



SUD Rate Matrix - Treatment Services

IDHW FY16 SUD CLINICAL TREATMENT SERVICES MATRIX (Effective 01/25/2016)																		
AUTHORIZED SERVICE		BILLABLE ITEM & RATE					APPLICABLE FUNDING/INSURER TYPES								FREQUENCY			
Individual or Parent Service	ASAM Level (if applicable)	Child Service (if applicable)	Procedure Code w/ Modifier	Unit	Unit Type	Billable Rate	IDHW - General			IDHW - ATR-4			IDHW - PWWC		Service Limits	Auth Span Maximums		
							IDHW	Medicaid Supplemental	Cost Share	ATR-4	Medicaid Supplemental	Cost Share	PWWC	Medicaid Supplemental			Cost Share	
Alcohol or Drug Assessment	n/a	n/a	H0001	15 min.	Duration	\$12.40	✓	✓ ¹	Yes	✓			Yes	✓		Yes	1 assessment per treatment episode 20 units for 30 days 2 additional units will be authorized for assessments performed in an institution.	
Travel for Professionals (1 unit = 1 mile)	n/a	n/a	S0215	1 mile	Unit	\$0.55	✓	✓	No	✓			No	✓	✓	No	Must be documented in Care Plan. 120 units to be Consistent with Assessment or Interpreter Authorization	
GPRA Interview	n/a	Intake Interview	90889.GI	Interview	Unit	\$12.40											Payment will be made for completed GPRA interviews. Interviews must occur at admission, 6 months post admission and at discharge.	1 unit for Intake, 2 units for Follow-up, 1 unit for Discharge
		6 month follow-up interview	90889.GF	Interview	Unit	\$45.00				✓			No					
		Discharge interview	90889.GD	Interview	Unit	\$12.40												
GPRA Interview (Duration)	n/a	GPRA Intake (Duration)	90889.GI	15 min.	Duration	\$12.40											No more than 1 hour per interview. Only completed GPRA interviews will be reimbursed. Interviews must occur at admission, 6 months post admission and at discharge.	4 units per interview. Authorizations will start 5/1/2015 or after.
		GPRA Follow up (Duration)	90889.GF	15 min.	Duration	\$18.60				✓			No					
		GPRA Discharge (Duration)	90889.GD	15 min.	Duration	\$12.40												
Follow Up	n/a	Follow up 30-day interview completed	90889.FW.HF	Interview	Unit	\$30.00											Follow-up interviews will be attempted for all clients discharged from services unless the client has re-engaged in treatment or missed a previous follow-up survey. BPA Health will authorize a 3 week span - 1 weeks before & 2 weeks after interview due date.	Follow-up Interview completed will be authorized a maximum of 3 units - 1 unit for 30 days, 1 unit for 6 month, and 1 unit for 12 month post discharge Follow-up unsuccessful attempts will be authorized a maximum of 1 unit for unsuccessful attempts at 30 days, 6 months, or 12 months.
		Follow up 30-day attempts unsuccessful	90889.FL	4 unsuccessful attempts	Unit	\$20.00												
		Follow up 6-month interview completed	90889.FW.59	Interview	Unit	\$30.00	✓		No									
		Follow up 6-month attempts unsuccessful	90889.FL.59	4 unsuccessful attempts	Unit	\$20.00												
		Follow up 12-month interview completed	90889.FW.HB	Interview	Unit	\$30.00												
		Follow up 12-month attempts unsuccessful	90889.FL.HB	4 unsuccessful attempts	Unit	\$20.00												
Outpatient	Level I	Outpatient (Education)	S9448	15 min.	Duration	\$4.14											No more than 8 hours of treatment per week for adults and no more than 6 hours of treatment per week for adolescents.	408 units for 90 days
		OP and IOP (Group)	H0005	15 min.	Duration	\$6.21												
		Outpatient (Individual)	H0004	15 min.	Duration	\$12.40												
		Outpatient (Individual with Family Members)	90847	15 min.	Duration	\$14.20	✓		Yes	✓		Yes	✓		Yes			
		Outpatient (Family without client present)	90846	15 min.	Duration	\$14.20												
Intensive Outpatient	Level II.1	Intensive Outpatient (Education)	S9448	15 min.	Duration	\$4.14											A minimum of 9 hours of treatment per week for adults and 6 hours of treatment per week for adolescents.	648 units for 60 days
		OP and IOP (Group)	H0005	15 min.	Duration	\$6.21												
		Intensive Outpatient (Individual)	H0004	15 min.	Duration	\$12.40												
		Intensive Outpatient (Individual with Family Members)	90847	15 min.	Duration	\$14.20	✓		Yes	✓		Yes	✓		Yes			
		Intensive Outpatient (Family without client present)	90846	15 min.	Duration	\$14.20												
Education (Medicaid Supplemental)	n/a	n/a	S9448	15 min.	Duration	\$4.14		✓	Yes					✓	Yes	Consistent with OP/IOP Frequency Limits	Consistent with OP/IOP Auth Span Maximums	
Adult Halfway House	Level III.1	n/a	H0018	Day	Unit	\$49.61	✓	✓	Yes				✓	✓	Yes	Once per day (include admit day, do not include discharge day). Client must be engaged in an Outpatient or Intensive Outpatient program. Up to 90 days per treatment episode	Consistent with treatment authorization.	
Adolescent Transitional	Level III.1	n/a	H0043	Day	Unit	\$143.33	✓	✓	Yes				✓	✓	Yes	Once per day (include admit day, do not include discharge day). Client must be engaged in an Outpatient or Intensive Outpatient program	Consistent with treatment authorization.	



