# DMC ODS Same Day Billing Matrix

Same Day Billing Allowed

Same Day Billing Not Allowed

| | Residential | Residential Withdrawal Management 3.2 | Ambulatory Withdrawal Management 2 | Ambulatory Withdrawal Management 1 | Partial Hospital | Intensive Outpatient | Individual Counseling | Group Counseling | Individual Counseling NTP | Group Counseling NTP | Recovery Services - Individual | Recovery Services - Group | Recovery Services - Case Management | Recovery Services - Support | Methadone Dosing | MAT - NTP | MAT - Non-NTP | Case Management | Physician Consultation |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | H0019 | H0012 | H0014 | H0014 | S0201 | H0015 | H0004 | H0005 | H0004 | H0005 | H0004 | H0005 | H0006 | T1012 | H0020 | S5000 | H2010 | H0006 | G9008 |
| Physician Consultation | Y | Y | Y | Y | Y | Y | Y | Y | Y | Y | N | N | N | N | Y | Y | Y | Y | Y |
| Case Management | Y | Y | Y | Y | Y | Y | Y | Y | Y | Y | N | N | N | N | Y | Y | Y | Y | |
| MAT - Non-NTP | Y | Y | Y | Y | Y | Y | Y | Y | Y | Y | N | N | N | N | Y | Y | Y | | |
| MAT - NTP | Y | Y | Y | Y | Y | Y | Y | Y | Y | Y | N | N | N | N | Y | Y | | | |
| Methadone Dosing | Y | Y | Y | Y | Y | Y | Y | Y | Y | Y | N | N | N | N | N | | | | |
| Recovery Services - Support | N | N | N | N | N | N | N | N | N | N | Y | Y | Y | Y | | | | | |
| Recovery Services - Case Management | N | N | N | N | N | N | N | N | N | N | Y | Y | Y | | | | | | |
| Recovery Services - Group | N | N | N | N | N | N | N | N | N | N | Y | Y | | | | | | | |
| Recovery Services - Individual | N | N | N | N | N | N | N | N | N | N | Y | | | | | | | | |
| Individual Counseling NTP | N | N | N | N | N | N | Y | Y | Y | Y | | | | | | | | | |
| Group Counseling NTP | N | N | N | N | N | N | Y | Y | Y | | | | | | | | | | |
| Individual Counseling | N | N | N | N | N | N | Y | Y | | | | | | | | | | | |
| Group Counseling | N | N | N | N | N | N | Y | | | | | | | | | | | | |
| Intensive Outpatient | N | N | N | N | N | Y | | | | | | | | | | | | | |
| Partial Hospital | N | N | N | N | N | | | | | | | | | | | | | | |
| Ambulatory Withdrawal Management 1 | N | N | N | N | | | | | | | | | | | | | | | |
| Ambulatory Withdrawal Management 2 | N | N | N | | | | | | | | | | | | | | | | |
| Residential Withdrawal Management 3.2 | N | N | | | | | | | | | | | | | | | | | |
| Residential | N | | | | | | | | | | | | | | | | | | |