SERVICE RATES AND MODIFIERS EFFECTIVE OCTOBER 1, 2024

Provider specific services and codes will be authorized by NMRE and uploaded to the RECON System. The Provider shall only be eligible for payment for codes under ASAM Levels of Care (LOC) for which it is MDHHS and Payor approved, at locations that have been approved for panel participation by the Payor. The provider shall complete ASAM LOC designation process in MDHHS CRM system for initial as well as renewal approvals. Modifier descriptions follow fee schedule.

PROCEDURE CODE	DESCRIPTION OF CODE	RATE
90832	Individual Psychotherapy (must be Master's level licensed clinician and MCBAP certified), 30 Minutes, Encounter: ASAM Level(s): 1, 2	68.63
90832 with HG/BN/HA/HD	Individual Psychotherapy (must be Master's level licensed clinician and MCBAP certified), High-Rate service modifiers, 30 Minutes, Encounter: ASAM Level(s): 1, 2	74.45
90832 DB	Individual Psychotherapy as part of a DBT Specialized Program (must be Master's level licensed clinician and MCBAP certified), 30 Minutes, Encounter: ASAM Level(s): 1, 2	84.25
90834	Individual Psychotherapy (must be Master's level licensed clinician and MCBAP certified), 45 Minutes, Encounter: ASAM Level(s): 1, 2	105.28
90834 with HG/BN/HA/HD	Individual Psychotherapy (must be Master's level licensed clinician and MCBAP certified), High-rate service modifiers, 45 Minutes, Encounter: ASAM Level(s): 1, 2	111.69
90834 DB	Individual Psychotherapy as part of a DBT Specialized Program (must be Master's level licensed clinician and MCBAP certified), 45 Minutes, Encounter: ASAM Level(s): 1, 2	126.34
90837	Individual Psychotherapy (must be Master's level licensed clinician and MCBAP certified), 60 Minutes, Encounter: ASAM Level(s): 1, 2	130.87

90837 with HG/BN/HA/HD	Individual Psychotherapy (must be Master's level licensed clinician and MCBAP certified) High-rate Service modifiers, 60 Minutes, Encounter: ASAM Level(s): 1, 2	142.62
90837 DB	Individual Psychotherapy as part of a DBT Specialized Program (must be Master's level licensed clinician and MCBAP certified), 60 Minutes, Encounter: ASAM Level(s): 1, 2	162.02
90846	Family psychotherapy (without the patient present); (must be Master's level licensed clinician and MCBAP certified), 50 Minutes, Encounter: ASAM Level(s): 1, 2	104.70
90847	Family psychotherapy (with the patient present); (must be Master's level licensed clinician and MCBAP certified), 60 Minutes, Encounter: ASAM Level(s): 1, 2	139.60
90849	Family psychotherapy, multiple family group psychotherapy (must be Master's level licensed clinician and MCBAP certified), Encounter: ASAM Level(s): 1, 2	67.77
90853	Group psychotherapy (must be Master's level licensed clinician and MCBAP certified), Encounter: ASAM Level(s): 1, 2	72.71
90853 with HG/BN/HA/HD	Group psychotherapy (must be Master's level licensed clinician and MCBAP certified), High-rate service modifiers, Encounter: ASAM Level(s): 1, 2	79.98
90853 DB	Group psychotherapy as part of a DBT Specialized Program, (must be Master's level licensed clinician and MCBAP certified), Encounter: ASAM Level(s): 1, 2	111.86
97810 BG ONLY	Acupuncture - 1 or more needles, Initial 15 Minutes: ASAM Level(s): 1, 2,3, WM	11.64

97811	Acupuncture - 1 or more needles, Additional	5.81
BG ONLY	15Minutes: ASAM Level(s): 1, 2,3, WM	
A0100 BG ONLY	Transportation, encounter. Taxi/Uber one way fare. Pays at cost (Block Grant only)	1 encounter Cost
A0110 BG ONLY	Transportation encounter. Bus Pass, one way fare. Pays at cost (Block Grant only)	1 encounter Cost
H0001	Alcohol and/or drug assessment (completed by provider) ASAM Continuum, Encounter: ASAM Level(s): 1,2	200.00
H0001 GA	GAIN - 1 Core Assessment, Encounter: ASAM Level(s): 1,2	200.00
H0004	Individual Therapy/Counseling (must be MCBAP certified), 15 Minutes: ASAM Level(s): 1, 2	27.91
H0004 with HG/BN/HA/HD	Individual Therapy/Counseling (must be MCBAP certified), High-rate service modifiers, 15 Minutes: ASAM Level(s): 1, 2	31.41
H0004 DB	Individual Therapy/Counseling as part of a DBT Specialized Program, 15 Minutes: ASAM Level(s): 1, 2	40.50
H0005	Group counseling by a clinician (must be MCBAP certified), Encounter: ASAM Level(s): 1, 2	67.11
H0005 with HG/BN/HA/HD	Group counseling by a clinician (must be MCBAP certified), High-rate service modifiers, Encounter: ASAM Level(s): 1, 2	73.83
H0005 DB	Group Counseling by a clinician as part of a DBT Specialized Program, Encounter: ASAM Level(s): 1, 2	111.86
H0006	Case Management, Encounter (minimum 15 minutes): ASAM Level(s): 1, 2	29.08

