

## Substance Use Disorder Rates for Block Grant, Medicaid, Healthy MI, and PA2

### Outpatient (Services must be based on medical necessity criteria)

Procedure Code	Code Description	Rate	Unit Description	Comments
90832HF	Individual Therapy	\$40.00	Unit=30 minutes	Face-to-face psychotherapy
90837HF	<i>Individual Therapy</i>	<i>\$75.00</i>	Unit=60 minutes	Face-to-face psychotherapy
99212	<i>Medication Review (Co-occurring)</i>	<i>\$45.00</i>	Unit=15 minutes	1 review every 60 days
H2010HF	<i>Medication Review (Non-Co-occurring)</i>	<i>\$45.00</i>	Unit=15 minutes	1 review every 60 days
90837HF	<i>In Home Therapy (Older Adult)</i>	<i>\$20.00</i>	Unit=15 minutes	1 hour session
90847HF	<i>Family Therapy (Psychotherapy)</i>	<i>\$70.00</i>	Unit=60 minutes	1 hour session
90853HF	<i>Group Therapy</i>	<i>\$25.00</i>	Unit=60 minutes	6 sessions per authorization
90853HF	Full Therapy Group	\$27.00	Unit=90 minutes	6 sessions per authorization
H0005	<i>Didactic Group</i>	<i>\$20.00</i>	Unit=60 minutes	6 sessions per authorization
H0005	<i>Family/ Group Health (Didactic Group)</i>	<i>\$25.00</i>	Unit=90 minutes	6 sessions per authorization
99203HF	Physician Evaluation	\$60.00	Encounter	30 minutes (new client)
99213HF	Physician Evaluation	\$60.00	Encounter	15 minutes (established client)
99204HF	Physician Evaluation	\$75.00	Encounter	45 minutes (new client)
99214HF	Physician Evaluation	\$75.00	Encounter	25 minutes (established client)
99205HF	Physician Evaluation	\$120.00	Encounter	60 minutes (new client)
99215HF	Physician Evaluation	\$120.00	Encounter	40 minutes (established client)
90791HF	Psychiatric Evaluation	\$120.00	Unit=60 minutes	(Medicaid, Healthy MI, Block Grant, PA 2 as applicable)
H0001	<i>Initial Assessment/ Intake/ Provider Assessment</i>	<i>\$100.00</i>	Unit=60 minutes	1 assessment per year
H0022HF	<i>Early Intervention</i>	<i>\$17.00</i>	Unit=60 minutes	Total not to exceed 1 hour (Acupuncture Only)
H0023HF	Relapse Recovery	\$25.00	Unit=15 minutes	Up to 1 hour per client (see contract Scope)
H0038HF	Recovery Coaches	\$10.00	Unit=15 minutes	Up to 1 hour per client (see contract Scope)
T1012HF	Recovery Support & Skills	\$25.00	Unit=15 minutes	Up to 1 hour per client. (see contract Scope)

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### Methadone (OP) (Services must be based on medical necessity criteria)

Procedure Code	Code Description	Rate	Unit Description	Comments
H0020HG	<i>Methadone Medication/ Methadone per-day</i>	<i>\$7.00 per dose, per day</i>	Unit	31 units per month ( all milligrams)
H0033HG	Suboxone- 2 mg <i>Suboxone- 8 mg</i>	\$9.00 per dose <i>\$9.50 per dose</i>	Unit	1 unit per day. Up to 31 days
H0003	Urine Drug Screens	\$29.22		12 panel UDS, Up to 2 per month, per client as needed
H0033HG	<i>Vivitrol Medication</i>	<i>\$900.00</i>		One shot per month.

