

### Billing Methods by ASAM Level of Care

ASAM Level	1.0	2.1	2.5	3.1	3.3	3.5 RTS	3.5 Inpt Psych	3.7 RTS	3.7 Inpt Psych	3.7 Freestanding Psych	4.0 Acute Care Hosp	OTP	OBOT	SA Case Mng	SA Care Coord	Peer Supports
Code	CPT	H0015	H0035	H2034	H0010 Rev 1002	H0010 Rev 1002	H0010 Rev 1002	H2036 Rev 1002	H2036 Rev 1002	H2036 Rev 1002	H0011 Rev 1002	HCPCS and CPT	HCPCS and CPT	H0006	G9012	H0038
DMAS Required Method	1500	Both	Both	1500	UB	UB	UB	UB	UB	UB	UB	1500	1500	1500	1500	1500
<b>Anthem</b>	1500	Both Rev 906	Both Rev 913	1500	UB	UB	UB	UB	UB	UB	UB	1500	1500	1500	1500	1500
<b>Coventry</b>	1500	Both	Both	1500	UB	UB	UB	UB	UB	UB	UB	1500	1500	1500	1500	1500
<b>Humana</b>	1500	Both	Both	1500	Both	Both	UB	Both	Both	Both	Both	Both	Both	1500	1500	1500
<b>INTotal</b>	1500	Both	Both	1500	UB	UB	UB	UB	UB	UB	UB	1500	1500	1500	1500	1500
<b>Kaiser</b>	1500	1500	Both	Both	Both	Both	Both	UB	UB	UB	UB	1500	1500	1500	1500	1500
<b>Magellan</b>	Both	1500	1500	1500	UB	UB	UB	UB	UB	UB	UB	1500	1500	1500	1500	1500
<b>Optima</b>	1500	Both	Both	1500	UB	UB	UB	UB	UB	UB	UB	1500	1500	1500	1500	1500
<b>VA Premier</b>	1500	Both	Both	1500	UB	UB	UB	UB	UB	UB	UB	1500	1500	1500	1500	1500