified separately. These services can all be included in the same documentation as the daily/shift notes or in a separate note. Refer to appropriate service procedure code minimum documentation for each service.</p>	
NOTES	EXAMPLE ACTIVITIES	
<p>Procedure code H2036 is used to bill for ASAM level 3.1, 3.3, 3.5, and 3.7 services. Modifiers will be used to distinguish between these levels of care. Modifiers used for level 3.5 services are as follows:</p> <p>First position: HF Second position: U5</p> <p>Special Connections services use an additional modifier: Third position: HD</p> <p>Room and board is billed separately to the Office of Behavioral Health or their designee.</p>	<p>This per diem could include services such as:</p> <ol style="list-style-type: none"> <li>1. Substance use disorder assessment</li> <li>2. Individual and family therapy</li> <li>3. Group therapy</li> <li>4. Alcohol/drug screening counseling</li> <li>5. Occupational therapy</li> <li>6. Recreational therapy</li> <li>7. Vocational rehabilitation</li> <li>8. Service planning</li> <li>9. Discharge planning</li> </ol>	
APPLICABLE POPULATION(S)	UNIT	DURATION
<input checked="" type="checkbox"/> Child (0-11) <input checked="" type="checkbox"/> Young Adult (18-20) <input checked="" type="checkbox"/> Adult (21-64) <input checked="" type="checkbox"/> Adol (12-17) <input checked="" type="checkbox"/> Geriatric (65+)	<input checked="" type="checkbox"/> Day	Minimum: N/A Maximum: 24 Hours
FACILITY TYPE	PROGRAM SERVICE CATEGORY(IES)	
Facility must be licensed by the Colorado Department of Human Services, Office of Behavioral Health and enrolled with Medicaid under the 3.5 Specialty Provider Type (873) and SUD Clinic Provider Type (64). Refer to the <a href="#">Provider Enrollment Manual</a> for enrollment requirements and procedures.	<input checked="" type="checkbox"/> HF (SUD) (First position) <input checked="" type="checkbox"/> U5 (Second position)  For Special Connections <b>ONLY</b> : <input checked="" type="checkbox"/> HD (Third position)	
PLACE OF SERVICE (POS)	<input checked="" type="checkbox"/> RSATF (55)	

RESIDENTIAL – ASAM 3.7		
CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION	USAGE
H2036 These services will also be billed using revenue code 1000 by hospitals (general or specialty) instead of using the HCPCS code.	Medically monitored intensive inpatient services: ASAM level 3.7 - Alcohol and/or other drug treatment program, per diem	<input checked="" type="checkbox"/> Medicaid <input checked="" type="checkbox"/> OBH
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMENTS	
Inpatient services for patients whose medical, cognitive or psychiatric problems are so severe that they require inpatient care, but do not require the full resources of an acute care general hospital. Services offered include physician monitoring, nursing care and observation. 24-hour professionally directed evaluation, care and treatment services are available.	<b>Technical Documentation Requirements</b> <i>See section X.</i> <b>Service Content</b> Shift Notes or Daily Note (summary of shift notes) <ol style="list-style-type: none"> <li>1. Patient’s current clinical status, e.g. symptoms or pertinent mental status and functioning status</li> <li>2. Participation in treatment</li> <li>3. Pertinent physical health status information</li> <li>4. Progress toward treatment/service plan goals and/or discharge</li> <li>5. Any other patient activities or patient general behaviors in milieu</li> <li>6. The therapeutic intervention(s) utilized and the individual’s response to the intervention(s)</li> </ol> <p>All individual and group services, provided by residential staff, e.g. skills training group, individual therapy, med administration services should be identified separately. These services can all be included in the same documentation as the daily/shift notes or in a separate note. Refer to appropriate service procedure code minimum documentation for each service.</p>	
NOTES	EXAMPLE ACTIVITIES	
Procedure code H2036 is used to bill for ASAM level 3.1, 3.3, 3.5, and 3.7 services. Modifiers will be used to distinguish between these levels of care. Modifiers used for level 3.7 services are as follows:  First position: HF Second position: U7  Special Connections services use an additional modifier: Third position: HD  Room and board is billed separately to the Office of Behavioral Health or their designee.	This per diem could include services such as: <ol style="list-style-type: none"> <li>1. Substance use disorder assessment</li> <li>2. Individual and family therapy</li> <li>3. Group therapy</li> <li>4. Alcohol/drug screening counseling</li> <li>5. Occupational therapy</li> <li>6. Recreational therapy</li> <li>7. Vocational rehabilitation</li> <li>8. Service planning</li> <li>9. Discharge planning</li> <li>10. Medical or nursing services</li> </ol>	
APPLICABLE POPULATION(S)	UNIT	DURATION
<input checked="" type="checkbox"/> Child (0-11) <input checked="" type="checkbox"/> Young Adult (18-20) <input checked="" type="checkbox"/> Adult (21-64) <input checked="" type="checkbox"/> Adol (12-17) <input checked="" type="checkbox"/> Geriatric (65+)	<input checked="" type="checkbox"/> Day	Minimum: N/A Maximum: 24 Hours
FACILITY TYPE	PROGRAM SERVICE CATEGORY(IES)	
Facility must be licensed by the Colorado Department of Human Services, Office of Behavioral Health and enrolled with Medicaid under the 3.7 Specialty Provider Type (874) and SUD Clinic Provider Type (64) or as a hospital (general or specialty). Refer to the <a href="#">Provider Enrollment Manual</a> for enrollment requirements and procedures.	<input checked="" type="checkbox"/> HF (SUD) (First position) <input checked="" type="checkbox"/> U7 (Second position)  For Special Connections <b>ONLY</b> : <input checked="" type="checkbox"/> HD (Third position)	
PLACE OF SERVICE (POS)		
<input checked="" type="checkbox"/> Inpt Hosp (21) <input checked="" type="checkbox"/> Inpt PF (51) <input checked="" type="checkbox"/> RSATF (55)		