### Intensive Outpatient (Services must be based on medical necessity criteria)

Procedure Code	Code Description	Rate	Unit Description	Comments
H0001	<i>Initial Assessment/ Intake/ Provider Assessment</i>	<i>\$100.00</i>	Unit=60 minutes	1 assessment per year
H0015	Intensive Outpatient/Adolescent & Adults Level 1 Intensive Outpatient/Adolescent & Adults Level 2 Intensive Outpatient/Adolescent & Adults Level 3 Intensive Outpatient/Adolescent & Adults Level 4	\$80.00 \$90.00 \$100.00 \$110.00	Per day Per day Per day Per day	3 days a week at 3 hours 4 days a week at 4 hours 5 days a week at 4-5 hours (domicile) 6 days a week at 6 hours

### Residential (Services must be based on medical necessity criteria)

Procedure Code	Code Description	Rate	Unit Description	Comments
H0001	Initial Assessment/ Intake/ Provider Assessment	\$100.00	Unit=60 minutes	1 assessment per year
H0018HF	<b>Short-term Residential (Treatment rate)</b>	<b>\$138.00</b>	Per day	Up to 29 days
H0019HF	<b>Long-term Residential (Treatment rate)</b>	<b>\$98.00</b>	Per day	Up to 90 days
H0019HF	Residential-Adolescents (Treatment rate)	\$248.00	Per day	Up to 90 days
S9976HF	Room and Board/ State Disability Act (SDA)	\$27.00	Per day	Room and Board is in addition to treatment rate. <i>Approved applications for SDA consumers (residential clients)</i>

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### Sub-Acute Detoxification (Services must be based on medical necessity criteria)

Procedure Code	Code Description	Rate	Unit Description	Comments
H0001	<i>Initial Assessment/ Intake/ Provider Assessment</i>	<i>\$100.00</i>	Unit=60 minutes	1 assessment per year
H0010	<i>Detoxification (Treatment rate)</i>	<i>\$148.00</i> <i>\$153.00</i>	Per day Per day	Stabilization 3-5 days Methadone Detox up to 14 days
S9976HF	Room and Board/ State Disability Act (SDA)	\$27.00	Per day	Room and Board is in addition to treatment rate. <i>Approved applications for SDA consumers (residential clients)</i>

### Prevention Services (Staffing Grant Based Upon Activity & Allocation)

Procedure Code	Code Description	Rate	Unit Description	Comments
H0022	Alcohol and/or drug intervention	Staffing Grant	Varies	Planned facilitation
H0023	Outreach service	Staffing Grant	Varies	Planned approach to reach target population
H0024	Prevention information dissemination	Staffing Grant	Varies	One-way direct/indirect contact
H0025	Education services	Staffing Grant	Varies	Affect knowledge, attitude/behavior
H0026	Process service, community based	Staffing Grant	Varies	Develop skills of impactors
H0027	Environmental services	Staffing Grant	Varies	Modifying services through policy & law
H0028	Problem Identification and referral	Staffing Grant	Varies	Student/Employee assistance programs
H0029	Alternative services	Staffing Grant	Varies	Populations that exclude AOTD use/Alcohol fee social events.
H0049	Alcohol and other drug screening	Staffing Grant	Varies	AMS/alcohol and/ or drug screen
H0050	ATOD services, brief intervention	Staffing Grant	Varies	Per 15 minutes
99406	Smoking & tobacco cessation counseling visit	Staffing Grant	Varies	Greater than 3 min & up to 10 min.
99407	Smoking and tobacco cessation counseling visit	Staffing Grant	Varies	Greater than 10 min.
G0396	Alcohol or Substance Abuse, structured Assessment	Staffing Grant	Varies	Audit, Dast & Brief Intervention 15-30 min.
G0397	ATOD abuse structured assessment	Staffing Grant	Varies	Audit, Dast, & Intervention, greater than 30 min.
G0436	Smoking and tobacco counseling visit	Staffing Grant	Varies	Asymptomatic patient, intermediate greater than 3 min, up to 10 min.
G0437	Smoking and tobacco cessation counseling visit	Staffing Grant	Varies	Asymptomatic patient, intensive, greater than 10 min.
G8402	Tobacco (smoke)	Staffing Grant	Varies	Use cessation, intervention, counseling

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### Other Services (Services must be based on medical necessity criteria)

Procedure Code	Code Description	Rate	Unit Description	Comments
H0006	Intensive Wraparound Services	\$553.08	1 Encounter (per family)	Limited to \$553.08 per family per week, up to \$2500 (paid using PA2 funds)
S9976	Recovery Homes	\$27.00	Unit=Day	Up to 6 months based on funding availability and medical necessity
H0006	Case Management	\$75.00	Unit	5 units per month