

MEDICAID HCSPCS MH/DD/SA Service Rates

The inclusion of a rate on this table does not guarantee that a service is covered. Please refer to the Medicaid Billing Guide and the Medicaid and Health Choice Clinical Coverage Policies on the DHB Web site.

SERVICE CODE with MODIFIERS	MH/DD/SA ENHANCED BENEFITS SERVICE DESCRIPTION	BILLING UNIT	RATE FOR SERVICE	EFFECTIVE DATE
H0010	Non-Hospital Medical Detoxification	per diem	\$ 325.58	7/1/2012
H0012 HB	SA Non-Medical Community Residential Treatment	per diem	\$ 155.81	7/1/2012
H0013	SA Medically Monitored Community Residential Treatment	per diem	\$ 241.81	7/1/2012
H0014	Ambulatory Detoxification	15 minutes	\$ 21.25	7/1/2012
H0015	Substance Abuse Intensive Outpatient Program	per diem	\$ 131.56	7/1/2012
H0019 HQ	High Risk Intervention - Level III - 4 Beds or Less	per diem	\$ 232.88	7/1/2013
H0019 TJ	High Risk Intervention - Level III - 5 Beds or More	per diem	\$ 189.75	7/1/2013
H0019 HK	High Risk Intervention - Level IV - 4 Beds or Less	per diem	\$ 315.71	7/1/2013
H0019 UR	High Risk Intervention - Level IV - 5 Beds or More	per diem	\$ 315.71	7/1/2013
H0020	Opioid Treatment	per event	\$ 16.60	7/1/2012
H0032	Targeted Case Management - Mental Health / Substance Abuse	per week	\$ 81.25	7/1/2010
H0035	Partial Hospital	per diem	\$ 132.32	7/1/2012
H0038	Peer Support Services (Individual)	15 minutes	\$ 11.97	7/1/2019
H0038 HQ	Peer Support Services (Group)	15 minutes	\$ 2.88	7/1/2019
H0040	Assertive Community Treatment Team (ACTT)	Event, maximum 4 per month	\$ 295.32	7/1/2012
H0046 ##	High Risk Intervention - Level I	per diem	\$ 49.75	7/1/2013
H2011	Mobile Crisis Management	15 minutes	\$ 90.00	7/1/2021
H2012 HA	Child and Adolescent Day Treatment	per hour	\$ 31.41	10/1/2009
H2015 HT	Community Support Team	15 minutes	\$ 25.91	10/1/2019
H2017	Psychosocial Rehabilitation	15 minutes	\$ 2.69	7/1/2012
H2020 ##	High Risk Intervention - Level II Group Homes	per diem	\$ 126.31	7/1/2013
H2022	Intensive In-Home Services	per diem	\$ 239.66	10/1/2014
H2033	Multi-Systemic Therapy (MST)	15 minutes	\$ 36.57	7/1/2012
H2035	SA Comprehensive Outpatient Treatment Program	per hour	\$ 45.35	7/1/2012
S5145 ##	High Risk Intervention - Level II Family Setting	per diem	\$ 88.58	7/1/2013
S5145 HA	Intensive Alternate Family Treatment	per diem	\$ 214.00	7/1/2013
S9484	Professional Treatment Services in Facility Based Crisis	per hour	\$ 30.00	7/1/2021
T1017 HE	Targeted Case Management - Developmental Disability	per week	\$ 61.01	7/1/2012
T1023	Diagnostic Assessment	Event	\$ 231.30	7/1/2012
S9484 HA	Facility-Based Crisis Program - Children and Adolescents	per hour	\$ 30.00	7/1/2021
H2036	Medically Monitored or ADATC Detoxification/Crisis Stabilization	per diem		
	An individual facility rate will be determined			