Chat Questions & Answers | Special Session - Connections Meeting | July 10, 2026

SUD Treatment Services & Outpatient Billing Changes

Similar or duplicate questions have been merged.

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Effective Date

Q: Has federal approval (State Plan Amendment) been received for the new billing codes and services or is there a chance implementation be delayed? If there is no federal approval, why implement changes on 8/1? What happens if it's never approved?

A: DHS will be moving forward with implementing the treatment services changes and new outpatient procedure codes for MA and fee-for-service effective August 1, 2026, for services provided on and after that date. It is expected that federal approval of the state plan amendment will be retroactive to August 1, 2026.

Q: If services are rendered in July, but billed in August, only the new codes can be used, correct?

A: No, the new procedure codes will only be effective for services provided on and after August 1, 2026. The current procedure codes of H2035 and H2035 HQ are effective for services provided before August 1, 2026.

Q: Can providers continue to use current codes for up to a year after 8/1/26 (i.e., complete the change by 8/1/27)?

A: The current procedure codes of H2035 and H2035 HQ are effective for services provided before August 1, 2026. The new procedure codes are effective for services provided on and after August 1, 2026. You must use the procedure codes effective at the time the service was provided, even if billing is submitted after August 1, 2026.

Specific Provider Types (CCBHC, IHS, FQHC / RHC)

Q: Regarding the new SUD billing codes, will IHS/Tribal clinics that are reimbursed under the encounter rate be required to begin using these new codes? How does splitting between psychoeducation/ counseling work with encounter rates in outpatient tribal facilities?

A: Tribally-licensed SUD providers that are enrolled with MHCP are required to use the new procedure codes to bill MA and fee-for-service for services provided on and after August 1, 2026, including separate procedure codes for counseling and psychoeducation. Counseling, psychoeducation, and recovery support are encounters for IHS programs. If there are additional questions, please email SUD.Direct.Access.DHS@state.mn.us.

Q: Does this affect FQHCs and how they provide SUD services?

A: The treatment services changes are effective August 1, 2026, for all SUD providers, including those that are FQHCs or RHCs. Providers that are enrolled with MHCP are required to use the new procedure codes to bill MA and fee-for-service for services provided on and after August 1, 2026. Counseling and psychoeducation are encounters for FQHC and RHC SUD programs.

Q: Will there be clarification on how these changes apply to CCBHCs? Will CCBHCs be able to continue billing H2035 after 8/1/26, or must they use the new codes? Should CCBHCs change their SUD billing codes on 8/1/26, or wait for further instruction? Do documentation/service changes wait as well?

A: DHS sent communication for CCBHCs via email from the general CCBHC team mailbox to CCBHC contacts on file, and will share the communication with MCOs. Please send CCBHC specific questions to MN_DHS_CCBHC@state.mn.us.

Payer Applicability (PMAP, Commercial, and Medicare)

Q: Which payers will be affected by these changes?

A: MHCP payers will be implementing these changes. Commercial insurance plans determine their own billing procedures.

Q: Will all PMAP plans adopt the new codes effective 8/1 or will it vary by payer? I thought there was a DHS MCO Liaison?

A: An official notice to MCOs has been sent. DHS is asking MCOs to implement by August 1, 2026, but the notice technically allows plans up to 60 days. DHS has been sharing this information with MCO partners/liaison since March 2026 and hopes they can implement alongside MA/fee-for-service on August 1, 2026.

Q: Why are we making this change to codes if PMAPs won't be forced to adopt and follow the same rules? It will create confusion and lots of problems.

A: The outpatient procedure codes and rates changes are required by the Direction to the Commissioner in HF 3, 2025 1st Special Session. The effective date of the direction is not dependent on MCO implementation.

Q: What happens if PMAPs aren't implementing on 8/1 but a later date? How will providers be reimbursed for services provided? Will we have to bill H2035 instead of the new codes to the PMAPs until their implementation date? Or will they retro reimburse?

A: That will be up to the MCO. Each MCO is required to identify their implementation timeline by July 27th. Please contact the MCO directly after that date for more information.

Q: Will the new codes be used for commercial insurance plans? Can we use the old codes for commercial plans or do we just not get paid from commercial plans anymore?

A: Commercial insurance plans determine their own billing procedures. Providers need to confirm procedures with the commercial insurance.

