

**MID-SOUTH SUBSTANCE ABUSE COMMISSION  
 MEDICAID & BLOCK GRANT CPT CODES AND FEES  
 FY 2009/2010**

Providers will be assigned the use of appropriate modifiers with the submission of program descriptions and documentation of any necessary licensure. Modifiers may be used in combination with each other, such as, H0001HH:HA.

<b>CODE</b>	<b>DESCRIPTION/LEVEL OF CARE</b>	<b>BLOCK GRANT &amp; MEDICAID PAYMENT</b>	<b>Co-Occurring Payment (HH only)</b>
H0001 H0001HA H0001HD H0001HH H0001HH:HA H0001HH:HD	<b>Initial Assessment</b> (Encounter 1 hr minimum): Individual face-to-face alcohol and/or drug assessment at the licensed provider level for the purpose of identifying functional and treatment needs and to formulate the basis for the individualized treatment plan.	\$115.00	N/A
H0005 H0005HA H0005HD H0005HH H0005HH:HA H0005HH:HD	<b>Group Therapy</b> (90 minutes): Alcohol and/or drug services; group counseling by a clinician.	\$35.00	\$40.00
H2027 H2027HA H2027HD H2027HH H2027HH:HA H2027HH:HD	<b>Psychoeducational Services:</b> per 15 minute; Didactic/educational groups.	EFFECTIVE 10/1/2009: \$5.00	EFFECTIVE 10/1/2009: \$6.00
H0005.2 H0005.5HA H0005.2HD H0005.2HH H0005.2HH:HA H0005.2HH:HD	Group Therapy (120 minutes): Alcohol and/or drug services; group counseling by a clinician.  <b>Deactivated: effective September 30, 2009.</b>	\$45.00	\$50.00
H2035 H2035HA H2035HD H2035HH H2035HH:HA H2035HH:HD	<b>EFFECTIVE OCTOBER 1, 2009</b> <b>Group Therapy</b> (60 minutes): Alcohol and/or other drug treatment program, per hour. <b>Request 2 units for 2 hours.</b>	\$25.00 per unit	\$30.00 per unit
H0006 H0006HA H0006HD H0006HH H0006HH:HA H0006HH:HD	<b>Case Management Services per Encounter:</b> services provided to link clients to other essential medical, educational, social and/or other services. <b>(Block Grant Only)</b>	\$60.00	N/A
H0010 H0010HH H0010HH:HD	<b>Medically Monitored Residential Detox:</b> Alcohol and/or drug services; Subacute detoxification; (ASAM Level III.7-D).	\$265.00	N/A
H0012 H0012HH H0012HH:HD	<b>Clinically Managed Residential Detox:</b> Alcohol and/or drug services; (ASAM Level III.2-D)	\$200.00	N/A
H0018 H0018HA H0018HH	<b>Residential Therapy Stabilization per Day:</b> Alcohol and/or drug services; short-term residential (non-hospital residential treatment program).	\$142.00	N/A

