

FY2024 CMHPSM SUD Fee-For-Service Contract Standard Fee Schedules

(Monroe and Washtenaw FFS Client)

HCPCS/ CPT	MODIFIERS	SERVICE DESCRIPTION	DURATION	Rate 10/1/2023-9/30/2024
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	UNUP UQ UR 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
99202		E&M New Patient Med	Encounter	\$75.00
99203		E&M New Patient High	Encounter	\$100.00
99204		E&M New Patient High	Encounter	\$120.00
99205		E&M New Patient High	Encounter	\$175.00
99211		E&M Existing Patient No Doc Low	Encounter	\$35.00
99212		E&M Existing Patient Low	Encounter	\$45.00
99213		E&M Existing Patient Med	Encounter	\$65.00
99214		E&M Existing Patient Mod-High	Encounter	\$95.00
99215		E&M Existing Patient High	Encounter	\$135.00
H0001		Alcohol and/or Drug Assessment	Encounter	\$130.00
H0001	HD	Alcohol and/or Drug Assessment	Encounter	\$130.00
H0003		Laboratory analysis of specimens to detect presence of alcohol or drugs.	Encounter	\$18.00
H0004		Individual Behavioral Health Counseling and Therapy	Per 15 mins	\$25.00
H0004	HD	Individual Behavioral Health Counseling and Therapy	Per 15 mins	\$25.00
H0005	UN UP UQ UR US	Alcohol & Drug Group Counseling by Clinician: U modifiers based on number of group attendees	Encounter	\$40.00
H0005	HD	Alcohol & Drug Group Counseling by Clinician	Encounter	\$40.00
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 withdrawal management; medically monitored residential withdrawal management (3.7-WM)	Per Day	\$324.00*

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H0012		Alcohol and/or drug services; sub-acute withdrawal management; clinically managed residential withdrawal management; non-medical or social withdrawal management setting Alcohol and/or drug services; sub-acute withdrawal management (residential addiction program outpatient) (3.2-WM)	Per Day	\$225.00
H0015		IOP Intensive Outpatient Care Alcohol and/or drug services; intensive outpatient (from 9 to 19 hours of structured programming per week based on an individualized treatment plan), including assessment, counseling, crisis intervention, and activity therapies or education	Per Day	\$115.00
H0018	W1	Alcohol and/or drug services; corresponds to services provided in short term residential (non-hospital residential treatment program) 3.1 Clinically Managed Low Intensity	Per Day	\$160.00*
H0018	W3	Alcohol and/or drug services; corresponds to services provided in short term residential (non-hospital residential treatment program) 3.3 Clinically Managed Population-Specific (H0018 and W3 modifier)	Per Day	\$160.00*
H0018	W5	Alcohol and/or drug services; corresponds to services provided in short term residential (non-hospital residential treatment program) 3.5 Clinically Managed High Intensity (H0018 and W5 modifier)	Per Day	\$169.00*
H0018	W7	Alcohol and/or drug services; corresponds to services provided in short term residential (non-hospital residential treatment program) 3.7 Medically Monitored Intensive (H0018 and W7 modifier)	Per Day	\$175.00*
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	\$160.00*

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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	\$160.00*
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	\$169.00*
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	\$175.00*
H0018	HA	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	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	\$285.00
H0020		Alcohol and/or drug services; methadone administration and/or service (provision of the drug by a licensed program)	Encounter	\$19.00
H0038		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	\$3.00
H2034		Recovery/Transitional Housing	Per Day	\$27.00
H2035		Group Outpatient: Alcohol/Other Drug Treatment	Per Hour	\$40.00
H2036		Partial Hospitalization - ASAM Level II.5: Services provided 20 or more hours in a week for needs that do not require 24-hour care. (Hospitalization as an ASAM descriptor, services do not need to take place in a hospital setting.)	Per Day	\$171

HPCPS/ CPT	MODIFIERS	SERVICE DESCRIPTION	DURATION	Rate 10/1/2023-9/30/2024
S9976		Residential Room and Board - May be used in conjunction with H0018 & H0019.	Per Day	\$27.00
T1007		Treatment planning; Alcohol and/or substance abuse services, Treatment plan development and/or modification	Encounter	\$100.00
T1009		Care of the children of the individual receiving alcohol and/or substance abuse services	Encounter / Per Hour	\$15.00
T1012		Recovery Supports	Encounter	\$60.00

***Indicates service code reimbursement includes \$3.60/hour Premium Pay (\$3.20/hour Employee Wage + \$0.40/hour Employer Expenses) for FY2024, FY2023 Premium Pay was (\$2.35/hour Employee Wage + \$0.29/hour Employer Expenses).**