

COMMUNITY-BASED SUBSTANCE USE DISORDER FEE SCHEDULE Updated: January 1, 2020

See Highlights for updated codes and effective dates

Provider Type 32: Opioid Treatment Program

| Procedure Code | Service Description | Rate | Unit | Service Limits | Combination of Service Rules |
|---------------------------------------|--|----------|---|--|---|
| H0001 | Alcohol and/or Drug Assessment | \$158.26 | Per assessment | Can only be billed once per 12-months per participant per provider unless there is more than a 30 day break in treatment. | N/A |
| H0004 | Individual Outpatient Therapy | \$22.29 | Per 15 minute increment | Providers may not bill for more than six units per day per participant. | Cannot bill with H0015 or H2036 (billed by PT 50) |
| H0005 | Group Outpatient Therapy | \$43.47 | Per 60-90 minute session | Provider may not bill for more than one Level I Group counseling session per day per participant. | Cannot bill with H0015 or H2036 (billed by PT 50) |
| H0016 | MAT Initial induction: Alcohol/Drug Services; Medical/Somatic (Medical Intervention in Ambulatory Setting) | \$222.90 | Initial Induction period | Provider may bill once per seven days only in the first week of treatment or after a break in treatment of 6 months. | Cannot bill with E&M codes. Cannot bill with H0014 (billed by PT 50). |
| Methodone Maintenance Services | | | | | |
| H0020: Modifier HG | Methadone Maintenance | \$68.84 | Per Week | Provider may bill once per seven days when the patient has been seen at least once during the month; Providers may bill with Induction during the first week only. | Cannot bill with H0047. Cannot bill with H0014 (billed by PT 50). |
| W9520 | Methadone guest dosing | \$9.83 | Per day receiving medication at guest program | Guest dosing may be billed once per day that the patient is receiving their medication at the guest dosing program. One patient is eligible for up to 30 days of guest dosing per year. Additional days may be used with clinical reasoning. | N/A |

Note: The Program will pay a provider's normal and customary rate charged to non-Medicaid recipients, or the Medicaid established reimbursable rate, whichever is lower.

| Buprenorphine Services | | | | | |
|---|---|----------|---|--|---|
| Procedure Code | Service Description | Rate | Unit | Service Limits | Combination of Service Rules |
| H0047 | Ongoing services (Buprenorphine/Naloxone): Alcohol/Other Drug Abuse Services, Not Otherwise Specified | \$61.19 | Per Week | Provider may bill once per seven days when the patient has been seen at least once during the month; Providers may bill with Induction during the first week only. | Cannot bill with H0020. Cannot bill with H0014 (billed by PT 50) |
| W9521 | Buprenorphine guest dosing | \$8.75 | Per day receiving medication at guest program | Guest dosing may be billed once per day that the patient is receiving their medication at the guest dosing program. One patient is eligible for up to 30 days of guest dosing per year. Additional days may be used with clinical reasoning. | N/A |
| Medication management provided by Physicians, Nurse Practitioners, and Physician Assistants may be reimbursed using E&M codes. | | | | | |
| 99211: Modifier HG | MAT Ongoing (Evaluation and Management, including Rx -Minimal) | \$23.12 | Per visit | For most providers and most participants, twelve times a year will be sufficient. | Cannot bill with H0016. Cannot bill with H0014 (billed by PT 50). |
| 99212: Modifier HG | MAT Ongoing (Evaluation and Management, including Rx -Straight) | \$45.72 | Per visit | | |
| 99213: Modifier HG | MAT Ongoing (Evaluation and Management, including Rx -Low) | \$74.83 | Per visit | | |
| 99214: Modifier HG | MAT Ongoing (Evaluation and Management, including Rx -Moderately) | \$109.35 | Per visit | | |
| 99215: Modifier HG | MAT Ongoing (Evaluation and Management, including Rx -Highly complex) | \$146.38 | Per visit | | |
| All lab tests are included in the bundled rate for OTPs. OTPs negotiate their rates with labs directly. | | | | | |

Note: The Program will pay a provider's normal and customary rate charged to non-Medicaid recipients, or the Medicaid established reimbursable rate, whichever is lower.

