

## Substance Use Disorder (SUD) Treatment and Services

PrimeWest Health requires notification for some SUD services. Notification must be submitted through the PrimeWest Health Provider Web Portal. This tip sheet details the process of submitting SUD service notifications to PrimeWest Health.

**For services provided on or after January 1, 2024, notification is not required for peer recovery support, treatment coordination, and withdrawal management.**

1. Create a new notification (see [Getting Started](#)).
  - Note: All fields with a red asterisk are required.
2. Select “Behavioral Health (Group)” and “Substance Use Disorder Treatment and Services Notification” from the Authorization/Notification Type dropdown menus and fill out the Submitter Information in full.

**Authorization/Notification Type\***

Behavioral Health (Group) ▼

Substance Use Disorder Treatment and Services Notification ▼

Template (If you do not know which template to use please leave as No Template.)

No Template ▼

Prior authorization is NOT required by PrimeWest Health for Substance Use Disorder (SUD) services. Medical necessity is determined by a qualified provider through either a Comprehensive Assessment or a Rule 25 Assessment. In order to best serve our members, PrimeWest Health requires notifications to be submitted for SUD treatment services. For members accessing treatment using a Comprehensive Assessment, notification of admission and supporting documentation can be submitted by the SUD provider. For members accessing treatment using a Rule 25 Assessment, the county or tribe should submit the SUD notification and supporting documentation.

Load Form

[<Cancel](#)

**Substance Use Disorder Treatment and Services Notification**

**Submitter Information**

First Name\* Last Name\* Phone:\* Ext:

Danielle Turner ( ) - -

Email\*

danielle.turner@primewest.org

3. Select the Service Type and enter the Substance Use Assessment Date.
  - Treatment Coordination, Peer Recovery Support, and Outpatient Treatment may be submitted together under “Service Type SUD-Outpatient” if they are all being provided at the same facility.
  - For services provided on or after January 1, 2024, notification is not required for treatment coordination and peer recovery support services.

**Service Type\***

SUD-Outpatient ▼

**Substance Use Assessment Date\***

MM/DD/YYYY

**Service Type\***

Select Type ▼

**Select Type**

SUD-Comprehensive Assessment

SUD-Halfway House

SUD-Inpatient

SUD-Opioid Treatment Program

SUD-Outpat w Freestanding Room

SUD-Outpatient

SUD-Peer Recovery Support

SUD-Residential

SUD-Rule 25 assessment

SUD-Treatment Coordination

SUD-Withdrawal Mgmt Clinically

SUD-Withdrawal Mgmt Medically

- For services types highlighted in yellow, go to step 9
- For services types highlighted in blue, go to step 11
- For services types highlighted in green, go to step 12
- For services types highlighted in orange, go to step 14

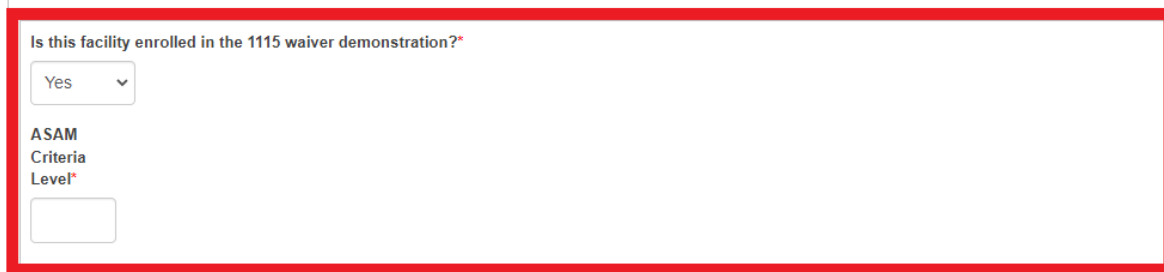
4. Enter the Service Start Date and Service End Date.
5. Use the dropdown menu to indicate if the member was admitted to the facility prior to PrimeWest Health enrollment.

The screenshot shows a form with two date input fields labeled "Service Start Date\*" and "Service End Date\*", each with a calendar icon. Below these is a dropdown menu labeled "Was member admitted to facility prior to PrimeWest Health enrollment?". The "Ordering Provider" field is partially visible at the bottom.

6. In the “Ordering Facility” section, select the facility that is placing the member in treatment.
7. In the “Referred to Facility” section, select the facility the member is being referred to.

The screenshot shows two sections: "Ordering Facility" and "Referred To Facility". Each section contains a "Search for Facility" button, a "Facility is required." message, and a "Phone" input field with a placeholder "( ) - - -".

