



**NH Department of Health and Human Services**  
**New Hampshire Medicaid Program      New Hampshire Bureau of Drug and Alcohol Services**

**To: Residential Facilities with >16 beds providing Substance Use Disorder (SUD) Services**

**Date: June 24, 2021**

**Subject: Billing Requirements for the New Hampshire Substance Use Disorder Treatment and Recovery Access Section 1115(a) Research and Demonstration Waiver**

**UPDATE FROM APRIL 26, 2021 GUIDANCE**  
**EFFECTIVE JULY 1, 2021**

To improve access to residential substance use disorder (SUD) treatment for its Medicaid beneficiaries, the State of New Hampshire implemented a Section 1115(a) Demonstration Waiver in July 2018. The waiver allows residential SUD treatment facilities with more than 16 beds (known as Institutions for Mental Disease or “IMD’s”) to bill for NH Medicaid patients for as long as is medically necessary. The waiver covers NH Medicaid recipients under the age of 65, who have a primary diagnosis of SUD. Medicaid recipients in NH Medicaid’s fee-for-service program or enrolled in either New Hampshire Healthy Families, Well Sense Health Plan or AmeriHealth Caritas New Hampshire are covered under this waiver.

The Centers for Medicare and Medicaid Services (CMS) requires the state to report on the number of Medicaid recipients served under this waiver, which began July 10, 2018. To identify services covered under the SUD IMD Waiver, residential SUD providers with more than 16 beds are required to use an informational modifier on all medical claims that cover services on or after July 10, 2018. **This modifier will no longer be informational and will be REQUIRED or claims will not be processed.**

**Effective July 1, 2021**, the modifiers required under this waiver are below.

**Medical Claims billed on Form 1500 – Group Billing Providers must use *Modifier V1* –** when billing for the following list of procedure codes. **Please use Form 1500 for all fee-for-service claims. These procedure codes should not be billed by an individual provider.**

- H2034: Low-Intensity Adult (ASAM Level 3.1)
- H2034-U4: Low-Intensity Adolescent (ASAM Level 3.1)
- H0018: High-Intensity Adult (ASAM Level 3.5)
- H0018-U4: Medium- Intensity Adolescent (ASAM Level 3.5)



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- H0010:      Medically Monitored Residential Withdrawal Management (ASAM Level 3.7-WM)
- T1006:      Specialty Residential Services for Pregnant & Parenting Women

**Institutional Claims billed on UB-04** – Providers must specify *Condition Code A3* paired with one of the following applicable revenue codes.

**Please note that only inpatient hospital facilities may use the Room & Board codes. Any other type of SUD residential treatment facility submitting claims on the UB-04 may only use the revenue code 1002 paired with the condition code on the UB-04 claim form.**

- 0116:      Room & Board - Private (One Bed) – Detoxification
- 0126:      Room & Board - Semi-private (Two Beds) – Detoxification
- 0136:      Room & Board - Three and Four Beds - Detoxification
- 0146:      Room & Board - Deluxe Private - Detoxification
- 0156:      Room & Board - Ward – Detoxification
- 1002:      Behavioral Health Accommodations - Residential Treatment - Chemical Dependency

DHHS-Program Integrity unit will be monitoring the claims submissions for accuracy and conduct random samples to validate the correct use of coding with modifiers. **If claims are missing the V1 modifier, claims will not be processed.**

This information can also be found under “Messages and Notices” in MMIS: <https://www.nhmmis.nh.gov>

If you have questions after reading this notice, please contact Karen Berwick in Medicaid Provider Relations at (603) 271-9156 or [Karen.Berwick@dhhs.nh.gov](mailto:Karen.Berwick@dhhs.nh.gov)