H0010	Sub-acute detoxification (residential - medical monitored detox), Day: ASAM Level(s): 3.7WM	490.83
H0012	Sub-acute detoxification (residential - clinical detox), Day: ASAM Level(s): 3.2WM	403.59
H0015	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, Day: ASAM Level(s): 2	174.50
H0015 with HG/BN/HA/HD	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, High-rate Service Modifiers, Day: ASAM Level(s): 2	191.95
H0018 W1	Clinical low-intensity residential services, Day (30 days or less): ASAM Level(s): 3.1	158.97
H0018 W1 with HG/BN/HD	Clinical low-intensity residential services, High-Rate service modifiers, Day: ASAM Level(s): 3.1	173.74
H0018 W1 HA	Clinical low-intensity residential services - adolescent, Day: ASAM Level(s): 3.1	380.45
H0018 W3	Clinical specific population residential services, Day (30 days or less): ASAM Level(s): 3.3	226.65
H0018 W3 with HG/BN/HD	Clinical specific population residential services, High- Rate service modifiers, Day (30 days or less): ASAM Level(s): 3.3	248.18
H0018 W3 HA	Clinical specific population residential services - adolescent, Day (30 days or less): ASAM Level(s): 3.3	380.45
H0018 W5	Clinical high-intensity residential services, Day (30 days or less): ASAM Level(s): 3.5	226.65

H0018 W5 with HG/BN/HD	Clinical high-intensity residential services, high-rate service modifiers, Day (30 days or less): ASAM Level(s): 3.5	248.18
H0018 W5 HA	Clinical high-intensity residential services - adolescent, Day (30 days or less): ASAM Level(s): 3.5	380.45
H0019 W1	Clinical low-intensity residential services, Day (more than 30 days): ASAM Level(s): 3.1	158.97
H0019 W1 with HG/BN/HD	Clinical high-intensity residential services, High-rate Service Modifiers, Day (more than 30 days): ASAM Level(s): 3.1	173.74
H0019 W1 HA	Clinical high-intensity residential services - adolescent, Day (more than 30 days): ASAM Level(s): 3.1	380.45
H0019 W3	Clinical specific population residential services, Day (more than 30 days): ASAM Level(s): 3.3	226.65
H0019 W3 with HG/BN/HD	Clinical specific population residential services, High- rate service modifiers, Day (more than 30 days): ASAM Level(s): 3.3	248.18
H0019 W3 HA	Clinical specific population residential services - adolescent, Day (more than 30 days): ASAM Level(s): 3.3	380.45
H0019 W5	Clinical high-intensity residential services, Day (more than 30 days): ASAM Level(s): 3.5	226.65
H0019 W5 with HG/BN/HD	Clinical high-intensity residential services, High-rate service modifiers, Day (more than 30 days): ASAM Level(s): 3.5	248.18
H0019 W5 HA	Clinical high-intensity residential services - adolescent, Day (more than 30 days): ASAM Level(s): 3.5	380.45
H0020	Methadone administration and/or service (provision of the drug by a licensed program - combined rate of medical doctor's visits, drug testing and medication), Encounter: ASAM Level(s): 1	19.00

H0022	Early Intervention services, Encounter: ASAM Level(s): 0.5	52.35
H0038 NO MODIFIER BG ONLY	Recovery Coach (Peer Services). CCAR trained coaches or coaches with just the MCBAP Credential. 15 Minutes: ASAM Level(s): 1,2	24.43
H0038 TT BG ONLY	Recovery Coach (Peer Services) - GROUP, 2 to 6 or more individuals. CCAR trained coaches or coaches with just the MCBAP credential. 15 Minutes: ASAM Level(s): 1,2	7.06
H0038 WR	Recovery Coach (Peer Services). MDHHS trained Peer Recovery coaches OR CCAR trained peers "grandfathered" in (CCAR training was completed prior to 1/1/2018) 15 Minutes: ASAM Level(s): 1,2	24.43
H0038 TT WR	Recovery Coach (Peer Services). GROUP , 2 to 6 or more individuals. MDHHS trained Peer Recovery coaches OR CCAR trained peers "grandfathers" in (CCAR training was completed prior to 1/1/2018) 15 Minutes: ASAM Level(s): 1,2	7.06
H0050	Brief intervention (clinical), 15 Minutes: ASAM Level(s): 0.5, 1, 2	23.26
H2011	Crisis Intervention, 15 Minutes: ASAM Level(s): 1	37.81
H2027	Didactics (can be non-clinical), 15 Minutes: ASAM Level(s): 1	9.31
H2034 BG ONLY	Recovery Housing, Day: ASAM Level(s): 1	19.77
H2036	Intensive outpatient (more than 20 hours of structured programming per week based on an individualized treatment plan), including assessment, counseling, crisis intervention, and activity therapies or education not including overnight stays, Day: ASAM Level(s): 2	197.77

