

Substance Use Disorder (SUD) Services

Revised: [April 11, 2025](#)

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Overview

Substance use disorder (SUD) services include assessment of needs, treatment planning and interventions to address client needs as a result of substance use.

Eligible Providers

A provider must be enrolled as a Minnesota Health Care Programs (MHCP) provider for [Substance Use Disorder \(SUD\) Services](#) to provide, bill and receive payment for SUD services

Providers must enroll and participate in the Drug and Alcohol Abuse Normative Evaluation System (DAANES) as required by [Minnesota Statutes, 254B.05](#), subdivision 1b. (3). All SUD clients regardless of funding need to be entered into DAANES for each admission episode. Contact DAANES office by email dhs.daanes@state.mn.us to obtain the documents and training to participate in DAANES.

Eligible providers may include the following:

- Licensed residential SUD treatment programs (ASAM levels of care 3.1, 3.3, and 3.5)
- Licensed nonresidential (outpatient) SUD treatment programs (ASAM levels of care 1.0, 2.1, and 2.5)
- Counties
- Tribes
- Recovery community organizations
- Hospitals
- Federally qualified health clinics and rural health clinics (as long as they also have a SUD program license)
- [Licensed professionals in private practice](#)
- Licensed withdrawal management programs

ASAM Certification

The following MHCP providers of [SUD services](#) must certify the ASAM level(s) of care provided:

- Licensed residential SUD treatment programs
- Licensed nonresidential (outpatient) SUD treatment programs
- Licensed withdrawal management programs
- Approved out-of-state nonresidential (outpatient) SUD providers
- Approved out-of-state residential SUD providers

The following programs do not need to certify ASAM level of care:

- Tribally licensed programs
- ASAM 3.7 medically monitored inpatient programs
- Adolescent residential programs

To certify, providers must submit an [ASAM Certification Checklist \(DHS-7325-ENG\)](#) and accompanying documents listed under the How to Enroll heading on the [1115 Substance Use Disorder \(SUD\) System Reform Demonstration](#) webpage.

Providers offering ASAM 2.5 level of care do not need to submit an ASAM Certification Checklist, but must submit an [Outpatient Behavioral Health Fund \(BHF\) Service Request \(DHS-6382\) \(PDF\)](#) indicating ASAM 2.5 level of care and complete a [Behavioral Health Fund \(BHF\) Provider Assurance Statement \(DHS-3491\) \(PDF\)](#). All other levels of care must follow the ASAM certification process.

Providers must meet the requirements listed on these forms and submit the forms to DHS to be eligible to provide, bill and be paid by MHCP for SUD services.

After approval, the effective date of the provider's participation will be determined by the Minnesota Department of Human Services (DHS) based on when the Approval to Enroll letter was issued. The provider's MHCP effective date is the date of their Approval to Enroll letter, which the provider is issued upon satisfactory review of the [ASAM Certification Checklist \(DHS-7325-ENG\)](#). ASAM level of care 2.5 effective dates are based on provider enrollment and compliance approval.

All DHS licensed residential and nonresidential, including withdrawal management, and all out-of-state programs must enroll with MHCP to provide ASAM levels of care. Enrolled providers must submit the forms found in the [SUD Services Enrollment Criteria and Forms](#) section of the MHCP Provider Manual.

Eligible Members

SUD services are available to fee-for-service members with major program code MA, OO (Behavioral Health Fund) and MinnesotaCare. Providers are encouraged to verify member eligibility in MN-ITS on a monthly basis.

If an individual is not already enrolled with Medicaid and has SUD treatment needs, they may be eligible for services through Behavioral Health Fund (BHF) if they meet clinical and financial eligibility requirements:

- BHF financial eligibility determinations are made by the member's tribe or county of residence. For a person to be eligible for BHF, they must meet the financial eligibility guidelines in [Behavioral Health Funds \(BHF\) Eligibility Determination \(DHS-6770\) \(PDF\)](#).
- Clinical eligibility is determined via a comprehensive assessment. Review the exceptions in the [SUD Withdrawal Management Services](#) section of the MHCP Provider Manual.
- Incarcerated individuals who meet financial eligibility guidelines are eligible for payment through the Behavioral Health Fund (major program code OO).

Refer members enrolled through a managed care organization (MCO) to their MCO health plans for details on coverage and accessing SUD services. Review the exceptions in the [SUD Withdrawal Management Services](#) section of the MHCP Provider Manual.

Covered Services

Covered services must be delivered as outlined in the Minnesota Statutes listed under [Legal References](#). Providers must be enrolled with MHCP as an eligible provider of specific services, certified ASAM level(s) of care, specialties or complexity add-ons to receive reimbursement from MHCP. Providers are responsible for knowing and understanding the rules and regulations pertaining to any service they submit for reimbursement. Review the [Substance Use Disorder Service Rate Grid with Dollar \(DHS-7612\) \(PDF\)](#) for covered services and complexity add-on rates.