8. Use the dropdown menu to indicate if the facility is enrolled in the 1115 waiver demonstration.
  - If Yes, enter the ASAM Criteria Level.

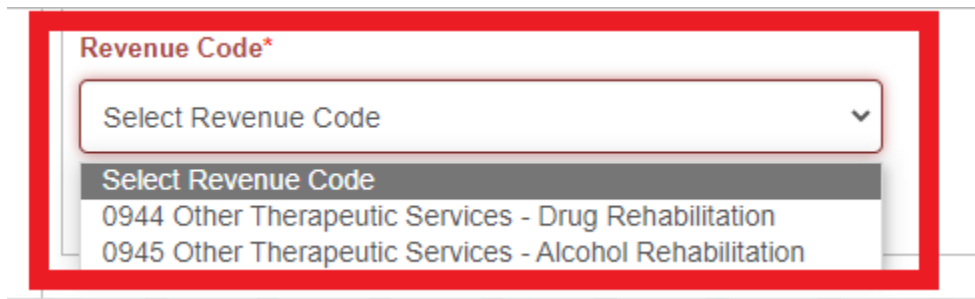


Is this facility enrolled in the 1115 waiver demonstration?\*

Yes ▾

ASAM  
Criteria  
Level\*

9. If the Service Type is “**SUD-Residential**” or “**SUD-Halfway House**,” select the appropriate Revenue Code from the dropdown.



Revenue Code\*

Select Revenue Code ▾

Select Revenue Code

0944 Other Therapeutic Services - Drug Rehabilitation

0945 Other Therapeutic Services - Alcohol Rehabilitation

10. Enter Level of Intensity information

- Enter the Start Date and End Date for the level of intensity and appropriate modifiers (MOD).
- Note: Multiple levels of intensity may be selected. The revenue code for room and board does not need to be added.
- Enter comments, if applicable
- Go to step 15

**Level of Intensity**

If the minimum number of residential treatment hours are not met in a week, providers may bill for a lower level of intensity. If the member permanently moves to a lower level of intensity, please update this notification and submit to PrimeWest Health.

|                                         |                                                           |                                                                    |                      |                      |                      |
|-----------------------------------------|-----------------------------------------------------------|--------------------------------------------------------------------|----------------------|----------------------|----------------------|
| <b>High</b>                             | <b>Additional Modifiers other than intensity modifier</b> |                                                                    |                      |                      |                      |
| <input checked="" type="checkbox"/>     |                                                           |                                                                    |                      |                      |                      |
| <b>Start Date*</b>                      | <b>End Date*</b>                                          | <b>MOD 1</b>                                                       | <b>MOD 2</b>         | <b>MOD 3</b>         | <b>MOD 4</b>         |
| <input type="text" value="MM/DD/YYYY"/> | <input type="text" value="MM/DD/YYYY"/>                   | <input type="text" value="TG"/><br><small>HIGH INTENSITY</small>   | <input type="text"/> | <input type="text"/> | <input type="text"/> |
|                                         |                                                           |                                                                    |                      |                      |                      |
| <b>Medium</b>                           | <b>Additional Modifiers other than intensity modifier</b> |                                                                    |                      |                      |                      |
| <input checked="" type="checkbox"/>     |                                                           |                                                                    |                      |                      |                      |
| <b>Start Date*</b>                      | <b>End Date*</b>                                          | <b>MOD 1</b>                                                       | <b>MOD 2</b>         | <b>MOD 3</b>         | <b>MOD 4</b>         |
| <input type="text" value="MM/DD/YYYY"/> | <input type="text" value="MM/DD/YYYY"/>                   | <input type="text" value="TF"/><br><small>MEDIUM INTENSITY</small> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
|                                         |                                                           |                                                                    |                      |                      |                      |
| <b>Low</b>                              |                                                           |                                                                    |                      |                      |                      |
| <input type="checkbox"/>                |                                                           |                                                                    |                      |                      |                      |
| <b>Adolescent</b>                       |                                                           |                                                                    |                      |                      |                      |
| <input type="checkbox"/>                |                                                           |                                                                    |                      |                      |                      |

**Comments**

11. If the Service Type is “**SUD-Outpatient**” or “**SUD-Outpat w Freestanding Room [Outpatient with Freestanding Room and Board]**,” select the services provided and enter additional modifiers (MOD), if applicable.