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Individual or Parent Service	ASAM Level (if applicable)	Child Service (if applicable)	Procedure Code w/ Modifier	Unit	Unit Type	Billable Rate	IDHW - General			IDHW - ATR-4			IDHW - PWWC			Service Limits	Auth Span Maximums	
							IDHW	Medicaid Supplemental	Cost Share	ATR-4	Medicaid Supplemental	Cost Share	PWWC	Medicaid Supplemental	Cost Share			
Adult Social Detox	Level III.2	n/a	H0008	Day	Unit	\$176.40	✓	✓	Yes	✓			Yes	✓	✓	Yes	Once per day (include admit day, do not include discharge day)	5 units for 5 days
Adult Residential	Level III.5	n/a	H0017	Day	Unit	\$176.40	✓ ^{2,6}	✓ ^{2,6}	Yes				✓	✓	Yes		Once per day (include admit day, do not include discharge day)	14 units for 14 days
Adolescent Residential	Level III.5	n/a	H0017.HA	Day	Unit	\$198.45	✓	✓	Yes				✓	✓	Yes		Once per day (include admit day, do not include discharge day)	14 units for 14 days

- ¹ Assessment for Medicaid Eligible Clients: is only available for IDHW-State Hospital-Medicaid clients.
- ² Residential Treatment for IDHW-Adult Population: is only available for IDHW-Adult clients referred by an IDHW Adult Mental Health referral source.
- ⁶ Residential Treatment for IDHW-Supervised Misdemeanant and IDHW-Domestic Violence Court populations: is not available for these populations.
- ⁷ Adult Halfway House for IDHW-Supervised Misdemeanant and IDHW-Domestic Violence Court populations: is not available for these populations.
- ⁸ Follow-up Interview Service: is only available for IDHW-Adult discharged on or after 1/1/2016.



SUD Rate Matrix - Recovery Support Services (RSS)

