

SUD Rate Matrix - Treatment Services



IDHW SF22 SUD CLINICAL TREATMENT SERVICES MATRIX (Effective 08/16/2021)																						
AUTHORIZED SERVICE		BILLABLE ITEM & RATE					APPLICABLE FUNDING/INSURER TYPES										FREQUENCY					
Individual or Parent Service	ASAM Level (if applicable)	Child Service (if applicable)	Procedure Code w/ Modifier	Unit	Unit Type	Billable Rate	IDHW - General Medicaid			IDHW - IROC Medicaid			IDHW - PWWC Medicaid			IDHW - TnT Medicaid			Service Limits	Auth Span Maximums		
							IDHW	Supplemental	Cost Share	IROC/ SOR	Supplemental	Cost Share	PWWC	Supplemental	Cost Share	TnT	Supplemental	Cost Share				
Alcohol or Drug Assessment	n/a	n/a	H0001	15 min.	Duration	\$12.40	✓	✓ ¹	Yes	✓		Yes	✓		Yes					1 assessment per treatment episode	20 units for 30 days 2 additional units will be authorized for assessments performed in an institution	
Updated Assessment	n/a	n/a	H0001.HF	15 min.	Duration	\$12.40	✓		Yes	✓		Yes	✓		Yes					No more than 1 hour per treatment episode Service is only requested when the client will not continue treatment with the provider completing the update.	4 units for 30 days	
Travel for Professionals (1 unit = 1 mile)	n/a	n/a	S0215	1 mile	Unit	\$0.55	✓	✓	No	✓	✓	No	✓	✓	No					Must be documented in Care Plan.	120 units to be Consistent with Assessment or Interpreter Authorization	
GPRA Interview (ESSH)	n/a	GPRA Intake	90889.EI	1	Unit	\$30.00	✓		No												Interviews are to occur at admission, 3 months post-admission, and at discharge. If the client discharges prior to 3 months, the discharge GPRA is completed and no additional GPRAs are conducted.	1 unit for Intake interview, 1 unit for 3 month post-admission, 1 unit for Discharge interview, and 1 unit for 4 unsuccessful attempts. ESSH authorization is consistent with treatment authorization - 180 day treatment episode maximum.
		GPRA 3 month follow up	90889.E3	1	Unit	\$30.00																
		GPRA attempts (4) unsuccessful	90889.EU	1	Unit	\$20.00																
		GPRA Discharge	90889.ED	1	Unit	\$30.00																
MAT Bundled Services	n/a	Evaluation	H0020.EV	\$1.00	Unit	\$1.00				✓											MAT services not to exceed 12 months per client per treatment episode. No more than one Evaluation per benefit year not to exceed \$250.00 Buprenorphine cost not to exceed \$500 every 30 days for first 180 days, and \$250 every 30 days for next 180 days. Suboxone cost not to exceed \$500 every 30 days for first 180 days, and \$250 every 30 days for next 180 days. Methadone cost not to exceed \$300 every 30 days for first 180 days; and \$150 every 30 days for next 180 days. Vivitrol (Extended Release Naltrexone) injection cost not to exceed \$1,300 every 30 days for the first 180 days, and \$650 every 30 days for the next 180 days.	Authorized units will be the maximum allowable amount. Provider will bill actual costs not to exceed maximum allowed amount. When Evaluation is needed, initial authorization will be for 250 units for 30 days. If continued MAT services are approved, authorization start and end dates will be authorized for 90 days. Additional MAT services can be authorized upon request, according to the service limits.
		Buprenorphine Services	H0020.BU	\$1.00	Unit	\$1.00																
		Suboxone Services (Naloxone & Buprenorphine combination)	H0020.SU	\$1.00	Unit	\$1.00																
		Methadone Services	H0020.ME	\$1.00	Unit	\$1.00																
		Vivitrol Services (ER Naltrexone injection)	H0020.VI	\$1.00	Unit	\$1.00																
Outpatient	Level I	Outpatient (Education)	S9448	15 min.	Duration	\$4.35	✓		Yes	✓		Yes	✓		Yes						No more than 8 hours of treatment per week for adults and no more than 6 hours of treatment per week for adolescents.	408 units for 90 days
		OP and IOP (Group)	H0005	15 min.	Duration	\$6.52																
		Outpatient (Individual)	H0004	15 min.	Duration	\$13.02																
		Outpatient (Individual with Family Members)	90847	15 min.	Duration	\$14.91																
		Outpatient (Family without client present)	90846	15 min.	Duration	\$14.91																
Intensive Outpatient	Level II.1	Intensive Outpatient (Education)	S9448	15 min.	Duration	\$4.35	✓		Yes	✓		Yes	✓		Yes						A minimum of 9 hours of treatment per week for adults and 6 hours of treatment per week for adolescents.	648 units for 60 days
		OP and IOP (Group)	H0005	15 min.	Duration	\$6.52																
		Intensive Outpatient (Individual)	H0004	15 min.	Duration	\$13.02																
		Intensive Outpatient (Individual with Family Members)	90847	15 min.	Duration	\$14.91																
		Intensive Outpatient (Family without client present)	90846	15 min.	Duration	\$14.91																

