24 Medical Billing Services

The Complete 2025 Substance Use Disorder (SUD) Billing & Coding Guide: Compliance, Reimbursement, and Best Practices

SUD

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1. Introduction to Substance Use Disorder (SUD)

1.1. Overview of SUD

Substance Use Disorder (SUD) is a medical condition characterized by the uncontrolled use of a substance despite harmful consequences. It affects the brain's structure and function, leading to compulsive behaviors, tolerance, withdrawal symptoms, and significant impairment in personal, social, and occupational domains. SUD can involve substances such as alcohol, prescription medications (e.g., opioids, benzodiazepines), or illicit drugs (e.g., heroin, methamphetamine, cocaine). The Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5-TR) categorizes SUDs based on severity (mild, moderate, or severe) depending on the number of diagnostic criteria met, including cravings, loss of control, and continued use despite problems. SUD is recognized as both a chronic brain disease and a significant public health concern, contributing to increased morbidity, mortality, and economic burden worldwide.

1.2. Treatment Approaches

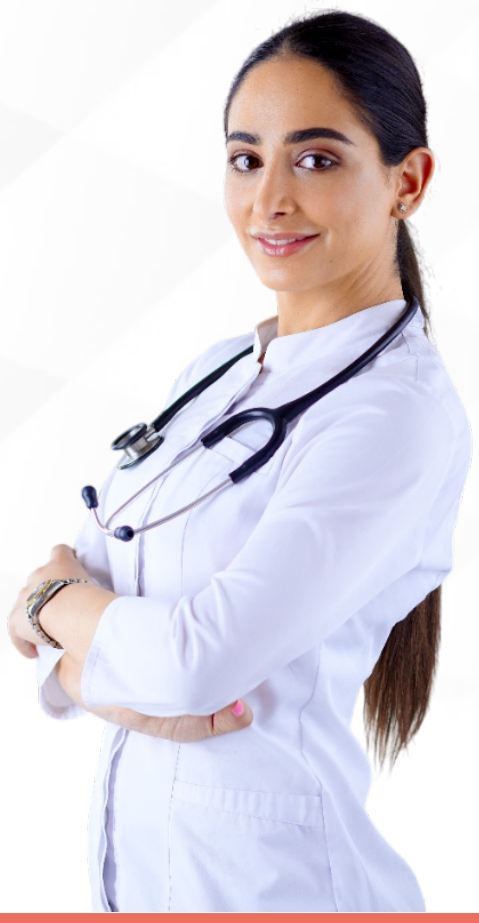
Effective treatment for SUD typically involves a combination of behavioral therapies, medication-assisted treatment (MAT), peer support, and ongoing care coordination. Early diagnosis, integrated care, and reducing stigma are essential components in improving outcomes and supporting long-term recovery for individuals with SUD.

2. Updated CPT and HCPCS Codes for SUD Services (2025)

The following CPT and HCPCS codes are used for billing Substance Use Disorder (SUD) services under Washington Apple Health (Medicaid) Fee-for-Service (FFS) effective in 2025, reflecting Apple Health's coverage as outlined in the SUD provider billing guide as of January 1, 2025.

2.1. Outpatient SUD Services

Code	Modifier(s)*	Description
H0001	HA, HB, HD, HF, HV, TG	Alcohol and/or drug assessment (1 per client per day)
H0004	HF	Individual therapy (15-min/unit), without family
H0038	HF	Peer support / self-help services (15-min unit)
T1017	HF	Targeted case management (15-min unit)
96164	HF	Health behavior intervention, group (initial 30 min)
96165	HF	Health behavior intervention, group (each add'l 15 min)
96167	HF	Behavior intervention, family with patient (initial 30 min)
+96168	HF	Behavior intervention, family with patient (each add'l 15 min)
96170	HF	Behavior intervention, family without patient (initial 30 min)
+96171	HF	Behavior intervention, family without patient (each add'l 15 min)



*Modifiers specify population or program (e.g., HF for Adult Substance Abuse Program).

These outpatient codes must be billed with the appropriate taxonomy code 261QR0405X (reinforced for SUD providers).

2.2 Residential SUD Services

Code	Modifier(s)	Service Type
H0010	HA, HF	Alcohol and/or drug services; sub-acute detoxification (residential addiction program inpatient)
H0011	HA, HF	Alcohol and/or drug services; acute detoxification (residential addiction program inpatient)
H0018	HA, HF, HV	Behavioral health; short-term residential (non-hospital residential treatment program), without room and board, per diem
H0019	HA, HB, HD	Behavioral health; long-term residential (non-medical, non-acute care in a residential treatment program where stay is typically longer than 30 days), without room and board, per diem

These services are associated with provider taxonomies like 324500000X or 324550500X.