Provider Type 50: OHCQ Certified of Licensed Substance Use Disorder Treatment Program

| Procedure Code | Service Description | Rate | Unit | Service Limits | Combination of Service Rules |
|--------------------|--|----------|---|--|--|
| H0001 | Alcohol and/or Drug Assessment | \$158.26 | Per assessment | Can only be billed once per 12-months per participant per provider unless there is more than a 30 day break in treatment. | N/A |
| Procedure Code | Service Description | Rate | Unit | Service Limits | Combination of Service Rules |
| H0004 | Individual Outpatient Therapy | \$22.29 | Per 15 minute increment | Providers may not bill for more than six units per day per participant. | Cannot bill with H0015 or H2036. Cannot be billed by a PT 50 concurrent with any PT 32 claims. |
| H0005 | Group Outpatient Therapy | \$43.47 | Per 60-90 minute session | Provider may not bill for more than one Level I Group counseling session per day per participant. | Cannot bill with H0015 or H2036. Cannot be billed by a PT 50 concurrent with any PT 32 claims. |
| H0015 | Intensive Outpatient (IOP) | \$139.31 | Per diem with a minimum of 2 hours of service per day | Providers may bill for maximum of 4 days per week. Services for participants who require a minimum of 9 hrs of service per week for an adult and 6 hrs per week for adolescents. | Cannot bill with H0004, H0005, or H2036 |
| H2036 | Partial Hospitalization | \$144.88 | Per diem | Providers may bill once per day and sessions shall be a minimum of 2 hours per day. Services for participants who require 20 weekly hours of structured outpatient treatment. | Cannot bill this with H0004, H0005, or H0015 |
| H2036: Modifier 22 | Partial hospitalization (6+ hrs/day of services) | \$234.04 | Per diem | Providers may bill one per day and sessions shall be a minimum of 6 hours per day. Services for participants who require 20 weekly hours of structured outpatient treatment. | Cannot bill this with H0004, H0005, or H0015 |
| H0014 | ADAA Certified Ambulatory Detox Program | \$78.02 | Per diem | Max of 5 days. | Cannot be billed concurrent with any PT 32 claims. |

Note: The Program will pay a provider's normal and customary rate charged to non-Medicaid recipients, or the Medicaid established reimbursable rate, whichever is lower.

| Provider Type 50s that employ DATA 2000 WAIVED PRACTITIONERS may be reimbursed for Medication Assisted Treatment for SUD using E&M codes. | | | | | |
|---|--|----------|-----------|---|---|
| Procedure Code | Service Description | Rate | Unit | Service Limits | Combination of Service Rules |
| 99201: Modifier HG | MAT Initial Intake (Evaluation and Management, Including Rx-Minimal, new patient) | \$46.52 | Per visit | For most providers and most participants, twelve times a year will be sufficient. | Cannot bill with H0014. Cannot be billed by a PT 50 concurrent with any PT 32 claims. |
| 99202: Modifier HG | MAT Initial Intake (Evaluation and Management, Including Rx-Straight forward, new patient) | \$77.20 | Per visit | | |
| 99203: Modifier HG | MAT Initial Intake (Evaluation and Management, Including Rx-Low complexity, new patient) | \$109.45 | Per visit | | |
| 99204: Modifier HG | MAT Initial Intake (Evaluation and Management, Including Rx Moderately complex, new patient) | \$166.09 | Per visit | | |
| 99205: Modifier HG | MAT Initial Intake (Evaluation and Management, Including Rx-Highly complex, new patient) | \$208.77 | Per visit | | |
| 99211: Modifier HG | MAT Ongoing (Evaluation and Management, including Rx -Minimal) | \$23.12 | Per visit | | |
| 99212: Modifier HG | MAT Ongoing (Evaluation and Management, including Rx -Straight forward) | \$45.72 | Per visit | | |
| 99213: Modifier HG | MAT Ongoing (Evaluation and Management, including Rx -Low complexity) | \$74.83 | Per visit | | |
| 99214: Modifier HG | MAT Ongoing (Evaluation and Management, including Rx -Moderately complex) | \$109.35 | Per visit | | |
| 99215: Modifier HG | MAT Ongoing (Evaluation and Management, including Rx -Highly complex) | \$146.38 | Per visit | | |

Note: The Program will pay a provider's normal and customary rate charged to non-Medicaid recipients, or the Medicaid established reimbursable rate, whichever is lower.