¹ Assessment for Medicaid Eligible Clients: is only available for IDHW-State Hospital-Medicaid clients.

¹⁵ Adult Halfway House, Adult Residential Treatment, and Adult Medically Monitored Residential: services are allowed for IROC, IROC-Medicaid.

¹⁶ Adolescent Residential Treatment: is allowable under IDHW upon exception only.

Effective June 2020, the COVID-19 funding source is added and follows IDHW General funding guidelines.

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AUTHORIZED SERVICE		BILLABLE ITEM & RATE					APPLICABLE FUNDING/INSURER TYPES									FREQUENCY				
Individual or Parent Service	ASAM Level (if applicable)	Child Service (if applicable)	Procedure Code w/ Modifier	Unit	Unit Type	Billable Rate	IDHW - General Medicaid			IDHW - IROC Medicaid			IDHW - PWWC Medicaid			IDHW - TnT Medicaid			Service Limits	Auth Span Maximums
							IDHW	Supplemental	Cost Share	IROC/ SOR	Supplemental	Cost Share	PWWC	Supplemental	Cost Share	TnT	Supplemental	Cost Share		
Education (Medicaid Supplemental)	n/a	n/a	S9448	15 min.	Duration	\$4.35		✓	Yes		✓	Yes		✓	Yes				Consistent with OP/IOP Frequency Limits	Consistent with OP/IOP Auth Span Maximums
Adult Halfway House	Level III.1	n/a	H0018	Day	Unit	\$52.09	✓ ¹⁵	✓ ¹⁵	Yes	✓	✓		✓	✓	Yes			Once per day (include admit day, do not include discharge day). Client must be engaged in an Outpatient or Intensive Outpatient program. Up to 90 days per treatment episode.	Consistent with treatment authorization.	
Adolescent Transitional	Level III.1	n/a	H0043	Day	Unit	\$150.50	✓	✓	Yes				✓	✓	Yes			Once per day (include admit day, do not include discharge day). Client must be engaged in an Outpatient or Intensive Outpatient program.	Consistent with treatment authorization.	
Adult Social Detox	Level III.2	n/a	H0008	Day	Unit	\$185.22	✓	✓	Yes	✓	✓	Yes	✓	✓	Yes			Once per day (include admit day, do not include discharge day) IROC clients can only access detox if they will be prescribed Vivitrol.	5 units for 5 days IROC clients can receive 7 units for 7 days, with optional extension based on medical necessity.	
Adult Residential	Level III.5	n/a	H0017	Day	Unit	\$399.17	¹⁵	¹⁵	Yes	✓	✓				Yes			Once per day (include admit day, do not include discharge day)	14 units for 14 days	
Adolescent Residential	Level III.5	n/a	H0017.HA	Day	Unit	\$399.17	✓ ¹⁶	✓ ¹⁶	Yes						Yes			Once per day (include admit day, do not include discharge day)	14 units for 14 days	
Adult Medically Monitored Residential	Level III.7	n/a	H0017.59	Day	Unit	\$510.90	¹⁵	¹⁵	Yes	✓ ¹⁵	✓ ¹⁵		¹⁵	¹⁵	Yes			Once per day (include admit day, do not include discharge day)	7 units for 7 days	

¹ Assessment for Medicaid Eligible Clients: is only available for IDHW-State Hospital-Medicaid clients.

¹⁵ Adult Halfway House, Adult Residential Treatment, and Adult Medically Monitored Residential: services are allowed for all available funding sources, other than Supervised Misdemeanant and Supervised Misdemeanant-Medicaid which require an exception.

¹⁶ Adolescent Residential Treatment: is allowable under IDHW upon exception only.

Effective June 2020, the COVID-19 funding source is added and follows IDHW General funding guidelines.

