



This information is provided for quick reference for Certified Peer Specialists as part of their training and ongoing education. For billing codes and questions, please consult the most current “Provider Manual for Community Health Provider for The Department of Behavioral Health and Developmental Disabilities,” which is published and regularly updated by DHBDD.

MH Peer Support Program														
Transaction Code	Code Detail	Code	Mod 1	Mod 2	Mod 3	Mod 4	Rate	Code Detail	Code	Mod 1	Mod 2	Mod 3	Mod 4	Rate
Peer Support Services	Practitioner Level 4, In-Clinic	H0038	HQ	U4	U6		\$17.72	Practitioner Level 4, Out-of-Clinic	H0038	HQ	U4	U7		\$21.64
	Practitioner Level 5, In-Clinic	H0038	HQ	U5	U6		\$13.20	Practitioner Level 5, Out-of-Clinic	H0038	HQ	U5	U7		\$16.12
Unit Value	1 hour							Utilization Criteria	TBD					
Service Definition	This service provides structured activities within a peer support center that promote socialization, recovery, wellness, self-advocacy, development of natural supports, and maintenance of community living skills. Activities are provided between and among individuals who have common issues and needs, are consumer motivated, initiated and/or managed, and assist individuals in living as independently as possible. Activities must promote self-directed recovery by exploring individual purpose beyond the identified mental illness, by exploring possibilities of recovery, by tapping into individual strengths related to illness self-management (including developing skills and resources and using tools related to communicating recovery strengths, communicating health needs/concerns, self-monitoring progress), by emphasizing hope and wellness, by helping individuals develop and work toward achievement of specific personal recovery goals (which may include attaining meaningful employment if desired by the individual), and by assisting individuals with relapse prevention planning. A Consumer Peer Support Center may be a stand-alone center or housed as a “program” within a larger agency, and must maintain adequate staffing support to enable a safe, structured recovery environment in which individuals can meet and provide mutual support.													
Admission Criteria	1. Individual must have a mental health issue which is the focus of the support; <b>and one or more of the following:</b> 2. Individual requires and will benefit from support of peer professionals for the acquisition of skills needed to manage symptoms and utilize community resources; <b>or</b> 3. Individual may need assistance to develop self-advocacy skills to achieve decreased dependency on the mental health system; <b>or</b> 4. Individual may need assistance and support to prepare for a successful work experience; <b>or</b> 5. Individual may need peer modeling to take increased responsibilities for his/her own recovery; <b>or</b> 6. Individual needs peer supports to develop or maintain daily living skills.													
Continuing Stay Criteria	1. Individual continues to meet admission criteria; <b>and</b> 2. Progress notes document progress relative to goals identified in the Individualized Recovery/Resiliency Plan, but treatment/recovery goals have not yet been achieved.													
Discharge Criteria	1. An adequate continuing care plan has been established; <b>and one or more of the following:</b> a. Goals of the Individualized Recovery Plan have been substantially met; <b>or</b> b. Individual/family requests discharge; <b>or</b> c. Transfer to another service/level is more clinically appropriate.													
Service Exclusions	1. Crisis Stabilization Unit (however, those utilizing transitional beds within a Crisis Stabilization Unit may access this service). 2. When whole health and wellness topics are provided within a MH Peer Support program model, this PSWHW code is not utilized as a billable intervention. In this case, the whole health and wellness content is a subcomponent of the MH Peer Support program model.													