Q: Are providers allowed to bypass Medicare for these new SUD codes? If a client has Medicare plus a PMAP, does the program bill the PMAP directly because Medicare doesn't cover OP SUD in the way we provide it?

A: Minnesota Health Care Programs (MHCP) requires providers to verify member eligibility before providing health care services. MHCP providers serving Medicare-eligible clients must follow the Medicare & Other Insurance section of the MHCP Provider Manual. Please contact the MCO for questions about PMAP billing and contact Medicare about services and codes covered by Medicare.

Q: If commercial insurance doesn't take the new codes, how should a provider bill MA when it is the secondary payer? We would be billing 1 unit to commercial and potentially 4 to MA/PMAPs.

A: Please refer to the subsection "Billing Different Procedure Codes to MHCP" in the Medicare & Other Insurance section of the MHCP Provider Manual**.**

Q: If billing H2035 to a primary commercial policy and the claim transfers to a secondary MA policy, would H2035 be accepted by MA for secondary payment?

A: No, the new procedure codes will be required for MA and fee-for-service billing for services provided on and after August 1, 2026.

New Billing Codes and Rates for MA and FFS

Q: Does a crosswalk exist mapping the new codes to the old codes?

A: There is not a crosswalk but essentially:

- H2035 will now be either H0004 U8 for individual counseling or H2027 U8 for individual psychoeducation
- H2035 HQ will now be either H0005 U8 for group counseling or H2027 U8 HQ for group psychoeducation
- The code for recovery support service is H2017 U8 for individual and H2017 U8 HQ for group. This is a new treatment service, so it does not correspond to an old code.

Q: Will the new codes and rates be reflected on the SUD Service Rate Grid? The grids are still showing old codes/rates.

A: The rate grid that is posted has the current rates. An updated rate grid will be posted but DHS typically doesn't update the MHCP pages early. Information on the procedure codes and rates effective for services provided on and after August 1, 2026 can be found in the "Information on 2026 Changes (PDF)".

Q: In the billing codes grid, group psychoeducation (H2027 U8 HQ) and group recovery support (H2017 U8 HQ) show the HQ modifier, but group counseling (H0005 U8) does not. Is that correct or a typo?

A: The procedure code for group counseling will be H0005 U8. The HQ modifier is not used with this code.

Q: Will the U3 modifier still be used?

A: Yes. There are not any changes to enhanced rate modifiers being implemented.

Q: Are there specific modifiers for telehealth?

A: Yes. Please refer to the Telehealth Delivery of Substance Use Disorder Services page.

Q: Are the modifiers limits only if those services are provided for the client on that specific date? Is the 4-modifiers-per-claim limit applied per charge or on the claim total?

A: The modifier limit is 4 per procedure code. If there are concerns about exceeding 4 modifiers on a procedure code for one day of service, please email SUD.Direct.Access.DHS@state.mn.us with your specific example. Modifier UC will still be used in place of modifiers HH and U5 for providers approved for both the co-occurring and medical enhancements.

Q: What code should be used for family counseling? Is an adolescent family group allowed? How would you bill family with or without patient?

A: Individual counseling (H0004 U8) could be provided to a client with the client's family members present if that is consistent with the client's needs and preferences. A treatment service cannot be provided to a client's family member without the client present. A group treatment service that includes multiple clients and multiple family members would be difficult, due to client choice and confidentiality. If you have questions regarding a group treatment service that includes clients and their family members, please email SUD.Direct.Access.DHS@state.mn.us with your specific example.

Q: With ASAM 4 changes requiring family components for adolescent services, can a parent-only session (e.g., using a CRAFT approach) be billed using the individual code?

A: That will be explored when Minnesota aligns with ASAM 4th Edition, which will not be for a few years. A parent-only session cannot be billed by an SUD provider at this time.

Claim Format, Units, and Submission for MA and FFS

Q: Currently, the comprehensive assessment and treatment coordination are billed at a professional level. With the changes occurring August 1st, will the comprehensive assessment and treatment coordination still be billed at a profession level or will that switch to institutional?

A: There are no changes to comprehensive assessment or treatment coordination billing.

Q: So on the Facility/institutional side you want a claim per service not per day per facility? For multiple services billed on the same day for groups, should providers submit one claim with multiple lines, or multiple separate claims?

