

SUBSTANCE USE DISORDER FEE SCHEDULE (eff 1-1-15 Updated 4-1-15)

Provider Type 50			
Procedure Code	Service Description	Rate	Unit
H0001	Alcohol and/or Drug Assessment	\$142.00	Per assessment
H0004	Individual Outpatient Therapy	\$20.00	Per 15 minute increment
H0005	Group Outpatient Therapy	\$39.00	Per 60-90 minute session
H0015	Intensive Outpatient (IOP)	\$125.00	Per diem (min. of 2 hrs of service per session. Max. 4 days per week. Min 9 hrs of service per week for an adult. Min. 6 hrs per week for adolescent)
H2036	Partial Hospitalization	\$130.00	Per diem
H2036 (with billing modifier 22)	Partial hospitalization (6+ hrs/day of services)	\$210.00	Per diem
H0014	ADAA Certified Ambulatory Detox Program	\$70.00	Per diem

Provider Type 32			
Procedure Code	Service Description	Rate	Unit
H0020	Methadone Maintenance	\$80.00	Per Week
	<u>Buprenorphine Services</u>		
H0016	Alcohol/Drug Services; Medical/Somatic (Medical Intervention in Ambulatory Setting)	\$200.00	Initial Induction period
H0047	Alcohol/Other Drug Abuse Services, Not Otherwise Specified	\$75.00	Per Week
J8499	Buprenorphine: Film Must include NDC: 12496-1208-03	\$7.43	8mg
J8499	Buprenorphine: Film Must include NDC: 12496-1202-03	\$4.15	2mg

Provider Type 20 (Physicians enrolled in the DATA 2000 Waiver)			
Procedure Code	Service Description	Rate (Eff 4-1-15)	Unit
99201	Buprenorphine Initial Intake	\$40.97	Per visit
99202	Buprenorphine Initial Intake	\$69.70	Per visit
99203	Buprenorphine Initial Intake	\$101.20	Per visit
99204	Buprenorphine Initial Intake	\$153.32	Per visit
99205	Buprenorphine Initial Intake	\$192.40	Per visit
99211	Buprenorphine Ongoing	\$18.72	Per visit
99212	Buprenorphine Ongoing	\$40.97	Per visit
99213	Buprenorphine Ongoing	\$67.54	Per visit
99214	Buprenorphine Ongoing	\$100.21	Per visit
99215	Buprenorphine Ongoing	\$135.13	Per visit
J8499	Buprenorphine: Film Must include NDC: 12496-1208-03	\$7.43	8mg
J8499	Buprenorphine: Film Must include NDC: 12496-1202-03	\$4.15	2mg

Provider Type 20 (Physician)			
Procedure Code	Service Description	Rate	Unit
J2315	Vivitrol	\$2.43	per unit with a max of 380 units per dose. Minimum age of use is 18.

Provider Type 55 ICF-A			
Procedure Code	Service Description	Rate	Unit
0100 (rev code)	Residential Services (child and adolescent)	\$350.00	Per diem

Provider Type 10 (Lab)

Procedure Code	Service Description	Rate	Unit
G0434	Drug screen, other than chromatographic; any number of drug classes, by clia waived test or moderate complexity test, per patient	\$15.77	
G0431	Drug screening, qualitative; multiple classes by high complexity test method, per patient encounter	\$78.86	
G6040	Alcohol; any specimen except breathe	\$11.51	
G6042	Amphetamine or methamphetamine	\$15.88	
G6043	Barbiturates, not otherwise specified	\$12.19	
G6031	Benzodiazepines	\$12.84	
80348	Buprenorphine	\$17.38	
G6044	Cocaine or metabolite	\$16.12	
G6053	Methadone	\$17.38	
G6056	Opiate(s), drug and metabolites, each procedure	\$20.70	

Buprenorphine tablets may be used for pregnant women, and in other limited circumstances when a contraindication to use of buprenorphine/naloxone exists. Use of buprenorphine tablets will be reviewed for clinical indication. In these limited circumstances the following NDCs must be included on the claim.

NDC Code	Drug Name
00054-0176-13	BUPRENORPHINE 2 MG TABLET SL
00093-5378-56	BUPRENORPHINE 2 MG TABLET SL
50383-0924-93	BUPRENORPHINE 2 MG TABLET SL
00054-0177-13	BUPRENORPHINE 8 MG TABLET SL
00093-5379-56	BUPRENORPHINE 8 MG TABLET SL
50383-0930-93	BUPRENORPHINE 8 MG TABLET SL