2.3. Drug Testing

Washington Apple Health covers the following urine drug testing codes when medically indicated:

- **80305, 80306, 80307** - presumptive or instrumented drug testing, billed as 15-minute units under modifier HF with appropriate taxonomy.

2.4. Opioid Treatment Program (OTP)

- **H0020** (with modifier HF) - methadone administration in OTP settings. When billed, use provider taxonomy **261QM2800X**.
- Washington also follows Medicare OTP G-code guidance for bundled weekly episodes (not specific to Apple Health), such as **G2067** for methadone care and **G2068** for buprenorphine (CMS).

2.5. Telehealth & Telephonic Services

As of May 1, 2025, Apple Health added HCPCS codes G9149 and G9150, which can be used with modifier 93 (audio-only) for telephonic behavioral or physical health services, including potentially SUD-related telehealth offerings. CPT code H0004 (individual therapy) is also included on the approved audio-only list effective January 1, 2025.

Summary Table of SUD Codes

- Assessment: H0001
- Therapy (Individual): H0004
- Peer Support: H0038
- Case Management: T1017
- Group/Family Behavioral Interventions: 96164-96171

- Withdrawal Management (Residential): H0010, H0011
- Residential Treatment: H0018, H0019
- Drug Testing: 80305-80307
- Methadone Dosing (OTP): H0020; taxonomy 261QM2800X
- Audio-Only Telemedicine: G9149, G9150 + modifier 93 (plus H0004)

Important Billing Requirements:

- Use the 837P professional claim format.
- Always attach correct modifier(s) per service population (e.g., HF, HD).
- Rendering and billing taxonomy codes must be accurate: 261QR0405X for most outpatient SUD services; 324500000X or 324550500X for residential facilities; 261QM2800X for OTP/methadone providers
- Units must follow the specified time increment (e.g., 15 or 30 minutes, per-diem).
- Telephonic or audio-only services require modifier 93 and are only permitted for approved codes.

Expert Tip by 24/7 MBS

Keeping up with annual CPT/HCPCS code updates and state-specific modifiers can be a significant challenge. Our specialized billing team is continuously updated on these changes, ensuring every claim is submitted with the correct codes and modifiers, drastically reducing

3. Common ICD-10-CM Codes for SUD (2025)

The most common ICD-10-CM diagnosis codes used for Substance Use Disorder (SUD) in 2025 billing under Washington Apple Health (Medicaid) and most national payers are detailed below.

3.1. Alcohol-Related Disorders

ICD-10 Code	Description
F10.10	Alcohol abuse, uncomplicated
F10.20	Alcohol dependence, uncomplicated
F10.21	Alcohol dependence, in remission
F10.239	Alcohol dependence with withdrawal, unspecified
F10.129	Alcohol abuse with intoxication, unspecified

3.2. Opioid-Related Disorders

ICD-10 Code	Description
F11.10	Opioid abuse, uncomplicated
F11.20	Opioid dependence, uncomplicated
F11.21	Opioid dependence, in remission
F11.23	Opioid dependence with withdrawal
F11.90	Opioid use, unspecified, uncomplicated

3.3. Cannabis-Related Disorders

ICD-10 Code	Description
F12.10	Cannabis abuse, uncomplicated
F12.20	Cannabis dependence, uncomplicated
F12.90	Cannabis use, unspecified, uncomplicated

3.4. Cocaine-Related Disorders

ICD-10 Code	Description
F14.10	Cocaine abuse, uncomplicated
F14.20	Cocaine dependence, uncomplicated
F14.90	Cocaine use, unspecified, uncomplicated

3.5. Sedative, Hypnotic, or Anxiolytic-Related

ICD-10 Code	Description
F13.10	Sedative abuse, uncomplicated
F13.20	Sedative dependence, uncomplicated
F13.90	Sedative use, unspecified, uncomplicated

3.6 Amphetamine or Other Stimulant-Related

ICD-10 Code	Description
F15.10	Other Stimulant abuse, uncomplicated
F15.20	Other Stimulant dependence, uncomplicated
F15.90	Other Stimulant use, unspecified, uncomplicated

3.7. Other / Multiple Substance Use

ICD-10 Code	Description
F19.10	Other psychoactive substance abuse, uncomplicated
F19.20	Other psychoactive substance dependence, uncomplicated
F19.24	Other psychoactive substance dependence with withdrawal
F19.90	Unspecified psychoactive substance use, uncomplicated

3.8. Counseling & Surveillance (When Diagnosis Not Confirmed)

ICD-10 Code	Description
Z71.41	Alcohol abuse counseling and surveillance of alcoholic
Z71.51	Drug abuse counseling and surveillance of drug abuser

3.9. Important Tips for 2025 Medicaid SUD Billing

- **F codes (F10-F19)** are required for most Medicaid SUD claims.
- **Z71.41 and Z71.51** may be used for early assessment or brief interventions (e.g., SBIRT) when substance use is suspected but not yet diagnosed.
- Use **"in remission" codes** (e.g., F11.21) when treatment is focused on relapse prevention.
- Pair with **appropriate CPT/HCPCS**codes like H0001, H0004, T1017, etc.
- Always include **medical necessity documentation** supporting the diagnosis in the treatment plan and notes.