IDHW FY16 SUD CLINICAL TREATMENT SERVICES MATRIX (Effective 01/25/2016)																	
AUTHORIZED SERVICE		BILLABLE ITEM & RATE					APPLICABLE FUNDING/INSURER TYPES									FREQUENCY	
Individual or Parent Service	ASAM Level (if applicable)	Child Service (if applicable)	Procedure Code w/ Modifier	Unit	Unit Type	Billable Rate	IDHW - General			IDHW - ATR-4			IDHW - PWWC			Service Limits	Auth Span Maximums
							IDHW	Medicaid Supplemental	Cost Share	ATR-4	Medicaid Supplemental	Cost Share	PWWC	Medicaid Supplemental	Cost Share		
Case Management (Basic and Intensive)	n/a	n/a	H0006	15 min.	Duration	\$12.40	✓		No	✓		No				Up to 4 hours per week	Consistent with treatment authorization. When in Case Management if client is receiving services after successfully completing treatment, authorization for 204 units for 180 days
Case Management (PWWC)	n/a	n/a	H0006	15 min.	Duration	\$13.23							✓		No	Up to 4 hours per week	Consistent with treatment authorization. When in Case Management if client is receiving services after successfully completing treatment, authorization for 204 units for 180 days
Drug/Alcohol Testing	n/a	n/a	H0003	1 Test	Unit	\$13.50	✓		No	✓		No	✓		No	Up to 2 tests per week	Consistent with treatment authorization. Consistent with Case Management authorization if client is receiving services after successfully completing treatment - 1 year maximum of continued RSS after successfully completing treatment.
Adolescent Safe & Sober Housing	n/a	n/a	H0045	Day	Unit	\$75.00				✓		No				Once per day (include admit day, do not include discharge day). Client must be engaged with Outpatient or Intensive Outpatient program or Case Management (after completed treatment successfully) provider	Consistent with treatment authorization - 90 day treatment episode maximum. Consistent with Case Management authorization if client is receiving services after successfully completing treatment - 1-year maximum of continued RSS after successfully completing treatment.
Adult Safe & Sober Housing	n/a	n/a	H0044	Day	Unit	\$11.50	✓	✓	No	✓		No	✓	✓	No	Once per day (include admit day, do not include discharge day). Client must be engaged with Outpatient or Intensive Outpatient program or Case Management (after completed treatment successfully) provider	Consistent with treatment authorization - 180 day treatment episode maximum Consistent with Case Management authorization if client is receiving services after successfully completing treatment - 1-year maximum of continued RSS after successfully completing treatment.
Adult Safe & Sober Housing Program Fees	n/a	n/a	H0044:UT	\$1.00	Unit	\$1.00	✓	✓	No							Client must be engaged with Adult Safe & Sober Housing.	Consistent with Adult Safe & Sober Housing authorization. Authorized units will be the total dollars to be billed. Up to 100 units (\$100.00) per 30 days
Transportation	n/a	Transportation Pick Up	T2002	Pick-up & 1st Mile	Unit	\$4.20										Must be documented in care plan	Consistent with treatment authorization. Consistent with Case Management authorization if client is receiving services after successfully completing treatment - 1-year maximum of continued RSS after successfully completing treatment.
		Transportation of Client	A0080	1 mile	Unit	\$1.17	✓	✓	No	✓	3		No	✓	✓	No	Initial units will be authorized based on request, care plan, and client need. Additional units can be requested.
Transportation of Child	n/a	Transportation of Child Pick Up	T2002.HA	Pick-up & 1st Mile	Unit	\$4.20										Must be documented in care plan	Consistent with <u>client's</u> treatment authorization. Consistent with <u>client's</u> Case Management authorization if client is receiving services after <u>client</u> successfully completed treatment - 1-year maximum of continued RSS after successfully completing treatment.
		Transportation of Child Per Mile	A0080.HA	1 mile	Unit	\$1.17							✓	4	✓	4	No



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Individual or Parent Service	ASAM Level (if applicable)	Child Service (if applicable)	Procedure Code w/ Modifier	Unit	Unit Type	Billable Rate	IDHW - General			IDHW - ATR-4			IDHW - PWWC			Service Limits	Auth Span Maximums
							IDHW	Medicaid Supplemental	Cost Share	ATR-4	Medicaid Supplemental	Cost Share	PWWC	Medicaid Supplemental	Cost Share		
Transportation Flat Fee	n/a	n/a	T2003	\$1.00	Unit	\$1.00	✓	✓	No	✓			No	✓	✓	No	<p>Must be documented in care plan.</p> <p>Tx Provider will inform of total rate for transportation (i.e. bus tickets, air fare, etc.). Authorized units are total dollars billed. Authorization date will cover for day of purchase only.</p> <p>Rates that are not whole dollars will be rounded - \$0.49 and below will be rounded down and \$0.50 and above will be rounded up to the nearest dollar.</p>
Child Care	n/a	n/a	T1009	15 min.	Duration	\$4.04	✓	✓	No	✓			No	✓	✓	No	<p>Must be documented in care plan</p> <p>Authorized units will allow for billing per child in childcare services.</p> <p>Consistent with treatment authorization.</p> <p>Consistent with Case Management authorization if client is receiving services after successfully completing treatment - 1 year maximum of continued RSS after successfully completing treatment.</p>
Life Skills	n/a	Life Skills (Individual)	H2015	15 min.	Duration	\$6.56	✓		No	✓			No	✓		No	<p>Up to 2 hours per week</p> <p>Consistent with treatment authorization.</p> <p>Consistent with Case Management authorization if client is receiving services after successfully completing treatment - 1-year maximum of continued RSS after successfully completing treatment.</p>
		Life Skills (Group)	HQ2015	15 min.	Duration	\$3.94											
		Life Skills-Client not present (Individual)	H2015.HS	15 min.	Duration	\$6.56											
		Life Skills-Client not present (Group)	HQ2015.HS	15 min.	Duration	\$3.94											
Life Skills (Medicaid Supplemental)	n/a	Life Skills (Group)	HQ2015	15 min.	Duration	\$3.94	✓		No				No	✓		No	<p>Up to 2 hours per week</p> <p>Consistent with treatment authorization.</p> <p>Consistent with Case Management authorization if client is receiving services after successfully completing treatment - 1-year maximum of continued RSS after successfully completing treatment.</p>
		Life Skills-Client not present (Individual)	H2015.HS	15 min.	Duration	\$6.56											
		Life Skills-Client not present (Group)	HQ2015.HS	15 min.	Duration	\$3.94											
Medical Needs Benefit	n/a	n/a	H2016	\$1.00	Unit	\$1.00								✓	✓	No	<p>\$263.00 treatment episode maximum</p> <p>Consistent with treatment authorization or consistent with Case Management authorization if client is receiving services after successfully completing treatment - 1-year maximum of continued RSS after successfully completing treatment for a total of 263 units</p>
Staffing (Planned Facilitation)	n/a	n/a	H0022	15 min.	Duration	\$6.21	✓	✓	No	✓			No	✓	✓	No	<p>Must be documented in care plan</p> <p>Consistent with treatment authorization.</p> <p>Consistent with Case Management authorization if client is receiving services after successfully completing treatment - 1-year maximum of continued RSS after successfully completing treatment.</p>
Interpreter Services	n/a	n/a	T1013	\$1.00	Unit	\$1.00	✓		No	✓			No	✓		No	<p>Must be documented in care plan</p> <p>Tx Provider will inform of hourly rate & needed hours. Authorized units will be the total dollars to be billed. If travel is needed, authorize "Travel for Professionals".</p> <p>Time frame consistent with treatment authorization.</p> <p>Time frame consistent with Case Management authorization if client is receiving services after successfully completing treatment - 1-year maximum of continued RSS after successfully completing treatment.</p>



