Chart of Medicaid 1115 Behavioral Health (BH) and Substance Use Disorder (SUD) Waiver Services Rates.
Effective: {Effective date of regulations - _____/_____/_____ }
Version date: December 15, 2022.

Unit	SUD Service Description	Procedure Code/Modifier	Rate
15 minutes	Outpatient Services ASAM 1.0 Individual	H0007 V1	$ 26.79
15 minutes	Outpatient Services ASAM 1.0 - Group (Adolescent)	H0007 HQ HA V1	$ 8.81
15 minutes	Outpatient Services ASAM 1.0 - Group (Adult)	H0007 HQ HB V1	$ 8.81
15 minutes	Intensive Outpatient ASAM 2.1- Individual	H0015 V1	$ 30.94
15 minutes	Intensive Outpatient ASAM 2.1- Group	H0015 HQ V1	$ 10.21
Daily	Partial Hospitalization	H0035 V1	$ 522.50
Daily	SUD Residential 3.1 (Adolescent age 12-17)	H2036 HA V1	$ 369.96
Daily	SUD Residential 3.1 (Adolescent age 18-21)	H2036 CG HA V1	$ 369.96
Daily	SUD Residential 3.1 (Adult)	H2036 HF V1	$ 418.87
Daily	SUD Residential 3.3 (Adult)	H0047 HF V1	$ 643.66
Daily	SUD Residential 3.5 (Adolescent age 12-17)	H0047 HA V1 TF	$ 521.06
Daily	SUD Residential 3.5 (Adolescent age 18-21)	H0047 CG V1 HA TF	$ 521.06
Daily	SUD Residential 3.5 (Adult)	H0047 TG V1	$ 475.78
Daily	Medically Monitored Intensive Inpatient Services 3.7 (Adolescent age 12-17)	H0009 TF HA V1	$ 940.50
Daily	Medically Monitored Intensive Inpatient Services 3.7 (Adolescent age 18-21)	H0009 CG V1 HA TF	$ 940.50
Daily	Medically Monitored Intensive Inpatient Services 3.7 (Adult)	H0009 TF V1	$ 940.50
Daily	Medically Managed Intensive Inpatient Services 4.0	H0009 TG V1	$ 1,567.50
15 minutes	Ambulatory Withdrawal Management without Extended Monitoring	H0014 V1	$ 31.35
15 minutes	Ambulatory Withdrawal Management with Extended Monitoring	H0014 CG V1	$ 31.35
Daily	Clinically Managed Residential Withdrawal Management 3.2 WM	H0010 V1	$ 315.85
Daily	Medically Monitored Inpatient Withdrawal Management 3.7 WM	H0010 TG V1	$ 940.50
Daily	Medically Managed Intensive Inpatient Withdrawal Management 4.0 WM	H0011 V1	$ 1,567.50
15 minutes	Community & Recovery Support Services - Individual	H2021 V1	$ 22.43
15 minutes	Community & Recovery Support Services - Group	H2021 HQ V1	$ 5.88
Monthly	SUD Care Coordination	H0047 V1	$ 313.50
15 minutes	Intensive Case Management	H0023 V1	$ 29.33
15 minutes	Peer-Based Crisis Services	H0038 V1	$ 21.38
Hourly	23 Hour Crisis Stabilization Observation	S9484 V1	$ 121.43
Per Call Out	Mobile Outreach and Crisis Response Services	T2034 V1	$ 183.54
15 minutes	Crisis Intervention Service - Follow-Up	H2011 TS V1	$ 21.38
Daily	Crisis Residential Stabilization	S9485 V1	$ 940.50
Per Assessment	Treatment Plan Development/Review	T1007 V1	$ 141.52

Unit	BH Service Description	Procedure Code/Modifier	Rate
15 minutes	Home-Based Family Treatment Level 1	H1011 V2	$ 25.25
15 minutes	Home-Based Family Treatment Level 2	H1011 TF V2	$ 25.74
15 minutes	Home-Based Family Treatment Level 3	H1011 TG V2	$ 28.41
Daily	Therapeutic Treatment Homes	H2020 V2	$ 307.91
Daily	Children's Residential Treatment Level 1	T2033 V2	$ 319.77
Daily	Children's Residential Treatment Level 2	T2033 TF V2	$ 444.51
15 minutes	Intensive Case Management	H0023 V2	$ 29.33
15 minutes	Community & Recovery Support Services - Individual	H2021 V2	$ 22.43
15 minutes	Community & Recovery Support Services - Group	H2021 HQ V2	$ 5.88
15 minutes	Assertive Community Treatment	H0039 V2	$ 32.01
15 minutes	Intensive Outpatient 2.1 - Individual	H0015 V2	$ 30.94
15 minutes	Intensive Outpatient 2.1 - Group	H0015 HQ V2	$ 10.21
Daily	Partial Hospitalization	H0035 V2	$ 522.50
Daily	Adult MH Residential Treatment Level 1	T2016 V2	$ 628.68
Daily	Adult MH Residential Treatment Level 2	T2016 TG V2	$ 501.87
15 minutes	Peer-Based Crisis Services	H0038 V2	$ 21.38
Hourly	23 Hour Crisis Stabilization Observation	S9484 V2	$ 121.43
Per Call Out	Mobile Outreach and Crisis Response Services	T2034 V2	$ 183.54
15 minutes	Crisis Intervention Service - Follow-Up	H2011 TS V2	$ 21.38
Daily	Crisis Residential Stabilization	S9485 V2	$ 940.50
Per Assessment	Treatment Plan Development/Review	T1007 V2	$ 141.52