4. Medicare Coverage of SUD (2025)

Medicare provides coverage for SUD services under Parts A and B, including:

- **Inpatient care** in general and psychiatric hospitals (Part A).
- **Outpatient** services like psychotherapy, counseling, and medication therapy are provided in various settings, including Opioid Treatment Programs (OTPs) (Part B).
- Effective **January 1, 2024,** Intensive Outpatient Programs (IOP) for SUD are covered under certain settings (hospital, CMHC, OTP)
- Medicare Advantage plans must offer at least the same coverage as traditional Medicare and may provide additional benefits, though they often require **prior authorization or impose network restrictions.**

4.1. Common ICD-10-CM Codes Used for Medicare SUD Billing

Medicare follows standard ICD-10-CM diagnostic conventions. Common codes include:

- **Alcohol-Related Disorders:** F10.10, F10.20, F10.21, F10.23x (including withdrawal variants).
- **Opioid-Related Disorders:** F11.10, F11.20, F11.21 (in remission), F11.23x .
- **Cannabis, Cocaine, Sedatives, Stimulants:** F12.x, F14.x, F13.x, F15.x versions covering abuse, dependence, unspecified, withdrawal.
- **Other Substance Use:** F19.x series for multiple or unspecified psychoactive substances.
- **Screening / Counseling (No diagnosis):** Z71.41 (alcohol counseling), Z71.51 (drug abuse counseling).
- Medicare also accepts remission codes (e.g., F11.21) when relapse prevention is the focus.

4.2. Coverage Details & Cost-Sharing

- **Part A** covers inpatient SUD treatment (e.g., hospitalization) up to 190 lifetime days in a psychiatric hospital.
- **Part B** reimburses: outpatient psychotherapy, substance use screening, medication therapy management, and Opioid Treatment Program services (counseling, dosing, assessments, toxicology).
- Beneficiaries typically pay **20% coinsurance** after the yearly deductible under Part B, except OTP-administered components may be fully covered but still subject to deductible for supplies or medications.
- **Medicare Advantage** plans must cover the same services but often apply cost-sharing, require prior authorizations (up to 98% of plans), and use narrow provider networks.

4.3. 2025 Updates & Limitations

- The **2025 Medicare Physician Fee Schedule (MPFS)** continued to expand SUD services but maintained coverage gaps; CMS explicitly acknowledged that not all ASAM levels of care are covered.
- **New behavioral health provider** types (LMHCs, LMFTs, addiction counselors) can enroll in traditional Medicare as of January 1, 2024, enhancing access to SUD therapy providers.
- **No major new ICD-10-CM SUD** codes emerged mid-FY 2025; coding updates largely clarified F-code conventions and included guidance around psychosocial pain codes (F45.x) which may affect comorbid behavioral health coding in some SUD contexts.

Coverage Summary Table

Setting/Service Type	ICD-10-CM Diagnosis Example	Medicare Coverage	Cost-Sharing Notes
Annual alcohol misuse screening	Z71.41	Covered Part B	No beneficiary cost if provider accepts assignment
Outpatient SUD counseling (individual/group)	F10-F19 series codes	Covered Part B	20% coinsurance after deductible
Opioid Treatment Program (OTP) services	F11.x codes	Covered Part B	Dosing/counseling covered; deductible may apply
Intensive Outpatient Program (IOP)	F10-F19 diagnosis	Covered under Part B settings	Coinsurance applies
Inpatient psychiatric care	F10-F19 inpatient codes	Covered Part A	Up to lifetime psychiatric stay limit applies

Bottom Line for Medicare:

- **ICD-10-CM codes** used for SUD under Medicare mirror standard F10-F19 series and relevant Z-codes.
- **Traditional Medicare** covers inpatient care and Part B outpatient services including OTP and IOP.
- **Medicare Advantage plans** cover the same but may add utilization controls (prior authorization, network limits), and cost-sharing may vary widely.
- CMS has expanded behavioral provider scope (e.g., LMHCs) since **January 2024**, but **coverage gaps remain** in some ASAM levels and SUD care areas.

5. Medicaid Coverage: ICD-10-CM Codes & Policies for SUD in 2025

Medicaid coverage and policies for Substance Use Disorder (SUD) related to ICD-10-CM diagnosis codes generally reflect how Medicaid programs handle SUD claims across states, though specific rules may vary.

