SUD SERVICE RATES
(Provider specific services and codes will be authorized by MSHN and uploaded to the REMI System)

FY2022 SUD CPT & HCPC Code Rates

CODE	DESCRIPTION OF CODE	MSHN RATE
90791	PSYCHIATRIC DIAGNOSTIC EVALUATION (No Medical Services)	$133.00
90832	PSYCHOTHERAPY INDIVIDUAL (16-37 Minutes)	$59.00
90832	PSYCHOTHERAPY INDIVIDUAL (16-37 Minutes; Women's Specialty)	$64.00
90832	PSYCHOTHERAPY INDIVIDUAL (16-37 Minutes; Adolescents)	$64.00
90834	PSYCHOTHERAPY INDIVIDUAL (38-52 Minutes)	$90.50
90834	PSYCHOTHERAPY INDIVIDUAL (38-52 Minutes; Women's Specialty)	$96.00
90834	PSYCHOTHERAPY INDIVIDUAL (38-52 Minutes; Adolescents)	$96.00
90837	PSYCHOTHERAPY INDIVIDUAL (53+ Minutes)	$117.00
90837	PSYCHOTHERAPY INDIVIDUAL (53+ Minutes; Women's Specialty)	$127.50
90837	PSYCHOTHERAPY INDIVIDUAL (53+ Minutes; Adolescents)	$127.50
90846	FAMILY PSYCHOTHERAPY WITHOUT PATIENT PRESENT (60 Minutes)	$117.00
90847	FAMILY PSYCHOTHERAPY WITH PATIENT PRESENT (60 Minutes)	$117.00
90849	MULTI-FAMILY THERAPY (60-90 Minutes)	$53.50
90849	MULTI-FAMILY THERAPY (90 Minutes)	$80.00
90853	PSYCHOTHERAPY GROUP (60 Minutes)	$53.50
90853	PSYCHOTHERAPY GROUP (60 Minutes; Women's Specialty)	$59.00
90853	PSYCHOTHERAPY GROUP (60 Minutes; Adolescents)	$59.00
90853	PSYCHOTHERAPY GROUP (90 Minutes)	$80.00
90853	PSYCHOTHERAPY GROUP (120 Minutes)	$106.50
96372	MEDICATION ADMINISTRATION	$30.50
97810	ACUPUNCTURE 1 OR MORE NEEDLES - INITIAL 15 MINUTES	$5.50
97811	ACUPUNCTURE 1 OR MORE NEEDLES – EACH ADDITIONAL 15 MINUTES	$5.50
99202	NEW PATIENT: MEDICATION REVIEW (15-29 Minutes)	$96.00
99203	NEW PATIENT: MEDICATION REVIEW (30-44 Minutes)	$144.00
99204	NEW PATIENT: MEDICATION REVIEW (45-59 Minutes)	$215.50
99205	NEW PATIENT: MEDICATION REVIEW (60-74 Minutes)	$287.50
99211	ESTABLISHED PATIENT: MEDICATION REVIEW	$30.50
99212	ESTABLISHED PATIENT: MEDICATION REVIEW (10-19 Minutes)	$60.50
99213	ESTABLISHED PATIENT: MEDICATION REVIEW (20-29 Minutes)	$90.50
99214	ESTABLISHED PATIENT: MEDICATION REVIEW (30-39 Minutes)	$151.00
99215	ESTABLISHED PATIENT: MEDICATION REVIEW (40-54 Minutes)	$241.50
A0110	NON-EMERGENCY TRANSPORTATION & BUS (BUS TOKEN) (10 Units Maximum per day)	$1.50
A0110	NON-EMERGENCY TRANSPORTATION GREYHOUND BUS PASS (10 units Maximum per day)	$15.00
G2067	MAT, METHADONE, WEEKLY BUNDLE (For use w/Medicare primary services only)	$212.00
G2068	MAT, BUPRENORPHINE, WEEKLY BUNDLE (For use w/Medicare primary services only)	$255.70
G2073	MAT, NALTREXONE, WEEKLY BUNDLE (For use w/Medicare primary services only)	$1,410.06
G2074	MAT, WEEKLY NOT INCLUDING DRUG (For use w/Medicare primary services only)	$163.97
G2076	MAT, INTAKE ACTIVITIES (For use w/Medicare primary services only)	$181.97
G2077	MAT, PERIODIC ASSESSMENT (For use w/Medicare primary services only)	$111.82