BUPRENORPHINE Effective 1-1-20

The codes below apply to **PT 32**, or **PT 50** that is administering buprenorphine directly to patients. When the provider has ordered and paid for the drug directly through the manufacturer, the provider will reimburse based on the dosage of the administered medication to the patient. The J codes may NOT be used when prescribing the medication, or when the medication is obtained from the pharmacy where the point of sale occurred.

| Procedure Code | Service Description | Rate | Unit | Service Limits |
|---------------------|--|---------|--------------------|---|
| ZUBSOLV | | | | |
| J0572: Modifier 51 | ZUBSOLV must include NDC: 54123-0914-30 | \$4.24 | 1.4-0.36 mg tablet | May be reimbursed in combinations that reach the correct clinical dose. |
| J0572 (No modifier) | ZUBSOLV must include NDC: 54123-0929-30 | \$8.49 | 2.9-0.71 mg tablet | |
| J0573 (No modifier) | ZUBSOLV must include NDC: 54123-0957-30 | \$8.52 | 5.7-1.4 mg tablet | |
| SUBOXONE | | | | |
| J0572: Modifier SC | Suboxone Film Must include NDC: 12496-1202-03 | \$4.81 | 2 mg | |
| J0574 (No modifier) | Suboxone Film Must include NDC: 12496-1208-03 | \$8.62 | 8 mg | |
| BUNAVAIL | | | | |
| J0572: Modifier HG | Bunavail must include NDC: 59385-0012-01 | \$7.65 | 2.1-0.3 mg film | |
| J0572: Modifier HF | Bunavail: must include NDC 59385-0012-30 | \$7.43 | 2.1-0.3 mg film | |
| J0573: Modifier 51 | Bunavail must include NDC: 59385-0014-01 | \$8.03 | 4.2-0.7 mg film | |
| J0573: Modifier SC | Bunavail must include NDC: 59385-0014-30 | \$8.31 | 4.2-0.7 mg film | |
| J0574: Modifier 51 | Bunavail must include NDC: 59385-0016-01 | \$16.06 | 6.3-1 mg film | |
| J0574: Modifier SC | Bunavail must include NDC: 59385-0016-30 | \$16.58 | 6.3-1 mg film | |

Note: The Program will pay a provider's normal and customary rate charged to non-Medicaid recipients, or the Medicaid established reimbursable rate, whichever is lower.

| SUBUTEX | | | | |
|---|--|------------|------------------------------|--|
| Procedure Code | Service Description | Rate | Unit | Service Limits |
| J0571: Modifier 51 | Subutex 2 mg: NDCs below | \$1.25 | 2 mg | |
| J0571 (no modifier) | Subutex 8 mg: NDCs below | \$1.83 | 8 mg | |
| SUBLOCADE | | | | |
| Procedure Code | Service Description | Rate | Unit | Service Limits |
| Q9991 | Buprenorphine extended-release injection (Sublocade) | \$1,673.36 | Less than or equal to 100 mg | Limit one injection per month. |
| Q9992 | Buprenorphine extended-release injection (Sublocade) | \$1,673.36 | Greater than 100 mg | Limit one injection per month. |
| Subutex NDC codes | | | | |
| NDC | Drug Name | Price | | |
| 00054-0176-13 | BUPRENORPHINE 2 MG TABLET S | \$1.25 | | |
| 00054-0177-13 | BUPRENORPHINE 8 MG TABLET S | \$1.83 | | |
| 00093-5378-56 | BUPRENORPHINE 2 MG TABLET S | \$1.25 | | |
| 00093-5379-56 | BUPRENORPHINE 8 MG TABLET S | \$1.83 | | |
| 00228-3153-03 | BUPRENORPHINE 8 MG TABLET S | \$1.83 | | |
| 00228-3156-03 | BUPRENORPHINE 2 MG TABLET S | \$1.25 | | |
| 00378-0923-93 | BUPRENORPHINE 2 MG TABLET S | \$1.25 | | |
| 00378-0924-93 | BUPRENORPHINE 8 MG TABLET S | \$1.83 | | |
| 50383-0924-93 | BUPRENORPHINE 2 MG TABLET S | \$1.25 | | |
| 50383-0930-93 | BUPRENORPHINE 8 MG TABLET S | \$1.83 | | |
| VIVITROL Effective 1-1-19 | | | | |
| The codes below apply to community based providers that are administering vivitrol directly to patients. When the provider has ordered and paid for the drug in advance, directly through the manufacturer, Medicaid will reimburse based on the dosage of the administered drug to the Medicaid patient. The J codes may NOT be used when prescribing the medication, or when the medication is obtained from the pharmacy where the point of sale occurred. | | | | |
| Procedure Code | Service Description | Rate | Unit | Service Limits |
| J2315 | Vivitrol: Must include NDC 65757--0300-01 | \$3.32 | Per unit | Maximum of 380 units per dose. Minimum age of use is 18. |
| 96372-HG | Therapeutic Injection | \$20.57 | Per injection | Limit one injection per month. |

Note: The Program will pay a provider's normal and customary rate charged to non-Medicaid recipients, or the Medicaid established reimbursable rate, whichever is lower.