A: The way claims are submitted is not changing. Continue to submit claims as you do now when using the new procedure codes. The units to be billed for a client are specific to each procedure code for each day of service. Providers may only submit each procedure code once for each day of service for a client.

Q: If a client attends one hour of individual treatment, is that billed as 4 units?

A: Yes, based on the 15-minute unit structure, one hour equals 4 units. The specific procedure code to use depends on if the service was individual counseling, individual psychotherapy, individual recovery support, or individual peer recovery.

Q: With 15-minute billing units, if a provider meets with a client for 30 minutes, can they see a second client during the second half of that hour, or is it still limited to one client per hour?

A: A counselor can provide a 30-minute individual treatment service to a client and bill for 2 units and then provide a 30-minute individual treatment service after that to another client and bill for 2 units. If a service does not last the full scheduled time, however, a claim submission for another service provided during the remaining balance of a unit of time is duplicative and ineligible for reimbursement. For example, billing two units of individual counseling for a session that lasted 24 minutes and then starting another different service within the remaining balance of time (6 minutes) of the last unit of individual counseling would be considered duplicative and ineligible for payment.

Q: Is there a threshold that you cannot bill after or bill for, for example if someone comes in 3 minutes late do we bill the 15 minutes or not?

A: Please see the MHCP Provider Manual for information on Billable Units and Time Requirements and follow the ranges in the Unit and Measurement table to determine the units to bill. If a provider performs two or more of the same treatment service / procedure code for a client on the same day, the provider must bill based on the total combined number of minutes. The provider does not determine a unit for each session, but rather only determines the units to bill for that procedure code after adding all the minutes for all sessions of that treatment service type that day.

Q: With the combined minute piece, we are no longer needing to worry about "consecutive minutes" like we are currently? If we have a client in group for 3 minutes and they step out for the bathroom and come back for 10 min, that first 3 min still counts even though we haven't hit a midpoint of a 15 min unit correct?

A: The Billable Units and Time Requirements section of the MHCP Provider Manual indicates that the actual number of minutes of each treatment service type / procedure code must be combined to get the total billable unit for the day. In the example in the question, the total number of minutes for that client would be 13 minutes, assuming the 3 minutes and the 10 minutes are the same type of treatment service. Please see the ranges in the Unit and Measurement table in the MHCP Provider Manual to determine the units to bill once the total number of minutes for the service is combined.

Q: We have 4 separate topic sessions with a break in between each, however our billing system rolls up to send out 1 claim for the total minutes in the group. Is this correct?

A: Effective August 1, 2026, each type of treatment service will have its own procedure code and the amounts of different treatment service types cannot be combined to bill together. For example, group counseling and group psychoeducation cannot be combined to bill as one total. If a group session has more than one topic that is the same treatment service type, for example psychoeducation on the stages of change and psychoeducation on health effects of substance use, those topics would be billed together under the psychoeducation procedure code for the day.

Q: How can the counselor focus on the therapeutic relationship if they are more focused on the clock (to track client attendance and the amount of each type of treatment service)? It's unfortunate as it seems like more and more we are getting pushed to set up services based on billing restrictions vs being able to set up services/schedules based on what is therapeutic and client centered.

A: Programs should follow their policy and procedure that identifies how the program will track and record client attendance at treatment activities, including the date, duration, and nature of each treatment service provided to the client, required by section 245G.09, subd. 1, (b).

Q: Will group counseling and group psychoeducation billed on the same day deny as a duplicate?

A: Effective for services provided on and after August 1, 2026, group counseling and group psychoeducation will be different procedure codes and a provider can bill for both on the same day. More than one claim with the same procedure code for a client on the same day will deny as a duplicate billing.

Q: if a patient attends a one-hour group session at 7:00 a.m., are they not permitted to return for a second group session at 12:00 p.m. on the same day?

A: A client can receive more than one treatment service in a day. If the group sessions are the same type of treatment service / procedure code, the two sessions would be combined for billing, based on the units for the total. If they are different treatment services / procedure codes, they would each be billed according to the units provided.

Q: Do you have to have the client present to bill for treatment coordination? Treatment coordination does not require the client to be present, correct?

A: Treatment coordination may be provided on behalf of a client, without the client present.

Q: If a group session has only one person in attendance, should it be billed as a group or an individual service?

A: For MA and fee-for-service billing, the treatment service billed must be the same as the service provided and documented. If a client was scheduled for group counseling but received individual counseling instead, individual counseling should be documented and billed.

