

Grant Funded Services - no claims payment, registration request only through ProviderConnect

CPT Code	Service Description	Billing Unit	Rate	Max Daily Unit/ Service	Place of Service
T1027	Early Intervention 0.5	*	\$0.00 *		57, 99
T1027-TS	Continuing Care	*	\$0.00 *		57, 99
T2022	Coordination of Care	*	\$0.00 *		57, 99
H0038	Recovery Coaching	*	\$0.00 *		57, 99
H2034	Halfway House 3.1	*	\$0.00 *		55, 99
H0043	Recovery/Supported Housing	*	\$0.00 *		14, 99
H0013	Detox (Level 2)	*	\$0.00 *		57, 99
1004	Moderate Intensity Residential 3.3	*	\$0.00 *		55, 99
0660	Moderate Intensity Residential 3.5	*	\$0.00 *		55, 99
H0012	Detox (Level 3.2)	*	\$0.00 *		55, 99
1005	High Intensity Residential 3.7	*	\$0.00 *		55, 99
H0010	Detox (Level 3.7 D)	*	\$0.00 *		55, 99
* = Data Collection Only					