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Clinical Exclusions	<ol style="list-style-type: none"> <li>1. Individuals diagnosed with a Substance-Related Disorder and no other concurrent mental illness; <b>or</b></li> <li>2. Individuals with the following conditions are excluded from admission unless there is clearly documented evidence of a psychiatric condition co-occurring with one of the following diagnoses: developmental disability, autism, organic mental disorder, or traumatic brain injury.</li> </ol>
Required Components	<ol style="list-style-type: none"> <li>1. A Peer Supports service may operate as a program within: <ol style="list-style-type: none"> <li>a. A freestanding Peer Support Center.</li> <li>b. A Peer Support Center that is within a clinical service provider.</li> <li>c. A larger clinical or community human service provider administratively, but with complete programmatic autonomy.</li> </ol> </li> <li>2. A Peer Supports service must be operated for no less than 3 days a week, no less than 12 hours a week, no less than 4 hours per day, typically during day, evening and weekend hours. Any agency may offer additional hours on additional days in addition to these minimum requirements.</li> <li>3. The governing board of a freestanding Peer Center must be composed of 75% consumers and represent the cultural diversity of the population of the community being served. The board is encouraged to have either board members or operating relationships with someone with legal and accounting expertise. For programs that are part of a larger organizational structure that is not consumer led and operated, the Peer Supports Program must have an advisory body with the same composition as a freestanding Peer Center's board. The board or advisory committee must have the ability to develop programmatic descriptions and guidelines (consistent with state and federal regulations, accreditation requirements, and sponsoring agency operating policies), review and comment on the Peer Support Program's budgets, review activity offerings, and participate in dispute resolution activities for the program.</li> <li>4. Individuals participating in the service at any given time must have the opportunity to participate in and make decisions about the activities that are conducted or services offered within the Peer Supports program, and about the schedule of those activities and services, as well as other operational issues.</li> <li>5. Regardless of organizational structure, the service must be directed and led by consumers themselves.</li> <li>6. Peer Supports may include meals or other social activities for purpose of building peer relationships, but meals cannot be the central service activity offered (as this is not a medically covered service). The focus of the service must be skill maintenance and enhancement and building individual's capacity to advocate for themselves and other consumers.</li> <li>7. Peer Supports cannot operate in isolation from the rest of the programs within the facility or affiliated organization. The Program Leader must be able to call multidisciplinary team meetings regarding a participating individual's needs and desires, and a Certified Peer Specialist providing services for and with a participating individual must be allowed to participate in multidisciplinary team meetings.</li> </ol>
Staffing Requirements	<ol style="list-style-type: none"> <li>1. The individual leading and managing the day-to-day operations of the program, the Program Leader, must be a Georgia-certified Peer Specialist, who is a CPRP or can demonstrate activity toward attainment of the CPRP credential.</li> <li>2. The work of the CPS Program leader is under supervision of a Physician, Psychologist, LCSW, LPC, LMFT, RN, APRN, PA, LMSW, APC, or AMFT.</li> <li>3. The Program Leader must be employed by the sponsoring agency at least 0.5 FTE.</li> <li>4. The Program Leader and Georgia-certified Peer Specialists in the Peer Supports program may be shared with other programs as long as the Program Leader is present at least 75% of the hours the Peer Supports program is in operation, and as long as the Program Leader and the Georgia- certified Peer Specialists are available as required for supervision and clinical operations, and as long as they are not counted in individual to staff ratios for 2 different programs operating at the same time.</li> <li>5. Services must be provided and/or activities led by staff who are Georgia-certified Peer Specialists or other consumer paraprofessionals under the supervision of a Georgia-certified Peer Specialist. A specific activity may be led by someone who is not a consumer but is a guest invited by peer leadership.</li> <li>6. There must be at least 2 Georgia-certified Peer Specialists on staff either in the Peer Supports Program or in a combination of Peer Supports and other programs and services operating within the agency.</li> <li>7. The maximum face-to-face ratio cannot be more than 30 individuals to 1 Certified Peer Specialist based on average daily attendance in the past three (3) months of individuals in the program.</li> <li>8. The maximum face-to-face ratio cannot be more than 15 individuals to 1 direct service/program staff, based on the average daily attendance in the past three (3) months of individuals in the program.</li> </ol>

