

Chart of 1115 Medicaid Waiver Services

Unit	SUD Service Description	Procedure Code/Modifier	Rate
15 minutes	Outpatient Services ASAM 1.0 Individual	H0007 V1	\$ 25.64
15 minutes	Outpatient Services ASAM 1.0 Individual (Telehealth)	H0007 V1 GT	\$ 25.64
15 minutes	Outpatient Services ASAM 1.0 - Group (Adolescent)	H0007 HQ HA V1	\$ 8.43
15 minutes	Outpatient Services ASAM 1.0 - Group (Adolescent) (Telehealth)	H0007 HQ HA V1 GT	\$ 8.43
15 minutes	Outpatient Services ASAM 1.0 - Group (Adult)	H0007 HQ HB V1	\$ 8.43
15 minutes	Outpatient Services ASAM 1.0 - Group (Adult) (Telehealth)	H0007 HQ HB V1 GT	\$ 8.43
15 minutes	Intensive Case Management	H0023 V1	\$ 28.07
15 minutes	Intensive Case Management (Telehealth)	H0023 V1 GT	\$ 28.07
15 minutes	Ambulatory Withdrawal Management	H0014 V1	\$ 30.00
Daily	Clinically Managed Residential Withdrawal Management 3.2 WD	H0010 V1	\$ 302.25
Daily	Medically Monitored Inpatient Withdrawal Management 3.7 WD	H0010 TG V1	\$ 900.00
Daily	Medically Managed Intensive Inpatient Withdrawal Management 4.0 WD	H0011 V1	\$ 1,500.00
Daily	Medically Monitored Intensive Inpatient Services 3.7	H0009 TF V1	\$ 900.00
Daily	Medically Managed Intensive Inpatient Services 4.0	H0009 TG V1	\$ 1,500.00
15 minutes	Community & Recovery Support Services - Individual	H2021 V1	\$ 21.46
15 minutes	Community & Recovery Support Services - Individual (Telehealth)	H2021 V1 GT	\$ 21.46
15 minutes	Community & Recovery Support Services - Group	H2021 HQ V1	\$ 5.63
15 minutes	Community & Recovery Support Services - Group (Telehealth)	H2021 HQ V1 GT	\$ 5.63
Monthly	SUD Care Coordination	H0047 V1	\$ 300.00
Monthly	SUD Care Coordination (Telehealth)	H0047 V1 GT	\$ 300.00
15 minutes	Intensive Outpatient ASAM 2.1 - Individual	H0015 V1	\$ 29.61
15 minutes	Intensive Outpatient ASAM 2.1 - Individual (Telehealth)	H0015 V1 GT	\$ 29.61
15 minutes	Intensive Outpatient ASAM 2.1 - Group	H0015 HQ V1	\$ 9.77
15 minutes	Intensive Outpatient ASAM 2.1 - Group (Telehealth)	H0015 HQ V1 GT	\$ 9.77
Per Assessment	Treatment Plan Development/Review	T1007 V1	\$ 135.43
Per Assessment	Treatment Plan Development/Review (Telehealth)	T1007 V1 GT	\$ 135.43
Daily	Partial Hospitalization	H0035 V1	\$ 500.00
Daily	SUD Residential 3.1 (Adolescent)	H2036 HA V1	\$ 354.03
Daily	SUD Residential 3.1 (Adult)	H2036 HF V1	\$ 400.83
Daily	SUD Residential 3.3	H0047 HF V1	\$ 615.94
Daily	SUD Residential 3.5 (Adolescent)	H0047 HA V1 TF	\$ 498.62
Daily	SUD Residential 3.5 (Adult)	H0047 TG V1	\$ 455.29

Unit	BH Service Description	Procedure Code/Modifier	Rate
15 minutes	Home based Family Treatment Level 1	H1011 V2	\$ 24.16
15 minutes	Home based Family Treatment Level 2	H1011 TF V2	\$ 24.63
15 minutes	Home based Family Treatment Level 3	H1011 TG V2	\$ 27.19
Daily	Therapeutic Treatment Homes	H2020 V2	\$ 294.65
15 minutes	Assertive Community Treatment	H0039 V2	\$ 30.63
Daily	Adult MH Residential Treatment Level 1	T2016 V2	\$ 601.61
Daily	Adult MH Residential Treatment Level 2	T2016 TG V2	\$ 480.26
15 minutes	Peer-Based Crisis Services	H0038 V2	\$ 20.46
Per Call Out	Mobile Outreach and Crisis Response Services	T2034 V2	\$ 175.64
Hourly	23 Hour Crisis Stabilization	S9484 V2	\$ 116.20
Daily	Crisis Residential Stabilization	S9485 V2	\$ 665.15
15 minutes	Intensive Case Management	H0023 V2	\$ 28.07
15 minutes	Intensive Case Management (Telehealth)	H0023 V2 GT	\$ 28.07
15 minutes	Community & Recovery Support Services - Individual	H2021 V2	\$ 21.46
15 minutes	Community & Recovery Support Services - Individual (Telehealth)	H2021 V2 GT	\$ 21.46
15 minutes	Community & Recovery Support Services - Group	H2021 HQ V2	\$ 5.63
15 minutes	Community & Recovery Support Services - Group (Telehealth)	H2021 HQ V2 GT	\$ 5.63
Daily	Partial Hospitalization	H0035 V2	\$ 500.00
15 minutes	Intensive Outpatient 2.1 - Individual	H0015 V2	\$ 29.61
15 minutes	Intensive Outpatient 2.1 - Individual (Telehealth)	H0015 V2 GT	\$ 29.61
15 minutes	Intensive Outpatient 2.1 - Group	H0015 HQ V2	\$ 9.77
15 minutes	Intensive Outpatient 2.1 - Group (Telehealth)	H0015 HQ V2 GT	\$ 9.77
Per Assessment	Treatment Plan Development/Review	T1007 V2	\$ 135.43
Per Assessment	Treatment Plan Development/Review (Telehealth)	T1007 V2 GT	\$ 135.43