

**Substance Use Disorder (Chemical Dependency) Provider Fee Schedule
Effective July 1, 2017**

Standard Procedure Codes and Rates

Procedure Code	Modifier	Description	Unit	Rate
H0010	N/A	Inpatient Residential Detox	per day	\$237.07
H0018	N/A	Inpatient Residential Treatment	per day	\$237.07
H0001	N/A	Assessment and Placement	per assessment	\$291.21
H0004	N/A	Individual Therapy	15 min	\$ 17.51
H2035	N/A	Group Therapy	1 hour	\$ 25.02
H0012	N/A	Day Treatment	per day	\$118.53
H0048	N/A	Dip Strip or Saliva Collection, Handling, and testing	per test	\$ 8.16
T1016	HF	Targeted Case Management	15 min	\$ 12.08

IN RVRBS

Procedure Code	Description	Unit	Rate
99408	SBIRT/ATOD Screening – (e.g. Audit, DAST) and brief intervention - 15-30 Minutes	per visit	See RBRVS Schedule
99409	SBIRT/ATOD Screening – (e.g. Audit, DAST) and brief intervention - 30 Minutes or more	per visit	See RBRVS Schedule
90849	Multi-Family Group Therapy	per visit	See RBRVS Schedule
90847	Family Therapy with Patient	per visit	See RBRVS Schedule
90846	Family Therapy without Patient	per visit	See RBRVS Schedule