5.1. Use of ICD-10-CM SUD Diagnosis Codes

- Medicaid mandates reporting of valid **ICD-10-CM** codes for all SUD services, including codes from **F10-F19** (for alcohol, opioids, stimulants, other substances) and applicable **Z-codes** (e.g., Z71.41, Z71.51) when early intervention or counseling is provided before formal diagnosis.
- Providers must code to the **highest level of specificity**, using full character formats (e.g., F11.23 vs. F11.2) to support medical necessity.

Common SUD ICD-10-CM Codes in Medicaid: Most Medicaid programs accept and cover the following:

- **Alcohol-related:** F10.10, F10.20, F10.21, F10.23x
- **Opioid-related:** F11.10, F11.20, F11.21, F11.23x
- **Cannabis-related:** F12.10, F12.20, F12.90
- **Sedative/hypnotic/anxiolytic:** F13.10, F13.20, F13.90
- **Stimulants** (e.g., amphetamines): F15.10, F15.20, F15.90
- **Cocaine**: F14.10, F14.20, F14.90
- **Other/multiple substances:** F19.10, F19.20, F19.24, F19.90
- **Counseling/screening Z-codes:** Z71.41 (alcohol), Z71.51 (drug abuse).

5.2. Coverage Criteria & Medical Necessity

- A **current diagnosis using an ICD-10-CM SUD code** is required to justify any covered SUD service.
- All covered services must meet **medical necessity criteria**—beneficial, preventive, or rehabilitative—as defined by Medicaid policy.
- When patients are under 21, **EPSDT** provisions allow flexibility for early intervention services.

5.3. Telehealth & Telephonic Services

Medicaid policies often allow **telehealth or telephone-based delivery of SUD services**, provided the provider follows specific program rules and modifiers. This aligns with general telehealth policies under Medicaid clinical coverage.

5.4. Providers and Modifier Requirements

- Services must be rendered by Medicaid-approved provider types (e.g., licensed mental health providers, addiction counselors, certified peer specialists, depending on state).
- Claims must include accurate **provider taxonomy, modifiers**, and place-of-service codes. Some states require practitioner modifiers for billing (similar to Ohio Medicaid).

5.5. 2025 ICD-10-CM Updates Affecting SUD

For fiscal year 2025 (Oct 1, 2024-Sept 30, 2025), there **were no major new SUD-specific diagnosis codes** introduced; most updates clarified coding of remission or dual diagnosis

Summary Table: Medicaid Policy Notes

Category	Medicaid Policy Notes	Typical ICD-10-CM Codes
Official SUD Diagnosis	Required for all SUD services; code to highest specificity	F10.x-F19.x
Counseling/Screening	Use Z71.41/Z71.51 when pre-diagnosis or counseling	Z71.41, Z71.51
Medical Necessity	Coverage only if criteria met; EPSDT applies for clients <21	Subjective to clinical documentation
Telehealth Coverage	Allowed per state rules with valid modifiers	Same codes as in-person services
Provider & Modifier Rules	Must reflect correct provider taxonomy and billing modifiers	Varies by state
2025 Coding Updates	No new SUD-specific codes; updated guidance on remission and abuse vs dependency	Updated F10-F19 guidance

Key Takeaways for Medicaid:

- Medicaid widely covers SUD services when billed under **F10-F19 ICD-10-CM codes** with proper diagnosis and medical necessity.
- **Z-codes** provide coverage flexibility in early or preventive contexts.
- **Accurate specificity in coding, correct provider taxonomy, and modifiers** are essential for claim acceptance.
- **Telehealth flexibility and EPSDT provisions** support adolescents and remote care delivery.
- 2025 brought coding clarifications, not new SUD codes.

6. 2025 NCCI & Coding Edit Overview for SUD Services

NCCI (National Correct Coding Initiative) policies and procedure edits relate to commonly used SUD-related CPT/HCPCS codes (e.g., H0001, H0004, T1017, H0038) in 2025 billing environments, including Medicaid and Medicare settings.

6.1. What is NCCI?

NCCI enforces Procedure-to-Procedure (PTP) edits to prevent payer overpayment when certain services are billed together—unless special circumstances justify it. CMS regularly updates the NCCI Policy Manual; the 2025 revision reinforces proper use of modifiers like 59, XE, XP, XS, and XU. These are only allowed when services are delivered on different anatomic sites, separate encounters, or clearly distinct clinical activities. Modifier 25 is reserved for E&M services that are separately identifiable from another billed procedure on the same day.

6.2. Common SUD Billing Code Pairs & NCCI Considerations

While there aren't SUD-specific NCCI edits, general PTP rules apply across outpatient behavioral health codes:

- **Assessment (H0001) and Therapy (H0004):** Often occur on the same day. If both are billed, an E&M code with modifier 25 may be required to justify a separately identifiable patient evaluation, depending on payer guidelines.
- **Therapy (H0004) and Case Management (T1017):** PTP rules may bundle these unless documentation supports distinct services, different scope, or separate encounters.

