

IDOC SUD Rate Matrix - Treatment Services



IDOC SFY22 SUD CLINICAL TREATMENT SERVICES MATRIX (Effective 08/16/2021)												
AUTHORIZED SERVICE		BILLABLE ITEM					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	19-2524	Reentry	Medicaid Supplemental for 19-2524 only	Service Limits	Auth Span Maximum	
Alcohol or Drug Assessment	n/a	n/a	H0001	15 min.	Duration	\$12.40	✓			20 units An additional 2 units can be requested and authorized for assessments performed in an institution (not to exceed 22 units).	60 days	
Travel for Professionals (1 unit = 1 mile)	n/a	n/a	S0215	1 mile	Unit	\$0.55	✓			120 units (1 unit = 1 mile) An additional 60 units (1 unit = 1 mile) can be authorized for assessment (not to exceed 180 units).	60 days	
Adult Social Detox *	Level 3.2	n/a	H0008	Day	Unit	\$185.22	✓		✓	NTE 5 days	5 units for 5 days	
Adult Residential	Level 3.5	n/a	H0017	Day	Unit	\$399.17	✓		✓	NTE 28 Days, NTE once in 6 months Once per day (include admit day, do not include discharge day) Services beyond 28 days (requested by provider or ordered by court) will be reviewed and approved by IDOC as an out of matrix request.	28 units for 28 days	
<b>SUD Treatment 180 days</b>												
19-2524 Treatment	Level 1 and 2.1	Education	S9448	15 min.	Duration	\$4.35	✓			NTE 175 hours in 180 days (700 units) NTE 1.5 hours Individual and Individual with Family Members per week (6 units)	700 units for 180 days	
		Group	H0005	15 min.	Duration	\$6.52						
		Individual	H0004	15 min.	Duration	\$13.02						
		Individual with Family Members	90847	15 min.	Duration	\$14.91						
Education (Medicaid Supplemental)		n/a	S9448	15 min.	Duration	\$4.35	✓		✓	NTE 4 Hrs/Wk	192 units for 180 days	

Please note: reimbursement is contingent on the BPA Health provider rates in the contract based on the units authorized for an IDOC client.

# IDOC SUD Rate Matrix - Recovery Support Services



IDOC FY22 SUD RECOVERY SUPPORT SERVICES MATRIX (Effective 08/16/2021)											
AUTHORIZED SERVICE		BILLABLE ITEM					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	19-2524	Reentry	Medicaid Supplemental for 19-2524 only	Service Limits	Auth Span Maximum
Case Management (Basic and Intensive) *	n/a	Case Management	H0006	15 min.	Duration	\$12.40	✓	✓		NTE 24 hours in 180 days (96 units)	Up to 180 days
		Case Management (Family without client present)	H0006:HS	15 min.	Duration	\$12.40					
Drug/Alcohol Testing	n/a	n/a	H0003	1 Test	Unit	\$13.56	✓	✓	✓	NTE 2x/week, no less than once per week	52 tests for 180 days
Transportation *	n/a	Transportation Pick Up	T2002	Pick-up & 1st Mile	Unit	\$4.20	✓	✓		800 miles 6 month maximum	Upt to 180 days
		Transportation of Client	A0080	1 mile	Unit	\$1.17	✓	✓	✓	Transportation to or from Adult Residential treatment - NTE 800 miles per episode.	Transportation to and/or from Adult Residential treatment will be authorized according to transportation need of client.
Transportation Flat Fee *	n/a	n/a	T2003	\$1.00	Unit	\$1.00	✓	✓	✓	200 units per treatment episode max. Transportation to and/or from Adult Residential treatment - NTE 800 units per episode.	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		T1009	15 min.	Duration	\$4.04	✓	✓	✓		
Life Skills	n/a	Life Skills (Individual)	H2015	15 min.	Duration	\$6.56	✓	✓		NTE 24 hours in 180 days (96 units)	
		Life Skills (Group)	HQ2015	15 min.	Duration	\$3.94					
Life Skills (Medicaid Supplemental)	n/a	Life Skills (Group)	HQ2015	15 min.	Duration	\$3.94			✓	NTE 24 hours in 180 days (96 units)	
Interpreter Services	n/a	n/a	T1013	\$1.00	Unit	\$1.00	✓	✓		Case by Case; IDOC will review on OM Requests.	Tx Provider will inform of hourly rate & needed hours. Authorized units will be the total dollars to be billed. If travel is needed and requested, authorize "Travel for Professionals".
Adult Safe & Sober Housing	n/a	n/a	h0044	Day	Unit	\$11.50	✓	✓	✓	60 days max- no out of matrix allowable	60 units for 60 days, maximum 60 units for 60 days. If the client has been approved for any IDOC transitional housing (outside of WITS) or has had the "Transitional Housing Only" stage (inside of WITS), the remaining available units can be
Staffing (Planned Facilitation)	n/a	n/a	H0022	15 min.	Duration	\$6.21	✓	✓	✓	NTE 12 hours/180 days	

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Individual or Parent Service	ASAM Level (if applicable)	Child Service (if applicable)	Procedure Code w/ Modifier	Unit	Unit Type	Billable Rate	19-2524	Reentry	Medicaid Supplemental for 19-2524 only	Service Limits	Auth Span Maximum
Recovery Coaching*	n/a	n/a	H0038	15 min	Duration	\$10.00	✓	✓	✓	NTE 24 hours in 180 days (96 units)	