

IDHW SUD Rate Matrix - Treatment Services



IDHW SF23 SUD CLINICAL TREATMENT SERVICES MATRIX (Effective 04/25/2023)

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/SOR			IDHW - TnT			Service Limits	Auth Span Maximums	
							IDHW	Medicaid Supplemental	Cost Share	IROC/ SOR	Medicaid Supplemental	Cost Share	TnT	Medicaid Supplemental	Cost Share			
Alcohol or Drug Assessment	n/a	n/a	H0001	15 min.	Duration	\$14.26	✓	✓ ¹	Yes	✓	✓ ¹	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				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				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											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							✓	✓	No			
		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 are per client per treatment episode. No more than one Evaluation per benefit year not to exceed \$250.00 <u>Buprenorphine</u> cost not to exceed \$500 every 30 days. <u>Suboxone</u> cost not to exceed \$500 every 30 days. <u>Methadone</u> cost not to exceed \$300 every 30 days. <u>Vivitrol (Extended Release Naltrexone)</u> injection cost not to exceed \$1,300 every 30 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				✓					No			
		Suboxone Services (Naloxone & Buprenorphine combination)	H0020.SU	\$1.00	Unit	\$1.00				✓					No			
		Methadone Services	H0020.ME	\$1.00	Unit	\$1.00				✓					No			
		Vivitrol Services (ER Naltrexone injection)	H0020.VI	\$1.00	Unit	\$1.00				✓	✓				No			
Education (Medicaid Supplemental)	n/a	n/a	S9448	15 min.	Duration	\$5.00		✓	Yes		✓	Yes				Consistent with OP/IOP Frequency Limits	Consistent with OP/IOP Auth Span Maximums	
Outpatient	Level I	Outpatient (Education)	S9448	15 min.	Duration	\$5.00										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	\$7.62												
		Outpatient (Individual)	H0004	15 min.	Duration	\$14.97	✓		Yes	✓			Yes					
		Outpatient (Individual with Family Members)	90847	15 min.	Duration	\$17.15												
Intensive Outpatient	Level II.1	Intensive Outpatient (Education)	S9448	15 min.	Duration	\$5.00									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	\$7.62												
		Intensive Outpatient (Individual)	H0004	15 min.	Duration	\$14.97												
		Intensive Outpatient (Individual with Family Members)	90847	15 min.	Duration	\$17.15	✓		Yes	✓			Yes					
Partial Hospitalization Program	Level II.5	PHP (Half Day)	H0035/HF/HF/HF/HF	Day	Unit	\$292.50	✓		Yes	✓		Yes			Once per day. Cannot bill full day and half day on the same date of service. Bundled service payment of 3 to 5 hours.	30 units for 30 days		
		PHP (Full Day)	H0035/HF/HF/HF	Day	Unit	\$405.00	✓		Yes	✓		Yes		Once per day. Cannot bill full day and half day on the same date of service. Bundled service payment of 6 or more hours.	30 units for 30 days			

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

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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	IDHW - General			IDHW - IROC/SOR			IDHW - TnT			Service Limits	Auth Span Maximums
							IDHW	Medicaid Supplemental	Cost Share	IROC/ SOR	Medicaid Supplemental	Cost Share	TnT	Medicaid Supplemental	Cost Share		
Adult Halfway House	Level III.1	n/a	H0018	Day	Unit	\$52.09	✓	✓	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				Once per day (include admit day, do not include discharge day)	5 units for 5 days IROC clients on Vivitrol 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	✓	✓	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	✓	✓	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	✓	✓	Yes	✓	✓	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.

IDHW SUD Rate Matrix - Recovery Support Services



IDHW SFY23 SUD RECOVERY SUPPORT SERVICES MATRIX (Effective 04/25/2023)																	
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/SOR			IDHW - TnT			Service Limits	Auth Span Maximums
							IDHW	Medicaid Supplemental	Cost Share	IROC / SOR	Medicaid Supplemental	Cost Share	TnT	Medicaid Supplemental	Cost Share		
Case Management (Basic and Intensive)	n/a	Case Management	H0006	15 min.	Duration	\$15.25										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	\$15.25	✓	✓	No	✓	✓	No					
Case Management (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							✓	✓	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	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 for SSH. MH Court funded clients may be eligible to receive additional authorizations beyond the 180 day episode maximum. Consistent with continued 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	\$80.00	✓ 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 for ESSH. Consistent with continued Case Management authorization if client is receiving services after successfully completing treatment - 1-year maximum of continued RSS after successfully completing treatment.
Adolescent Safe & Sober Housing	n/a	n/a	H0045	Day	Unit	\$75.00	✓	✓	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	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.
		Transportation of Client	A0080	1 mile	Unit	\$1.17	✓	✓	No	✓	✓	No				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.	

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).

¹² Enhanced Safe & Sober Housing: beds are prioritized for State Hospital, State Hospital-Medicaid, MHC (MH Court), MHC-Medicaid.

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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			IDHW - IROC/SOR			IDHW - TnT			Service Limits	Auth Span Maximums
							IDHW	Medicaid Supplemental	Cost Share	IROC/SOR	Medicaid Supplemental	Cost Share	TnT	Medicaid Supplemental	Cost Share		
Transportation Flat Fee	n/a	n/a	T2003	\$1.00	Unit	\$1.00	✓	✓	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			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	✓		No	✓		No				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.	
			HQ2015	15 min.	Duration	\$3.94											
			H2015.HS	15 min.	Duration	\$6.56											
			HQ2015.HS	15 min.	Duration	\$3.94											
Staffing (Planned Facilitation)	n/a	n/a	H0022	15 min.	Duration	\$6.21	✓	✓	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			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			\$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 units.		
Recovery Coaching	n/a	n/a	H0038	15 min	Duration	\$13.63	✓		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 if receiving services after successfully completing treatment - 1-year maximum of continued RSS after successfully completing treatment for a total of 192 units for 6 months.		
MAT Management Fee	n/a	n/a	T2023	\$1.00	Unit	\$1.00				✓	✓	No			\$50.00 for every 30 days. One check-in required each 30 days with Case Manager, Counselor, or Recovery Coach. Consistent with MAT Services authorization.		

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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.