

## FY21 CMHPSM SUD Fee-For-Service Contract Standard Fee Schedules (Monroe and Washtenaw FFS Clients)

| FY21 SUD Fee-for-Service Contract Fee Schedule |     |  |             |          |   |  |
|--|-----|--|-------------|----------|---|--|
| HCPCS/<br>CPT                                  | MOD | SERVICE  | DURATION    | Rate     | Premium Pay<br>Rate<br>10/01/2020-<br>02/28/21<br>(for specific<br>codes) | Premium Pay<br>Rate<br>3/1/2021-<br>9/30/21<br>(for specific<br>codes) |
| 90791  | HF  | Psychiatric Evaluation   | Encounter   | \$100.00 |   |  |
| 90792  | HF  | Psychiatric Evaluation   | Encounter   | \$175.00 |   |  |
| 90832  | HF  | 30 minutes of Psychotherapy  | Encounter   | \$60.00  |   |  |
| 90834  | HF  | 45 minutes of Psychotherapy  | Encounter   | \$85.00  |   |  |
| 90837  | HF  | 60 minutes of Psychotherapy  | Encounter   | \$110.00 |   |  |
| 90853  | HF  | Group Therapy per Session  | Encounter   | \$26.00  |   |  |
| 96372  |     | Therapeutic, prophylactic, diagnostic injection, doctor on site<br>Medication Administration therapeutic, prophylactic, or diagnostic injection (specify substance or drug); subcutaneous or intramuscular | Encounter   | \$30.00  |   |  |
| 97810  |     | Acupuncture 1 or more needles, initial 15 minutes  | Encounter   | \$40.00  |   |  |
| 97811  |     | Acupuncture 1 or more needles, each additional 15 minutes  | Encounter   | \$40.00  |   |  |
|  |     |  |             |          |   |  |
| 99202  | HF  | E&M New Patient Med  | Encounter   | \$60.00  |   |  |
| 99203  | HF  | E&M New Patient High   | Encounter   | \$80.00  |   |  |
| 99204  | HF  | E&M New Patient High   | Encounter   | \$90.00  |   |  |
| 99205  | HF  | E&M New Patient High   | Encounter   | \$100.00 |   |  |
| 99211  | HF  | E&M Existing Patient No Doc Low  | Encounter   | \$30.00  |   |  |
| 99212  | HF  | E&M Existing Patient Low   | Encounter   | \$35.00  |   |  |
| 99213  | HF  | E&M Existing Patient Med   | Encounter   | \$55.00  |   |  |
| 99214  | HF  | E&M Existing Patient Mod-High  | Encounter   | \$75.00  |   |  |
| 99215  | HF  | E&M Existing Patient High  | Encounter   | \$75.00  |   |  |
| H0001  |     | Alcohol and/or Drug Assessment   | Encounter   | \$60.00  |   |  |
| 99417  | HF  | Prolonged office or other outpatient evaluation and management service(s) used in conjunction with codes 99205 and 99215   | Per 15 mins | \$20.00  |   |  |
| H0001  | HD  | Alcohol and/or Drug Assessment   | Encounter   | \$60.00  |   |  |
| H0003  |     | Laboratory analysis of specimens to detect presence of alcohol or drugs.   | Encounter   | \$15.00  |   |  |
| H0004  |     | Individual Behavioral Health Counseling and Therapy  | Per 15 mins | \$15.00  |   |  |
| H0004  | HD  | Individual Behavioral Health Counseling and Therapy  | Per 15 mins | \$15.00  |   |  |
| H0005  |     | Alcohol & Drug Group Counseling by Clinician   | Encounter   | \$26.00  |   |  |

| FY21 SUD Fee-for-Service Contract Fee Schedule |          |   |           |          |   |  |
|--|----------|---|-----------|----------|---|--|
| HCPCS/<br>CPT                                  | MOD      | SERVICE   | DURATION  | Rate     | Premium Pay<br>Rate<br>10/01/2020-<br>02/28/21<br>(for specific<br>codes) | Premium Pay<br>Rate<br>3/1/2021-<br>9/30/21<br>(for specific<br>codes) |
| H0005  | HD       | Alcohol & Drug Group Counseling by Clinician  | Encounter | \$26.00  |   |  |
| H0006  |          | SUD Case Management- Services provided to link clients to other essential medical, educational, social and/or other services.   | Encounter | \$30.00  |   |  |
| H0010  |          | Alcohol and/or drug services; sub-acute detoxification; medically monitored residential detox (ASAM Level III.7.D)  | Per Day   | \$190.00 | \$211.00  | \$214.00   |
| H0010  | HA       | Adolescent Alcohol and/or drug services; sub-acute detoxification; medically monitored residential detox (ASAM Level III.7.D)   | Per Day   | \$325.00 |   |  |
| H0012  |          | Alcohol and/or drug services; sub-acute detoxification (residential addiction program outpatient)   | Per Day   | \$190.00 | \$211.00  | \$214.00   |
| H0012  | HA       | Adolescent Alcohol and/or drug services; sub-acute detoxification (residential addiction program outpatient)  | Per Day   | \$325.00 |   |  |
| H0014  |          | Alcohol and/or drug services; sub-acute detoxification; medically monitored residential detox (ASAM Level I.D)  | Per Day   | \$190.00 | \$211.00  | \$214.00   |
| H0014  | HA       | Adolescent Alcohol and/or drug services; sub-acute detoxification; medically monitored residential detox (ASAM Level I.D)   | Per Day   | \$325.00 |   |  |
| H0015  |          | IOP Intensive Outpatient Care   | Per Day   | \$110.00 |   |  |
| H0018  | HF       | Alcohol and/or drug services; corresponds to services provided in short term residential (non-hospital residential treatment program)<br><br>3.1 Clinically Managed Low Intensity (H0018:HF short- term no modifier)          | Per Day   | \$133.00 | \$148.00  | \$150.00   |
| H0018  | HF<br>UB | Alcohol and/or drug services; corresponds to services provided in short term residential (non-hospital residential treatment program)<br><br>3.3 Clinically Managed Population-Specific (H0018:HF short term and UB modifier) | Per Day   | \$133.00 | \$148.00  | \$150.00   |