Billing Different Treatment Service Types

Q: With the difference in codes and billing, if a group session (e.g., a 3- or 4-hour IOP group) with one counselor includes both counseling and psychoeducation content, do they need to be billed separately even if the group runs consecutively?

A: Effective August 1, 2026, group counseling and group psychoeducation have separate procedure codes and different rates and can no longer be combined and billed together. A group treatment service needs to have an identified treatment service type. If a counselor transitions from one type of treatment service to another type without a break, it is still considered two separate treatment services.

Q: Is there a specific time threshold for determining which code to bill when a group blends psychoeducation and counseling (e.g., 10 minutes psychoeducation vs. 50 minutes counseling)?

A: Effective August 1, 2026, group counseling and group psychoeducation have separate procedure codes and different rates and can no longer be combined and billed together. If a counselor transitions from one type of treatment service to another type without a break, it is still considered two separate treatment services. Providers must bill for the type of treatment service provided using the corresponding procedure code. The unit to be billed is determined by the actual

number of minutes of the treatment service type the client received. Please see the MHCP Provider Manual for information on Billable Units and Time Requirements and follow the ranges in the Unit and Measurement table to determine the units to bill.

General Treatment Services Questions

Q: How do the changes in 245G.07 impact session topics? Thinking of the DAANES discharge form. Will we need to create a topic to specify Recovery Support Services? How should the program identify these different services?

A: Providers that choose to provide recovery support on or after August 1, 2026, should pick the best option in DAANES from the current options. Documentation in the client record related to the type of each treatment service must align with the types in 245G.07: individual or group counseling, individual or group psychotherapy, individual or group recovery support, treatment coordination, or peer recovery.

Q: Are guest speakers still allowed?

A: Yes, SUD treatment programs may allow a guest speaker to present information to clients as part of a treatment service provided by an alcohol and drug counselor, according to the requirements in chapter 245G. Although the statute does not specify the types of treatment services which may include a guest speaker, presentation of information is consistent with the description of psychoeducation effective August 1, 2026. Please contact the SUD Policy and Reform team at SUD.Direct.Access.DHS@state.mn.us and the DHS Licensing team at dhs.mhcdlicensing@state.mn.us to discuss the possibility of using a guest speaker for a treatment service besides psychoeducation.

Q: Who has the final say on interpreting how a specific service (e.g., a culturally specific service) fits within the treatment service categories?

A: SUD treatment programs licensed under chapter 245G, including those that are approved for the culturally specific enhanced rate, are under the jurisdiction of DHS, including licensing and the Program Integrity Office. SUD treatment programs that are licensed by Tribal government are under jurisdiction of the Tribal government. Providers that are enrolled with MHCP for billing, excluding those licensed by Tribal government, are also subject to utilization management reviews, and services that are reimbursed with federal funds are subject to CMS approval.

Q: What is the statute for off-site services:

A: 245G.07, subdivision 4

Repealed Additional Treatment Services

Q: How do the repealed "additional treatment services" (e.g., therapeutic recreation, stress management, living skills) relate to the new counseling/psychoeducation/recovery support categories? Could they now be billed as one of those service types or are they no longer billable? For example:

- **Somatic services like yoga**
- **Therapeutic fishing trip**
- **Socialization and well-being groups with an LADC**
- **Community-based therapeutic activity that is tied to a client's treatment plan**

A: The additional treatment services section (245G.07, subdivision 2) will be repealed effective August 1, 2026, and activities in this section are no longer treatment services. Some activities which fell under the additional treatment services category may meet the requirements of counseling, psychoeducation, or recovery support; however, it depends

on the clinical intent and presentation of the specific service, and some of the activities will not meet the description of any type of treatment service effective August 1, 2026. Leisure and social activities are not treatment services. Please also see the requirements for treatment services provided in a group in 245G.07, subdivision, (d), and requirements for location of treatment services in 245G.07, subdivision 4.

Q: Are the additional treatment services identified in 245G (therapeutic rec, stress management, living skills development, etc.) considered a psychosocial service?

A: The additional treatment services in 245G.07, subdivision 2, will be repealed effective August 1, 2026. Activities in this section are no longer treatment services unless they meet the requirements of another treatment service type. Only counseling and psychoeducation are psychosocial services.

