

Chart of 1115 Medicaid Waiver Services
Effective: {Effective date of regulations - 03/26/2023}
Version date: October 6, 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 Individual (Telehealth)	H0007 V1 GT	\$ 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 {Adolescent} (Telehealth)	H0007 HQ HA V1 GT	\$ 8.81
15 minutes	Outpatient Services ASAM 1.0 - Group (Adult)	H0007 HQ HB V1	\$ 8.81
15 minutes	Outpatient Services ASAM 1.0 - Group (Adult) (Telehealth)	H0007 HQ HB V1 GT	\$ 8.81
15 minutes	Intensive Case Management	H0023 V1	\$ 29.33
15 minutes	Intensive Case Management (Telehealth)	H0023 V1 GT	\$ 29.33
15 minutes	Ambulatory Withdrawal Management	H0014 V1	\$ 31.35
Daily	Clinically Managed Residential Withdrawal Management 3.2 WD	H0010 V1	\$ 315.85
Daily	Medically Monitored Inpatient Withdrawal Management 3.7 WO	H0010 TG V1	\$ 940.50
Daily	Medically Managed Intensive Inpatient Withdrawal Management 4.0 WO	H0011 V1	\$ 1,567.50
Daily	Medically Monitored Intensive Inpatient Services 3.7	H0009 TF V1	\$ 940.50
Daily	Medically Managed Intensive Inpatient Services 4.0	H0009 TG V1	\$ 1,567.50
15 minutes	Community & Recovery Support Services - Individual	H2021 V1	\$ 22.43
15 minutes	Community & Recovery Support Services - Individual (Telehealth)	H2021 V1 GT	\$ 22.43
15 minutes	Community & Recovery Support Services - Group	H2021 HQ V1	\$ 5.88
15 minutes	Community & Recovery Support Services - Group (Telehealth)	H2021 HQ V1 GT	\$ 5.88
Monthly	SUD Care Coordination	H0047 V1	\$ 313.50
Monthly	SUD Care Coordination (Telehealth)	H0047 V1 GT	\$ 313.50
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
Daily	Crisis Residential Stabilization	S9485 V1	\$ 940.50
15 minutes	Intensive Outpatient ASAM 2.1- Individual	H0015 V1	\$ 30.94
15 minutes	Intensive Outpatient ASAM 2.1- Individual (Telehealth)	H0015 V1 GT	\$ 30.94
15 minutes	Intensive Outpatient ASAM 2.1- Group	H0015 HQ V1	\$ 10.21
15 minutes	Intensive Outpatient ASAM 2.1 - Group (Telehealth)	H0015 HQ V1 GT	\$ 10.21
Per Assessment	Treatment Plan Development/Review	T1007 V1	\$ 141.52
Per Assessment	Treatment Plan Development/Review (Telehealth)	T1007 V1 GT	\$ 141.52
Daily	Partial Hospitalization	H0035 V1	\$ 522.50
Daily	SUD Residential 3.1 {Adolescent}	H2036 HA V1	\$ 369.96
Daily	SUD Residential 3.1 {Adult}	H2036 HF V1	\$ 418.87
Daily	SUD Residential 3.3	H0047 HF V1	\$ 643.66
Daily	SUD Residential 3.5 (Adolescent)	H0047 HA V1 TF	\$ 521.06
Daily	SUD Residential 3.5 (Adult)	H0047 TG V1	\$ 475.78

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
15 minutes	Assertive Community Treatment	H0039 V2	\$ 32.01
Daily	Adult MH Residential Treatment Level 1	T2016 V2	\$ 628.68
Daily	Adult MH Residential Treatment Level 2	T2016 TG V2	\$ 501.87
Daily	Children's MH Residential Treatment Level 1	T2033 V2	\$ 319.77
Daily	Children's MH Residential Treatment Level 2	T2033 TF V2	\$ 444.51
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
Daily	Crisis Residential Stabilization	S9485 V2	\$ 940.50
15 minutes	Intensive Case Management	H0023 V2	\$ 29.33
15 minutes	Intensive Case Management (Telehealth)	H0023 V2 GT	\$ 29.33
15 minutes	Community & Recovery Support Services - Individual	H2021 V2	\$ 22.43
15 minutes	Community & Recovery Support Services - Individual (Telehealth)	H2021 V2 GT	\$ 22.43
15 minutes	Community & Recovery Support Services - Group	H2021 HQ V2	\$ 5.88
15 minutes	Community & Recovery Support Services - Group (Telehealth)	H2021 HQ V2 GT	\$ 5.88
Daily	Partial Hospitalization	H0035 V2	\$ 522.50
15 minutes	Intensive Outpatient 2.1 - Individual	H0015 V2	\$ 30.94
15 minutes	Intensive Outpatient 2.1 - Individual (Telehealth)	H0015 V2 GT	\$ 30.94
15 minutes	Intensive Outpatient 2.1 - Group	H0015 HQ V2	\$ 10.21
15 minutes	Intensive Outpatient 2.1 - Group (Telehealth)	H0015 HQ V2 GT	\$ 10.21
Per Assessment	Treatment Plan Development/Review	T1007 V2	\$ 141.52
Per Assessment	Treatment Plan Development/Review (Telehealth)	T1007 V2 GT	\$ 141.52