H2036 with HG/BN/HA/HD	Intensive outpatient (more than 20 hours of structured programming per week based on an individualized treatment plan), including assessment, counseling, crisis intervention, and activity therapies or education not including overnight stays, Day: ASAM Level(s): 2	217.54
S0215 BG ONLY	Transportation, Pays per mile at the current IRS rate (Block Grant only)	IRS MILEAGE RATE
S9976		\$20.00
BG ONLY	Room and Board, Day: ASAM Level(s): 3.1, , 3.3, 3.5,	
S9976SD	State Disability Funded Room and Board, Day: ASAM Level(s): 3.1, 3.3, 3.5	\$20.00
T1007	Treatment Plan Development. Initial Treatment plan only. These non-clinical services may be provided by trained staff working under the supervision or an SATS. Encounter: ASAM Level(s): 1	104.70
T1009 1K BG ONLY	Child Care for Women's Specialty Service clients, Day: ASAM Level(s): 1, 2,3 1 CHILD	58.17
T1009 2K BG ONLY	Child Care for Women's Specialty Service clients, Day: ASAM Level(s): 1, 2,3 2 CHILDREN	116.33
T1009 3K BG ONLY	Child Care for Women's Specialty Service clients, Day: ASAM Level(s): 1, 2,3 3 CHILDREN	174.50
T1009 4K BG ONLY	Child Care for Women's Specialty Service clients, Day: ASAM Level(s): 1, 2,3. 4 CHILDREN	232.67
T2003	Transportation, encounter. Gas Card. Pays at cost	5.00 PER GAS CARD

E & M CODES

METHADONE PROVIDERS ONLY

PROCEDURE CODE	DESCRIPTION OF CODE	RATE
EV	ALUATION AND MANAGEMENT OF NEW CLIENT	_
99202	E&M 15-29 minutes	85.50
99203	E&M 30-44 minutes	171.00
99204	E&M 45-59 minutes	256.50
99205	E&M 60-74 minutes	342.00
EVALU	ATION AND MANAGEMENT OF ESTABLISHED CLIE	NTS
99212	E&M 10-19 minutes	57.00
99213	E&M 20-29 minutes	114.00
99214	E&M 30-39 minutes	171.00
99215	E&M 40-54 minutes	228.00
	AS NEEDED	
H0003	Laboratory Analysis of Drug Screen	30.00

FY2025 SUD CPT & HCPC Code Modifiers

Modifier	Description
HD	Women's Specialty Service
HG	OTP services for Methadone
BN	Medication Assisted Treatment for non-Methadone Services
НН	Co-Occurring Specialty Services
НА	Adolescent
DB	DBT Specialized Program
GA	GAIN Assessment
TT	Recovery Supports Group
W1	Clinically Managed Low-Intensity Residential Services, adolescent and adult level of
	care (ASAM Level 3.1)
W3	Clinically Managed Population-Specific High-Intensity Residential Services, adult
	only level of care modifier used with H0018HF or H0019 with (ASAM Level 3.3)
W5	Medically Managed Medium-Intensity Residential Services for adolescents and
	Clinically Managed High-Intensity Residential Services for adults, intermediate level
	of care (ASAM Level 3.5)
W7	Medically Monitored High-Intensity Inpatient Services for adolescents and
	Medically Monitored Intensive Inpatient Services Withdrawal Management for
	adults, Complex/high tech level of care (ASAM Level 3.7)
SD	State Disability Funded Room and Board –
UN	Two patients served
UP	Three patients served
UQ	Four patients served
UR	Five patients served
US	Six or more patients served

*Co-Pays apply for Community Block Grant Outpatient Services (\$10 for assessment services, \$10 for intensive outpatient services, \$2.50 per unit of individual services and \$5 for group services)

**HH MODIFIER NO LONGER GETS A HIGHER RATE BUT STILL NEEDS TO BE PUT ON

CLAIMS FOR REPORTING PURPOSES

^{**}Provider shall remove Food Stamp amounts received from room and board cost