G2078	TAKE HOME SUPPLY OF METHADONE (For use w/Medicare primary services only)	$37.38
G2079	TAKE HOME SUPPLY OF BUPRENORPHINE (For use w/Medicare primary services only)	$81.08
G2080	MAT COUNSELING (For use w/Medicare primary services only)	$31.37
H0001	ALCOHOL and/or DRUG ASSESSMENT (Encounter)	$265.50
H0002	BRIEF SCREEN; SBIRT; FACE-TO-FACE (Encounter)	$43.00
H0003	LABORATORY ANALYSIS OF DRUG SCREEN	$27.00
H0004	BEHAVIORAL HEALTH COUNSELING (15 Minutes) SUD/MH	$24.00
H0004	BEHAVIORAL HEALTH COUNSELING (15 Minutes; Women's Specialty)	$27.00
H0004	BEHAVIORAL HEALTH COUNSELING (15 Minutes; Adolescents)	$27.00
H0005	GROUP ALCOHOL and/or DRUG SERVICES	$48.00
H0005	GROUP ALCOHOL and/or DRUG SERVICES (Women's Specialty)	$53.50
H0005	GROUP ALCOHOL and/or DRUG SERVICES (Adolescent's)	$53.50
H0006	CASE MANAGEMENT (Encounter)	$41.00
H0006	CASE MANAGEMENT (Encounter; Women's Specialty)	$45.00
H0006	CASE MANAGEMENT (Encounter; Adolescent's)	$45.00
H0010	MEDICALLY MONITORED RESIDENTIAL DETOX (PER DAY) (Inc.'s R&B) (ASAM 3.7-WM)	$369.50
H0012	CLINICALLY MANAGED RESIDENTIAL DETOX (PER DAY) (Inc.'s R&B) (ASAM 3.2-WM)	$335.50
H0018	LOW-INTENSITY RESIDENTIAL TREATMENT (ASAM 3.1)	$74.50
H0018	LOW-INTENSITY RESIDENTIAL TREATMENT (ASAM 3.1; WOMEN'S)	$96.00
H0018	LOW-INTENSITY RESIDENTIAL TREATMENT (ASAM 3.1; ADOLESCENTS)	$271.00
H0019	MEDIUM-INTENSITY RESIDENTIAL TREATMENT (ASAM 3.3)	$117.00
H0019	MEDIUM-INTENSITY RESIDENTIAL TREATMENT (ASAM 3.3; WOMEN'S)	$138.50
H0019	MEDIUM-INTENSITY RESIDENTIAL TREATMENT (ASAM 3.3; ADOLESCENTS)	$287.00
H0019	HIGH-INTENSITY RESIDENTIAL TREATMENT (ASAM 3.5)	$159.50
H0019	HIGH-INTENSITY RESIDENTIAL TREATMENT (ASAM 3.5; WOMEN'S)	$180.50
H0019	HIGH-INTENSITY RESIDENTIAL TREATMENT (ASAM 3.5; ADOLESCENTS)	$304.00
H0019	MEDICALLY MONITORED INTENSIVE RESIDENTIAL TREATMENT (ASAM 3.7)	$212.50
H0019	MEDICALLY MONITORED INTENSIVE RESIDENTIAL TREATMENT (ASAM 3.7; WOMEN'S)	$233.50
H0019	MEDICALLY MONITORED INTENSIVE RESIDENTIAL TREATMENT (ASAM 3.7; ADOLESCENTS)	$329.50
H0020	METHADONE ADMINISTRATION DAILY DOSE (PER DAY)	$8.50
H0022	ALCOHOL AND/OR DRUG INTERVENTION INDIVIDUAL SERVICE	$48.00
H0038	RECOVERY SUPPORT (15 MINUTES)	$21.50
H0038	RECOVERY SUPPORT – 2 THRU 6 OR MORE INDIVIDUALS IN GROUP	$5.00
H0048	INSTANT DRUG TESTING COLLECTION AND HANDLING ONLY (Instant drug testing; no laboratory)	$13.00
H0050	BRIEF INTERVENTION/CARE COORDINATION (Per 15 Minute unit)	$16.50
H2011	CRISIS INTERVENTION CODE (SEE ATTACHED NOTE BELOW)	$32.50
H2027	PSYCHOEDUCATION SERVICES (15 Minutes) DIDACTIC	$6.00
H2027	PSYCHOEDUCATION SERVICES (15 Minutes) DIDACTIC (Co-Occurring)	$7.00
S0215	NON-EMERGENCY TRANSPORTATION PER MILE (Maximum allowable = IRS Rate)	IRS Rate Max
S9976	RESIDENTIAL ROOM & BOARD – BLOCK GRANT ONLY (only with H0018/19)	$21.00
H2034	RECOVERY HOUSING LEVEL III (SUPERVISED)	$17.00
T1009	CARE OF CHILD(REN) OF THE INDIVIDUAL RECEIVING OUTPATIENT SUD SERVICES; PER HOUR	$10.00
T1009	CARE OF CHILD(REN) OF THE INDIVIDUAL RECEIVING RESIDENTIAL SUD	$51.00

