## FY2022 CMHPSM SUD Fee-For-Service Contract Standard Fee Schedules (Monroe and Washtenaw FFS Clients)

| FY2022 SUD Fee-for-Service Contract Fee Schedule 10/1/2021- |                            |   |             |          |                         |   |
|---|----------------------------|---|-------------|----------|-------------------------|---|
|   |                            |   |             |          | 9/30/2022               | 9/30/2022   |
| HCPCS/<br>CPT<br>Code                                       | MOD                        | SERVICE   | DURATION    | Rate     | Difference<br>from FY21 | Premium Pay<br>Rate \$2.35 (for<br>specific<br>applicable<br>CPT Codes) |
| 90791   |                            | Psychiatric Evaluation  | Encounter   | \$100.00 | -                       |   |
| 90792   |                            | Psychiatric Evaluation  | Encounter   | \$175.00 | -                       |   |
| 90832   |                            | 30 minutes of Psychotherapy   | Encounter   | \$60.00  | -                       |   |
| 90834   |                            | 45 minutes of Psychotherapy   | Encounter   | \$85.00  | -                       |   |
| 90837   |                            | 60 minutes of Psychotherapy   | Encounter   | \$110.00 | -                       |   |
| 90853   | UN<br>UP<br>UQ<br>UR<br>US | Group Therapy per Session: U modifiers based on number of group attendees   | Encounter   | \$26.00  | -                       |   |
| 96372   |                            | Therapeutic, prophylactic, diagnostic injection, doctor on site 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  | -                       |   |
| 99201   |                            | E&M New Patient Low   | Encounter   | \$40.00  |                         |   |
| 99202   |                            | E&M New Patient Med   | Encounter   | \$75.00  | +\$15.00                |   |
| 99203   |                            | E&M New Patient High  | Encounter   | \$100.00 | +\$20.00                |   |
| 99204   |                            | E&M New Patient High  | Encounter   | \$120.00 | +\$30.00                |   |
| 99205   |                            | E&M New Patient High  | Encounter   | \$175.00 | +\$75.00                |   |
| 99211   |                            | E&M Existing Patient No Doc Low   | Encounter   | \$35.00  | +\$5.00                 |   |
| 99212   |                            | E&M Existing Patient Low  | Encounter   | \$45.00  | +\$10.00                |   |
| 99213   |                            | E&M Existing Patient Med  | Encounter   | \$65.00  | +\$10.00                |   |
| 99214   |                            | E&M Existing Patient Mod-High   | Encounter   | \$95.00  | +\$20.00                |   |
| 99215   |                            | E&M Existing Patient High   | Encounter   | \$135.00 | +\$60.00                |   |
| H0001   |                            | Alcohol and/or Drug Assessment  | Encounter   | \$130.00 | +\$70.00                |   |
| H0001   | HD                         | Alcohol and/or Drug Assessment  | Encounter   | \$130.00 | +\$70.00                |   |
| H0003   |                            | Laboratory analysis of specimens to detect presence of alcohol or drugs.  | Encounter   | \$18.00  | +\$3.00                 |   |
| H0004   |                            | Individual Behavioral Health<br>Counseling and Therapy  | Per 15 mins | \$25.00  | +\$10.00                |   |

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|--|----------------------------|--|-------------|----------|-------------------------|---|
| HCPCS/<br>CPT<br>Code                            | MOD                        | SERVICE  | DURATION    | Rate     | Difference<br>from FY21 | Premium Pay<br>Rate \$2.35 (for<br>specific<br>applicable<br>CPT Codes) |
| H0004  | HD                         | Individual Behavioral Health<br>Counseling and Therapy   | Per 15 mins | \$25.00  | +\$10.00                |   |
| H0005  | UN<br>UP<br>UQ<br>UR<br>US | Alcohol & Drug Group Counseling by<br>Clinician: U modifiers based on<br>number of group attendees   | Encounter   | \$40.00  | +\$14.00                |   |
| H0005  | HD                         | Alcohol & Drug Group Counseling by Clinician   | Encounter   | \$40.00  | +\$14.00                |   |
| 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-<br>acute detoxification; medically<br>monitored residential detox (ASAM<br>Level III.7.D)   | Per Day     | \$315.00 | +\$125.00               |   |
| H0012  |                            | Alcohol and/or drug services; sub-<br>acute detoxification (residential<br>addiction program outpatient)   | Per Day     | \$190.00 | +\$25.00                | \$216   |
| H0014  |                            | Alcohol and/or drug services; sub-<br>acute detoxification; medically<br>monitored residential detox (ASAM<br>Level I.D)   | Per Day     | \$190.00 | -                       | \$216   |
| H0014  |                            | 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     | \$115.00 | +\$5.00                 |   |
| H0018  | W1                         | Alcohol and/or drug services;<br>corresponds to services provided in<br>short term residential (non-hospital<br>residential treatment program)<br>3.1 Clinically Managed Low Intensity                                   | Per Day     | \$140.00 | +\$7.00                 | \$152   |
| H0018  | W3                         | Alcohol and/or drug services;<br>corresponds to services provided in<br>short term residential (non-hospital<br>residential treatment program)<br>3.3 Clinically Managed Population-<br>Specific (H0018 and W3 modifier) | Per Day     | \$140.00 | +\$7.00                 | \$152   |

