

| Service Description | Unit | Revenue Code | HCPCS Procedure Code | Claim Type | Type of Bill | Notification/ Authorization Required | Maximum Days /Auth | Placement Review |
|---|----------------|--|----------------------|-------------------------------------|----------------|--|--------------------|------------------|
| Acute Hospital Inpatient Bill | | | | | | | | |
| Hospital- Based inpatient ROOM and BOARD component | Day | 0118, 0128, 0138, 0148, 0158 | N/A | 837I | 011X | Notification within 24 hours or next business day following a weekend or holiday | 30 | Day 10 |
| Hospital-based inpatient TREATMENT component | Day | 0944 or 0945 | N/A | 837I | 011X | | | |
| Rule 24 Option – Hospital based inpatient 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 | Notification within 24 hours or next business day following a weekend or holiday | 30 | Day 20 |
| 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 or Alcohol - 0945 | H2035 | 837I | 089X or 013X | Notification within 24 hours or next business day following a weekend or holiday | 90 | Day 30 |
| | Hour | N/A | H2035 | 837P | N/A | | | |
| Medication Assisted Therapy - methadone, buprenorphine, naltrexone, antabuse | Day | 0944 | H0020 | 837I (LIN Segment to identify drug) | 089X or 013X | Prior Authorization Required and notification within 24 hours of admission | 6 months | 6 month |
| | Day | N/A | H0020 | 837P (LIN Segment to identify drug) | N/A | | | |
| Alcohol and /or drug ASSESSMENT | Session /Visit | 0900 | H0001 | 837I | As appropriate | Notification within 7 days of the determination | N/A | N/A |
| | Session /Visit | N/A | H0001 | 837P | N/A | | | |