

SUBSTANCE USE DISORDER FEE SCHEDULE (eff 7-1-16)

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

Provider Type 50			
Procedure Code	Service Description	Rate	Unit
H0001	Alcohol and/or Drug Assessment	\$144.84	Per assessment (see restrictions under SUD Matrix)
H0004	Individual Outpatient Therapy	\$20.40	Per 15 minute increment
H0005	Group Outpatient Therapy	\$39.78	Per 60-90 minute session
H0015	Intensive Outpatient (IOP)	\$127.50	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	\$132.60	Per diem
H2036 (with billing modifier 22)	Partial hospitalization (6+ hrs/day of services)	\$214.20	Per diem
H0014	ADAA Certified Ambulatory Detox Program	\$71.40	Per diem
G0477	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	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

Provider Type 32			
Procedure Code	Service Description	Rate	Unit
H0001	Alcohol and/or Drug Assessment	\$144.84	Per assessment (see restrictions under SUD Matrix)
H0020	Methadone Maintenance	\$81.60	Per Week
Lab Codes	All lab tests are included in the bundled rate for OTPs. OTPs negotiate their rates with labs directly.		
Zubsolv Services (Buprenorphine/Naloxone)			
H0016	Induction (Buprenorphine/Naloxone): Alcohol/Drug Services; Medical/Somatic (Medical Intervention in Ambulatory Setting)	\$204.00	Initial Induction period
H0047	Ongoing services (Buprenorphine/Naloxone): Alcohol/Other Drug Abuse Services, Not Otherwise Specified	\$76.50	Per Week
J0572: Modifier 51	ZUBSOLV 1.4-0.36 MG TABLET MUST INCLUDE NDC: 54123-0914-30	\$3.69	Clinical dose may require multiple strengths per day and may be reimbursed in combinations that reach that clinical dose
J0572 (No modifier)	ZUBSOLV 2.9-0.71 MG TABLET MUST INCLUDE NDC: 54123-0929-30	\$7.39	
J0573	ZUBSOLV 5.7-1.4 MG TABLET S MUST INCLUDE NDC: 54123-0957-30	\$7.39	

7-1-16 Note: From 1/1/2015 through 9/30/2016 the following codes may be used for Suboxone® film.			
J0574	Buprenorphine: Film Must include NDC: 12496-1208-03	\$7.80	8mg
J8499	Buprenorphine: Film Must include NDC: 12496-1202-03	\$4.36	2mg

If Vivitrol is administered in an approved community based setting the following J code may be reimbursed

Procedure Code	Service Description	Rate	Unit
J2315	Vivitrol: Must include NDC 65757--0300-01	\$2.43	per unit with a max of 380 units per dose. Minimum age of use is 18.

Buprenorphine only tablets may be used for pregnant women (Subutex), and in other limited circumstances when it is contra-indicated to use of buprenorphine/naloxone. Use of Subutex will be reviewed for clinical necessity. In these limited circumstances the following NDCs must be included on the claim.

J0571: Modifier 51	Subutex 2 mg NDC below	\$1.13	7/1/2016
J0571 (no modifier)	Subutex 8 mg NDC below	\$1.83	7/1/2016

NDC	Drug Name	Price
00054-0176-13	BUPRENORPHINE 2 MG TABLET S	\$1.13
00054-0177-13	BUPRENORPHINE 8 MG TABLET S	\$1.83
00093-5378-56	BUPRENORPHINE 2 MG TABLET S	\$1.13
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	\$1.13
00378-0923-93	BUPRENORPHINE 2 MG TABLET S	\$1.13
00378-0924-93	BUPRENORPHINE 8 MG TABLET S	\$1.83
50383-0924-93	BUPRENORPHINE 2 MG TABLET S	\$1.13
50383-0930-93	BUPRENORPHINE 8 MG TABLET S	\$1.83

Provider Type 20 (Physicians enrolled in the DATA 2000 Waiver) and Local Health Departments & FQHCs

Procedure Code	Service Description	E&M Rate (Eff 10-1-16)	Unit
99201	MAT (SUD Medication Assisted Treatment) 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
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 10 (Lab) New SUD Lab Codes Eff. 1-1-16

Labs may not bill Medicaid for tests that are sent by OTPs (Provider Type 32) as those labs are billed through negotiated contracts with the OTPs

Procedure Code	Service Description	Rate	Unit
Presumptive Drug Testing	Only G0477 may be billed by CLIA waived providers, the other codes must be sent to Labs		
G0477	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	
G0478	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	\$15.75	
G0479	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	\$63.00	This is an extensive test series and must only be used when medically necessary
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			
G0480	Per day, 1-7 drug class(es), including metabolite(s) if performed	\$63.55	
G0481	Per day, 8-14 drug class(es), including metabolite(s) if performed.	\$97.78	
The following tests should be used by exception; only when medically necessary to have a complete panel of drugs as determined by presumptive tests			
G0482	Per day, 15-21 drug class(es), including metabolite(s) if performed.	\$131.99	
G0483	Per day, 22 or more drug class(es), including metabolite(s) if performed.	\$171.10	