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	<p>9. All staff must have an understanding of recovery and psychosocial rehabilitation principles as defined by the Georgia Consumer Council and psychosocial rehabilitation principles published by USPRA and must possess the skills and ability to assist other individuals in their own recovery processes.</p>
Clinical Operations	<ol style="list-style-type: none"> <li>1. This service must operate at an established site approved to bill Medicaid for services. However, individual or group activities may take place offsite in natural community settings as appropriate for the Individualized Recovery Plan (IRP) developed by each individual with assistance from the Program Staff.</li> <li>2. Individuals receiving this service must have a qualifying diagnosis present in the medical record prior to the initiation of services. The diagnosis must be given by persons identified in O.C.G.A Practice Acts as qualified to provide a diagnosis.</li> <li>3. This service may operate in the same building as other day services; however, there must be a distinct separation between services in staffing, program description, and physical space during the hours the Peer Supports program is in operation except as noted above.</li> <li>4. Adequate space, equipment, furnishings, supplies, and other resources must be provided in order to effectively provide services and so that the program environment is clean and in good repair. Space, equipment, furnishings, supplies, transportation, and other resources for individual use within the Peer Supports program must not be substantially different from space provided for other uses for similar numbers of individuals.</li> <li>5. Staff of the Peer Supports Program must be treated as equal to any other staff of the facility or organization and must be provided equivalent opportunities for training (both mandated and offered) and pay and benefits competitive and comparable to other staff based on experience and skill level.</li> <li>6. When this service is used in conjunction with Psychosocial Rehabilitation and ACT, documentation must demonstrate careful planning to maximize the effectiveness of this service as well as appropriate reduction in service amounts. Utilization of this service in conjunction with these services is subject to review by the Administrative Services Organization.</li> <li>7. Individuals should set their own individualized goals and assess their own skills and resources related to goal attainment. Goals are set by exploring strengths and needs in the individual's living, learning, social, and working environments. Goal attainment should be supported through a myriad of approaches (e.g. coaching approaches, assistance via technology, etc.).</li> <li>8. Implementation of services may take place individually or in groups.</li> <li>9. Each individual must be provided the opportunity for peer assistance in the development and acquisition of needed skills and resources necessary to achieve stated goals.</li> <li>10. A Peer Supports Program must offer a range of skill-building and recovery activities developed and led by consumers. These activities must include those that will most effectively support achievement of the individual's rehabilitation and recovery goals.</li> <li>11. The program must have a Peer Supports Organizational Plan addressing the following: <ol style="list-style-type: none"> <li>a. A service philosophy reflecting recovery principles as articulated by the Georgia Consumer Council, August 1, 2001. This philosophy must be actively incorporated into all services and activities and: <ol style="list-style-type: none"> <li>i. View each individual as the director of his/her rehabilitation and recovery process.</li> <li>ii. Promote the value of self-help, peer support, and personal empowerment to foster recovery.</li> <li>iii. Promote information about mental illness and coping skills.</li> <li>iv. Promote peer-to-peer training of individual skills, social skills, community resources, and group and individual advocacy.</li> <li>v. Promote the concepts of employment and education to foster self-determination and career advancement.</li> <li>vi. Support each individual to "get a life" using community resources to replace the resources of the mental health system no longer needed.</li> <li>vii. Support each individual to fully integrate into accepting communities in the least intrusive environment that promote housing of his/her choice.</li> <li>viii. Actively seek ongoing consumer input into program and service content so as to meet each individual's needs and goals and foster the recovery process.</li> </ol> </li> <li>b. A description of the particular consumer empowerment models utilized, types of activities offered, and typical daily activities and schedule. If offered, meals must be described as an adjunctive peer relationship building activity rather than as a central activity.</li> </ol> </li> </ol>
Clinical Operations, continued	