| Any DATA 2000 Waived Practitioner (MD, NP, PA) and Local Health Department with DATA 2000 Waived Practitioners | | | |
|---|--|----------|-----------|
| Procedure Code | Service Description | Rate | Unit |
| 99201 | MAT Initial Intake (Evaluation and Management, Including Rx-Minimal, new patient) | \$46.52 | Per visit |
| 99202 | MAT Initial Intake (Evaluation and Management, Including Rx-Straight forward, new patient) | \$77.20 | Per visit |
| 99203 | MAT Initial Intake (Evaluation and Management, Including Rx-Low complexity, new patient) | \$109.45 | Per visit |
| 99204 | MAT Initial Intake (Evaluation and Management, Including Rx-Moderately complex, new patient) | \$166.09 | Per visit |
| 99205 | MAT Initial Intake (Evaluation and Management, Including Rx-Highly complex, new patient) | \$208.77 | Per visit |
| 99211 | MAT Ongoing (Evaluation and Management, including Rx -Minimal) | \$23.12 | Per visit |
| 99212 | MAT Ongoing (Evaluation and Management, including Rx -Straight forward) | \$45.72 | Per visit |
| Procedure Code | Service Description | Rate | Unit |
| 99213 | MAT Ongoing (Evaluation and Management, including Rx -Low complexity) | \$74.83 | Per visit |
| 99214 | MAT Ongoing (Evaluation and Management, including Rx -Moderately complex) | \$109.35 | Per visit |
| 99215 | MAT Ongoing (Evaluation and Management, including Rx -Highly complex) | \$146.38 | Per visit |

Note: The Program will pay a provider's normal and customary rate charged to non-Medicaid recipients, or the Medicaid established reimbursable rate, whichever is lower.

Provider Type 54: IMD Residential SUD for Adults Effective 7/1/2019

| Procedure Code | Service Description | Rate | Unit | Service Limits | Combination of Service Rules |
|----------------|--------------------------------|-----------|----------------|--|--|
| H0001 | Alcohol and/or Drug Assessment | \$ 158.26 | Per assessment | Can only be billed if the patient is NOT assessed to meet ASAM Residential Levels of Care 3.3, 3.5, 3.7, or 3.7WM. | Cannot be billed within 7 days of W7330, W7350, W7370, or W7375 |
| W7310 | ASAM Level 3.1 | \$ 87.98 | Per diem | Cannot be billed with any inpatient hospital based codes. Cannot be billed with any drug screen/test codes. | Cannot be billed with H0015 and H2036. |
| W7330 | ASAM Level 3.3 | \$ 196.07 | Per diem | | Cannot be billed with any community based SUD codes on this fee schedule with the exception of H0020 and H0047. Cannot be billed with any mental health community based services except for date of admission or for services rendered by a community based psychiatrist. Cannot be billed with any drug screen/ test codes. |
| W7350 | ASAM Level 3.5 | \$ 196.07 | Per diem | | |
| W7370 | ASAM Level 3.7 | \$ 301.86 | Per diem | | |
| W7375 | ASAM Level 3.7WM | \$ 367.08 | Per diem | | |
| RESRB | Room and Board | \$ 47.44 | Per diem | | |

Note: The Program will pay a provider's normal and customary rate charged to non-Medicaid recipients, or the Medicaid established reimbursable rate, whichever is lower.