    - **Peer Support (H0038) plus other individual therapy/case management codes:** Typically allowed when services are not duplicative and occur in distinct service roles or encounters (e.g., peer vs. clinical direct care).
    - Unless code pair edits specifically disallow combination, proper modifier use and clinical documentation may allow both services to be reimbursed properly. If a code pair is edited with CCMI "1," modifiers such as 59, XE/XP/XS/XUmay be allowed when services clearly meet criteria.

Common Mistake to Avoid

A common billing error in SUD is failing to use modifier 25 when an E&M service and a procedure (like H0004 for individual therapy) are performed on the same day. Without it, the E&M service might be denied as bundled.

6.3. Modifier Guidance for SUD Codes

- **Modifier 25:** Use when an E&M service (e.g., an evaluation) is significantly separate from therapy or assessment on the same day.
- **Modifiers XE / XP / XS/XU/59 (NCCI PTP modifiers):**Only acceptable when services are truly separate by date or anatomical location—not typically needed for SUD outpatient services unless supported by clear clinical rationale.
- **Modifier 22 (Increased Procedural Services):** Rarely applicable in SUD outpatient billing unless a non-standard, significantly more extensive service is provided.

6.4. Telehealth & Behavioral Codes

NCCI edits don't differentiate delivery modality. Whether services are in person or via telehealth/audio-only, **modifier rules still** apply. For instance:

- Therapy via telehealth still requires evaluation of whether assessment and therapy services are distinct enough to bill both.
- Peer support services delivered via telephone or video should follow the same modifier/clinical justification standards if paired with E&M or therapy codes.

6.5. State Medicaid Handbook Highlights

The **Texas Medicaid** handbook references that SUD behavioral codes (H0001, H0004, H0038, T1017) are **subject to NCCI rules** and **related MUE limitations**. The edited codes must respect NCCI relationships—providers cannot bill overlapping services that the NCCI tables disallow unless valid clinical exceptions or modifiers are applied. Additional payer sources (e.g., EmblemHealth, Health Net, United) confirm they use industry-standard NCCI edits and will reject claims that violate pair or bundling rules unless proper CMS-approved modifier use is indicated.

At-a-Glance: SUD Code Pairing & NCCI Guidance

Code Pair	Billing Together?	Modifier Needed?	Documentation Focus
H0001 + H0004	Possibly	Modifier 25 if same-day	Clarify separate assessment vs therapy session
H0004 + T1017	Possibly	Use 59-type only if distinct & documented	Separate scope or timing needed
H0038 + H0004 or T1017	Likely allowed	Usually no modifier	Peer vs clinical role clear and non-overlapping
Telehealth/H0004 + H0001	Same rules apply	Modifier 25 if needed	Indicate distinct service via modality

Bottom Line for NCCI:

- Although there aren't SUD-specific NCCI edits, services like **assessment, therapy**, **case management, and peer support** must be carefully evaluated under **general PTP editing guidance.**
- Modifier 25 is most common when assessment and therapy occur on the same day.
- NCCI modifiers (59, XE, etc.) are rarely needed unless billing truly separate services under distinct circumstances.
- Telehealth delivery does not alter NCCI policies—documentation is key.
- Always check **state Medicaid policy** manuals, as some explicitly reference NCCI compliance and reject claims without proper modifier use or clarifying documentation.

How 24/7 MBS Can Help You

NCCI edits are a major source of denials. 24/7 MBS leverages advanced billing software and experienced coders to ensure that all services are correctly paired and appropriately modified, preventing overpayments and subsequent recoupments.

7. 2025 Commercial Payer SUD Coding & Billing Overview

Commercial payer coding and billing guidelines for Substance Use Disorder (SUD) as of 2025 may vary by insurer, so always check specific payer manuals. However, the following are shared best practices and code sets used by major commercial health plans (e.g., United Healthcare, Ambetter, Blue Cross/Blue Shield).

7.1. SBIRT (Screening & Brief Intervention)

Most commercial insurers reimburse structured screening and brief intervention services using:

- **CPT 99408:** Alcohol/substance abuse screening & brief intervention (15-30 min)
- **CPT 99409**: >30 minutes

These codes parallel **Medicare's G0396 / G0397,** though commercial reimbursement rates vary ($30-$60 range).

7.2. Professional Behavioral Health Services

Providers typically bill using **standard CPT/E&M or behavioral health codes:**

- Licensed counselors/psychiatrists bill codes like **99213-99215, 90832-90838,** etc.
- United Healthcare may pair **99213 (E&M)** plus drug testing (e.g., **80305**) and MAT services according to company policy.
- Peer support and SUD counseling codes (e.g., **H0004, H0038**) may be allowed, but often under **value-based or carve-in networks,** and approved per policy.

