

**SECTION 4**  
**PROCEDURE CODES**

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## SECTION 4 PROCEDURE CODES

### CODING REQUIREMENTS

#### PROCEDURAL CODING

Local county alcohol and other drug abuse providers are required to use the following list of procedure codes for claims submitted to Medicaid for reimbursement.

The following services require prior authorization:

Procedure Code	Description	Unit Time	Maximum Units
90801	Psychiatric Medical Assessment	15 minutes	6/day
96101	Psychological Testing	1 hour	4/day - 12/year
H0011	Acute Detox	day	1/day
H0012	Subacute Detox — Residential Addiction — Outpatient (III.2-D)	day	1/day
H0015	Intensive Outpatient	30 minutes	12/day
H0018	Behavioral Health Short-Term Residential	day	1/day
H0018-HA	Behavioral Health Short-Term Residential — Adolescent (III.7-RA)	day	1/day
H0019	Behavioral Health Long-Term Residential	day	1/day
H0046	Mental Health Services Not Otherwise Specified	15 minutes	48/day
H2012	Day Treatment for Individual Alcohol or Sub-Abuse Treatment	1 hour	6/day
S9475	AMB Setting Sub-Abuse Tx/Detox	day	1/day
*	Level IV-D — Hospital Detox	*	*
*	Level IV-R — Hospital Rehabilitation	*	*

**\* South Carolina Medicaid reimburses these services through the Diagnostic Related Group (DRG) payment system when provided in an acute care general hospital.**

## SECTION 4 PROCEDURE CODES

### CODING REQUIREMENTS

The following services **do not require** prior authorization:

Procedure Code	Description	Unit Time	Maximum Units
H0001	Assessment	30 minutes	6/day
H0002-HF	Behavioral Health Screening - Alcohol/Drug	15 minutes	2/day
H0004	Behavioral Health Counseling and Therapy	15 minutes	24/day
H0005	Group Counseling by Clinician	30 minutes	15/day
H0006	Case Management (CM or CCM)	15 minutes	16/day
H0007	Intervention OP	15 minutes	4/day
H0016	Medical Somatic	15 minutes	3/day
H0038	Peer Support Services	15 minutes	16/day
H2017	Caregiver Services	15 minutes	24/day
H2019**	Therapeutic Behavioral Services	15 minutes	16/day
H2020-HA**	Therapeutic Behavioral Services — Adolescent	per visit	1/week
H2034	Abuse Halfway House	day	n/a
T1015	Clinic Visit — All-Inclusive Physical Examination	per exam	n/a
T1017	Targeted Case Management	15 minutes	16/day

**\*\*When filing a claim for these services, a number beginning with “XU” must be entered in the prior authorization field.**

**SECTION 4 PROCEDURE CODES****REIMBURSABLE  
MEDICAID CODES  
FOR INJECTIONS**

The following table lists reimbursable codes for injections approved for use in the Substance Abuse Services program and their reimbursement dosages.

Procedure Code	Description	Unit Time	Maximum Units
J2315	Injection, naltrexone, depot form, (Vivitrol)	1mg	380/month

**SECTION 4 PROCEDURE CODES**  
**CODING REQUIREMENTS**

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