| Administrative Days for Residential SUD for Adults Effective 1-1-19 | | | | | |
|---|---|--------------|----------|--|------------------------------|
| Procedure Code | Service Description | Rate | Unit | Service Limits | |
| W7310-HG | ASAM Level 3.1 Admin Day for Consumer Awaiting Community Services | \$ 87.98 | Per diem | Provider to use this service code/ modifier combination for a short-term, clinically indicated bed hold if the consumer is awaiting community services. | |
| W7330-HG | ASAM Level 3.3 Admin Day for Consumer Awaiting Community Services | \$ 196.07 | Per diem | Provider to use this service code/ modifier combination for a short-term, clinically indicated bed hold if the consumer is awaiting community services. | |
| W7350-HG | ASAM Level 3.5 Admin Day for Consumer Awaiting Community Services | \$ 196.07 | Per diem | Provider to use this service code/ modifier combination for a short-term, clinically indicated bed hold if the consumer is awaiting community services | |
| W7370-HG | ASAM Level 3.7 Admin Day for Hospitalized Consumer | \$ 301.86 | Per diem | Provider to use this service code/ modifier combination to hold the bed if the consumer has been hospitalized for a short-term stay. Short term stay decided by clinical services. | |
| Procedure Code | Service Description | Rate | Unit | Service Limits | |
| W7370-SC | ASAM Level 3.7 Admin Day for Consumer Awaiting 3.5, 3.3, or 3.1 Bed | \$ 196.07 | Per diem | Provider to use this service code/ modifier combination for a short-term, clinically indicated bed hold if the consumer is awaiting a 3.5/3.3/3.1 bed. | |
| W7375-HG | ASAM Level 3.7WM Admin Day for Hospitalized Consumer | \$ 367.08 | Per diem | Provider to use this service code/ modifier combination to hold the bed if the consumer has been hospitalized for a short-term stay. Short term stay decided by clinical services. | |
| W7375-SC | ASAM Level 3.7WM Admin Day for Consumer Awaiting 3.7 Bed | \$ 301.86 | Per diem | Provider to use this service code/ modifier combination for a short-term, clinically indicated bed hold if the consumer is awaiting a 3.7 bed. | |
| W7375-51 | ASAM Level 3.7WM Admin Day for Consumer Awaiting 3.1, 3.3, or 3.5 Bed | \$ 196.07 | Per diem | Provider to use this service code/ modifier combination for a short-term, clinically indicated bed hold if the consumer is awaiting a 3.5/3.3/3.1 bed. | |
| Provider Type 55: ICF-A (Under 21) | | | | | |
| Procedure Code | Service Description | Rate | Unit | Service Limits | Combination of Service Rules |
| 0100 (rev code) | Residential Services (child and adolescent) | cost settled | Per diem | | |

Note: The Program will pay a provider's normal and customary rate charged to non-Medicaid recipients, or the Medicaid established reimbursable rate, whichever is lower.

Drug Testing Codes Updated 1/1/2020

Labs may not bill Medicaid for tests that are sent by OTPs (Provider Type 32) or Adult Residential Service providers (Provider Type 54) as those lab drug tests are included in the providers' bundled/ inclusive rates. All tests are limited to one test per patient per day. All tests also must be medically necessary and documented in the patient's chart.

| Procedure Code | Service Description | Rate | Unit | Service Limits |
|----------------------------------|--|---------|----------|---|
| Presumptive Drug Testing. | | | | |
| 80305 | Drug test(s), presumptive, any number of drug classes; any number of devices or procedures, (eg, immunoassay) capable of being read by direct optical observation only (eg, dipsticks, cups, cards, cartridges), includes sample validation when performed, per date of service | \$10.02 | Per test | 80305 may be billed by CLIA waived providers. All tests must be medically necessary. |
| 80306 | Drug test(s), presumptive, any number of drug classes; any number of devices or procedures, (eg, immunoassay) read by instrument-assisted direct optical observation (eg, dipsticks, cups, cards, cartridges), includes sample validation when performed, per date of service | \$13.63 | Per test | 80306 and 80307 may be billed by providers with appropriate CLIA and adequate equipment and laboratory classifications. See CMS guidance for additional information: https://www.cms.gov/Regulations-and-Guidance/Legislation/CLIA/index.html?redirect=/CLIA . |
| 80307 | Drug test(s), presumptive, any number of drug classes; any number of devices or procedures by instrumented chemistry analyzers (eg, immunoassay, enzyme assay, TOF, MALDI, LDTD, DESI, DART, GHPC, GC mass spectrometry), includes sample validation when performed, per date of service | \$51.40 | Per test | All tests must be medically necessary. |

Definitive Drug Testing. Must be performed by Labs Only: Selection must reflect Medical necessity

Drug test(s), definitive, utilizing drug identification methods able to identify individual drugs and distinguish between structural isomers (but not necessarily stereoisomers), including, but not limited to GC/MS (any type, single or tandem) and LC/MS (any type, single or tandem and excluding immunoassays (eg, IA, ELISA, EMIT, FPIA) and enzymatic methods (eg, alcohol dehydrogenase)); qualitative and quantitative, all sources, includes specimen validity testing, per day, per # of drug classes as listed below.

| Procedure Code | Service Description | Rate | Unit | Service Limits |
|----------------|---|----------|----------|--|
| G0480 | Per day, 1-7 drug class(es), including metabolite(s) if performed. | \$90.97 | Per test | These drug tests may only be billed by Provider Type 10, Laboratories. All tests must be medically necessary. |
| G0481 | Per day, 8-14 drug class(es), including metabolite(s) if performed. | \$124.49 | Per test | |

Note: The Program will pay a provider's normal and customary rate charged to non-Medicaid recipients, or the Medicaid established reimbursable rate, whichever is lower.