CODE	DESCRIPTION/LEVEL OF CARE	BLOCK GRANT & MEDICAID PAYMENT	Co-Occurring Payment (HH only)
H0018HH:HA H0018HH:HD			
H0019 H0019HH H0019HH:HD	<b>Residential Therapy Long-Term per Day:</b> Alcohol and/or drug services; long-term residential (non-medical, non-acute care in residential treatment program where stay is typically longer than 30 days).	\$87.00	N/A
H0019HA H0019HH:HA	<b>Adolescent Residential Therapy Long-Term per Day:</b> Alcohol and/or drug services; long-term residential (non-medical, non-acute care in residential treatment program where stay is typically longer than 30 days).	\$255.00	N/A
H0020 H0020HH H0020HH:HD	<b>Methadone Daily Dosing:</b> Alcohol and/or drug services; Methadone administration and/or service (provision of the drug by a licensed program).	\$7.00 per day	N/A
H0022 H0022HA H0022HD H0022HH H0022HH:HA H0022HH:HD	<b>Early Intervention:</b> (90 minutes) alcohol and/or drug intervention service (planned facilitation)	\$35.00	\$40.00
S9976	<b>Residential Room and Board:</b> Lodging, per diem, not otherwise specified. <b>Block Grant Only.</b>	\$24.00	N/A
H0043	<b>Supplemental Disability Assistance Only/Room &amp; Board:</b> Lodging, per diem, not otherwise specified.	\$24.00	N/A
A0110HD A0110HH:HD	<b>Non-emergency transportation and bus:</b> intra or interstate carrier. For Women's Specialty Programs only.	\$1.50 per bus token	N/A
T2003HD T2003HH:HD	<b>Non-emergency transportation:</b> encounter/trip. For Women's Specialty Programs only.	\$5.00 Gas Card	N/A
H0048HD H0048HH:HD	<b>Drug Testing; Collection and Handling only:</b> specimens other than blood. For Women's Specialty Programs only.	\$7.00/Urine Test	N/A
T1012 T1012HA T1012HD T1012HH T1012HH:HA T1012HH:HD	H0038 (15 minute unit) H0038HA H0038HD H0038HH H0038HH:HA H0038HH:HD	<b>Recovery Support Services:</b> Alcohol and/or substance abuse services, skills development.	Rate Contract Determined
T1009HD T1009HH:HD	<b>Child Care:</b> Child sitting services for children of individual receiving services. For Women's Specialty Programs only.	\$3.00 per hour per child	N/A
90804 90804HA 90804HD 90804HH 90804HH:HA 90804HH:HD	<b>Individual Therapy (30 minutes):</b> Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an office or outpatient facility, 30 minutes face-to-face with the client.	\$40.00	\$42.50
90806 90806HA 90806HD 90806HH 90806HH:HA 90806HH:HD	<b>Individual Therapy (60 minutes):</b> Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an office or outpatient facility, 60 minutes face-to-face with the client.	\$80.00	\$85.00
90808 90808HA 90808HD 90808HH	<b>Individual Therapy (90 minutes):</b> Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an office or outpatient facility, 90 minutes face-to-face with the client.	\$120.00	\$127.50

CODE	DESCRIPTION/LEVEL OF CARE	BLOCK GRANT & MEDICAID PAYMENT	Co-Occurring Payment (HH only)
90808HH:HA 90808HH:HD			
90846 90846HA 90846HD 90846HH 90846HH:HA 90846HH:HD	<b>Family/Couple without the Client Present Therapy</b> (60 minutes): Family psychotherapy without client present.	\$80.00	\$85.00
90847 90847HA 90847HD 90847HH 90847HH:HA 90847HH:HD	<b>Family/Couple with the Client Present Therapy</b> (60 minutes): Family psychotherapy (conjoint psychotherapy) with client present).	\$80.00	\$85.00
90853 90853HA 90853HD 90853HH 90853HH:HA 90853HH:HD	<b>Group Therapy</b> (60 minutes): Group psychotherapy (other than of a multiple-family group).	\$25.00	\$30.00
90801HH 90801HH:HA	<b>Psychiatric Evaluation:</b> Diagnostic interview examination. (Approved programs only.) <b>No Medicaid</b>	\$100.00	\$100.00
90862HH 90862HH:HA	<b>Medication Review:</b> Review of current medications. (Approved programs only.) <b>No Medicaid</b>	\$40.00	\$40.00

#### Modifiers for Substance Abuse HCPCS Codes

Modifier	Description
<b>HA</b>	<b>Child-Adolescent Program:</b> services designed for persons under the age of 18.
<b>HB</b>	<b>Adult Program – Non-Geriatric:</b> services designed for persons age 18-64.
<b>HC</b>	<b>Geriatric Program:</b> services designed for adults age 65 and older.
<b>HD</b>	<b>Women’s Specialty Services: Pregnant/Parenting Women Program:</b> services provided in a program that treats pregnant or women with dependent children. <b>HD is required for all qualified Women’s Specialty Services.</b>
<b>HG</b>	<b>Opioid Addiction Treatment Program:</b> program specifically designed to provide opioid-treatment services; including but not limited to the provision of methadone.
<b>HH</b>	<b>Integrated Substance Abuse/Mental Health Program:</b> program specifically designed to provide integrated services to persons who need both substance abuse and mental health services, as planned in an integrated, individualized treatment plan. <b>HH modifier is required for qualifying Integrated Substance Abuse/Mental Health services.</b> Providers will be assigned the use of HH modifiers with submission of documentation of licensure for Integrated Substance Abuse & Mental Health Services.
<b>HR</b>	<b>Family/Couple with Client Present:</b> services provided to more than one client in a single treatment event, such that persons served share familial or significant other relationships.
<b>H9</b>	<b>Court-ordered:</b> indicates that services were ordered by a court, probation officer and/or parole officer.