

COMMUNITY-BASED SUBSTANCE USE DISORDER FEE SCHEDULE (eff Aug 1, 2017)

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. A patient is eligible, when clinically necessary, for up to 30 days of guest dosing per year. Additional days may be used with specific clinical rationale. Rationale for all guest dosing reasons must be documented in individual patient charts. This is a time limited service based on medical/clinical necessity.	N/A

Buprenorphine Services					
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. A patient is eligible, when clinically necessary, for up to 30 days of guest dosing per year. Additional days may be used with specific clinical rationale. Rationale for all guest dosing reasons must be documented in individual patient charts. This is a time limited service based on medical/clinical necessity.	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 -	\$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.					

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
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
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.
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Provider Type 50s that employ DATA 2000 WAIVED PRACTITIONERS may be reimbursed for Medication Assisted Treatment for SUD 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 H0014. Cannot be billed by a PT 50 concurrent with any PT 32 claims.
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		

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
J0572: Modifier 51	ZUBSOLV MUST INCLUDE NDC: 54123-0914-30	\$3.69	1.4-0.36 mg tablet	Clinical dose may require multiple strengths per day and may be reimbursed in combinations that reach that clinical dose.
J0572 (No modifier)	ZUBSOLV MUST INCLUDE NDC: 54123-0929-30	\$7.39	2.9-0.71 mg tablet	Clinical dose may require multiple strengths per day and may be reimbursed in combinations that reach that clinical dose.
J0572: Modifier HG	Bunavail MUST INCLUDE NDC: 59385-0012-01 or 59385-0012-30	\$7.76	2.1-0.3 mg film	
J0572: Modifier SC	Suboxone Film Must include NDC: 12496-1202-03	\$4.36	2 mg	
J0573	ZUBSOLV MUST INCLUDE NDC: 54123-0957-30	\$7.39	5.7-1.4 mg tablet	Clinical dose may require multiple strengths per day and may be reimbursed in combinations that reach that clinical dose.
J0573: Modifier 51	Bunavail MUST INCLUDE NDC: 59385-0014-01 or 59385-0014-30	\$7.76	4.2-0.7 mg film	
J0574	Suboxone Film Must include NDC: 12496-1208-03	\$7.80	8 mg	
J0574: Modifier 51	Bunavail MUST INCLUDE NDC: 59385-0016-01 or 59385-0016-30	\$15.52	6.3-1 mg film	
J0571: Modifier 51	Subutex 2 mg NDC below	\$1.13	2 mg	
J0571 (no modifier)	Subutex 8 mg NDC below	\$1.83	8 mg	

Subutex NDC codes		
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

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	\$2.43	Per unit	Maximum of 380 units per dose. Minimum age of use is 18.
96372-HG	Therapeutic Injection	\$15.54	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
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	\$ 144.84	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.
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		

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		

Provider Type 10: Laboratories Effective January 1, 2017

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	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	\$11.89	Per test	Only 80305 may be billed by CLIA waived providers, the other codes must be sent to Labs.
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	\$15.86	Per test	
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	\$63.45	Per test	This is an expensive test series and must only be used when 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.	\$63.55	Per test	
G0481	Per day, 8-14 drug class(es), including metabolite(s) if performed.	\$97.78	Per test	

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	Per test	This is an expensive test series and must only be used by exception.
G0483	Per day, 22 or more drug class(es), including metabolite(s) if performed.	\$171.10	Per test	This is an expensive test series and must only be used by exception.