

## Chemical Dependency Billing Codes For Dates of Service through 9/30/03

BA Code	Program	Description	Daily Max Units		Max Fee /Unit	Frequency Limitations	Place of Service
BA 310	Outpatient	Alcohol/Drug Abuse Assessment	8	(a)	\$20.63	Once/Client/12 mos.	2, 3
BA 311	Outpatient	Psychological Testing for Assessment	8		\$20.63	Once/Client/12 mos.	2, 3
BA 312	Outpatient	Individual/Family Therapy	8		\$20.63	24 Units/Client/mo.	2, 3
BA 313	Outpatient	Group Therapy	12		\$6.88	50 Units/Client/wk	2, 3
BA 317	Outpatient	Treatment Monitoring/Urinalysis	1	b	\$11.08	4 Units/Client/mo	2, 3
BA 318	Outpatient	Consultation	2		\$20.63	2 Units/Client/wk	2, 3
BA 319	Outpatient	Acupuncture	1	c	\$27.48	1 Session = 4 Group Units	2, 3
BA 321	Outpatient	Multi-Family Group Therapy	12		\$6.88	3 Units = 1 Individual/Family	2, 3
BA 340	Outpatient	Sign Language/Oral Interpreter Service	28	d	\$7.42	w/Prior A&D Authorization	2, 3
BA 381	Methadone	Alcohol/Drug Abuse Assessment	8		\$20.63	Once/Client/12 mos.	D
BA 382	Methadone	Psychological Testing for Assessment	8		\$20.63	Once/Client/12 mos.	D
BA 383	Methadone	Individual/Family Therapy	8		\$20.63	24 Units/Client/mo.	D
BA 384	Methadone	Group Therapy	12		\$6.88	50 Units/Client/wk	D
BA 314	Methadone	LAAM Dosing/Dispensing	1	e	\$8.30	4 Units/7 days	D
BA 315	Methadone	Methadone Dosing/Dispensing	1	e	\$4.95	7 Units/Client/wk	D
BA 316	Methadone	Pretreatment Physical for Methadone	1	f	\$102.85	Once/Methadone Client/yr	D
BA 385	Methadone	Treatment Monitoring/Urinalysis	1	b	\$11.08	4 Units/Client/mo	D
BA 386	Methadone	Consultation	2		\$20.63	2 Units/Client/wk	D
BA 387	Methadone	Acupuncture	1	c	\$27.48	1 Session = 4 Group Units	D
BA 388	Methadone	Multi-Family Group Therapy	12		\$6.88	3 Units = 1 Individual/Family	D
BA 389	Methadone	Sign Language/Oral Interpreter Service	28	d	\$7.42	w/Prior A&D Authorization	D

### Daily Maximum Units

- a - One Unit = 15 Minutes
- b - One Urine Sample Tested
- c - One Acupuncture Session
- d - Must Receive Prior Authorization from OMHAS Representative
- e - A Single Dosing
- f - A Single Physical Exam

### Place of Service

- 2 – Outpatient, 2 visits or less per week
- 3 – Outpatient, 3 visits or more per week (IOP)
- C – Services in a Residential Program (IOPR)
- D – Services to Clients in a Methadone Program

(Revised 7/31/03)

## Chemical Dependency Billing Codes For Dates of Service through 9/30/03

### Residential BA Codes for Morrison and Rosemount Center Only

BA Code	Program	Description	Daily Max Units			Max Fee /Unit		Frequency Limitations	Place of Service
BA 390	Residential	Alcohol/Drug Abuse Assessment	8	(a)		\$20.63		Once/Client/12 mos.	C
BA 391	Residential	Psychological Testing for Assessment	8			\$20.63		Once/Client/12 mos.	C
BA 392	Residential	Individual/Family Therapy	8			\$20.63		24 Units/Client/mo.	C
BA 393	Residential	Group Therapy	12			\$6.88		50 Units/Client/wk	C
BA 394	Residential	Treatment Monitoring/Urinalysis	1	b		\$11.08		4 Units/Client/mo	C
BA 395	Residential	Consultation	2			\$20.63		2 Units/Client/wk	C
BA 396	Residential	Acupuncture	1	c		\$27.48		1 Session = 4 Group Units	C
BA 397	Residential	Multi-Family Group Therapy	12			\$6.88		3 Units = 1 Individual/Family	C
BA 398	Residential	Sign Language/Oral Interpreter Service	28	d		\$7.42		w/Prior A&D Authorization	
Morrison Center Only									
Additional Services									
CDA01	Residential	Individual Therapy	8			\$19.43			C
CDA02	Residential	Family Therapy	8			\$19.43			C
CDA03	Residential	Consultation	4			\$19.43			C

#### Daily Maximum Units

- a - One Unit = 15 Minutes
- b - One Urine Sample Tested
- c - One Acupuncture Session
- d - Must Receive Prior Authorization from OMHAS Representative
- e - A Single Dosing
- f - A Single Physical Exam

#### Place of Service

- 2 – Outpatient, 2 visits or less per week
- 3 – Outpatient, 3 visits or more per week (IOP)
- C – Services in a Residential Program (IOPR)
- D – Services to Clients in a Methadone Program

(Revised 7/31/03)