SUD Rate Matrix - Recovery Support Services



IDHW SFY22 SUD RECOVERY SUPPORT SERVICES MATRIX (Effective 8/16/2021)

AUTHORIZED SERVICE		BILLABLE ITEM & RATE					APPLICABLE FUNDING/INSURER TYPES										FREQUENCY				
Individual or Parent Service	ASAM Level (if applicable)	Child Service (if applicable)	Procedure Code w/ Modifier	Unit	Unit Type	Billable Rate	IDHW - General			IDHW - IROC			IDHW - PWWC			IDHW - TnT			Service Limits	Auth Span Maximums	
							IDHW	Medicaid Supplemental	Cost Share	IROC / SOR	Medicaid Supplemental	Cost Share	PWWC	Medicaid Supplemental	Cost Share	TnT	Medicaid Supplemental	Cost Share			
Case Management (Basic and Intensive)	n/a	Case Management	H0006	15 min.	Duration	\$12.40	✓		No	✓		No								Up to 4 hours per week	Consistent with treatment authorization. Case Management directly with the client must be billed to Medicaid. Case Management without the client present can be funded as a Medicaid supplemental service. When in Case Management if client is receiving services after successfully completing treatment, authorization for 204 units for 180 days.
		Case Management (Family without client present)	H0006:HS	15 min.	Duration	\$12.40		✓			✓										
Case Management (PWWC)	n/a	Case Management PWWC	H0006	15 min.	Duration	\$13.23														Up to 4 hours per week	Consistent with treatment authorization. Case Management directly with the client must be billed to Medicaid. Case Management without the client present can be funded as a Medicaid supplemental service. When in Case Management if client is receiving services after successfully completing treatment, authorization for 204 units for 180 days.
		Case Management PWWC (Family without Client Present)	H0006:HS	15 min.	Duration	\$13.23						✓	✓	No							
Case Mangement (SOAR)	n/a	n/a	H0006:SR	1 completed SSI / SSDI application	Unit	\$750.00	✓		No											One unit per episode Client must be in Enhanced SSH (ESSH)	Authorization date will cover for the day that the Social Security application was completed only.
Drug/Alcohol Testing	n/a	n/a	H0003	1 Test	Unit	\$13.50	✓		No	✓		No	✓							Up to 2 tests per week	Consistent with treatment authorization. Consistent with Case Management authorization if client is receiving services after successfully completing treatment - 1 year maximum of continued RSS after successfully completing treatment.
Basic Housing Essentials	n/a	n/a	S5199	\$1.00	Unit	\$1.00	✓ ¹⁰	✓ ¹⁰	No							✓ ¹⁰	✓ ¹⁰	No	\$125.00 treatment episode maximum for individuals in ESSH.	Consistent with treatment authorization for a total of 125 units.	
Adult Safe & Sober Housing	n/a	n/a	H0044	Day	Unit	\$11.50	✓	✓	No	✓	✓	No	✓	✓	No	✓	✓	No	Once per day (include admit day, do not include discharge day). Client must be engaged with Outpatient or Intensive Outpatient program or Case Management (after completed treatment successfully) provider. TnT and TnT-Medicaid funding only covers SSH if the client successfully completes Enhanced SSH (ESSH).	Consistent with treatment authorization - 180 day treatment episode maximum Consistent with Case Management authorization if client is receiving services after successfully completing treatment - 1-year maximum of continued RSS after successfully completing treatment.	
Adult Safe & Sober Housing Program Fees	n/a	n/a	H0044:UT	\$1.00	Unit	\$1.00	✓ ⁵	✓ ⁵	No							✓ ⁵	✓ ⁵	No	Client must be engaged with Adult Safe & Sober Housing. Up to 100 units (\$100.00) per 30 days	Consistent with Adult Safe & Sober Housing authorization. Authorized units will be the total dollars to be billed.	
Adult Enhanced Safe & Sober Housing	n/a	n/a	H0044:EN	Day	Unit	\$75.00	✓ ¹²	✓ ¹²	No	✓ ¹²	✓ ¹²	No	✓ ¹²	✓ ¹²	No	✓ ¹²	✓ ¹²	No	Once per day (include admit day, do not include discharge day). Client must be engaged with Outpatient or Intensive Outpatient program, or with Case Management (after completed treatment successfully) provider. Adult SSH Program Fees are included in the daily rate for ESSH and not authorized separately.	Consistent with treatment authorization - 180 day treatment episode maximum Consistent with Case Management authorization if client is receiving services after successfully completing treatment - 1-year maximum of continued RSS after successfully completing treatment.	

