

SUBSTANCE USE DISORDER TREATMENT SERVICES

Substance Use Disorder (SUD) Treatment are services provided to an individual with an impairment resulting from a SUD which are provided by a multidisciplinary team of health care professionals and are designed to stabilize the health of the individual. Services for treatment of SUD may be hospital-based or non-hospital-based.

DEFINITIONS

Attending provider – Licensed practitioner, such as an LAC, who has overall responsibility for the patient's care and treatment reported on the claim. Attending providers are reported on claims for ASAM levels 2.1 and higher, as these claims are billed on a CMS 1450 (UB 04) or electronically via an 837I claim transaction.

Institution for Mental Diseases (IMD) - A hospital, nursing facility, or other institution of more than 16 beds that is primarily engaged in providing diagnosis, treatment, or care of persons with mental diseases, including medical attention, nursing care, and related services. This definition is in §1905(i) of the Social Security Act and in 42 CFR 435.1009. The regulations also indicate that an institution is an IMD if its overall character is that of a facility established and maintained primarily for the care and treatment of individuals with mental diseases. For more information see the IMD Policy.

Licensed Addiction Counselor (LAC) – LACs, for purposes of this policy, include licensed clinical addiction counselors, licensed master addiction counselors and practitioners possessing a similar license in a border state and operating within their scope of practice in that state. Licensed addiction programs operating in a border state must provide documentation to the ND Medicaid Program of their state's approval for the operation of the addiction program.

Program – means a person, partnership, association, corporation, or limited liability company that establishes, conducts, or maintains a substance use disorder treatment program for the care of individuals addicted to alcohol or other drugs.

Rendering provider - licensed practitioner, such as a licensed addiction counselor, who renders the service. Rendering providers are reported on claims for ASAM level 1 services, as these claims are billed on a CMS 1500 or electronically via an 837P claim transaction.

Tribal health program – means an Indian tribe or tribal organization that operates any health program, service, function, activity, or facility funded, in whole or part, by the Indian Health Service (IHS) through, or provided for in, a contract or compact with IHS under the Indian Self-Determination and Education Assistance Act (25 U.S.C. 450 et seq.).

MEMBER ELIGIBILITY FOR SERVICES

ND Medicaid members receiving SUD treatment services must:

1. Meet diagnostic criteria for a substance use disorder as described in the DSM; and
2. Meet specifications in each of the American Society of Addiction Medicine (ASAM) dimensions required for the recommended level of care.

COVERED SERVICES

Admission Criteria

A program shall not admit an individual into a substance use disorder treatment program unless the individual meets:

1. Diagnostic criteria for a substance use disorder as described in the most recent version of the Diagnostic and Statistical Manual of Mental Disorders (DSM); and
2. Specifications in each of the ASAM dimensions required for the recommended level of care.

Continued Stay Criteria

For an individual client to remain in the current level of care placement, a program must document that the individual:

1. Is making progress but has not yet achieved the goals articulated in the individualized treatment plan and continued treatment at the present level of care is necessary to permit the individual to continue to work toward treatment goals.
2. Is not yet making progress but has the capacity to resolve problems and is actively working toward the goals articulated in the individual treatment plan.
3. New problems have been identified that are appropriately treated at the present level of care that is the least intensive in which these problems can be addressed effectively.

ASAM Level 3 rd Edition	Service	Billing Code	Revenue Code (if applicable)	Hours per week
1	Outpatient Services (individual) - Adult Organized nonresidential service or an office practice that provides professionally directed aftercare, individual, and other addiction services to clients according to a predetermined regular schedule of fewer than 9 contact hours per week.	Use individual psychotherapy codes ^T (professional fee schedule).	N/A	Offer no more than 8 hours of programming per week.
1	Outpatient Services (individual) - Youth	Use individual psychotherapy codes ^T (professional fee schedule).	N/A	Offer no more than 5 hours of programming per week.