	SERVICES; PER DIEM (1k)	
T1009	CARE OF CHILD(REN) OF THE INDIVIDUAL RECEIVING RESIDENTIAL SUD SERVICES; PER DIEM (2k)	$102.00
T1009	CARE OF CHILD(REN) OF THE INDIVIDUAL RECEIVING RESIDENTIAL SUD SERVICES; PER DIEM (3k)	$153.00
T1009	CARE OF CHILD(REN) OF THE INDIVIDUAL RECEIVING RESIDENTIAL SUD SERVICES; PER DIEM (4k)	$204.00
T1012	RECOVERY SUPPORT SERVICES (Encounter)	$43.00
T1012	RECOVERY SUPPORT – 2 THRU 6 OR MORE INDIVIDUALS IN GROUP	$17.00
T2003	NON-EMERGENCY GAS CARD	$5.00

MODIFIERS FOR SUBSTANCE ABUSE HCPCS & CPT CODES	
MODIFIER	**DESCRIPTION**
GT	Telemedicine: the use of an electronic media to link beneficiaries with health professionals in different locations. The examination of the beneficiary is performed via a real-time interactive audio and video telecommunications system. The beneficiary must be able to see and interact with the off-site practitioner at the time services are provided via telemedicine. Use place of service 02 to indicate service performed using telehealth; the modifier will be valid through the public health emergency which is currently 12.31.2021 and subject to change.
HA	Child-Adolescent Program: services designed for persons under the age of 18.
HD	Women's Specialty Services: Pregnant/Parenting Women Program: services provided in a program that treats pregnant or women with dependent children. Men are eligible for WSS if they are determined, by PROVIDER, to be the parent solely responsible for the health and well-being of a dependent child(ren). HD is required for all qualified Women's Specialty Services.
HH	Integrated Substance Abuse/Mental Health Program: program specifically designed to provide integrated services to persons who need both substance abuse and mental health services; as planned in an integrated, individualized treatment plan. HH modifier is required for qualifying Integrated Substance Abuse/Mental Health services. PROVIDER's will be assigned the use of HH modifiers with submission of documentation of licensure for Integrated Substance Abuse & Mental Health Services. All subsequent services delivered to meet the goals of the integrated plan are to be reported with an "HH". The use of this modifier is only applicable to Treatment based services; Not to be used with Support services.
K	Use only with H2034 &/or T1009 to designate number of child(ren) involved
QJ	Modifier does not require authorization; submit on claims to indicate services were provider to incarcerated individuals. Place of service may be 09 unless the service was performed using telehealth.
UN	Modifier does not require authorization; submit on claims for 90853, H0005, H0038, or T1012 when 2 individuals participated in group
UP	Modifier does not require authorization; submit on claims for 90853, H0005, H0038, or T1012 when 3 individuals participated in group
UQ	Modifier does not require authorization; submit on claims for 90853, H0005, H0038, or T1012 when 4 individuals participated in group
UR	Modifier does not require authorization; submit on claims for 90853, H0005, H0038, or T1012 when 5 individuals participated in group
US	Modifier does not require authorization; submit on claims for 90853, H0005, H0038, or T1012 when 6 or more individuals participated in group
W1	Authorize and submit claims for H0018 using the new modifier (ASAM 3.1)
W3	Authorize and submit claims for H0019 using the new modifier (ASAM 3.3)
W5	Authorize and submit claims for H0019 using the new modifier (ASAM 3.5)
W7	Authorize and submit claims for H0019 using the new modifier (ASAM 3.7)

