

| Service Description | Unit | Revenue Code | HCPCS Procedure Code | Claim Type | Type of Bill |
|---|-------------------|--|---------------------------------|-------------------------------------|----------------|
| Acute Hospital Inpatient Bill | | | | | |
| Hospital- Based inpatient ROOM and BOARD component | Day | 0118, 0128, 0138, 0148, 0158 | N/A | 837I | 011X |
| Hospital-based inpatient TREATMENT component | Day | 0944 or 0945 | N/A | 837I | 011X |
| All inclusive ROOM and BOARD and TREATMENT | Day | 0101 | N/A | 837I | 011X |
| Non-Hospital Based Residential Treatment Facility – Inpatient Bill | | | | | |
| Non-hospital based inpatient residential program, ROOM and BOARD | Day | 1002 – Residentially licensed chemical dependency treatment provider e.g. Rule 31 Licensed Facility, Children’s Residential Facility with CD, Tribal CD licensed facility | N/A | 837I | 086X |
| Non-hospital based inpatient residential program, ROOM and BOARD | Day | 1003 – Facilities licensed to provide Room and Board services only, e.g., board and lodge, supervised living facility, foster care | N/A | 837I | 086X |
| Non-hospital based inpatient residential treatment program, TREATMENT component | Day | 0944 or 0945 or 0949 (Bill using one or the other. May not be used together, must be used separately) | N/A | 837I | 086X |
| Outpatient Services – applicable to all providers and settings | | | | | |
| Outpatient program, TREATMENT only | Hour | Drug - 0944 Alcohol - 0945 | H2035 Individual H0005 Group | 837I | 089X or 013X |
| | Hour | N/A | H2035 Individual H0005 Group | 837P | N/A |
| Medication Assisted Therapy - methadone, buprenorphine, naltrexone, antabuse | Day | 0944 | H0020 | 837I (LIN Segment to identify drug) | 089X or 013X |
| | Day | N/A | H0020 | 837P (LIN Segment to identify drug) | N/A |
| Alcohol and /or drug ASSESSMENT | Session/ Visit | 0900 | H0001 | 837I | As appropriate |
| | Session/ Visit | N/A | H0001 | 837P | N/A |