1	Group Outpatient Services	H2035 ^T	N/A	See above hours for youth and adult.
2.1	Intensive Outpatient Services- Adult Treatment provided to clients requiring a primary, organized treatment program able to establish abstinence and recovery within the context of the client's usual environment and daily activities. Programming is in a structured environment and is typically offered in the evening hours.	H0015 ^T	0906	Offer no less than 8 hours and no more than 19 hours of structured programming.
2.1	Intensive Outpatient Services – Youth			Offer no less than 6 hours per week.
2.5	Partial Hospitalization Services- Youth and Adult SUD program that uses multidisciplinary staff and offers highly structured intensive treatment to those clients whose condition is sufficiently stable so as not to require twenty-four hour per day monitoring and care, but whose illness has progressed so as to require consistent near-daily treatment intervention. ^T Telehealth coverage is limited to 50% or 10 hours of the weekly 20 hours of structured programming requirement.	S9475 ^T	0913	Offer no less than 20 hours of structured programming no less than 4 days per week.
3.1	Clinically Managed Low-Intensity Residential Care - Youth and Adult ASAM 3.1 will only be reimbursed for members concurrently receiving ASAM 2.1 or 2.5. Twenty-four hour a day staffed, ongoing therapeutic environment for clients requiring some structured support in which treatment is directed toward <ul style="list-style-type: none"> • Applying recovery skills, • Preventing relapse, • Improving emotional functioning, • Promoting personal responsibility, and • Reintegrating the individual into the worlds of work, education, and family life, adaptive skills that may not have been achieved or have been diminished during the client's active addiction. The residential component may be combined with low-intensity outpatient, intensive outpatient, or day treatment.	H2034	1003	Offer at least 5 hours of professionally directed treatment (must include two support or group sessions per week) in addition to other treatment services such as partial hospitalization or intensive outpatient treatment.

3.2	Clinically Managed Residential Withdrawal Detoxification in an organized residential nonmedical setting delivered by appropriately trained staff who provide safe, 24-hour monitoring, observation, and support in a supervised environment for a client to achieve initial recovery from the effects of alcohol or another drug.	H0012^	1003	
3.5	Clinically Managed High-Intensity Residential Services - Youth and Adult Therapeutic community or residential treatment center offering continuous observation, monitoring, and treatment by allied professional staff designed to treat clients who are not sufficiently stable to benefit from outpatient treatment no matter how intensive and who have significant psychological and social problems. Onsite twenty-four hour per day clinical staff with specialized professional consultation.	H2036^	1002	Residential program offered no less than 7 days per week. The number of hours of programming must be approved through the licensing process by the Behavioral Health Division.
3.7	Medically Monitored Intensive Inpatient Services – Youth and Adult Program providing a planned regimen of 24-hour professionally directed <ul style="list-style-type: none"> • evaluation • observation • medical monitoring, and • addiction treatment in an inpatient setting.	H0011^	1002	Offer inpatient treatment program 7 days per week.

^T Indicates the service can be delivered via telehealth. See the [Telehealth Policy](#) more information.

[^]Payment for ASAM 3.1, 3.2, and 3.5 is only for the service component. ND Medicaid payment is not available for room and board.

Federal financial participation is not available for care or services to Medicaid members ages 21 to 64 residing in an Institution for Mental Disease (IMD); therefore ND Medicaid does not cover services for members ages 21 to 64 who reside in an IMD. The North Dakota Substance Use Disorder Voucher Program may be able to provide funding for individuals receiving treatment at an IMD. This is state-funded program. You can learn more [here](#).

Programs must offer the required number of hours of programming required by [ND Administrative Code 75-02-09.1](#) and must be approved through the licensing process by

the Behavioral Health Division. The appropriate number of hours for the level of care must be included in the member's plan of care.

If the member misses programming hours, the reason must be documented. For outpatient levels of care, the provider may only bill for days that the member received programming. For residential and inpatient levels of care, the provider may bill for every day the member stayed at the facility, as long as:

- the appropriate number of hours of programming are offered, as detailed in the member's care plan, and;
- if the member misses programming, the reason is documented. Providers must document programming hours not offered due to a holiday.