| FY21 SUD Fee-for-Service Contract Fee Schedule |          |   |          |          |   |  |
|--|----------|---|----------|----------|---|--|
| HCPCS/<br>CPT                                  | MOD      | SERVICE   | DURATION | Rate     | Premium Pay<br>Rate<br>10/01/2020-<br>02/28/21<br>(for specific<br>codes) | Premium Pay<br>Rate<br>3/1/2021-<br>9/30/21<br>(for specific<br>codes) |
| H0018  | HF<br>TF | Alcohol and/or drug services;<br>corresponds to services provided in short term<br>residential (non-hospital residential treatment<br>program)<br><br>3.5 Clinically Managed High<br>Intensity (H0018:HF short term and TF modifier)  | Per Day  | \$133.00 | \$148.00  | \$150.00   |
| H0018  | HF<br>TG | Alcohol and/or drug services;<br>corresponds to services provided in short term<br>residential (non-hospital residential treatment<br>program)<br><br>3.7 Medically Monitored Intensive (H0018:HF<br>short term and TG modifier)  | Per Day  | \$133.00 | \$148.00  | \$150.00   |
| H0018  | HA       | Adolescent Alcohol and/or drug services;<br>corresponds to services provided in ASAM Level<br>III.3 and ASAM Level III.5 programs, previously<br>referred to as short-term residential (non-<br>medical, non-acute care in residential treatment<br>program where stay is typically longer than 30<br>days) | Per Day  | \$285.00 |   |  |
| H0019  |          | Alcohol and/or drug services; corresponds to<br>services provided in long-term residential (non-<br>medical, nonacute care in residential treatment<br>program where stay is typically longer than 30<br>days)<br><br>3.1 Clinically Managed Low Intensity (H0019 long<br>term no modifier)                 | Per Day  | \$133.00 | \$147.75  | \$150.00   |
| H0019  | UB       | Alcohol and/or drug services; corresponds to<br>services provided in long-term residential (non-<br>medical, nonacute care in residential treatment<br>program where stay is typically longer than 30<br>days)<br><br>3.3 Clinically Managed Population-Specific<br>(H0019 long term and UB modifier)       | Per Day  | \$133.00 | \$147.75  | \$150.00   |

| FY21 SUD Fee-for-Service Contract Fee Schedule |     |   |                      |          |   |  |
|--|-----|---|----------------------|----------|---|--|
| HCPCS/<br>CPT                                  | MOD | SERVICE   | DURATION             | Rate     | Premium Pay<br>Rate<br>10/01/2020-<br>02/28/21<br>(for specific<br>codes) | Premium Pay<br>Rate<br>3/1/2021-<br>9/30/21<br>(for specific<br>codes) |
| H0019  | TF  | Alcohol and/or drug services; corresponds to services provided in long-term residential (non-medical, nonacute care in residential treatment program where stay is typically longer than 30 days)<br><br>3.5 Clinically Managed High Intensity (H0019 long term and TF modifier)        | Per Day              | \$133.00 | \$147.75  | \$150.00   |
| H0019  | TG  | Alcohol and/or drug services; corresponds to services provided in long-term residential (non-medical, nonacute care in residential treatment program where stay is typically longer than 30 days)<br><br>3.7 Medically Monitored Intensive (H0019 long term and TG modifier)            | Per Day              | \$133.00 | \$147.75  | \$150.00   |
| H0019  | HA  | Adolescent Alcohol and/or drug services; corresponds to services provided in ASAM Level III.3 and ASAM Level III.5 programs, previously referred to as long-term residential (non-medical, non-acute care in residential treatment program where stay is typically longer than 30 days) | Per Day              | \$255.00 |   |  |
| H0020  |     | Methadone Dosing  | Encounter            | \$6.25   |   |  |
| H0033  |     | Pharmacological Support – Oral medication administration, direct observation. (Use for Buprenorphine or Suboxone administration and/or service - provision of the drug).  | Encounter            | \$10.00  |   |  |
| H0038  | HF  | Recovery Coach/Peer Services  | Per 15 mins          | \$25.00  |   |  |
| H0048  |     | Alcohol and drug testing, collection and handling only, specimens other than blood.   | Encounter / per test | \$10.00  |   |  |
| H2034  |     | Recovery/Transitional Housing   | Per Day              | \$27.00  |   |  |
| H2035  |     | Group Outpatient: Alcohol/Other Drug Treatment  | Per Hour             | \$60.00  |   |  |
| S9976  | HF  | Residential Room and Board - May be used in conjunction with H0018 & H0019.   | Per Day              | \$27.00  |   |  |
| T1009  |     | Care of the children of the individual receiving alcohol and/or substance abuse services  | Encounter / Per Hour | \$15.00  |   |  |
| T1012  |     | Recovery Supports   | Encounter            | \$100.00 |   |  |