7.3. IOP (Intensive Outpatient Programs)

Most commercial plans follow Medicare-style billing: bundle IOP services into daily or per-diem claims, often using facility claim forms with specialty revenue codes and IOP condition codes (e.g., Medicare's condition code 92). Allowed when treatment meets ASAM criteria, documentation supports

≥9 hours/week.

7.4. Opioid Treatment Programs (OTP)

Many payers adopt Medicare's weekly bundled **G-codes**:

- **G2067** (methadone), **G2068** (buprenorphine oral), **G2069** (injectable buprenorphine), billed once per 7-day episode.
- Additional E&M or drug testing services may be submitted separately depending on payer policy.

7.5. Emerging 2025 Codes & Digital Therapeutics

- New **HCPCS G-codes** expected in 2025 target services such as overdose safety planning and interprofessional consults, which commercial insurers may follow similarly to Medicare adoption trends.
- **Coverage of digital therapeutics** (FDA-approved behavioral health devices) may be reimbursable if integrated into a treatment plan with provider oversight.

7.6. Coding & Documentation Expectations

Commercial plan requirements typically mirror Medicare/Medicaid rules in critical areas:

- Use **ICD-10-CM** codes with highest specificity (e.g., **F11.23 vs. F11.2**).
- Documentation must be complete, timely, legible, and support billing codes.
- Claims are often audited for improper unbundling, overuse of modifiers, invalid code combos, or mis-assigned quantities.

Summary Table: Common Commercial Billing Practices

Service Type	Typical Codes Used	Notes for Commercial Payers
Screening & Brief Intervention (SBIRT)	CPT 99408, 99409	Often reimbursed promptly; check maximum frequency rules
Office-Based Behavioral Health	99213-99215; 90832-90838; H0004; H0038; T1017	Must align services with MAT plan; peer vs clinical delineation
IOP Services	Facility bundled billing; condition code markers	Require ≥9 hours/week; often under facility claim with condition code/daily rate
OTP (Methadone/Buprenorphine)	HCPCS G2067-69; plus E&M or drug-testing codes	Billed weekly; check whether drug testing or counseling separately billable
Safety Planning / Consult / Digital Tools	New upcoming G-codes (2025 rollout)	Implementation may vary by insurer

Key Compliance Highlights for Providers:

1. **Always code at full specificity** using 2025 ICD-10-CM and CPT guidelines.
2. **Bundle appropriately:** don't bill each IOP component separately if the plan expects bundled payment.
3. Use **modifiers and documentation** carefully to avoid unbundling denials—especially for services like E&M plus case management or peer support.
4. **Stay current with payer-specific SUD policy manuals** (e.g., United Healthcare Behavioral Health, Ambetter Provider Manual).
5. **Prepare for new codes in 2025**, like G-codes for safety planning and digital therapeutics—monitor insurer adoption patterns.

8. SUD Compliance and Regulatory Policy (2025)

Compliance and regulatory policy for Substance Use Disorder (SUD) as of 2025 focuses on key federal mandates and evolving standards affecting providers and payers .

8.1. HIPAA / 42 CFR Part 2 Modernization (SUD Confidentiality Rule)

In **April 2024,** new federal regulations aligned **42 CFR Part 2** more closely with HIPAA, allowing:

- A **single, broad patient** consent for future use and disclosure of SUD records for treatment, payment, and healthcare operations simplifying prior "segregated consent" requirements.
- SUD records (with few exceptions, such as psychotherapy notes) to be integrated into general health records.
- Full compliance is required by **February 16, 2026.**

Provider Actions:

- Update forms & consent workflows.
- Integrate SUD documentation into EHRs using standardized consent flags.
- Train staff on distinctions for excluded content.

8.2. MHPAEA / Parity: QTLs & NQTLs Rules

Effective **January 1, 2025**, commercial and Medicaid plans must ensure **nonquantitative treatment limitations (NQTLs)**—like prior authorization or medical necessity rules for SUD—are **no more restrictive** than for comparable medical or surgical benefits.

What It Means:

- Insurers must document parity compliance using comparative analyses.
- SUD limits (e.g., session caps, step therapy) are subject to review alongside medical benefits.

8.3. Telehealth Policy & Buprenorphine Prescribing

New regulations effective **December 31, 2025,** will permit remote providers **to prescribe buprenorphine** via telehealth for opioid use disorder, removing the in-person exam requirement. Additionally, **CMS** will reinstate telehealth in-person visit requirements for mental health services starting **October 1, 2025**, including SUD counseling:

- Required initial in-person visit within 6 months prior to telehealth.
- Annual follow-up in-person visits thereafter.
- An **exception** applies for mental health services delivered by RHCs/FQHCs in the patient's home until 2026.

