

## SUD SERVICE RATES

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

### FY2021 SUD CPT & HCPC Code Rates

CODE	DESCRIPTION OF CODE	MSHN RATE
90791	PSYCHIATRIC DIAGNOSTIC EVALUATION (No Medical Services)	\$112.50
90832	PSYCHOTHERAPY INDIVIDUAL (16-37 Minutes; Women's Specialty)	\$61.50
90832	PSYCHOTHERAPY INDIVIDUAL (16-37 Minutes)	\$56.50
90832	PSYCHOTHERAPY INDIVIDUAL (16-37 Minutes; Adolescents)	\$61.50
90834	PSYCHOTHERAPY INDIVIDUAL (38-52 Minutes; Women's Specialty)	\$92.00
90834	PSYCHOTHERAPY INDIVIDUAL (38-52 Minutes)	\$87.00
90834	PSYCHOTHERAPY INDIVIDUAL (38-52 Minutes; Adolescents)	\$92.00
90837	PSYCHOTHERAPY INDIVIDUAL (53+ Minutes)	\$112.50
90837	PSYCHOTHERAPY INDIVIDUAL (53+ Minutes; Women's Specialty)	\$122.50
90837	PSYCHOTHERAPY INDIVIDUAL (53+ Minutes; Adolescents)	\$122.50
90846	FAMILY PSYCHOTHERAPY WITHOUT PATIENT PRESENT (60 Minutes)	\$112.50
90847	FAMILY PSYCHOTHERAPY WITH PATIENT PRESENT (60 Minutes)	\$112.50
90853	PSYCHOTHERAPY GROUP (60 Minutes)	\$51.00
90853	PSYCHOTHERAPY GROUP (60 Minutes; Women's Specialty)	\$56.50
90853	PSYCHOTHERAPY GROUP (60 Minutes; Adolescents)	\$56.50
90853	PSYCHOTHERAPY GROUP (90 Minutes)	\$76.50
90853	PSYCHOTHERAPY GROUP (120 Minutes)	\$102.00
96372	MEDICATION ADMINISTRATION	\$29.00
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)	\$92.00
99203	NEW PATIENT: MEDICATION REVIEW (30-44 Minutes)	\$138.00
99204	NEW PATIENT: MEDICATION REVIEW (45-59 Minutes)	\$207.00
99205	NEW PATIENT: MEDICATION REVIEW (60-74 Minutes)	\$276.00
99211	ESTABLISHED PATIENT: MEDICATION REVIEW	\$29.00
99212	ESTABLISHED PATIENT: MEDICATION REVIEW (10-19 Minutes)	\$58.00
99213	ESTABLISHED PATIENT: MEDICATION REVIEW (20-29 Minutes)	\$87.00
99214	ESTABLISHED PATIENT: MEDICATION REVIEW (30-39 Minutes)	\$145.00
99215	ESTABLISHED PATIENT: MEDICATION REVIEW (40-54 Minutes)	\$232.00
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
H0001	INDIVIDUAL ASSESSMENT (Encounter)	\$127.50
H0001HV	INDIVIDUAL ASSESSMENT – <b>GAIN</b> (Encounter)	\$255.00
H0002	BRIEF SCREEN; SBIRT; FACE-TO-FACE (Encounter)	\$41.00
H0003	LABORATORY ANALYSIS OF DRUG SCREEN	\$25.50
H0004	BEHAVIORAL HEALTH COUNSELING (15 Minutes) SUD/MH	\$23.00
H0004	BEHAVIORAL HEALTH COUNSELING (15 Minutes; Women's Specialty)	\$25.50
H0004	BEHAVIORAL HEALTH COUNSELING (15 Minutes; Adolescents)	\$25.50
H0005	GROUP ALCOHOL and/or DRUG SERVICES	\$46.00
H0005	GROUP ALCOHOL and/or DRUG SERVICES (Women's Specialty)	\$51.00
H0005	GROUP ALCOHOL and/or DRUG SERVICES (Adolescent's)	\$51.00

