

APPENDIX B - Rate Matrix and Authorization Frequencies
Rate Schedule and Authorization Frequency Matrix
Substance Use Disorder Treatment and Recovery Support Service System

Authorized Level of Care & Activity	Billable Item			Rate by Funding Source			Frequency		
	Name	Procedure Code	Unit	General	PWWC	Drug Court	Frequency/Limits	Initial Auth Span	Span at RFR
Risk Assessment	Individual		Flat Fee	\$25.00	\$25.00	\$25.00	Once per client per episode	N/A	N/A
Concurrent Reviews	Individual		15 Min.	\$11.25	\$11.25	\$11.25	None	N/A	N/A
Assessment	Education	S9448	15 min.	\$3.75	\$3.75	\$3.75	14 units for assessment; 20 units for initial treatments (MI/SOC)	32 units for 6 months	Max. of 32 units
	Group	H0005	15 min.	\$5.63	\$5.63	\$5.63			
	Individual	H0001	15 min.	\$11.25	\$11.25	\$11.25			
Level 1: Outpatient	Education	S9448	15 min.	\$3.75	\$3.75	\$3.75	No more than 8 hours per week	768 units for 6 months	768 units for 6 months
	Group	H0005	15 min.	\$5.63	\$5.63	\$5.63			
	Family Therapy	90847	15 min.	\$13.52	\$13.52	\$13.52			
	Individual	H0004	15 min.	\$11.25	\$11.25	\$11.25			
Level 2: Intensive Outpatient	Education	S9448	15 min.	\$3.75	\$3.75	\$3.75	More than 8 contact hours per week to qualify at IOP	912 units for 12 weeks	912 units for 12 weeks
	Group	H0005	15 min.	\$5.63	\$5.63	\$5.63			
	Family Therapy	90847	15 min.	\$13.52	\$13.52	\$13.52			
	Individual	H0004	15 min.	\$11.25	\$11.25	\$11.25			
Adult Halfway House	Day	H0018	1 day	\$45.00	\$45.00	Covered only as an exception – approved through the Supreme Court	Once per day; include admit day, do include discharge day	90 units for 90 days	90 units for 90 days
Transitional Housing for Women receiving PWWC services	Day	H0019	1 day	Not covered	\$140.00	Covered only as an exception – approved through the Supreme Court	Once per day; include admit day, do not include discharge day	180 units for 180 days	180 units for 180 days
Adolescent Transitional Housing		H0043	1 day	\$130.00	\$130.00	Covered only as an exception – approved through the Supreme Court	Once per day; include admit day, do not include discharge day	90 units for 90 days	90 units for 90 days
Adult Residential	Day	H0017	1 day	\$160.00	\$160.00	Covered only as an exception – approved through the Supreme Court	Once per day; include admit day, do not include discharge day	30 units for 30 days	30 units for 30 days
Adolescent Residential	Day	H0017.HA	1 day	\$180.00	\$180.00	Covered only as an exception – approved through the Supreme Court	Once per day; include admit day, do not include discharge day	45 units for 45 days	45 units for 45 days

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Adult Detox	Day	H0008	1 day	\$160.00	\$160.00	Covered only as an exception – approved through the Supreme Court	Once per day; include admit day, do not include discharge day	5 units for 5 days	Max. of 5 units
Case Management		H0006	15 min.	\$11.25	\$11.25	\$11.25	No more than 4 client contact hours per week	96 units for 6 months	Dependent upon client need
Staffing – Activity		DCS	15 min.	Not covered	Not covered	\$6.21	No identified limit		

Recovery Support Services									
	Billable Item			Contracted Rate			Frequency		
	Name	Procedure Code	Unit	General	PWWC	Drug Court	Frequency/Limits		
Drug/Alcohol Testing		H0003	1 Test	\$13.50	\$13.50	\$13.50	Maximum of three tests per week per client		
Family/Marital/Life Skills Education	Individual	H2015	15 min.	\$6.25	\$6.25	\$6.25	Based on RSS care plan and client need.		
	Group	HQ2015	15 min.	\$2.50	\$2.50	\$2.50			
	Client not present	H2015.HS & HQ2015.HS	15 min.	\$6.25 \$2.50	\$6.25 \$2.50	\$6.25 \$2.50			
Adult Safe & Sober Housing		H0044	1 day	\$11.50	\$11.50	\$11.50	1 year (365 units) maximum		
Transportation of Client		A0080	1 mile	\$1.11	\$1.11	\$1.11	1600 miles yearly maximum		
Transportation Pick-Up		T2002	Pick up	\$2.89	\$2.89	\$2.89	Must be documented in care plan		
Child Care		T1009	1 hour	\$3.85	\$3.85	\$3.85			
Emergency/Temporary Housing		H0044.ET	1 day	\$25.00	\$25.00	\$25.00	Limited to 5 days per year.		
Medical Needs Benefit		H2016	1 dollar	NA	\$250.00	NA	Once per client episode		