

**South Country Health Alliance Chemical Health Coding Structure
Administered by MMSI
2009**

Service Description	Unit	Revenue Code	HCPCS Procedure Code	Category of Service	Claim Type	Type of Bill	Place of Service	Notification/ Authorization Required?	Maximum Days/Auth	Placement Review
Hospital-based Residential	Day	0100	None	062	UB-04/837I	11X	N/A	Notification within 24 hours or next business day following a weekend or holiday	30	Day 10
Primary Residential, Room & Board	Day	1002	None	063	UB-04/837I	86X	N/A	Notification within 24 hours or next business day following a weekend or holiday	30	Day 20
Extended Care, Room & Board	Day	1003	None	063	UB-04/837I	86X	N/A	Notification within 24 hours or next business day following a weekend or holiday	30	Day 20
Halfway House Room & Board	Day	1004	None	063	UB-04/837I	86X	NA	Notification within 24 hours or next business day following a weekend or holiday	30	Day 20
Inpatient Treatment includes - Primary Residential, Extender Care and Halfway House	Day	<u>Drug:</u> 0944 <u>Alcohol:</u> 0945	None	062	UB-04/837I	86X	N/A	Notification within 24 hours or next business day following a weekend or holiday	30	Day 20
Outpatient Treatment	Hour	<u>Drug:</u> 0944 <u>Alcohol:</u> 0945	H2035	062	UB-04/837I	89X	N/A	Notification within 24 hours or next business day following a weekend or holiday	90	Day 90
Outpatient Treatment Methadone	Day	0944	H0020	062	UB-04/837I	89X	N/A	Notification within 24 hours or next business day following a weekend or holiday	6 months	6 months
Rule 25 Assessment	Per Assessment	N/A	H0001	N/A	CMS-1500 837P	N/A	21 inpatient 11 office	Notification within 7 days of the determination	N/A	N/A