RESIDENTIAL MODIFIER CHANGES

- NEW - The H0018 will now require a W1 modifier with the authorization for the service code. Instead of requesting an H0018 an H0018 W1 will be requested.
- The new modifiers will need to be requested on the authorization with the H0018 and H0019 beginning 10/1/2021. H0019 residential codes will continue to have the modifier requested on the authorization based on the level of care that is medically necessary.
- Residential authorizations that will overlap the 10/1/2021 effective date of the changes will need to be split into two separate authorizations. The two-part authorizations will be available in September. The first one will be effective through 9/30/2021 and will have the old modifiers. The second one will be needed for the new modifiers for service dates 10/1/2021 forward. The combined requests of the authorizations should follow the typical

pattern for days requested for an initial authorization or reauthorization.
- As with all other services, documentation should support the service being billed.

GROUP & PEER MODIFIER CHANGES

- The group bundle will still be available for selection on the authorization.
- When the group is billed, it will need to have the correct modifier attached on the claim to identify how many people attended the group. The modifier used should be for all people in attendance regardless of the pay source.
- Please ensure that all group notes starting 10/1/2021 have a place to document how many people attended the group. The group notes will be used for audit purposes to ensure the correct modifier was attached to the claim.
- If people arrive to the group late or leave early, please only count them if they reach the threshold to bill the service. The number of people in group should be based on how many people attended the service long enough to bill it.
- As with all other services, documentation should support the service being billed.

PEER SERVICES

- The group modifier will no longer be available on an authorization. Currently authorizations for group H0038 and T1012 services require they are authorized with a TT modifier.
- Authorization for the H0038 and T1012 will need to account for both the requested individual and group services being requested. The authorization threshold will be updated to combine both individual and group together.
- When the group is billed, it will need to have the correct modifier attached on the claim to identify how many people attended the group.
- Peer service authorizations that will overlap the 10/1/2021 effective date will need to be split into two separate authorizations. The two-part authorizations will be available in September. The first one will be effective through 9/30/2021 and will have the old modifiers. The second one will be needed for the combined H0038 and T1012 service codes that are needed for service dates 10/1/2021 forward. The combined requests of the authorizations should follow the typical pattern for days requested for an initial authorization or reauthorization.
- Please ensure that all group notes starting 10/1/2021 have a place to document how many people attended the group. The group notes will be used for audit purposes to ensure the correct modifier was attached to the claim.
- If people arrive to the group or leave early, please only count them if they reach the threshold to bill the service. The number of people in group should be based on how many people attended the service long enough to bill it.
- As with all other services, documentation should support the service being billed.

All procedures are face-to-face with consumer, except Substance Use Disorder Case Management (H0006). This is subject to changes in the PIHP/CMHSP encounter reporting HCPCS and revenue codes chart.

It is the responsibility of all providers to review updates to the PIHP/CMHSP encounter reporting HCPCS and revenue codes chart for the services they provide. Information and updates are located on the web at: PIHP/CMHSP Reporting Cost Per Code and Code Chart

It is the responsibility of all providers to review any provider/staff qualification updates within the Michigan PIHP/CMHSP Provider Qualifications Chart; PIHP/CMHSP Provider Qualifications Per Medicaid Services & HCPCS/CBT Codes. The guidelines established by the Michigan PIHP/CMHSP Provider Qualifications Per Medicaid Services HCPCS/CPT Codes updates can be found within the Mental Health & Substance Abuse Reporting Requirements.

NOTE: H2011 is a Crisis Intervention code only used in situations where a client arrives for group but is in a crisis best handled in a one-on-one, face-to-face setting. The PROVIDER may use up to four 15-minute units (totaling 60 minutes). The group code can then be exchanged for the crisis intervention code. Do NOT request this code in an authorization for services request, as this is an exchange allowed only code. This code is NOT to be used if a client calls in a crisis situation and talks with a PROVIDER on the phone and/or an individual session is then scheduled.