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							IDHW	Medicaid Supplemental	Cost Share	ATR-4	Medicaid Supplemental	Cost Share	PWWC	Medicaid Supplemental	Cost Share		
Lodging	n/a	n/a	S9976	\$1.00	Unit	\$1.00	✓	✓	No	✓			No	✓	✓	No	\$250.00 treatment episode maximum. Consistent with treatment authorization for a total of 250 units. Consistent with Case Management authorization if client is receiving services after successfully completing treatment - 1-year maximum of continued RSS after successfully completing treatment for a total of 250 units.
Recovery Coaching	n/a	n/a	H0038	15 min	Duration	\$10.00	✓	✓	No	✓			No	✓	✓	No	Up to 192 units for 6 months for individual sessions. Consistent with treatment authorization for a total of 192 units for 6 months. Consistent with Case Management authorization if client is receiving services after successfully completing treatment - 1-year maximum of continued RSS after successfully completing treatment for a total of 192 units for 6 months.
Aftercare (Group) <i>(needs built in WITS for IDHW)</i>	n/a	n/a	H0047	15 min	Duration	\$5.91	✓	✓	No	✓			No	✓	✓	No	Must be documented in care plan Consistent with treatment authorization. Consistent with Case Management authorization if client is receiving services after successfully completing treatment - 1-year maximum of continued RSS after successfully completing treatment.
Em. / Temp. Housing <i>(needs built in WITS for IDHW)</i>	n/a	n/a	H0044.ET	Day	Unit	\$25.00	✓	✓	No	✓			No	✓	✓	No	Must be documented in care plan Consistent with treatment authorization. Consistent with Case Management authorization if client is receiving services after successfully completing treatment - 1-year maximum of continued RSS after successfully completing treatment.
Prenatal Care <i>(needs built in WITS for IDHW)</i>	n/a	n/a	H1000	15 min.	Duration	Case by Case								✓	✓	No	Must be documented in care plan Consistent with treatment authorization. Consistent with Case Management authorization if client is receiving services after successfully completing treatment - 1-year maximum of continued RSS after successfully completing treatment.

³ Transportation for ATR Funded Clients: Transportation authorizations placed to allow client to get to their assessment can only be authorized to the treatment provider and not a stand alone RSS provider.

⁴ Transportation of child for PWWC Funded Clients: is only allowed those providers in the PWWC Specialty Network

⁵ Safe and Sober Housing Program Fees: is only allowed for IDHW - State Hospital or IDHW - State Hospital-Medicaid funded clients.