Payment Policy: Substance Use Assessments

Reference Number: NH.PP.20
Product Types: Medicaid
Effective Date: 12/1/2020
Last Review Date: 9/15/2020

Coding Implications
Revision Log

See Important Reminder at the end of this policy for important regulatory and legal information.

Policy Overview
Substance use assessments or evaluations (H0001) are a clinical interview conducted by a qualified individual using one or more standardized, evidence based evaluation tools to determine the existence and severity of substance use and specific problem areas.

Providers should be working in collaboration with other addiction professionals to receive previous assessments completed for the member. This policy is aimed at eliminating duplicative services for the member.

Policy Description
In accordance was the New Hampshire Department of Health and Human Services (DHHS) HeW513 regulations, these assessments are completed to determine the existence and severity of the substance use and appropriate level of care required for the member. The results of the assessments should be maintained in the member's file and include the following information:

- Member identified problem(s);
- Summary of data gathered;
- Diagnostic evaluation interpretive summary, including signs, symptoms, and progression of the member's involvement with alcohol and other drugs;
- Statement regarding provision of an HIV/AIDS screening and any referrals made; and
- Documentation of the level of care recommended in accordance with ASAM Criteria

Common assessment tools utilize data timeframes which suggest less than a monthly assessment is not necessary [e.g. Addiction Severity Index (ASI)]. In order to eliminate duplicative services, a member being transferred from or otherwise referred by another provider the provider shall use the clinical evaluation completed by a licensed behavioral health professional from the referring agency, which may be amended by the receiving provider.

Reimbursement
Reimbursement for HCPCS code H0001, alcohol and/or drug assessment, will be provided at the set limit of one (1) unit per thirty (30) calendar days per member.

Documentation Requirements
Documentation as outlined in DHHS regulations HeW 513.

Coding and Modifier Information
This payment policy references Current Procedural Terminology (CPT®). CPT® is a registered trademark of the American Medical Association. All CPT® codes and descriptions are copyrighted 2020, American Medical Association. All rights reserved. CPT codes and CPT descriptions are

from current 2020 manuals and those included herein are not intended to be all-inclusive and are included for informational purposes only. Codes referenced in this payment policy are for informational purposes only. Inclusion or exclusion of any codes does not guarantee coverage. Providers should reference the most up-to-date sources of professional coding guidance prior to the submission of claims for reimbursement of covered services.

CPT/HCPCS Code	Descriptor	Unit Limits
H0001	Alcohol and/or drug assessment	1 unit per member per 30 calendar days

Modifiers	Descriptor
NA	Not Applicable

ICD-10 Codes	Descriptor
NA	Not Applicable

Additional Information
Not Applicable

Related Documents or Resources
Not Applicable

References
1. New Hampshire DHHS Regulation HeW 513

Revision History	
12/1/2020	Initial Draft

Important Reminder
For the purposes of this payment policy, "Health Plan" means a health plan that has adopted this payment policy and that is operated or administered, in whole or in part, by Centene Management Company, LLC, or any other of such health plan's affiliates, as applicable.

The purpose of this payment policy is to provide a guide to payment, which is a component of the guidelines used to assist in making coverage and payment determinations and administering benefits. It does not constitute a contract or guarantee regarding payment or results. Coverage and payment determinations and the administration of benefits are subject to all terms, conditions, exclusions and limitations of the coverage documents (e.g., evidence of coverage, certificate of coverage, policy, contract of insurance, etc.), as well as to state and federal requirements and applicable plan-level administrative policies and procedures.

This payment policy is effective as of the date determined by Health Plan. The date of posting may not be the effective date of this payment policy. This payment policy may be subject to applicable legal and regulatory requirements relating to provider notification. If there is a discrepancy between the effective date of this payment policy and any applicable legal or regulatory requirement, the requirements of law and regulation shall govern. Health Plan retains the right to change, amend or withdraw this payment policy, and additional payment policies may be developed and adopted as needed, at any time.

This payment policy does not constitute medical advice, medical treatment or medical care. It is not intended to dictate to providers how to practice medicine. Providers are expected to exercise professional medical judgment in providing the most appropriate care, and are solely responsible for the medical advice and treatment of members. This payment policy is not intended to recommend treatment for members. Members should consult with their treating physician in connection with diagnosis and treatment decisions.

Providers referred to in this policy are independent contractors who exercise independent judgment and over whom Health Plan has no control or right of control. Providers are not agents or employees of Health Plan.

This payment policy is the property of Centene Corporation. Unauthorized copying, use, and distribution of this payment policy or any information contained herein are strictly prohibited. Providers, members and their representatives are bound to the terms and conditions expressed herein through the terms of their contracts. Where no such contract exists, providers, members and their representatives agree to be bound by such terms and conditions by providing services to members and/or submitting claims for payment for such services.

Note: For Medicaid members, when state Medicaid coverage provisions conflict with the coverage provisions in this payment policy, state Medicaid coverage provisions take precedence. Please refer to the state Medicaid manual for any coverage provisions pertaining to this payment policy.

Note: For Medicare members, to ensure consistency with the Medicare National Coverage Determinations (NCD) and Local Coverage Determinations (LCD), all applicable NCDs and LCDs should be reviewed prior to applying the criteria set forth in this payment policy. Refer to the CMS website at http://www.cms.gov for additional information.