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SOUTHWEST OREGON IPA, INC. (SWOIPA) ADMINISTERS PHYSICAL AND BEHAVIORAL HEALTH BENEFITS FOR ADVANCED HEALTH MEMBERS.

Provider Notice: Billing Requirements for SUD Intensive Outpatient (IOP) Services (H0015)

Date: June 25, 2026

To: Substance Use Disorder (SUD) Providers

From: Dani Thompson, Provider Relations

Subject: Clarification of Daily Billing Limits for H0015 (IOP Services)

Purpose:

This notice is to clarify billing requirements for HCPCS code H0015 – Substance Use Disorder Intensive Outpatient Treatment (IOP) in alignment with Oregon Health Authority (OHA) guidance and national coding standards.

Billing Requirement: H0015 Limited to One Unit Per Day

Providers are reminded that:

H0015 may be billed no more than one (1) time per member, per day.

- H0015 is a per diem (daily bundled) service code, representing a full day of structured IOP services.
- OHA established a daily limit of 1 unit per day for H0015 effective January 1, 2019.
- This limitation aligns with the National Correct Coding Initiative (NCCI), which restricts the number of billable units per day for certain codes.

Additional guidance confirms that:

- H0015 “may not be billed for more than one unit per day” to ensure alignment with HCPCS code definitions and federal standards.

What H0015 Represents:

H0015 reflects a comprehensive, structured IOP service day, which typically includes:

- Group therapy
- Individual therapy (as required)
- Care coordination / case management
- Skills-building and recovery support services
- Crisis intervention
- Education

These services are bundled into a single daily rate and should not be billed separately on the same day unless explicitly allowed.

Program Requirements for IOP

To bill H0015 appropriately, programs must meet IOP intensity standards, including:

- Minimum 3 hours per day of therapeutic services
- Minimum 3 days per week for adults (or applicable youth standards)

Required Modifiers

When billing H0015, providers must include:

- HF – Substance Use Disorder
- HG – Opioid Use Disorder (when applicable)

Compliance Expectations

Providers must ensure:

- No more than one H0015 unit is billed per client per day
- Documentation supports a full day of IOP services
- Billing reflects bundled per diem service delivery, not individual encounters

Failure to comply may result in:

- Claim denials
- Recoupments
- Audit findings

**For billing or policy questions, please contact Customer Service at
(541) 269-7400**

Provider FAQ: Billing for SUD Intensive Outpatient Services (H0015)

1. What is H0015?

H0015 is the HCPCS code for Substance Use Disorder (SUD) Intensive Outpatient Program (IOP) services.

- It represents a full day of structured treatment, not individual sessions.
- Services (group, individual, case management, etc.) are bundled into one daily rate.

2. How many times can H0015 be billed per day?

H0015 may only be billed once (1 unit) per member, per day.

- OHA established a daily limit of 1 unit per day.
- This aligns with National Correct Coding Initiative (NCCI) limits that restrict daily billing units.
- Additional guidance reinforces that H0015 cannot be billed more than once per day.

3. Why is H0015 limited to one unit per day?

H0015 is a per diem (daily) bundled code, meaning:

- It represents an entire day of IOP services, regardless of how many individual activities occur.
- Billing more than one unit would result in duplicate payment for the same day of care.

4. Can we bill multiple H0015 units if the client attends more than 3 hours in a day?

No.

- Even if a client participates in extended programming, only one H0015 unit may be billed per day.
- The code already accounts for the minimum intensity requirement (e.g., 3+ hours/day).

5. Can we bill other services (e.g., group, individual therapy, case management) on the same day as H0015?

Generally, no.

- H0015 is a bundled service, meaning most IOP activities are included in the daily rate.
- Billing additional services separately may result in:
 - Claim denials
 - Duplicate billing findings
 - Recoupments

6. What are the minimum requirements to bill H0015?

IOP services must meet required intensity standards, including:

- Typically, at least 3 hours of service per day
- Delivered across multiple days per week (based on adult/youth standards)

Documentation must support:

- Structured programming
- Clinical necessity
- Participation in IOP-level care

7. What modifiers are required when billing H0015?

Providers must include:

- HF – Substance Use Disorder
- HG – Opioid Use Disorder (if applicable)

Claims submitted without appropriate modifiers may be denied.

8. What happens if we bill more than one unit of H0015 in a day?

Billing more than one unit per day may result in:

- Automatic denial by the claims system
- Claim adjustment to a single unit
- Retrospective audit findings
- Recoupment of overpayments

9. How does this differ from outpatient (non-IOP) services?

- Outpatient services: billed per session (e.g., individual therapy, group therapy codes)
- IOP (H0015): billed as a single daily bundled service

You cannot bill IOP like traditional outpatient therapy.

10. Does this apply to both youth and adult IOP?

Yes.

- The one unit per day limit applies to all SUD IOP services, regardless of age group.

11. What documentation is required to support H0015 billing?

Documentation must clearly demonstrate:

- The member participated in IOP-level services that day
- Total service time meets minimum thresholds
- Services were part of an individualized treatment plan
- Appropriate clinical need and level of care

12. What are common billing mistakes to avoid?

- Billing multiple H0015 units per day
- Billing separate therapy or case management codes alongside H0015
- Missing required modifiers (HF/HG)
- Billing H0015 for services that do not meet IOP intensity requirements
- Insufficient documentation of daily service hours
- Not meeting the three day per week requirement

13. What is the key takeaway?

H0015 is a per diem bundled service code and may only be billed once per day per member, regardless of the number or type of services provided that day.



HEALTH SYSTEMS DIVISION

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Date: September 15, 2022

To: Substance use disorder (SUD) providers

From: Donny Jardine, Transformations Programs Manager
Medicaid Programs

Subject: Changes to daily limits for fee-for-service SUD treatment codes, effective January 1, 2019.

Starting January 1, 2019, the Oregon Health Authority (OHA) will reimburse the following codes as listed below:

Code	Description	Units	Limit
H0005	Group counseling by a clinician	Per service	2 per day
H0006	Case management	Per service	2 per day
H0015	Intensive outpatient treatment (program that operates at least 3 hours/day and at least 3 days/week and is based on an individualized treatment plan)	Per service	1 per day

OHA has updated its claim system with these changes to the units and daily limits.

Why is this happening?

For these codes, the [National Correct Coding Initiative](#) limits the number of services provider can render per day.

What should you do?

When billing these codes for services provided, use the program modifiers listed below.

- HF: Substance use disorder
- HG: Opioid use disorder

Questions?

If you have any questions about this announcement, contact the Provider Services Unit at dmap.providerservices@dhsola.state.or.us or call 800-336-6016 (Option 5). We are available Monday through Friday between 8 a.m. and 5 p.m.

Thank you for your continued support of the Oregon Health Plan and the services you provide to our members.