

## 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	Individual Therapy	\$63.00	Unit=60 minutes	Face-to-face psychotherapy
M0064HF	Medication Review (Co-occurring)	\$35.00	Unit=15 minutes	1 review every 60 days
H2010HF	Medication Review (Non-Co-occurring)	\$35.00	Unit=15 minutes	1 review every 60 days
90837HF	In Home Therapy (Older Adult)	\$18.00	Unit=15 minutes	1 hour session
90847HF	Family Therapy (Psychotherapy)	\$63.00	Unit=60 minutes	1 hour session
90853HF	Group Therapy	\$18.00	Unit=60 minutes	6 sessions per authorization
90853HF	Full Therapy Group	\$27.00	Unit=90 minutes	6 sessions per authorization
H0005	Didactic Group	\$12.00	Unit=60 minutes	6 sessions per authorization
H0005	Family/ Group Health (Didactic Group)	\$18.00	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	(BG clients only)
H0001	Initial Assessment/ Intake/ Provider Assessment	\$80.00	Unit=60 minutes	1 assessment per year
H0022HF	Early Intervention	\$14.25	Unit-15 minutes	Total not to exceed 1 hour
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	Methadone Medication/ Methadone per-day	\$5.00 per dose, per day	Unit	31 units per month ( all milligrams)
H0033HG	Suboxone- 2 mg	\$9.00 per dose	Unit	1 unit per day. Up to 31 days
	Vivitrol Medication	\$847.00		One shot per month, negotiated price from \$1,047

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

Procedure Code	Code Description	Rate	Unit Description	Comments
H0001	Initial Assessment/ Intake/ Provider Assessment	\$80.00	Unit=60 minutes	1 assessment per year
H0015	Intensive Outpatient/Adolescent & Adults Level 1	\$80.00	Per day	3 days a week at 3 hours
	Intensive Outpatient/Adolescent & Adults Level 2	\$90.00	Per day	4 days a week at 4 hours
	Intensive Outpatient/Adolescent & Adults Level 3	\$100.00	Per day	5 days a week at 4-5 hours (domicile)
	Intensive Outpatient/Adolescent & Adults Level 4	\$110.00	Per day	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	\$80.00	Unit=60 minutes	1 assessment per year
H0018HF	Less Intensive Residential (Treatment rate)	\$95.00	Per day	Up to 29 days
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 (BG 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	Initial Assessment/ Intake/ Provider Assessment	\$80.00	Unit=60 minutes	1 assessment per year
H0010	Detoxification (Treatment rate)	\$123.00 \$148.00	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 (BG 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 3 months
H0006	Case Management	\$75.00	Unit	5 units per month

**DETROIT WAYNE MENTAL HEALTH AUTHORITY  
FEDERAL POVERTY/ DWMHA SLIDING FEE SCALE 2015  
EFFECTIVE JANUARY 1, 2015**

Allowable Income per Family Size

1 Person	2 Persons	3 Persons	4 Persons	5 Persons	6 Persons	7 Persons	8 Persons	9 Persons	10 Persons	11 Persons	12 Persons	Co-Pay
\$0 to \$11,770	\$0 to \$15,930	\$0 to \$20,090	\$0 to \$24,250	\$0 to \$28,410	\$0 to \$32,570	\$0 to \$36,730	\$0 to \$40,890	\$0 to \$45,050	\$0 to \$49,210	\$0 to \$53,370	\$0 to \$57,530	<b>\$1</b>
\$11,771 to \$14,714	\$15,931 to \$19,914	\$20,091 to \$25,114	\$24,251 to \$30,314	\$28,411 to \$35,514	\$32,571 to \$40,714	\$36,731 to \$45,914	\$40,891 to \$51,113	\$45,051 to \$56,314	\$49,211 to \$61,514	\$53,371 to \$66,714	\$57,531 to \$71,913	<b>\$2</b>
\$14,715 to \$17,658	\$19,915 to \$23,898	\$25,115 to \$30,138	\$30,315 to \$36,378	\$35,515 to \$42,618	\$40,715 to \$48,858	\$45,915 to \$55,098	\$51,114 to \$61,337	\$56,315 to \$67,578	\$61,515 to \$73,818	\$66,715 to \$80,058	\$71,914 to \$86,296	<b>\$5</b>
\$17,659 to \$20,602	\$23,899 to \$27,882	\$30,139 to \$35,162	\$36,379 to \$42,442	\$42,619 to \$49,722	\$48,859 to \$57,002	\$55,099 to \$64,282	\$61,338 to \$71,561	\$67,579 to \$78,842	\$73,819 to \$86,122	\$80,059 to \$93,402	\$86,297 to \$100,679	<b>\$8</b>
\$20,603 to \$23,546	\$27,883 to \$31,866	\$35,163 to \$40,186	\$42,443 to \$48,506	\$49,723 to \$56,826	\$57,003 to \$65,146	\$64,283 to \$73,466	\$71,562 to \$81,785	\$78,852 to \$90,106	\$86,123 to \$98,426	\$93,403 to \$106,746	\$100,680 to \$115,062	<b>\$10</b>
\$23,547 to \$26,490	\$31,867 to \$35,850	\$40,187 to \$45,210	\$48,507 to \$54,570	\$56,827 to \$63,930	\$65,147 to \$73,290	\$73,467 to \$82,650	\$81,786 to \$92,009	\$90,107 to \$101,370	\$98,427 to \$110,730	\$106,747 to \$120,090	\$115,063 to \$129,445	<b>\$15</b>

**For families/households with more than 12 persons, add \$4,160 for each additional person.**

Based on poverty guidelines, starts at 100% and goes up in 25% increments

Highest level is 225% of poverty guidelines

Allows Access staff to make adjustments in co-pay amounts for special circumstances (reduce up to 30%; no adjustment to income or over 30% of copay without supervisory approval)

Based on 2015 HHS Poverty Guidelines (<http://aspe.hhs.gov/poverty/15poverty.cfm>)