

COMMUNITY-BASED SUBSTANCE USE DISORDER FEE SCHEDULE (eff Jan 1, 2018)

Provider Type 32: Opioid Treatment Program					
Procedure Code	Service Description	Rate	Unit	Service Limits	Combination of Service Rules
H0001	Alcohol and/or Drug Assessment	\$147.74	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	\$20.81	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	\$40.58	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)	\$208.08	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).
Methadone Services					
H0020: Modifier HG	Methadone Maintenance	\$64.26	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	\$9.18	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	\$57.12	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	\$8.16	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)	\$20.26	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)	\$43.96	Per visit		
99213: Modifier HG	MAT Ongoing (Evaluation and Management, including Rx -Low)	\$73.47	Per visit		
99214: Modifier HG	MAT Ongoing (Evaluation and Management, including Rx -Moderately)	\$108.04	Per visit		
99215: Modifier HG	MAT Ongoing (Evaluation and Management, including Rx -Highly complex)	\$145.44	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	\$147.74	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	\$20.81	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	\$40.58	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)	\$130.05	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

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H2036	Partial Hospitalization	\$135.25	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)	\$218.48	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	\$72.83	Per diem	Max of 5 days.	Cannot be billed concurrent with any PT 32 claims.
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	\$11.81	Per screen	This is the only lab category reimbursable to PT 50. If additional labs are required, they may be sent to the Lab for testing. All lab testing is subject to Departmental review and audit.	

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)	\$44.36	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)	\$75.44	Per visit		
99203: Modifier HG	MAT Initial Intake (Evaluation and Management, Including Rx-Low complexity, new patient)	\$109.12	Per visit		
99204: Modifier HG	MAT Initial Intake (Evaluation and Management, Including Rx Moderately complex, new patient)	\$165.88	Per visit		
99205: Modifier HG	MAT Initial Intake (Evaluation and Management, Including Rx-Highly complex, new patient)	\$207.81	Per visit		
99211: Modifier HG	MAT Ongoing (Evaluation and Management, including Rx -Minimal)	\$20.26	Per visit		
99212: Modifier HG	MAT Ongoing (Evaluation and Management, including Rx -Straight forward)	\$43.96	Per visit		
99213: Modifier HG	MAT Ongoing (Evaluation and Management, including Rx -Low complexity)	\$73.47	Per visit		
99214: Modifier HG	MAT Ongoing (Evaluation and Management, including Rx -Moderately complex)	\$108.04	Per visit		
99215: Modifier HG	MAT Ongoing (Evaluation and Management, including Rx -Highly complex)	\$145.44	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.

Medication Assisted Treatment

BUPRENORPHINE

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	\$3.72	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	\$7.48	2.9-0.71 mg tablet	
J0573 (No modifier)	ZUBSOLV must include NDC: 54123-0957-30	\$7.51	5.7-1.4 mg tablet	
SUBOXONE				
J0572: Modifier SC	Suboxone Film Must include NDC: 12496-1202-03	\$4.15	2 mg	
J0574 (No modifier)	Suboxone Film Must include NDC: 12496-1208-03	\$7.46	8 mg	
BUNAVAIL				
J0572: Modifier HG	Bunavail must include NDC: 59385-0012-01	\$7.39	2.1-0.3 mg film	
J0572: Modifier HF	Bunavail: must include NDC 59385-0012-30	\$7.53	2.1-0.3 mg film	
J0573: Modifier 51	Bunavail must include NDC: 59385-0014-01	\$7.76	4.2-0.7 mg film	
J0573: Modifier SC	Bunavail must include NDC: 59385-0014-30	\$7.46	4.2-0.7 mg film	
J0574: Modifier 51	Bunavail must include NDC: 59385-0016-01	\$15.52	6.3-1 mg film	
J0574: Modifier SC	Bunavail must include NDC: 59385-0016-30	\$14.95	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	\$0.89	2 mg	
J0571 (no modifier)	Subutex 8 mg: NDCs below	\$1.37	8 mg	