<b>H0006</b>	CASE MANAGEMENT (Encounter)	\$41.00
<b>H0006</b>	CASE MANAGEMENT (Encounter; Women's Specialty)	\$45.00
<b>H0006</b>	CASE MANAGEMENT (Encounter; Adolescent's)	\$45.00
<b>H0010</b>	MEDICALLY MONITORED RESIDENTIAL DETOX (PER DAY) (Inc.'s R&B)	\$355.00
<b>H0012</b>	CLINICALLY MANAGED RESIDENTIAL DETOX (PER DAY) (Inc.'s R&B)	\$322.50
<b>H0018</b>	LOW-INTENSITY RESIDENTIAL TREATMENT (ASAM 3.1)	\$71.50
<b>H0018</b>	LOW-INTENSITY RESIDENTIAL TREATMENT (ASAM 3.1; WOMEN'S)	\$92.00
<b>H0018</b>	LOW-INTENSITY RESIDENTIAL TREATMENT (ASAM 3.1; ADOLESCENTS)	\$260.50
<b>H0019</b>	MEDIUM-INTENSITY RESIDENTIAL TREATMENT (ASAM 3.3)	\$112.50
<b>H0019</b>	MEDIUM-INTENSITY RESIDENTIAL TREATMENT (ASAM 3.3; WOMEN'S)	\$133.00
<b>H0019</b>	MEDIUM-INTENSITY RESIDENTIAL TREATMENT (ASAM 3.3; ADOLESCENTS)	\$275.50
<b>H0019</b>	HIGH-INTENSITY RESIDENTIAL TREATMENT (ASAM 3.5)	\$153.00
<b>H0019</b>	HIGH-INTENSITY RESIDENTIAL TREATMENT (ASAM 3.5; WOMEN'S)	\$173.50
<b>H0019</b>	HIGH-INTENSITY RESIDENTIAL TREATMENT (ASAM 3.5; ADOLESCENTS)	\$292.00
<b>H0019</b>	MEDICALLY MONITORED INTENSIVE RESIDENTIAL TREATMENT (ASAM 3.7)	\$204.00
<b>H0019</b>	MEDICALLY MONITORED INTENSIVE RESIDENTIAL TREATMENT (ASAM 3.7; WOMEN'S)	\$224.50
<b>H0019</b>	MEDICALLY MONITORED INTENSIVE RESIDENTIAL TREATMENT (ASAM 3.7; ADOLESCENTS)	\$316.50
<b>H0020</b>	METHADONE ADMINISTRATION DAILY DOSE (PER DAY)	\$8.00
<b>H0022</b>	ALCOHOL AND/OR DRUG INTERVENTION INDIVIDUAL SERVICE	\$46.00
<b>H0022</b>	ALCOHOL AND/OR DRUG INTERVENTION – GROUP	\$22.50
<b>H0038</b>	RECOVERY SUPPORT – GROUP (15 Minutes)	\$4.50
<b>H0038</b>	RECOVERY SUPPORT – INDIVIDUAL (15 MINUTES)	\$20.50
<b>H0048</b>	INSTANT DRUG TESTING COLLECTION AND HANDLING ONLY (Instant drug testing; no laboratory)	\$12.50
<b>H0050</b>	BRIEF INTERVENTION/CARE COORDINATION (Per 15 Minute unit)	\$15.50
<b>H2011</b>	CRISIS INTERVENTION CODE (SEE ATTACHED NOTE BELOW)	\$31.00
<b>H2027</b>	PSYCHOEDUCATION SERVICES (15 Minutes) DIDACTIC	\$5.50
<b>H2027</b>	PSYCHOEDUCATION SERVICES (15 Minutes) DIDACTIC (Co-Occurring)	\$6.50
<b>S0215</b>	NON-EMERGENCY TRANSPORTATION PER MILE (Maximum allowable = IRS Rate)	IRS Rate Max
<b>S9976</b>	RESIDENTIAL ROOM & BOARD – BLOCK GRANT ONLY (only with H0018/19) (SD)	\$21.00
<b>S9976</b>	RESIDENTIAL ROOM & BOARD – BLOCK GRANT ONLY (only with H0018/19)	\$21.00
<b>H2034</b>	RECOVERY HOUSING LEVEL III (SUPERVISED)	\$17.00
<b>H2034</b>	RECOVERY HOUSING LEVEL IV (SERVICE PROVIDER)	\$21.00
<b>T1009</b>	CARE OF CHILD(REN) OF THE INDIVIDUAL RECEIVING OUTPATIENT SUD SERVICES; PER HOUR	\$10.00
<b>T1009</b>	CARE OF CHILD(REN) OF THE INDIVIDUAL RECEIVING RESIDENTIAL SUD SERVICES; PER DIEM (1k)	\$51.00
<b>T1009</b>	CARE OF CHILD(REN) OF THE INDIVIDUAL RECEIVING RESIDENTIAL SUD SERVICES; PER DIEM (2k)	\$102.00
<b>T1009</b>	CARE OF CHILD(REN) OF THE INDIVIDUAL RECEIVING RESIDENTIAL SUD SERVICES; PER DIEM (3k)	\$153.00
<b>T1009</b>	CARE OF CHILD(REN) OF THE INDIVIDUAL RECEIVING RESIDENTIAL SUD SERVICES; PER DIEM (4k)	\$204.00
<b>T1012</b>	RECOVERY SUPPORT SERVICES (Encounter) - Individual	\$41.00
<b>T1012</b>	RECOVERY SUPPORT SERVICES (Encounter) - Group	\$16.00
<b>T2003</b>	NON-EMERGENCY GAS CARD	\$5.00

<b>MODIFIERS FOR SUBSTANCE ABUSE HCPCS &amp; CPT CODES</b>	
<b>MODIFIER</b>	<b>DESCRIPTION</b>
<b>GT</b>	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.
<b>HA</b>	Child-Adolescent Program: services designed for persons under the age of 18.
<b>HD</b>	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.
<b>HF</b>	Substance Abuse Program: to be used with those codes shared between Mental Health and SUD. The modifier is to differentiate between SUD and Mental Health for billing purposes.
<b>HH</b>	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.
<b>HH TG</b>	SAMHSA-approved Evidence Based Practice for Co-Occurring Disorders: Integrated Dual Disorder Treatment is provided.
<b>HS</b>	Family Model: When patient is not present during session, but family is present
<b>SD</b>	State Disability assistance
<b>TF</b>	Use only w/ H0019 ASAM Level 3.5
<b>TG</b>	Use only w/ H0019 ASAM Level 3.7
<b>TT</b>	Multiple people are served face-to-face simultaneously (Group setting)
<b>UB</b>	Use only w/ H0019 ASAM Level 3.3
<b>K</b>	Use only with H2034 &/or T1009 to designate number of child(ren) involved

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: H2011HF 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 (equaling 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.