RESIDENTIAL – ASAM 3.2 WM		
CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION	USAGE
H0010	Clinically managed residential withdrawal management: ASAM level 3.2WM. Alcohol and/or drug services, acute detoxification (residential addiction program inpatient), <b>full per diem</b>	<input checked="" type="checkbox"/> Medicaid <input checked="" type="checkbox"/> OBH
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMENTS	
An organized clinical service that provides 24-hour structure, support and supervision for patients who are intoxicated or experiencing withdrawal symptoms. Services are supervised by a qualified medical professional who must be available by telephone or in person 24 hours per day.	<b>Technical Documentation Requirements</b> <i>See section X.</i> <b>Service Content</b> Shift Notes or Daily Note (summary of shift notes) <ol style="list-style-type: none"> <li>1. Patient’s current clinical status, e.g. symptoms or pertinent mental status and functioning status</li> <li>2. Participation in treatment</li> <li>3. Pertinent physical health status information</li> <li>4. Progress toward treatment/service plan goals and/or discharge</li> <li>5. Any other patient activities or patient general behaviors in milieu</li> <li>6. The therapeutic intervention(s) utilized and the individual’s response to the intervention(s)</li> </ol> All individual and group services, provided by residential staff, e.g. skills training group, individual therapy, med administration services should be identified separately. These services can all be included in the same documentation as the daily/shift notes or in a separate note. Refer to appropriate service procedure code minimum documentation for each service.	
NOTES	EXAMPLE ACTIVITIES	
Procedure code H0010 should be used with the HF modifier.  First position: HF  If service duration is between 11 hrs. 59 mins. and 24 hrs., the full per diem should be billed. If service duration is between 4 hrs. 8 mins. and 11 hrs. 59 mins., the partial per diem should be billed with second place modifier U1. If service duration is less than 4 hrs. 8 mins., neither the partial nor the full per diem can be billed. Individual services provided when the duration is less than 4 hrs. 8 mins. may be billed with their outpatient codes.  Room and board is billed separately to the Office of Behavioral Health or their designee.	This per diem could include services such as: <ol style="list-style-type: none"> <li>1. Substance use disorder assessment</li> <li>2. Physical examination</li> <li>3. Individual and group therapy</li> <li>4. Peer recovery support services</li> <li>5. Medical and nursing care, including daily medical evaluation</li> <li>6. Medication management and administration</li> <li>7. Health education</li> <li>8. Service planning</li> <li>9. Discharge planning</li> </ol>	
APPLICABLE POPULATION(S)	UNIT	DURATION
<input checked="" type="checkbox"/> Child (0-11) <input checked="" type="checkbox"/> Young Adult (18-20) <input checked="" type="checkbox"/> Adult (21-64) <input checked="" type="checkbox"/> Adol (12-17) <input checked="" type="checkbox"/> Geriatric (65+)	<input checked="" type="checkbox"/> Day	Minimum: 12 hrs. Maximum: 24 hrs.
FACILITY TYPE	PROGRAM SERVICE CATEGORY(IES)	
Facility must be licensed by the Colorado Department of Human Services, Office of Behavioral Health and enrolled with Medicaid as under the 3.2WM Specialty Provider Type (875) and SUD Clinic Provider Type (64). Refer to the <a href="#">Provider Enrollment Manual</a> for enrollment requirements and procedures.	<input checked="" type="checkbox"/> HF (SUD) (First position)	
PLACE OF SERVICE (POS)	<input checked="" type="checkbox"/> Outp Hospital (22) <input checked="" type="checkbox"/> Independent Clinic (49) <input checked="" type="checkbox"/> CMHC (53)	