Providing and Documenting Psychosocial Services (counseling and education)

Q: Are we able to have a Psychosocial group that is psychoeducation and counseling?

A: Psychosocial is a category of services, not a specific treatment service type. Effective August 1, 2026, psychoeducation and counseling must be billed separately so a group cannot simultaneously be both types of treatment services.

Q: Is there a certain number of psychoeducation hours per week that are required for each service level?

A: Each ASAM level of care requires a combined amount of "psychosocial services" (counseling and psychoeducation), as indicated in 254B.19, subdivision 1. However, the specific amount of each service type provided to a client within those requirements should be based on client needs.

Q: How many clients can attend a psychoeducation group?

A: A psychoeducation group does not have a group size limit in 245G. If the program accepts public funding, then the group size limit in statute 254B.0505, subdivision 3, applies: "**Group setting staff ratio.** For the purpose of reimbursement under this section, substance use disorder treatment services provided in a group setting without a group participant maximum or maximum client to staff ratio under chapter 245G shall not exceed a client to staff ratio of 48 to one. At least one of the attending staff must meet the qualifications as established under this chapter for the type of treatment service provided. A recovery peer may not be included as part of the staff ratio."

Q: Doesn't counseling inherently include psychoeducation? Wouldn't splitting them be impractical for staff and clients, and take away from the therapeutic process?

A: Counseling and education have different therapeutic intents and presentations and address different client needs. Although they have been billed together until now, they have been separate in Minnesota statutes, including in the treatment services descriptions in 245G.07 and the LADC core functions in 148F.01, subdivision 10. Counseling and psychoeducation are also described as separate services in ASAM. See the Information on 2026 Changes (PDF) on the SUD Reform website for additional information on the difference between counseling and psychoeducation. Additionally, there are numerous sources of information online and providers can consult with their licensing board if additional assistance is needed in understanding the difference.

When planning a treatment service, the intent must be to provide one of the treatment service types in 245G.07, provided according to the client's treatment plan. The plan for a single treatment service cannot be a combination of treatment service types. Chapter 245G already requires programs to differentiate between treatment service types in policies, documentation, and treatment plans.

Q: Would staff need to write separate notes to reflect shifts between service types (e.g., 15 minutes of psychoeducation moving into processing/counseling)? If a group session (e.g., a 3- or 4-hour IOP group) with one counselor includes both counseling and psychoeducation content, does the counselor need to do two separate group notes even if the group runs consecutively?

A: Section 245G.06, subdivision 2a, currently requires each treatment service to be documented in the client record, including the date, type, and amount of each treatment service provided and the client's response to each treatment service. This requirement will be the same for services provided on and after August 1, 2026. Counseling and psychoeducation are separate services, even if provided consecutively, without a break.

Q: If we provide counseling and psychoeducation in one group do we need to do a group and individual note for each one, so for a 3 hour group that would be a minimum of 6 group notes per client?

A: Each treatment service must be documented according to the requirements in 245G.06, subdivision 2a, including the client's response to that service, which must be individualized. "Group" and "individual" are methods of providing the service, not the specific treatment service type. If a program has a form that is a "group note" and a form that is an "individual note", it seems like an individual note would be done if the treatment service is provided individually.

Recovery Support Services

Q: Is recovery support the same as ARMHS-type services?

A: Recovery support under 245G.07 is a SUD treatment service, intended to restore daily living skills or functioning that have been impacted by substance use. It is an optional service and very client specific. Once the skill or functioning is restored, the service is no longer medically necessary for the client.

Q: Can LADC staff, co-occurring counselors, or licensed clinicians provide recovery support services?

A: Any staff who meets or exceeds the qualifications of a behavioral health practitioner in 245G.11, subdivision 12 can provide individual or group recovery support services within their scope of practice if their job description includes providing this service. If a program chooses to provide recovery support services, the program needs to orient staff who will provide the service to the job responsibilities and duties and document that orientation in the personnel file.

Q: Can Certified Peer Recovery Support Specialists (CPRS) provide recovery support services?