Covered SUD services include the following:

- Nonresidential (outpatient) individual and group treatment services
- Residential treatment services
- Hospital-based inpatient treatment
- Room and board (when associated with SUD residential treatment)
- Freestanding room and board (when associated with SUD nonresidential (outpatient) treatment)
- Comprehensive assessment (An SUD licensed facility can begin providing services before completion of a comprehensive assessment when the comprehensive assessment is completed within the time frame set forth in Minnesota Statutes, 245G.)
- Treatment coordination
- Recovery peer support
- Residential withdrawal management (245F license)
- Tobacco Use Disorder cessation*
- Substance Use Disorder treatment with Medications for Opioid Use Disorder (SUD-MOUD) services are reimbursed on a per diem basis and may also be included as an add-on to the residential treatment service per diem. SUD-MOUD services may be provided through consultation off site by a qualified practitioner and reimbursed through the member's medical benefits. SUD-MOUD may include:
 - SUD-MOUD – Methadone
 - SUD-MOUD – Methadone-Plus
 - SUD-MOUD – Other
 - SUD-MOUD – Other-Plus

When providers are paid the Indian Health Service (IHS) encounter rate, encounter payments are not available for self-administered medication.

* Tobacco Use Disorder cessation provided as counseling by an alcohol and drug counselor and indicated as needed on a treatment plan can be provided in an individual or group counseling session (H2035 or H2035 HQ). Providing coordination to Tobacco Use Disorder cessation resources can fall under the role of a treatment coordination (T1016 HN U8) by assisting in coordination with and follow up for medical services as identified in the treatment plan or facilitating referrals to SUD services as indicated by a client's medical provider, comprehensive assessment, or treatment plan.

Providers may deliver some SUD services via telehealth. Review the [Telehealth Delivery of Substance Use Disorder Services](#) section of the MHCP Provider Manual for more information.

Substance Use Disorder treatment with Medications for Opioid Use Disorder (SUD-MOUD) services

Programs providing SUD-MOUD and licensed according to Minnesota Statutes [245G.01](#) to [245G.17](#) and [245G.22](#), must certify their program's ASAM level(s) of care by submitting a completed [ASAM Certification Checklist \(DHS-7325-ENG\)](#) and accompanying documents listed under the How to Enroll heading on the [1115 Substance Use Disorder \(SUD\) System Reform Demonstration](#) webpage. Program's with applicable tribal licensure, may certify their program's ASAM level(s) of care.

Substance Use Disorder treatment services with Medications for Opioid Use Disorder services are reimbursed on a per diem basis and may also be included as an add-on to the residential treatment service per diem. Participating demonstration providers licensed as residential SUD programs must offer SUD-MOUD services on site or facilitate access to SUD-MOUD services off site. SUD-MOUD

services may be provided through consultation off-site by a qualified practitioner and reimbursed through the member's medical benefits. SUD-MOUD may include:

- SUD-MOUD - Methadone
- SUD-MOUD - Methadone-Plus
- SUD-MOUD - Other
- SUD-MOUD - Other-Plus

When providers are paid the Indian Health Service (IHS) encounter rate, encounter payments are not available for self-administered medication.

Noncovered Services

The following are not covered:

- Room-and-board services not clinically or medically necessary
- Detoxification services
- Comprehensive assessment, treatment coordination, peer support and nonresidential (outpatient) treatment services when provided by the same residential provider receiving a per diem payment for the same date of service and for the same client.
- Substance use disorder services provided by counties, recovery community organizations, and licensed professionals in private practice before the comprehensive assessment is completed.
- Substance Use Disorder treatment with Medications for Opioid Use Disorder services (SUD-MOUD) guest dosing.

Billing

Providers are encouraged to verify member eligibility in MN-ITS on a monthly basis.

Direct Access billing

Residential program and room and board

- Residential treatment services from the [Residential Value Codes for Billing Direct Access](#) list corresponding to the listed service combinations.
- Room and board services from the [Room and Board 5-digit Value 24 Codes \(DHS-7308\) \(PDF\)](#) list corresponding to the listed service combinations.

Outpatient Nonresidential program

Outpatient services with the corresponding procedure code and rate enhancement modifiers from [Substance Use Disorder Service Rate Grid with Dollar \(DHS-7612\) \(PDF\)](#).

Review the [MN-ITS User Guides](#) for instructions on how to submit electronic claims.

Revenue and Procedure Codes

Refer to the [Substance Use Disorder Service Rate Grid with Dollar \(DHS-7612\) \(PDF\)](#) for all modifier combinations.