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	<ul style="list-style-type: none"> <li>c. A description of the staffing pattern, plans for staff who have or will have achieved Certified Peer Specialist and CPRP credentials, and how staff are deployed to assure that the required staff-to-individual ratios are maintained, including how unplanned staff absences, illnesses, and emergencies are accommodated.</li> <li>d. A description of how consumer staff within the agency are given opportunities to meet with or otherwise receive support from other consumers (including Georgia-certified Peer Specialists) both within and outside the agency.</li> <li>e. A description of how individuals are encouraged and supported to seek Georgia certification as a Peer Specialist through participation in training opportunities and peer or other counseling regarding anxiety following certification.</li> <li>f. A description of test-taking skills and strategies, assistance with study skills, information about training and testing opportunities, opportunities to hear from and interact with consumers who are already certified, additional opportunities for consumer staff to participate in clinical team meetings at the request of an individual, and the procedure for the Program Leader to request a team meeting.</li> <li>g. A description of the hours of operation, the staff assigned, and the types of services and activities provided for and by consumers as well as for families, parents, and/or guardians.</li> <li>h. A description of the program's decision-making processes including how consumers direct decision-making about both individual and program-wide activities and about key policies and dispute resolution processes.</li> <li>i. A description of how individuals participating in the service at any given time are given the opportunity to participate in and make decisions about the activities that are conducted or services offered within the Peer Supports program, about the schedule of those activities and services, and other operational issues.</li> <li>j. A description of the space, furnishings, materials, supplies, transportation, and other resources available for individuals participating in the Peer Supports services.</li> <li>k. A description of the governing body and/or advisory structures indicating how this body/structure meets requirements for consumer leadership and cultural diversity.</li> <li>l. A description of how the plan for services and activities is modified or adjusted to meet the needs specified in each IRP.</li> <li>m. A description of how individual requests for discharge and change in services or service intensity are handled.</li> </ul> <p>12. Assistive tools, technologies, worksheets, etc. can be used by the Peer Support staff to work with the served individual to improve his/her communication about treatment, symptoms, improvements, etc. with treating behavioral health and medical practitioners.</p>
Documentation Requirements	<ul style="list-style-type: none"> <li>1. Providers must document services in accordance with the specifications for documentation requirements specified in Part II, Section III of the Provider Manual.</li> <li>2. The provider has several alternatives for documenting progress notes: <ul style="list-style-type: none"> <li>a. Weekly progress notes must document the individual's progress relative to functioning and skills related to the person-centered goals identified in his/her IRP. This progress note aligns the weekly Peer Support-Group activities reported against the stated interventions on the individualized recovery plan, and documents progress toward goals. This progress note may be written by any practitioner who provided services over the course of that week; or</li> <li>b. If the agency's progress note protocol demands a detailed daily note which documents the progress above, this daily detail note can suffice to demonstrate functioning, skills, and progress related to goals and related to the content of the group intervention; or</li> <li>c. If the agency's progress note protocol demands a detailed hourly note which documents the progress above, this daily detail note can suffice to demonstrate functioning, skills, and progress related to goals and related to the content of the group intervention.</li> </ul> </li> <li>3. While billed in increments, the Peer Support service is a program model. Daily time in/time out is tracked for while the person is present in the program, but due to time/in out not being required for each intervention, the time in/out may not correlate with the units billed as the time in/out will include breaks taken during the course of the program. However, the units noted on the log should be consistent with the units billed and, if noted, on the weekly progress note. If the units documented are not consistent, the most conservative number of units will be utilized. Other approaches may result in a billing discrepancy.</li> <li>4. Rounding is applied to the person's cumulative hours/day at the Peer program (excluding non-programmatic time). The provider shall follow the guidance in the rounding policy included in this Provider Manual, and, specific to this service, the person served must have participated in at least 50% of the hour in order to bill for one unit of this service. So for instance, if an individual participates in the program from 9-1:15 excluding a 30-minute break for lunch, his/her participating hours are</li> </ul>

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- 3.75 hours. The rounding policy is applied to the .75 hour and the units billed for that day are 4 units. Practitioner type must still be addressed and so that 4 units must be adequately assigned to either a U4 or U5 practitioner type as reflected in the log for that day's activities.
5. A provider shall only record units in which the individual was actively engaged in services. Meals and breaks must not be included in the reporting of units of service delivered. Should an individual leave the program or receive other services during the range of documented time in/time out for Peer Support hours, the absence should be documented on the log.

## MH Peer Support Services-Individual

Transaction Code	Code Detail	Code	Mod 1	Mod 2	Mod 3	Mod 4	Rate	Code Detail	Code	Mod 1	Mod 2	Mod 3	Mod 4	Rate
Peer Support Services	Practitioner Level 4, In-Clinic	H0038	U4	U6			\$20.30	Practitioner Level 4, Out-of-Clinic	H0038	U4	U7			\$24.36
	Practitioner Level 5, In-Clinic	H0038	U5	U6			\$15.13	Practitioner Level 5, Out-of-Clinic	H0038	U5	U7			\$18.15
	Practitioner Level 4, Via interactive audio and video telecommunication systems	H0038	GT	U4			\$20.30	Practitioner Level 5, Via interactive audio and video telecommunication systems	H0038	GT	U5			\$15.13
Unit Value	15 minutes							Utilization Criteria	TBD					
Service Definition	This service provides interventions which promote socialization, recovery, wellness, self-advocacy, development of natural supports, and maintenance of community living skills. Activities are provided between and among individuals who have common issues and needs, are individual motivated, initiated and/or managed, and assist individuals in living as independently as possible. Activities must promote self-directed recovery by exploring individual purpose beyond the identified mental illness, by exploring possibilities of recovery, by tapping into individual strengths related to illness self-management (including developing skills and resources and using tools related to communicating recovery strengths, communicating health needs/concerns, self-monitoring progress), by emphasizing hope and wellness, by helping individuals develop and work toward achievement of specific personal recovery goals (which may include attaining meaningful employment if desired by the individual), and by assisting individuals with relapse prevention planning. Peer Supports must be provided by a Certified Peer Specialist.													
Admission Criteria	1. Individual must have a mental health issue which is the focus of support; <b>and one or more of the following:</b> 2. Individual requires and will benefit from support of peer professionals for the acquisition of skills needed to manage symptoms and utilize community resources; <b>or</b> 3. Individual may need assistance to develop self-advocacy skills to achieve decreased dependency on the mental health system; <b>or</b> 4. Individual may need assistance and support to prepare for a successful work experience; <b>or</b> 5. Individual may need peer modeling to take increased responsibilities for his/her own recovery; <b>or</b> 6. Individual needs peer supports to develop or maintain daily living skills.													
Continuing Stay Criteria	1. Individual continues to meet admission criteria; <b>and</b> 2. Progress notes document progress relative to goals identified in the Individualized Recovery/Resiliency Plan, but treatment/recovery goals have not yet been achieved.													
Discharge Criteria	1. An adequate continuing care plan has been established; <b>and one or more of the following:</b> 2. Goals of the Individualized Recovery Plan have been substantially met; <b>or</b> 3. Individual/family requests discharge; <b>or</b> 4. Transfer to another service/level is more clinically appropriate.													
Service Exclusions	Crisis Stabilization Unit (however, those utilizing transitional beds within a Crisis Stabilization Unit may access this service).													