⁴ Transportation of child for PWWC Funded Clients: is only allowed those providers in the PWWC Specialty Network

⁵ Safe and Sober Housing Program Fees: is only allowed for State Hospital or State Hospital-Medicaid funded clients. TnT and TnT-Medicaid funding only covers program fees if the client successfully completed Enhanced SSH (ESSH).

¹⁰ Basic Housing Essentials: is only allowed for IDHW-State Hospital, IDHW-State Hospital-Medicaid, IDHW-Mental Health Court, IDHW-Mental Health Court-Medicaid, IDHW-AMH Referred, or IDHW-AMH Referred-Medicaid.

¹² Enhanced Safe & Sober Housing: beds are prioritized for State Hospital, State Hospital-Medicaid, MHC (MH Court), MHC-Medicaid, AMH Referred, or AMH Referred-Medicaid when requested by approved referral source.

Effective June 2020, the COVID-19 funding source was added and follows IDHW General funding guidelines.

SUD Rate Matrix - Recovery Support Services



IDHW SFY22 SUD RECOVERY SUPPORT SERVICES MATRIX (Effective 8/16/2021)

AUTHORIZED SERVICE		BILLABLE ITEM & RATE					APPLICABLE FUNDING/INSURER TYPES										FREQUENCY			
Individual or Parent Service	ASAM Level (if applicable)	Child Service (if applicable)	Procedure Code w/ Modifier	Unit	Unit Type	Billable Rate	IDHW - General			IDHW - IROC			IDHW - PWWC			IDHW - TnT			Service Limits	Auth Span Maximums
							IDHW	Medicaid Supplemental	Cost Share	IROC / SOR	Medicaid Supplemental	Cost Share	PWWC	Medicaid Supplemental	Cost Share	TnT	Medicaid Supplemental	Cost Share		
Adolescent Safe & Sober Housing	n/a	n/a	H0045	Day	Unit	\$75.00													Once per day (include admit day, do not include discharge day). Client must be engaged with Outpatient or Intensive Outpatient program or Case Management (after completed treatment successfully) provider	Consistent with treatment authorization - 90 day treatment episode maximum. Consistent with Case Management authorization if client is receiving services after successfully completing treatment - 1-year maximum of continued RSS after successfully completing treatment.
Transportation	n/a	Transportation Pick Up	T2002	Pick-up & 1st Mile	Unit	\$4.20													Must be documented in care plan	Consistent with treatment authorization. Consistent with Case Management authorization if client is receiving services after successfully completing treatment - 1-year maximum of continued RSS after successfully completing treatment. Initial units will be authorized based on request, care plan, and client need. Additional units can be requested.
		Transportation of Client	A0080	1 mile	Unit	\$1.17	✓	✓	No	✓	✓	No	✓	✓	No					
Transportation of Child	n/a	Transportation of Child Pick Up	T2002.HA	Pick-up & 1st Mile	Unit	\$4.20													Must be documented in care plan	Consistent with <u>client's</u> treatment authorization. Consistent with <u>client's</u> Case Management authorization if client is receiving services after <u>client</u> successfully completed treatment - 1-year maximum of continued RSS after successfully completing treatment. Initial units will be authorized based on request, care plan, and client need. Additional units can be requested.
		Transportation of Child Per Mile	A0080.HA	1 mile	Unit	\$1.17						✓ ⁴	✓ ⁴	No						
Transportation Flat Fee	n/a	n/a	T2003	\$1.00	Unit	\$1.00	✓	✓	No	✓	✓	No	✓	✓	No			Must be documented in care plan.	Tx Provider will inform of total rate for transportation (i.e. bus tickets, air fare, etc.). Authorized units are total dollars billed. Authorization date will cover for day of purchase only. Rates that are not whole dollars will be rounded - \$0.49 and below will be rounded down and \$0.50 and above will be rounded up to the nearest dollar.	
Child Care	n/a	n/a	T1009	15 min.	Duration	\$4.04	✓	✓	No	✓	✓	No	✓	✓	No			Must be documented in care plan Authorized units will allow for billing per child in childcare services.	Consistent with treatment authorization. Consistent with Case Management authorization if client is receiving services after successfully completing treatment - 1-year maximum of continued RSS after successfully completing treatment.	
Life Skills	n/a	Life Skills (Individual)	H2015	15 min.	Duration	\$6.56													Up to 2 hours per week	Consistent with treatment authorization. Consistent with Case Management authorization if client is receiving services after successfully completing treatment - 1-year maximum of continued RSS after successfully completing treatment.
		Life Skills (Group)	HQ2015	15 min.	Duration	\$3.94														
		Life Skills - Client not present	H2015.HS	15 min.	Duration	\$6.56	✓		No	✓		No	✓		No					
		Life Skills-Client not present (Group)	HQ2015.HS	15 min.	Duration	\$3.94														

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¹² Enhanced Safe & Sober Housing: beds are prioritized for IDHW-State Hospital, IDHW-State Hospital-Medicaid, MHC (MH Court), MHC-Medicaid, IDHW-AMH Referred, or IDHW-AMH Referred-Medicaid when requested by approved referral source.