Provider Steps:

- Update telehealth workflows and documentation processes.
- Track telehealth eligibility with recent in-person evaluation records.
- Train clinicians on remote buprenorphine protocols.

8.4. Behavioral Health Crisis Care System Guidelines

In 2025**, SAMHSA published new National Guidelines** outlining standards for coordinated behavioral health crisis systems ("BHCSCC"), emphasizing fundamentals like:

- **988** Lifeline access
- **Mobile Crisis Teams (MCTs)** responding without law enforcement presence
- **Crisis stabilization services** in community-based settings

These apply across mental health and substance use crises.

Compliance Points:

- Crisis services must operate 24/7, be person-centered, trauma-informed, and integrated into a broader care continuum.
- States/payers are expected to incorporate these guidelines into regulatory frameworks and contracts with service providers.

8.5. Workforce & Quality Standards

Although SAMHSA's 2025 guidance (e.g., "National Guidance on Essential Specialty SUD Care") is not regulatory, states and accreditation bodies are encouraged to adopt core service standards (assessment services, pharmacotherapy, peer support, transitional care, etc.). Several states have updated licensure and workforce definitions to reflect these minimums for specialty SUD treatment facilities.

Summary Table: Compliance Areas for 2025

Policy Area	Key Requirement	Provider Compliance Actions
42 CFR Part 2/HIPAA Alignment	Broad patient consent, record integration, compliance by Feb 2026	Revise consents, train staff, update EHR configurations
MHPAEA Parity Enforcement	Ensure NQTLs for SUD not more restrictive than medical benefits	Review payer policies, document comparisons
Telehealth & SUD Prescribing	Tele-bupe allowed post-Dec 2025; in-person mental health visits required post-Oct 2025	Update policies, track physical exam timing, educate clinicians
Crisis System Standards	SAMHSA guidelines for 988, MCTS, stabilization to be adopted	Align local programs with BHCSCC models; track performance metrics
Specialty SUD Facility Requirements	SAMHSA's essential services framework encourages state adoption	Use as benchmark; implement missing service elements

Final Takeaway for Compliance:

- 2025 marks a significant shift in SUD compliance.
- Patient consent processes are simplified under 42 CFR Part 2.
- Insurance parity enforcement tightens around SUD benefit equivalency.
- Telehealth prescribing evolves to enhance flexibility in care delivery.
- Federal crisis care guidance creates new expectations for coordinated systems.

9. Revenue Codes and Place of Service (POS) Codes for SUD (2025)

Revenue Codes and Place of Service (POS) Codes are essential for Substance Use Disorder (SUD) billing in 2025, applicable to Medicare, Medicaid, and commercial payers.

9.1. Revenue Codes for SUD Services (2025)

Revenue codes are required for institutional claims (UB-04 or 837I) and sometimes for outpatient bundled services like Intensive Outpatient Programs (IOP) or inpatient detox.

Revenue Code	Official Description (NUBC / NCCI)
900	Psychiatric/Psychological Treatment – General
901	Electroshock Treatment
902	Milieu Therapy
903	Play Therapy
904	Activity Therapy
905	Intensive Outpatient Services – Psychiatric
911	Rehabilitation – Individual
912	Rehabilitation – Group
913	Rehabilitation – Family
916	Family Therapy
944	Education Training (under Therapeutic Services 0942)
945	Alcohol Rehabilitation (0945)
1002	Residential Treatment – Chemical Dependency
1001	Residential Treatment – Psychiatric (all-inclusive)

Revenue codes must align with covered CPT/HCPCS codes and documentation IOP programs usually bundle services under **0944,** with daily billing (not line-by-line CPT).

9.2. Place of Service (POS) Codes for SUD (2025)

Place of Service codes are required on professional claims (CMS-1500 or 837P) to identify where the service was delivered.

POS Code	Description	Common Use in SUD
2	Telehealth provided other than patient's home	Used for facility-to-patient telehealth
10	Telehealth provided in patient's home	Audio-visual or audio-only SUD services
3	School	Youth prevention or SBIRT screening
4	Homeless shelter	Outreach or mobile clinic services
11	Office	Outpatient therapy, MAT, SBIRT
12	Home	In-home counseling or mobile support
21	Inpatient hospital	Inpatient detox or SUD hospitalization
22	On-campus outpatient hospital	Hospital-based outpatient SUD programs
23	Emergency room	Acute intoxication evaluation
24	Ambulatory surgical center	Rare in SUD unless co-treatment
49	Independent clinic	Licensed behavioral health clinics
52	Psychiatric facility	Partial Hospitalization
53	Community mental health center (CMHC)	Medicaid or Medicare-certified CMHCS
55	Residential substance abuse treatment facility	Residential care including 3.1 or 3.5 ASAM
56	Psychiatric residential treatment center	Adolescent/youth-focused inpatient
57	Nonresidential substance abuse treatment facility	Intensive outpatient or PHP
99	Other (mobile unit, unknown)	Mobile care, street-based outreach

Medicaid and Medicare often require **POS 57** for IOP, **POS 55** for residential SUD, and **POS 10 or 02** for telehealth visits.