A: A CPRS cannot provide recovery support; however it is possible a person may meet qualifications of both a recovery peer and a behavioral health practitioner in 245G.11, subdivision 12. If a program chooses to provide recovery support services, the program needs to orient staff who will provide the service to the job responsibilities and duties and document that orientation in the personnel file. If a program offers both peer recovery and recovery support, the program must ensure that the policies differentiate between the services and the staff position roles, as the services are different and the scope of practice of a recovery peer and a behavioral health practitioner are different. It is not recommended for a staff person to simultaneously have two different roles within a program, and the code of ethics for some certifications and licenses may also discourage or prohibit holding dual roles.

Q: If an LADC or a licensed clinician provides a service that falls under recovery support, is it billed as recovery support or under one of the other service areas?

A: Recovery support must be billed as recovery support, regardless of whether the staff person who provided the service exceeds the qualifications.

Q: If a licensed clinician provides recovery support services, does it then count as part of the level of care hours?

A: No, recovery support does not count towards the required amount of psychosocial services for each ASAM level of care, as indicated in 254B.19, subdivision 1. Only counseling and psychoeducation are psychosocial services.

Q: How many clients can attend a group recovery support session?

A: Recovery support services does not have a group size limit in 245G. If the program accepts public funding, then the group size limit in statute 254B.0505, subdivision 3, applies: "**Group setting staff ratio.** For the purpose of reimbursement under this section, substance use disorder treatment services provided in a group setting without a group participant maximum or maximum client to staff ratio under chapter 245G shall not exceed a client to staff ratio of 48 to one. At least one of the attending staff must meet the qualifications as established under this chapter for the type of treatment service provided. A recovery peer may not be included as part of the staff ratio."

EHR System and Implementation Readiness

Q: Will DHS provide documentation/specifications that providers can share with their EHR vendors (e.g., Procentive) so systems can be updated?

A: Providers may share any of the resources posted by DHS with EHR vendors if it is beneficial, including:

- Information on 2026 Changes (PDF), updated July 13th
- Accounting for breaks in SUD treatment documentation and billing (PDF)

Q: Some EHR systems won't allow the same note to be attached to multiple service lines and programs have been cited for this in the past stating there should be a note for each service line.

A: Each treatment service must be documented according to the requirements in 245G.06, subdivision 2a. Providers may need to work with their EHR systems to determine the best method to meet both the billing and documentation requirements.

Q: In the example on slide 12 of the PowerPoint presentation from the July 10 meeting (PDF), are the two different sections of the group for this client being billed separately? We use Procentive and the billing line flows from the documentation so if there are two different notes needed here then that would be two different service lines.

A: The example demonstrates how to combine minutes of service into a single billing unit when two or more sessions of the same treatment service type / procedure code are provided to a client on the same day. Providers may need to work with their EHR systems to determine the best method to meet the requirements indicated in the "Billable Units and Time Requirements" section of the MHCP Provider Manual.

Q: There is a direct link from the notes and billing in EHR systems. The note time is what goes on the billing line. Can we put 2 billings through on the same client?

A: Providers cannot submit a procedure code more than once per client per day. If a provider performs two or more of the same treatment service / procedure code for a client on the same day, the provider must bill the total units for the service for the day, based on the combined number of minutes of the service that the client received. The provider does not determine a unit for each session, but rather only determines the units to bill for that procedure code after adding all the minutes for all sessions of that treatment service type that day. Providers may need to work with their EHR systems to determine the best method to meet the requirements indicated in the "Billable Units and Time Requirements" section of the MHCP Provider Manual.

Licensed Professionals in Private Practice

Q: Can a self-employed, independently licensed provider (e.g., LPCC or LADC) offer group therapy independently, without operating within a licensed facility or treatment program?

A: Please see 245G.02, subdivision 2, "exemption from license requirement". Licensed professionals in private practice may choose to enroll as an MHCP provider if the enrollment requirements are met. See Substance Use Disorder (SUD) Services Enrollment Criteria and Forms for additional information.

Q: Are there limits on group hours or level of care for an independently practicing telehealth provider?

A: Please review the MHCP Provider Manual for information on telehealth if enrolled as a MHCP provider:

- Substance Use Disorder Services (SUD) - Telehealth Delivery of Substance Use Disorder Services
- Telehealth Services

Q: If a licensed provider offers a mental health group on a self-pay basis in community, such as trauma recovery skills group, is there limitation on how many clients the provider can serve on a self-pay basis?

A: The SUD treatment services requirements do not apply to either mental health groups or self-pay SUD services by a licensed professional in private practice. A licensed provider can consult with their licensing board regarding number of clients to serve.