

Substance Use Disorder (Chemical Dependency) Medicaid Provider Fee Schedule Version 2

Effective July 1, 2018

Medicaid 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
H0012	N/A	Day Treatment	per day	\$118.53
H0048	N/A	Saliva Drug Test	per test	\$8.16
-	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
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
90847		Individual Psychotherapy (Individual Therapy)	per 1 hour	See RBRVS Schedule
90791		Psychiatric Diagnostic Evaluation (Assessment and Placement)	per evaluation	See RBRVS Schedule