RESIDENTIAL – ASAM 3.2 WM		
CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION	USAGE
H0010	Clinically managed residential withdrawal management: ASAM level 3.2WM. Alcohol and/or drug services, acute detoxification (residential addiction program inpatient), <b>partial per diem</b>	<input checked="" type="checkbox"/> Medicaid <input checked="" type="checkbox"/> OBH
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMENTS	
An organized clinical service that provides 24-hour structure, support and supervision for patients who are intoxicated or experiencing withdrawal symptoms. Services are supervised by a qualified medical professional who must be available by telephone or in person 24 hours per day.	<b>Technical Documentation Requirements</b> <i>See section X.</i> <b>Service Content</b> Shift Notes or Daily Note (summary of shift notes) <ol style="list-style-type: none"> <li>1. Patient’s current clinical status, e.g. symptoms or pertinent mental status and functioning status</li> <li>2. Participation in treatment</li> <li>3. Pertinent physical health status information</li> <li>4. Progress toward treatment/service plan goals and/or discharge</li> <li>5. Any other patient activities or patient general behaviors in milieu</li> <li>6. The therapeutic intervention(s) utilized and the individual’s response to the intervention(s)</li> </ol> <p>All individual and group services, provided by residential staff, e.g. skills training group, individual therapy, med administration services should be identified separately. These services can all be included in the same documentation as the daily/shift notes or in a separate note. Refer to appropriate service procedure code minimum documentation for each service.</p>	
NOTES	EXAMPLE ACTIVITIES	
Procedure code H0010 should be used with the HF modifier.  First position: HF Second position: U1  Second position modifier U1 is used for billing the partial per diem rate, when service duration is between 4 hrs. 8 mins. and 11 hrs. 59 mins. Service duration over 11 hrs. 59 mins. should bill the full per diem. Service duration less than 4 hrs. 8 mins. cannot bill the partial nor the full per diem. Individual services provided when the duration is less than 4 hrs. 8 mins. may be billed with their outpatient codes.  Room and board is billed separately to the Office of Behavioral Health or their designee.	This per diem could include services such as: <ol style="list-style-type: none"> <li>1. Substance use disorder assessment</li> <li>2. Physical examination</li> <li>3. Individual and group therapy</li> <li>4. Peer recovery support services</li> <li>5. Medical and nursing care, including daily medical evaluation</li> <li>6. Medication management and administration</li> <li>7. Health education</li> <li>8. Service planning</li> <li>9. Discharge planning</li> </ol>	
APPLICABLE POPULATION(S)	UNIT	DURATION
<input checked="" type="checkbox"/> Child (0-11) <input checked="" type="checkbox"/> Young Adult (18-20) <input checked="" type="checkbox"/> Adult (21-64) <input checked="" type="checkbox"/> Adol (12-17) <input checked="" type="checkbox"/> Geriatric (65+)	<input checked="" type="checkbox"/> Half Day	Minimum: 4 hrs. 8 mins. Maximum: 11 hrs. 59 mins.
FACILITY TYPE	PROGRAM SERVICE CATEGORY(IES)	
Facility must be licensed by the Colorado Department of Human Services, Office of Behavioral Health and enrolled with Medicaid as under the 3.2WM Specialty Provider Type (875) and SUD Clinic Provider Type (64). Refer to the <a href="#">Provider Enrollment Manual</a> for enrollment requirements and procedures.	<input checked="" type="checkbox"/> HF (SUD) (First position) <input checked="" type="checkbox"/> U1 (Partial per diem) (Second position)	
PLACE OF SERVICE (POS)		
<input checked="" type="checkbox"/> Outp Hospital (22) <input checked="" type="checkbox"/> Independent Clinic (49) <input checked="" type="checkbox"/> CMHC (53)		