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|--|-----|--|----------|----------|-------------------------|---|
| HCPCS/<br>CPT<br>Code                            | MOD | SERVICE  | DURATION | Rate     | Difference<br>from FY21 | Premium Pay<br>Rate \$2.35 (for<br>specific<br>applicable<br>CPT Codes) |
| H0018  | W5  | Alcohol and/or drug services;<br>corresponds to services provided in<br>short term residential (non-hospital<br>residential treatment program)<br>3.5 Clinically Managed High<br>Intensity (H0018 and W5 modifier)   | Per Day  | \$150.00 | +\$17.00                | \$162   |
| H0018  | W7  | Alcohol and/or drug services;<br>corresponds to services provided in<br>short term residential (non-hospital<br>residential treatment program)<br>3.7 Medically Monitored Intensive<br>(H0018 and W7 modifier)   | Per Day  | \$156.00 | +\$23.00                | \$168   |
| H0019  | W1  | 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) 3.1 Clinically Managed Low Intensity (H0019 and W1 modifier)       | Per Day  | \$140.00 | +\$7.00                 | \$152   |
| H0019  | W3  | 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) 3.3 Clinically Managed Population-Specific (H0019 and W3 modifier) | Per Day  | \$140.00 | +\$7.00                 | \$152   |
| H0019  | W5  | 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) 3.5 Clinically Managed High Intensity (H0019 and W5 modifier)      | Per Day  | \$150.00 | +\$17.00                | \$162   |

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|--|-----|---|-------------------------|----------|-------------------------|---|
| HCPCS/<br>CPT<br>Code                            | MOD | SERVICE   | DURATION                | Rate     | Difference<br>from FY21 | Premium Pay<br>Rate \$2.35 (for<br>specific<br>applicable<br>CPT Codes) |
| H0019  | W7  | 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) 3.7 Medically Monitored Intensive (H0019 and W7 modifier)                             | Per Day                 | \$156.00 | +\$23.00                | \$168   |
| H0018  |     | Adolescent Alcohol and/or drug services; corresponds to services provided in ASAM Level III.3 and ASAM Level III.5 programs, Alcohol and/or drug services; corresponds to services provided in short term residential (non-hospital residential treatment program)                      | Per Day                 | \$285.00 | -                       |   |
| H0019  |     | 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                 | \$285.00 | -                       |   |
| H0020  |     | Methadone Dosing  | Encounter               | \$7.00   | +\$0.75                 |   |
| H0038  |     | Recovery Coach/Peer Services  | Per 15 mins             | \$25.00  | -                       |   |
| H0048  |     | Alcohol and drug testing, collection and handling only, specimens other than blood.   | Encounter /<br>per test | \$3.00   | -\$7.00                 |   |
| H2034  |     | Recovery/Transitional Housing   | Per Day                 | \$27.00  | -                       |   |
| H2035  |     | Group Outpatient: Alcohol/Other<br>Drug Treatment   | Per Hour                | \$40.00  | -\$20.00                |   |
| S9976  |     | 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 /<br>Per Hour | \$15.00  | -                       |   |

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|--|-----|-------------------|-----------|---------|------------|------------------|
|  |     |                   |           |         |            | 9/30/2022        |
| HCPCS/   | MOD | SERVICE           | DURATION  | Rate    | Difference | Premium Pay      |
| CPT  |     |                   |           |         | from FY21  | Rate \$2.35 (for |
| Code   |     |                   |           |         |            | specific         |
|  |     |                   |           |         |            | applicable       |
|  |     |                   |           |         |            | CPT Codes)       |
| T1012  |     | Recovery Supports | Encounter | \$60.00 | -\$40.00   |                  |
|  |     |                   |           |         |            |                  |