Service Description	Unit	Revenue Code	HCPCS Procedure Code	Claim Format	Type of Bill	Service Limitations
Inpatient hospital – bundled room and board and treatment	Day	0101	None	837I	11X	Per diem
Inpatient hospital – room-and-board component	Day	0118 0128	None	837I	11X	Per diem

only		0138 0148 0158				
Inpatient hospital – treatment component only	Day	0944 0945	None	837I	11X	Per diem
Residential program – room-and-board component only	Day	1002	None	837I	86X	Per diem
Residential program – treatment component only	Day	0944 0945 0953	None	837I	86X	Per diem
Freestanding room and board	Day	1003	None	837I	86X	Per diem
Nonresidential (outpatient) individual treatment	Hour	0944 0945 0953	H2035	837I	89X or 13X	Refer to Authorization
Nonresidential (outpatient) individual treatment	Hour		H2035	837P		Refer to Authorization
Nonresidential (outpatient) group treatment	Hour	0944 0945 0953	H2035 with modifier HQ	837I	89X or 13X	Refer to Authorization
Nonresidential (outpatient) group treatment	Hour		H2035 HQ	837P		Refer to Authorization
Nonresidential (outpatient) treatment – SUD-MOUD (Methadone)	Day		H0020	837P		Per diem
Nonresidential (outpatient) treatment – SUD-MOUD (Methadone-Plus)	Day		H0020 with modifier UA	837P		Per diem
Nonresidential (outpatient) treatment – SUD-MOUD (Other)	Day		H0047	837P		Per diem
Nonresidential (outpatient) treatment – SUD-MOUD (Other-Plus)	Day		H0047 with modifier UB	837P		Per diem
Treatment Coordination	15 minutes		T1016 with modifier U8 HN	837P		8 units per day
Peer Recovery Support	15 minutes		H0038 with modifier U8	837P		Max of 16 units (4 hours) per day per individual Max of 56 units (14 hours) per week per individual

Comprehensive Assessment	1 session		H0001	837P		
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Billable Units and Time Requirements

Nonresidential (outpatient) services

For nonresidential (outpatient) services, codes H2035 and H2035 HQ are used for individual counseling and group treatment services, respectively. These codes are defined as "alcohol and/or drug counseling per hour" and are measured in units of time. More than half of the time must be spent providing the treatment service to an individual, excluding any breaks, to report these codes. The significance of the past mid-point designation is if, for example, the provider schedules 60 minutes and the client leaves after 50 minutes, the provider is still able to bill for the hour.

The past mid-point language is not intended to allow providers to schedule units in less than 1 hour. Additionally, billable treatment units should not cover a previously billed time. For example, a provider should not bill 2 hours/units of service when the individual attends two consecutive 31-minute groups with a short 5-minute break in between (9:00 to 9:31 group, 9:31-9:36 break, 9:36 to 10:07 group). Individuals would then receive a total of 62 minutes of service which is one hours/unit of service and not two hours/units of service. Scheduling in units less than one hour deprives the client of the benefit of the full unit of service.

Residential programs

ASAM level 3.1 must provide at least 5 or at least 15 hours of skilled treatment services a week. The hours must be provided based on actual count of continuous minutes of treatment service provided. Breaks may not be included in these continuous minutes.

ASAM levels 3.3 and 3.5 must provide a skilled treatment service seven days a week.

How to determine missed services in residential levels of care

Programs can continue to bill services based on a member's intensity level when a treatment service is missed when certain conditions are met. The reason for missing a service must be client centered and the program must document both the reason for the member's absence and the interventions taken.

Holiday scheduling flexibility

Treatment week services hours in outpatient treatment and ASAM level 3.1 residential treatment may be reduced to accommodate federally recognized holidays. ASAM levels 3.3 and 3.5 must continue to provide a skilled treatment service daily.

Authorization

SUD authorization request for Nonresidential (outpatient) group and individual treatment for more than six hours a day or 30 hours a week.

Outpatient or nonresidential substance use disorder services are provided based on the identified individual need and client preference. Authorizations are required when an individual receives more than six hours/units a day or 30 hours/units a week of any combination of individual (H2035) or group (H2035 HQ) treatment services. This authorization process is only applicable for SUD nonresidential licensed programs.

The 30 hours/units a week is calculated based on a rolling seven-day time span. Authorization is required if at any point during a rolling seven-day time span more than 30 hours/units of H2035 and/or H2035 HQ of service is provided. A rolling seven-day time span includes the hours of service on the

date of service and the six calendar days counting forward OR the six calendar days counting backwards from the date of service. For example, if the date of service is on July 1, the rolling seven-day time span would be from June 25 to July 1 or from July 1 to July 7.

