# Attachment B

*Updated 06/01/08*

## MEDICAID HCSPCS MH/DD/SA Service Rates

| SERVICE CODE (with modifier as applicable) | MH/DD/SA ENHANCED BENEFITS SERVICE DESCRIPTION | BILLING UNIT | RATE FOR SERVICE | EFFECTIVE DATE |
|---|---|---|---|---|
| H0001 | Behavioral Health Assessment | 15 minutes | $ 15.40 | 9/1/2005 |
| H0004 | Behavioral Health Counseling and Therapy | 15 minutes | $ 22.00 | 7/1/2004 |
| H0004 HQ | DMH Outpatient Treatment Group | 15 minutes | $ 8.11 | 7/1/2004 |
| H0004 HR | DMH Outpatient Tx Family Therapy w/ Client | 15 minutes | $ 22.00 | 7/1/2004 |
| H0004 HS | DMH Outpatient Tx Family Therapy w/o Client | 15 minutes | $ 22.00 | 7/1/2004 |
| H0005 | Alcohol and/or Drug Services; Group Counseling by Clinician | 15 minutes | $ 5.68 | 9/1/2005 |
| H0010 | Non-Hospital Medical Detoxification | per diem | $ 325.88 | 6/1/2006 |
| H0012 HB | Non-Medical Community Residential Treatment - Adult | per diem | $ 145.50 | 3/20/2006 |
| H0013 | Medically Monitored Community Residential Treatment | per diem | $ 265.25 | 3/20/2006 |
| H0014 | Ambulatory Detoxification | 15 minutes | $ 20.43 | 6/1/2006 |
| H0015 | Substance Abuse Intensive Outpatient Program | per diem | $ 131.93 | 3/20/2006 |
| H0019 | Behavioral Health long term residential (HRI Level III - 4 Beds or Less) | per diem | $ 252.38 | 4/3/2006 |
| H0019 | Behavioral Health long term residential (HRI Level III - 5 Beds or More) | per diem | $ 205.64 | 4/3/2006 |
| H0019 | Behavioral Health long term residential (HRI Level IV) | per diem | $ 342.15 | 4/3/2006 |
| H0020 | Alcohol and/or Drug Services; methadone administration | per event | $ 19.17 | 7/1/2004 |
| H0031 | Mental Health Assessment | 15 minutes | $ 15.40 | 9/1/2005 |
| H0035 | DMH Partial Hospitalization per diem - Children/Adults | per diem | $ 121.69 | 3/20/2006 |
| H0036 HA | Community Support - Individual - Child | 15 minutes | $ 12.82 | 4/5/2007 |
| H0036 HB | Community Support - Individual - Adult | 15 minutes | $ 12.82 | 4/5/2007 |
| H0036 HQ | Community Support - Group | 15 minutes | $ 4.12 | 4/5/2007 |
| H0040 | Assertive Community Treatment Team (ACTT) | Event, maximum 4 per month | $ 323.98 | 3/20/2006 |
| H0046 | Mental Health Services, Not Otherwise Specified (HRI Level I - Foster Care) | per diem | $ 53.59 | 7/1/2004 |
| H2011 | Mobile Crisis Management (MH/SA) | 15 minutes | $ 31.79 | 3/20/2006 |
| H2012 HA | Child and Adolescent Day Treatment | per hour | $ 31.25 | 3/20/2006 |
| H2015 HT | Community Support Team (MH/SA) (SCT) | 15 minutes | $ 16.52 | 3/20/2006 |
| H2017 | DMH Psychosocial Rehababilitation | 15 minutes | $ 2.90 | 7/1/2007 |
| H2020 | Therapeutic Behavioral Services (HRI Level II - Group Homes) | per diem | $ 136.04 | 7/1/2004 |
| H2022 | Intensive In-Home Services | per diem | $ 190.00 | 3/20/2006 |
| H2022 | Intensive In-Home Services | per diem | $ 258.20 | 6/1/2008 |
| H2033 | Multi-systemic Therapy (MST) | 15 minutes | $ 23.54 | 3/20/2006 |
| H2033 | Multi-systemic Therapy (MST) | 15 minutes | $ 37.32 | 6/1/2008 |
| H2035 | SA Comprehensive Outpatient Treatment Program | per hour | $ 45.76 | 3/20/2006 |
| S5145 | Foster Care, Therapeutic, Child (HRI Level II - Therapeutic Foster Care) | per diem | $ 95.40 | 7/1/2004 |
| S9484 | Crisis Intervention (Facility Based Crisis) | per hour | $ 18.78 | 3/20/2006 |
| T1023 | Diagnostic Assessment (MH/SA) | Event | $ 169.06 | 3/20/2006 |
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| H2036 | Medically Supervised or ADATC Detoxification/Crisis Stabilization | per diem | | |
| | Per diem rate will be determined by individual provider | | | |
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