Counseling or assessment regarding an individual's use or misuse of alcohol or a controlled substance must be provided by a licensed addiction counselor (LAC). Case management and educational services do not need to be performed by a LAC. A LAC must be present in all team meetings at which level of care and treatment planning decisions are made regarding an individual receiving or referred for substance abuse treatment services.

Discharge Criteria

Before a program may transfer or discharge an individual, the individual must have:

- Achieved the goals articulated in the individual's individualized treatment plan, and
- Resolved the problems that justified admission to the present level of care with progress evaluated, and
- A determination that the individual is ready for a less intensive level of care or independent living.

OR

- Been unable to resolve the problems that justified admission to the present level of care despite amendments to the treatment plan with no further progress being likely. This indicates the need for another level of care or type of service.

OR

- Demonstrated a lack of capacity to resolve problems indicating the need for another level of care or type of service.

OR

- Experienced an intensification of problems or has developed new problems and can be treated effectively only at a more intensive level of care.

Referral Criteria

Programs shall implement a written policy for referrals and recommendations for services not available through the program. All referrals and recommendations must be made part of the treatment or transfer plan.

PROVIDER ENROLLMENT

Licensed Addiction Counselors and licensed addiction programs may enroll as Medicaid providers for American Society of Addiction Medicine (ASAM) levels of care 1, 2.1, 2.5, 3.1, 3.2, 3.5 and 3.7 as prescribed in North Dakota Administrative Code chapter 75-09.1.

Providers billing ASAM 1

LACs and licensed addiction programs must enroll the LAC rendering services.

Providers billing ASAM 2.1-3.7

The licensed program must enroll as a group provider **and** the attending provider must enroll. Note: Licensed addiction programs are not required to enroll all members of the multidisciplinary team.

The rendering or attending provider must be Medicaid-enrolled and affiliated with the billing provider.

Enrolled LACs are OLPs and may furnish non-ASAM services within their scope of practice according to State law.

BILLING GUIDELINES

All SUD services must have a primary diagnosis of SUD on the claim.

LACs billing ASAM 1 must bill on a CMS 1500 or electronically via an 837P claim transaction. The appropriate rendering provider's NPI and taxonomy must be reported in box 24J of the CMS 1500 or the electronic equivalent of the 837P transaction.

Enrolled programs providing ASAM 2.1, 2.5, 3.1, 3.2, 3.5 and 3.7 must bill on CMS 1450 (UB 04) or electronically via an 837I claim transaction. The appropriate attending provider's name and NPI must be reported in box 76 of the CMS 1450 (UB-04) of the electronic equivalent of the 837I transaction. IHS/Tribal Health Programs and FQHCs should refer to those respective policies further instruction on how to bill for their services.

Indian Health Service, Tribal Health Programs, and Federally Qualified Health Centers ASAM Level 3.1 must be received concurrently with Level 2.1 or 2.5. These concurrent services only qualify for one encounter billing for the two services. For IHS and Tribal Health Program providers, please see the Indian Health Services and Tribal Health Programs policy for additional billing guidelines.

ASSESSMENT AND PLAN OF CARE

ND Medicaid members receiving SUD treatment services must have undergone a program-performed assessment in compliance with North Dakota Administrative Code § 75-09.1-01-14.

ND Medicaid members receiving SUD treatment services must have an individualized plan of care/treatment plan that meets the requirements of ND Administrative Code 75-09.1-01-15. The ND Medicaid-enrolled rendering or attending provider overseeing the services must approve the plan of care.

SERVICES PROVIDED BY IHS OR A TRIBAL HEALTH PROGRAM

Addiction counselors, operating within their scope of practice, performing ASAM 1, and employed by either IHS or a Tribal health program must have a current and valid license or certification from an out-of-state licensing board where the license was issued or a North Dakota addiction counselor license.

RELATED POLICIES

Indian Health Service/Tribal Health Program

Federally Qualified Health Centers

SUMMARY OF POLICY UPDATES

January 2025

Section	Update
Billing Guidelines	Added clarifying language for IHS providers.