RESIDENTIAL – ASAM 3.7 WM		
CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION	USAGE
H0011 These services will be billed using revenue code 1002 by hospitals (general or specialty) instead of using the HCPCS code.	Medically monitored inpatient withdrawal management: ASAM level 3.7WM. Alcohol and/or drug services; acute detoxification (residential addiction program inpatient)	<input checked="" type="checkbox"/> Medicaid <input checked="" type="checkbox"/> OBH
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMENTS	
Inpatient care in which services are delivered by medical and nursing staff to address a patient’s withdrawal from substances. 24-hour observation, monitoring and treatment are available.	<b>Technical Documentation Requirements</b> <i>See section X.</i> <b>Service Content</b> Shift Notes or Daily Note (summary of shift notes) <ol style="list-style-type: none"> <li>1. Patient’s current clinical status, e.g. symptoms or pertinent mental status and functioning status</li> <li>2. Participation in treatment</li> <li>3. Pertinent physical health status information</li> <li>4. Progress toward treatment/service plan goals and/or discharge</li> <li>5. Any other patient activities or patient general behaviors in milieu</li> <li>6. The therapeutic intervention(s) utilized and the individual’s response to the intervention(s)</li> </ol> <p>All individual and group services, provided by residential staff, e.g. skills training group, individual therapy, med administration services should be identified separately. These services can all be included in the same documentation as the daily/shift notes or in a separate note. Refer to appropriate service procedure code minimum documentation for each service.</p>	
NOTES	EXAMPLE ACTIVITIES	
Procedure code H0011 should be used with the HF modifier.  First position: HF  Room and board is billed separately to the Office of Behavioral Health or their designee.	This per diem could include services such as: <ol style="list-style-type: none"> <li>1. Substance use disorder assessment</li> <li>2. Physical examination</li> <li>3. Individual and group therapy</li> <li>4. Peer recovery support services</li> <li>5. Medical and nursing care, including daily medical evaluation</li> <li>6. Medication management and administration</li> <li>7. Health education</li> <li>8. Service planning</li> <li>9. Discharge planning</li> </ol>	
APPLICABLE POPULATION(S)	UNIT	DURATION
<input checked="" type="checkbox"/> Child (0-11) <input checked="" type="checkbox"/> Young Adult (18-20) <input checked="" type="checkbox"/> Adult (21-64) <input checked="" type="checkbox"/> Adol (12-17) <input checked="" type="checkbox"/> Geriatric (65+)	<input checked="" type="checkbox"/> Day	Minimum: N/A Maximum: 24 hours
FACILITY TYPE	PROGRAM SERVICE CATEGORY(IES)	
Facility must be licensed by the Colorado Department of Human Services, Office of Behavioral Health and enrolled with Medicaid under the 3.7WM Specialty Provider Type (876) and SUD Clinic Provider Type (64) or as a hospital (general or specialty). Refer to the <a href="#">Provider Enrollment Manual</a> for enrollment requirements and procedures.	<input checked="" type="checkbox"/> HF (SUD) (First position)	
PLACE OF SERVICE (POS)		
<input checked="" type="checkbox"/> Inpt Hosp (21) <input checked="" type="checkbox"/> Inpt PF (51) <input checked="" type="checkbox"/> RSATF (55)		



## Appendix A: Provider Enrollment Guides

1. [Provider Enrollment Manual](#)
2. [Provider Maintenance – Adding a Specialty](#)

## Appendix B: Technical Documentation Requirements

Where noted in the coding pages, the following are required as minimum documentation for providing that service:

1. Date of Service (DOS)
2. Start and end time/duration of session (total face-to-face time with member)
3. Session setting/place of service
4. Mode of treatment (face-to-face, telephone, video)
5. Provider's dated signature and relevant qualifying credential. A title should be included where no credential is held.
6. Separate progress note for each service

## Appendix C: Relevant Place of Service (POS) Codes

Code	Name	Description
21	Inpatient Hospital	A facility, other than psychiatric, which primarily provides diagnostic, therapeutic (both surgical and non-surgical), and rehabilitation services by, or under the supervision of physicians to patients admitted for a variety of medical conditions.
22	Outpatient Hospital	A portion of a hospital which provides diagnostic, therapeutic (both surgical and non-surgical), and rehabilitation services to sick or injured persons who do not require hospitalization or institutionalization.
49	Independent Clinic	A location, not part of a hospital and not described by any other POS code, that is organized and operated to provide preventive, diagnostic, therapeutic, rehabilitative, or palliative services to outpatients only.
51	Inpatient Psychiatric Facility	A facility that provides inpatient psychiatric services for the diagnosis and treatment of mental illness on a 24-hour basis, by or under the supervision of a physician.
53	Community Mental Health Center/Clinic	A facility that provides the following services: outpatient services, including specialized outpatient services for

		<p>children, the elderly, individuals who are chronically ill, and residents of the CMHC's mental health services area who have been discharged from inpatient treatment at a mental health facility; 24-hours a day emergency care services; day treatment, other partial hospitalization services, or psychosocial rehabilitation services; screening for patients being considered for admission to State mental health facilities to determine the appropriateness of such admission; and consultation and education services.</p>
55	Residential Substance Abuse Treatment Facility	<p>A facility which provides treatment for substance (alcohol and drug) abuse to live-in residents who do not require acute medical care. Services include individual and group therapy and counseling, family counseling, laboratory tests, medications and supplies, psychological testing, and room and board.</p>