

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	<i>Initial Assessment/ Intake/ Provider Assessment</i>	<i>\$100.00</i>	Unit=60 minutes	1 assessment per year
H0018HF	Short-term Residential (Treatment rate)	\$123.00	Per day	Up to 29 days
H0019HF	Long-term Residential (Treatment rate)	\$93.00	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