- Note: Multiple services provided may be selected, and no units are required.
- Enter comments, if applicable
- Go to step 15

| Services Provided                                                          |                                                    |                                                                         |                                                                         |                               |                               |
|----------------------------------------------------------------------------|----------------------------------------------------|-------------------------------------------------------------------------|-------------------------------------------------------------------------|-------------------------------|-------------------------------|
| <input checked="" type="checkbox"/> Nonresidential (outpatient) Group      | Procedure<br>H2035<br>A/D TX PROGRAM, PER HOUR     | MOD 1<br>HQ<br>GROUP                                                    | MOD 2<br><input type="text"/>                                           | MOD 3<br><input type="text"/> | MOD 4<br><input type="text"/> |
| <input checked="" type="checkbox"/> Nonresidential (outpatient) Individual | Procedure<br>H2035<br>A/D TX PROGRAM, PER HOUR     | MOD 1<br><input type="text"/>                                           | MOD 2<br><input type="text"/>                                           | MOD 3<br><input type="text"/> | MOD 4<br><input type="text"/> |
| <input checked="" type="checkbox"/> Treatment Coordination                 | Procedure<br>T1016<br>CASE MANAGEMENT              | MOD 1<br>HN<br>INFORMATION MODIFIER FOR EMERGENCY AMBULANCE             | MOD 2<br>U8<br>TEMPLE REPLACEMENT, DISP FEE-PR28,29 (MICAID CARE LEV 8) |                               |                               |
| <input checked="" type="checkbox"/> Peer Recovery Support                  | Procedure<br>H0038<br>SELF-HELP/PEER SVC PER 15MIN | MOD 1<br>U8<br>TEMPLE REPLACEMENT, DISP FEE-PR28,29 (MICAID CARE LEV 8) |                                                                         |                               |                               |

Comments

Enter any additional comments

12. The appropriate revenue code will populate for the following service types:

- **SUD-Withdrawal Mgmt Clinically [Withdrawal Management Clinically Managed]**
- **SUD-Withdrawal Mgmt Medically [Withdrawal Management Medically Monitored]**
- **SUD-Inpatient**
- **SUD-Peer Recovery Support**
- **SUD-Treatment Coordination**

13. Enter modifiers (MOD) and number of units.

- Note: Modifiers (MOD) and number of units do not need to be entered for service types “SUD-Treatment Coordination” and “SUD-Peer Recovery Support”
- Enter comments, if applicable
- Go to step 15

Services

Revenue Code\*

R0900

Description

BEHAVIORAL HEALTH TREATMENT SERVICES

MOD 1

MOD 1 Description

MOD 2

MOD 2 Description

MOD 3

MOD 3 Description

MOD 4

MOD 4 Description

Number of units\*

Comments

Enter any additional comments

Services

Procedure Code\*

H0038

Description

SELF-HELP/PEER SVC PER 15MIN

MOD 1

MOD 1 Description

U8

TEMPLE REPLACEMENT, DISP FEE-PR28,29 (M/CAID)

MOD 2

MOD 2 Description

MOD 3

MOD 3 Description

MOD 4

MOD 4 Description

Comments

Enter any additional comments

14. If the service type is “**SUD-Opioid Treatment Program**,” enter the procedure code, modifiers (MOD), and number of units.
- If more than one line is needed, click *Add Procedure* and a new line will populate.
  - Enter comments, if applicable

**Comments**

Enter any additional comments

15. Enter diagnoses and severity ratings

**Diagnoses**

| Primary ICD 10 Code*                                                                               | Diagnosis Description |
|----------------------------------------------------------------------------------------------------|-----------------------|
|                                                                                                    |                       |
| <div style="border: 1px solid #ccc; padding: 2px 10px; display: inline-block;">Add Diagnosis</div> |                       |

**What is the severity rating in Dimension 1 - Intoxication/Withdrawal?\***

**What is the severity rating in Dimension 2 - Biomedical?\***

**What is the severity rating in Dimension 3 - Emotional/Behavioral/Cognitive?\***

**What is the severity rating in Dimension 4 - Readiness for change?\***

**What is the severity rating in Dimension 5 - Relapse and Continued Use?\***

**What is the severity rating in Dimension 6 - Recovery Environment?\***

- Indicate if the member is under a civil commitment.
- Attach supporting documentation, including documentation needed for civil commitment, if applicable.
- Click *Submit*.

**Is this a Civil Commitment?\***

This field is required

**Attachments**

Supporting documentation (History of present illness, complete admission orders, lab results, emergency department records and other.)

Type

Select Type

File

Choose File No file chosen

Add File

Submit Cancel

*A greater Minnesota health plan™*

HOME | CAREERS | COMPLIANCE | WEBSITE PRIVACY | TERMS OF USE | SITEMAP | CONTACT US

A CACQH Initiative