Providers must submit an authorization request and required documentation when it is determined that the client needs more than six hours/units per day or 30 hours/units per week. Refer to the "Substance Use Disorder Authorization Criteria" document in the Substance Use Authorization section of the medical review agent's [Training](#) webpage for a description of documentation required to be submitted in order to determine medical necessity for the additional services.

Authorizations to exceed six hours/units a day or 30 hours/units a week cover up to 28 calendar days. After the 28-day authorization period, if it is determined the member continues to meet medical necessity for more than six hours/units a day or 30 hours/units a week, the provider needs to request another authorization.

Refer to information under Substance Use Disorder Request for Nonresidential (outpatient) Group and Individual Treatment in the [Authorization](#) section of the MHCP Provider Manual for information on how to submit an authorization request for SUD nonresidential (outpatient) group and individual treatment to the medical review agent.

Billing Authorization for H2035 and H2035 HQ

Providers must submit additional hours/units of service which require authorization separately from services which do not require authorization. The separate claim for additional services may be submitted once authorized by the medical review agent.

Review the [Outpatient Substance Use Disorder \(SUD\) Services](#) section of the MN-ITS user guide for instructions on how to submit the authorization number received from the medical review agent for services that have been authorized by the medical review agent.

Managed Care Organization (MCO) Enrollees

Bill treatment and room and board services for MinnesotaCare members enrolled in an MCO to the appropriate plan.

MA members enrolled in MCOs

Bill room-and-board services that are authorized by the MCO directly to MHCP. Report the following information in the "Value Code" field:

- Value Code 80 and the number of inpatient covered days
- Enter Value Code 24 with the correct five-digit rate code from the [Value Code 24 MCO Room and Board Billing \(PDF\)](#) list that corresponds to the listed service combinations

Billing for Member Services in Institution for Mental Disease (IMD) facilities

Notify the county by submitting the [County Notice of IMD Status \(DHS-4145\) \(PDF\)](#) when a member is receiving services from an IMD facility.

Interim Billing

Bill residential and inpatient hospital claims that span multiple months using interim billing method. Include the date of discharge on the final treatment claim along with appropriate patient status code.

Nonresidential (Outpatient) Substance Use Disorder with Medications for Opioid Use Disorder (SUD-MOUD) billing

Bill all nonresidential (outpatient) SUD-MOUD using the professional (837P) claim format. Report the appropriate place of service to distinguish on-site dosages from take-home dosages. Itemize dosages by listing each date of service on a separate service line.

Medicare

Certified Medicare facilities serving Medicare-eligible clients must follow the MHCP Medicare policy found in the MHCP Provider Manual; review [Medicare and Other Insurance](#) under [Billing Policy](#).

Third-Party Liability (TPL)

Individuals with private insurance may qualify for behavioral health fund if their insurance does not cover 100 percent of their treatment. MHCP TPL policy applies to all SUD treatment providers. When a member has private commercial insurance, you must first bill the private commercial insurance before billing MHCP. Bill doing the following:

- Verify member eligibility in [MN-ITS](#) before submitting bills to MHCP. If MN-ITS indicates that TPL exists for the dates that you would like to bill for, then you must first bill the third party displayed in MN-ITS for the dates. If you bill MHCP for dates of service when TPL exists, MHCP will deny the claim.
- Submit appropriate documentation to MHCP after billing the TPL. You must follow the MHCP TPL policy found in the [Medicare and Other Insurance](#) section of the MHCP Provider Manual under [Billing Policy](#).

Utilization Management

Providers are subject to participation in utilization reviews as defined in Minnesota Statutes sections 256B.04, subdivision 15, and 254A.03, subdivision 3, paragraph b. Procedures are embedded in the [medical review agent's](#) webpage.

Legal References

[Minnesota Statutes, 245F](#) (Withdrawal Management Programs)

[Minnesota Statutes, 245G](#) (Substance Use Disorder Licensed Treatment Facilities)

[Minnesota Statutes, 254A.03](#) (Alcohol and Drug Abuse)

[Minnesota Statutes, 254B](#) (Substance Use Disorder Treatment)

[Minnesota Statutes, 254B.05, subdivision 1b \(3\)](#)

[Minnesota Statutes, 254B.05, subdivision 5\(h\)](#)

[Minnesota Statutes, 256B.031](#) (Prepaid Health Plans)

[Minnesota Statutes, 256B.0759](#) (Substance Use Disorder Demonstration)

[Minnesota Statutes, 256L](#) (MinnesotaCare)

[Minnesota Rules, 9530.6800 to 9530.7030](#) (Rule 24)

[Minnesota Rules, 9530.6510 to 9530.6590](#) (Rule 32)

[Code of Federal Regulations title 42, section 440.130\(d\)](#)