9.3. Best Practice Tips

- **Revenue codes** apply only to institutional billing (837I/UB-04); **POS codes** apply to professional claims (837P/CMS-1500).
- **Telehealth services** for SUD must include: correct POS (02 or 10), **modifier 95** (synchronous audio-video) or **93** (audio-only), and proper documentation of modality and clinical appropriateness.
- Ensure code-to-place alignment: for example, **H0004** (therapy) must be billed under an appropriate setting like **POS 11** (office), **57** (non-residential), or **10/02** for telehealth.

10. 2025 SUD Billing Matrix (CPT/HCPCS + Revenue + POS)

This 2025 SUD Billing Matrix combines the correct CPT/HCPCS codes, Revenue Codes, and Place of Service (POS) Codes, based on the latest guidance for Medicare, Medicaid, and Commercial payers.

Service Type	CPT/HCPCS Code	Revenue Code	POS Code(s)	Typical Modifier(s)	Notes
Assessment / Intake	H0001	900	11, 57, 10, 02	HF (Medicaid), none (MC)	Once per client per day
Individual Therapy	H0004	902	11, 57, 10, 02	HF, 95 (telehealth)	Up to 3 hrs/day
Group Therapy	96164-96165	903	11, 57, 10, 02	HF, 95	Used for behavioral intervention
Family Therapy (with patient)	96167-96168	900	11, 57, 10, 02	HF	With or without patient
Case Management	T1017	900	11, 12, 55, 57	HF	Must be separate from other services
Peer Support	H0038	900	11, 12, 10, 57	HF	Certified peer only
Urine Drug Testing	80305-80307	0300 or 0924	11, 57	QW (CLIA waived)	Max 2-8/month (varies)
Evaluation Management (E/M)	99213-99215	510	11, 57, 02, 10	25 (if with H0004)	MAT or psychiatric med visits
Opioid Treatment - Methadone	H0020 or G2067	944	57, 55	HF	Weekly bundles (G-codes for OTP)
Opioid Treatment - Buprenorphine	G2068-G2070	0944 or 0900	57, 55, 10	HF, 93/95	Based on route (oral vs inj)
IOP-Intensive Outpatient	Daily rate	944	57	HF, Modifier U1-U5 (state)	
Residential - Low/High Intensity	H0018, H0019	1001, 1002	55	HF, HA	Per diem billing
Detox (Subacute or Acute WM)	H0010, H0011	0911, 0916	21 (hospital), 55	HF, HG	Must meet ASAM 3.2 or 3.7 level
Partial Hospitalization (PHP)	Bundled daily	945	57	Program specific	May include therapy, med, labs
Telehealth Audio Only	H0004, 96164-96171	Same as in-person	10	93	CMS-approved codes only

Key Notes for Billing Matrix:

- **Revenue Codes** apply only to institutional billing **(UB-04/837I).**
- **Place of Service (POS)** applies to professional claims **(CMS-1500/837P).**
- **Modifiers like 95** (audio-video) and **93** (audio-only) are required when billing telehealth.
- **Modifier 25** is required if an **E/M service (e.g., 99213)** is billed on the same date as a procedure (e.g., H0004).
  Medicaid may require additional state-specific modifiers (e.g., **U7** for gambling treatment).

11. Future-Proof Your SUD Billing for 2025 – Start with a Free Audit

The evolving landscape of Substance Use Disorder (SUD) coding and billing for 2025 presents both opportunities and challenges for providers. Adhering to the latest CPT/HCPCS codes, ICD-10-CM guidelines, and the intricate compliance requirements set forth by Medicare, Medicaid, and commercial payers is paramount for sustainable financial health and uninterrupted patient care. The modernization of 42 CFR Part 2, tightening parity enforcement, and evolving telehealth policies underscore the critical need for precise billing practices and robust documentation.

Navigating these complexities requires specialized expertise and constant vigilance. Partnering with a dedicated billing service like 24/7 Medical Billing Services can alleviate the administrative burden, reduce claim denials, and ensure optimal reimbursement for your SUD services. Our team is committed to staying ahead of regulatory changes, implementing best practices, and maximizing your practice's revenue cycle management.

Is your SUD billing system ready for 2025?

Contact 24/7 Medical Billing Services today to schedule a FREE SUD billing audit!

Discover how our tailored solutions can enhance your compliance, improve cash flow, and allow you to focus more on providing essential care.

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