Effective June 2020, the COVID-19 funding source is added and follows IDHW General funding guidelines.

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							IDHW - General			IDHW - IROC			IDHW - PWWC			IDHW - TnT				
							IDHW	Medicaid Supplemental	Cost Share	IROC / SOR	Medicaid Supplemental	Cost Share	PWWC	Medicaid Supplemental	Cost Share	TnT			Medicaid Supplemental	Cost Share
Individual or Parent Service	ASAM Level (if applicable)	Child Service (if applicable)	Procedure Code w/ Modifier	Unit	Unit Type	Billable Rate											Service Limits	Auth Span Maximums		
Medical Needs Benefit	n/a	n/a	H2016	\$1.00	Unit	\$1.00						✓	✓	No				\$263.00 treatment episode maximum	Consistent with treatment authorization or consistent with Case Management authorization if client is receiving services after successfully completing treatment - 1-year maximum of continued RSS after successfully completing treatment for a total of 263	
Staffing (Planned Facilitation)	n/a	n/a	H0022	15 min.	Duration	\$6.21	✓	✓	No	✓	✓	No	✓	✓	No			Must be documented in care plan	Consistent with treatment authorization. Consistent with Case Management authorization if client is receiving services after successfully completing treatment - 1-year maximum of continued RSS after successfully completing treatment.	
Interpreter Services	n/a	n/a	T1013	\$1.00	Unit	\$1.00	✓		No	✓		No	✓		No			Must be documented in care plan	Tx Provider will inform of hourly rate & needed hours. Authorized units will be the total dollars to be billed. If travel is needed, authorize "Travel for Professionals". Time frame consistent with treatment authorization. Time frame consistent with Case Management authorization if client is receiving services after successfully completing treatment - 1-year maximum of continued RSS after successfully completing treatment.	
Lodging	n/a	n/a	S9976	\$1.00	Unit	\$1.00	✓	✓	No	✓	✓	No	✓	✓	No			\$250.00 treatment episode maximum.	Consistent with treatment authorization for a total of 250 units. Consistent with Case Management authorization if client is receiving services after successfully completing treatment - 1-year maximum of continued RSS after successfully completing treatment for a total of 250	
Recovery Coaching	n/a	n/a	H0038	15 min	Duration	\$10.00	✓		No	✓		No	✓		No			Up to 192 units for 6 months for individual sessions.	Consistent with treatment authorization for a total of 192 units for 6 months. Consistent with Case Management authorization if client is receiving services after successfully completing treatment - 1-year maximum of continued RSS after successfully completing treatment for a total of 192	
MAT Management Fee	n/a	n/a	T2023	\$1.00	Unit	\$1.00				✓	✓	No						\$50.00 for every 30 days for 12 months (not to exceed \$600.00 per client per treatment episode.	Consistent with MAT Services authorization and active treatment authorization for a total of 600 units for 12 months.	
Aftercare (Group) (needs built in WITS for IDHW)	n/a	n/a	H0047	15 min	Duration	\$5.91	✓	✓	No	✓	✓	No	✓	✓	No			Must be documented in care plan	Consistent with treatment authorization. Consistent with Case Management authorization if client is receiving services after successfully completing treatment - 1-year maximum of continued RSS after successfully completing treatment.	
Em. / Temp. Housing (needs built in WITS for IDHW)	n/a	n/a	H0044.ET	Day	Unit	\$25.00	✓	✓	No	✓	✓	No	✓	✓	No			Must be documented in care plan	Consistent with treatment authorization. Consistent with Case Management authorization if client is receiving services after successfully completing treatment - 1-year maximum of continued RSS after successfully completing treatment.	
Prenatal Care (needs built in WITS for IDHW)	n/a	n/a	H1000	15 min.	Duration	Case by Case							✓	✓	No			Must be documented in care plan	Consistent with treatment authorization. Consistent with Case Management authorization if client is receiving services after successfully completing treatment - 1-year maximum of continued RSS after successfully completing treatment.	

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