## MH Peer Support Services-Individual

Clinical Exclusions	<ol style="list-style-type: none"> <li>1. Individuals diagnosed with a Substance-Related Disorder and no other concurrent mental illness; <b>or</b></li> <li>2. Individuals with the following conditions are excluded from admission unless there is clearly documented evidence of a psychiatric condition co-occurring with one of the following diagnoses: developmental disability, autism, organic mental disorder, or traumatic brain injury.</li> </ol>
Required Components	<ol style="list-style-type: none"> <li>1. Peer Supports are provided in 1:1 CPS to person-served ratio.</li> <li>2. Individuals participating in the service at any given time must have the opportunity to participate in and make decisions about the person-centered interactions offered by the Certified Peer Specialist/s.</li> <li>3. Peer Supports cannot operate in isolation from the rest of the programs within the facility or affiliated organization. The CPS shall be empowered to convene multidisciplinary team meetings regarding a participating individual's needs and desires, and the Certified Peer Specialist must be allowed to participate as an equal practitioner partner with all staff in multidisciplinary team meetings. He/she also has the unique role as an advocate to the person-served, encouraging that person to steer goals and objectives in Individualized Recovery Planning.</li> </ol>
Staffing Requirements	<ol style="list-style-type: none"> <li>1. The providing practitioner is a Georgia-Certified Peer Specialist (CPS).</li> <li>2. The work of the CPS is under supervision of a Physician, Psychologist, LCSW, LPC, LMFT, RN, APRN, PA, LMSW, APC, or AMFT.</li> <li>3. There must be at least 2 Georgia-certified Peer Specialists on staff within an agency either in the Peer Supports Group program or in a combination of Peer Supports-Group, Peer Support-Individual and other programs and services operating within the agency.</li> <li>4. The maximum caseload ratio for CPS to persons-served cannot be more than 1:50.</li> <li>5. All CPSs providing this support must be able to articulate an understanding of recovery as defined by SAMHSA and psychiatric rehabilitation principles published by USPRA and must demonstrate the skills and ability to assist other individuals in their own recovery processes.</li> </ol>
Clinical Operations	<ol style="list-style-type: none"> <li>1. Individuals receiving this service must have a qualifying diagnosis present in the medical record prior to the initiation of services. The diagnosis must be given by persons identified in O.C.G.A Practice Acts as qualified to provide a diagnosis.</li> <li>2. If a CPS serves as staff for a Peer Support Program and provides Peer Support-Individual, the agency has written work plans which establish the CPS's time allocation in a manner that is distinctly attributed to each program.</li> <li>3. CPSs providing this service must be treated as equal to any other staff of the facility or organization and must be provided equivalent opportunities for training (both mandated and offered) and pay and benefits competitive and comparable to other staff based on experience and skill level.</li> <li>4. Individuals should set their own individualized goals and assess their own skills and resources related to goal attainment. Goals are set by exploring strengths and needs in the individual's living, learning, social, and working environments. Goal attainment should be supported through a myriad of approaches (e.g. coaching approaches, assistance via technology, etc.).</li> <li>5. Each service intervention is provided only in a 1:1 ratio between a CPS and a person-served.</li> <li>6. Each individual must be provided the opportunity for peer assistance in the development and acquisition of needed skills and resources necessary to achieve stated goals.</li> <li>7. The program must have a Peer Supports Organizational Plan addressing the following: <ol style="list-style-type: none"> <li>a. A service philosophy reflecting recovery principles as articulated by the Georgia Consumer Council, August 1, 2001. This philosophy must be actively incorporated into all services and activities and: <ol style="list-style-type: none"> <li>i. View each individual as the director of his/her rehabilitation and recovery process.</li> <li>ii. Promote the value of self-help, peer support, and personal empowerment to foster recovery.</li> <li>iii. Promote information about mental illness and coping skills.</li> <li>iv. Promote peer-to-peer training of individual skills, social skills, community resources, and group and individual advocacy.</li> <li>v. Promote the concepts of employment and education to foster self-determination and career advancement.</li> <li>vi. Support each individual to "get a life" using community resources to replace the resources of the mental health system no longer needed.</li> <li>vii. Support each individual to fully integrate into accepting communities in the least intrusive environment that promote housing of his/her choice.</li> <li>viii. Actively seek ongoing consumer input into program and service content so as to meet each individual's needs and goals and foster the recovery process.</li> </ol> </li> </ol> </li> </ol>