Subutex NDC codes		
NDC	Drug Name	Price
00054-0176-13	BUPRENORPHINE 2 MG TABLET S	\$0.89
00054-0177-13	BUPRENORPHINE 8 MG TABLET S	\$1.37
00093-5378-56	BUPRENORPHINE 2 MG TABLET S	\$0.89
00093-5379-56	BUPRENORPHINE 8 MG TABLET S	\$1.37
00228-3153-03	BUPRENORPHINE 8 MG TABLET S	\$1.37
00228-3156-03	BUPRENORPHINE 2 MG TABLET S	\$0.89
00378-0923-93	BUPRENORPHINE 2 MG TABLET S	\$0.89
00378-0924-93	BUPRENORPHINE 8 MG TABLET S	\$1.37
50383-0924-93	BUPRENORPHINE 2 MG TABLET S	\$0.89
50383-0930-93	BUPRENORPHINE 8 MG TABLET S	\$1.37

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.

VIVITROL

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	\$3.33	Per unit	Maximum of 380 units per dose. Minimum age of use is 18.
96372-HG	Therapeutic Injection	\$19.87	Per injection	Limit one injection per month.

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)	\$44.36	Per visit
99202	MAT Initial Intake (Evaluation and Management, Including Rx-Straight forward, new patient)	\$75.44	Per visit
99203	MAT Initial Intake (Evaluation and Management, Including Rx-Low complexity, new patient)	\$109.12	Per visit
99204	MAT Initial Intake (Evaluation and Management, Including Rx-Moderately complex, new patient)	\$165.88	Per visit
99205	MAT Initial Intake (Evaluation and Management, Including Rx-Highly complex, new patient)	\$207.81	Per visit
99211	MAT Ongoing (Evaluation and Management, including Rx -Minimal)	\$20.26	Per visit
99212	MAT Ongoing (Evaluation and Management, including Rx -Straight forward)	\$43.96	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.

Procedure Code	Service Description	Rate	Unit
99213	MAT Ongoing (Evaluation and Management, including Rx -Low complexity)	\$73.47	Per visit
99214	MAT Ongoing (Evaluation and Management, including Rx -Moderately complex)	\$108.04	Per visit
99215	MAT Ongoing (Evaluation and Management, including Rx -Highly complex)	\$145.44	Per visit

Provider Type 54: IMD Residential SUD for Adults					
Procedure Code	Service Description	Rate	Unit	Service Limits	Combination of Service Rules
H0001	Alcohol and/or Drug Assessment	\$ 147.74	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
W7330	ASAM Level 3.3	\$ 189.44	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	\$ 189.44	Per diem		
W7370	ASAM Level 3.7	\$ 291.65	Per diem		
W7375	ASAM Level 3.7WM	\$ 354.67	Per diem		
RESRB	Room and Board	\$ 45.84	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				
Procedure Code	Service Description	Rate	Unit	Service Limits
W7330-HG	ASAM Level 3.3 Admin Day for Consumer Awaiting Community Services	\$189.44	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	\$189.44	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	\$291.65	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 or 3.3 Bed	\$189.44	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 bed.
W7375-HG	ASAM Level 3.7WM Admin Day for Hospitalized Consumer	\$354.67	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	\$291.65	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 3.3 or 3.5 Bed	\$189.44	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 bed.

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 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		

Drug Testing Codes

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.

Procedure Code	Service Description	Rate	Unit	Service Limits
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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	\$10.70	Per test	80305 may be billed by CLIA waived providers. Limit of one presumptive test per patient per day.
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	\$14.28	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:
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	\$57.10	Per test	https://www.cms.gov/Regulations-and-Guidance/Legislation/CLIA/index.html?redirect=/CLIA . Limit of one presumptive test per patient per day.

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.

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. Limit of one definitive test per patient per day.
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.