

**Substance Use Disorder (Chemical Dependency) Medicaid Provider Fee Schedule
Effective March 1, 2018**

Medicaid Standard Procedure Codes and Rates

Procedure Code	Modifier	Description	Unit	Rate
H0010	N/A	Inpatient Residential Detox	per day	\$229.98
H0018	N/A	Inpatient Residential Treatment	per day	\$229.98
H0012	N/A	Day Treatment	per day	\$114.98
H0048	N/A	Dip Strip or Saliva Collection, Handling, and testing	per test	\$ 7.92

IN RBRVS

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
90853	Group Psychotherapy (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
90837	Individual Psychotherapy (Individual Therapy)	per 1 hour	See RBRVS Schedule
90791	Psychiatric Diagnostic Evaluation (Assessment & Placement)	per evaluation	See RBRVS Schedule