## MH Peer Support Services-Individual

Clinical Operations, continued	<ul style="list-style-type: none"> <li>b. A description of the particular consumer empowerment models utilized and types of recovery-support activities offered which are reflective of that model.</li> <li>c. A description of the staffing pattern including how caseloads are evaluated to assure that the required staff-to-individual ratios are maintained, including how unplanned staff absences, illnesses, and emergencies are accommodated.</li> <li>d. A description of how CPSs within the agency are given opportunities to meet with or otherwise receive support from other consumers (including Georgia-Certified Peer Specialists) both within and outside the agency.</li> <li>e. A description of how CPSs are encouraged and supported to seek continuing education and/or other certifications through participation in training opportunities.</li> <li>f. A description of the standard by which CPSs participate in, and, if necessary, request clinical team meetings at the request of an individual.</li> <li>g. A description of the program's decision-making processes including how individuals direct decision-making about both individual and program-wide activities and about key policies and dispute resolution processes.</li> <li>h. A description of the governing body and/or advisory structures indicating how this body/structure meets requirements for consumer leadership and cultural diversity.</li> <li>i. A description of how the plan for services and activities is modified or adjusted to meet the needs specified in each IRP.</li> <li>j. A description of how individual requests for discharge and change in services or service intensity are handled.</li> </ul> <p>8. Assistive tools, technologies, worksheets, etc. can be used by the CPS to work with the served individual to improve his/her communication about treatment, symptoms, improvements, etc. with treating behavioral health and medical practitioners.</p>
Service Accessibility	To promote access, providers may use Telemedicine as a tool to provide direct interventions to individuals for whom English is not their first language (one-to-one via Telemedicine versus use of interpreters). Telemedicine may not be used for any other intervention.
Documentation Requirements	Providers must document services in accordance with the specifications for documentation requirements specified in Part II, Section III of the Provider Manual.
Billing & Reporting Requirements	When Telemedicine technology is utilized for the provision of this service in accordance with the allowance in the Service Accessibility section of this definition, the code cited in the Code Detail above with the appropriate GT modifier shall be utilized in documentation and claims submission.

## Opioid Maintenance Treatment

Transaction Code	Code Detail	Code	Mod 1	Mod 2	Mod 3	Mod 4	Rate	Code Detail	Code	Mod 1	Mod 2	Mod 3	Mod 4	Rate
Alcohol and/or Drug Services; Methadone Administration and/or Service	H0020	U2	U6				33.40	H0020	U4	U6				17.40
	H0020	U3	U6				25.39							
Unit Value	1 encounter							Utilization Criteria		TBD				
Service Definition	An organized, usually ambulatory, addiction treatment service for opiate-addicted individuals. The nature of the services provided (such as dosage, level of care, length of service or frequency of visits) is determined by the individual's clinical needs, but such services always includes scheduled psychosocial treatment sessions and medication visits (often occurring on a daily basis) within a structured program. Services function under a defined set of policies and procedures, including admission, discharge and continued service criteria stipulated by state law and regulation and the federal regulations at FDA 21 CFR Part 291. Length of service varies with the severity of the individual's illness, as well as his or her response to and desire to continue treatment. Treatment with methadone or LAAM is designed to address the individual's goal to achieve changes in his or her level of functioning, including elimination of illicit opiate and other alcohol or drug use. To accomplish such change, the Individualized Recovery/Resiliency Plan must address major lifestyle, attitudinal and behavioral issues that have the potential to undermine the goals													