

Rate Reform Grid with Dollar Amounts as of 07-1-2015

ADULT Service Rates		COMPLEXITY			
Treatment Settings Descriptions	Addiction Only Basic Rate	Co-occurring <i>HH</i>	Special Populations <i>U4</i>	Clients with their Children <i>U6</i>	Medical Services <i>U5</i>
Non-Residential Treatment Rates- acuity addressed in intensity					
Individual (one hour increments) <i>H2035</i>	\$71.40	+\$6.43	+\$4.28	+\$4.28	+\$17.14
Group (one hour increments) <i>H2035 HQ</i>	\$34.68	+\$3.12	+\$2.08	+\$2.08	+\$8.32
Medication Assisted Therapy-Methadone-per diem <i>H0020 (use U8 with H2036 when Methadone is being dispensed in a residential setting)</i>	\$13.26	+\$1.19	+\$0.80	NA	+\$3.18
Medication Assisted Therapy-all other-per diem <i>H0047 U9 (Also use U9 with H2036 when "All Other" MAT drugs are being dispensed in a residential setting)</i>	\$22.44	+\$2.02	+\$1.35	NA	+\$5.39
Medication Assisted Therapy-Methadone-PLUS-per diem (minimum 9 hours counseling services per week) <i>H0020 UA</i>	\$47.94	+\$4.31	+\$2.88	NA	+\$11.51
Medication Assisted Therapy-all other-PLUS (same as above) per diem <i>H0047 UB</i>	\$57.12	+\$5.14	+\$3.43	NA	+\$13.71
Residential Treatment Rates - acuity addressed in intensity					
<i>High Intensity (Minimum 30 hours/week) * H2036 TG</i>	\$177.48	+\$10.65	+\$5.32	+\$5.32	+\$10.65
<i>Medium Intensity (Minimum 15 hours/week)* H2036 TF</i>	\$131.58	+\$7.89	+\$3.95	+\$3.95	+\$11.84
<i>Low Intensity (Minimum 5 hours/week)* H2036 UD</i>	\$63.24	+\$3.79	+\$1.90	+\$1.90	+\$11.38
Hospital Inpatient Per Diem Rates <i>0101</i>	\$306	+\$18.36	+\$9.18	NA	NA
Room and Board Rates <i>1002 & 1003</i>	\$55.17	NA	NA	+\$13.24	+\$11.59

*Residential Medication Assisted Therapy Program - appropriate dosing amount will be added to the appropriate residential rate when a residential provider is supplying and administering medication otherwise administered in an MAT program. **Add U8 or U9 accordingly for dosing amount** *UC = Co-occurring & Medical Services Combination

Rate Reform Grid with Dollar Amounts as of 07/01/2015

ADOLESCENT Service Rates		COMPLEXITY			
Treatment Settings Descriptions	Addiction Only Basic Rate	Co-occurring <i>HH</i>	Special Populations <i>U4</i>	Clients with their Children <i>U6</i>	Medical Services <i>U5</i>
Non-Residential Treatment Rates - acuity addressed in intensity					
Individual (one hour increments) <i>H2035 HA</i>	\$71.40	+\$6.43	+\$4.28	+\$4.28	+\$17.14
Group (one hour increments) <i>H2035 HQ HA</i>	\$34.68	+\$3.12	+\$2.08	+\$2.08	+\$8.32
Residential Treatment Rates - acuity addressed in intensity					
<i>High Intensity (Minimum 15 hours/week) H2036 HA</i>	\$214.20	+\$12.85	+\$6.43	+\$6.43	+\$12.85
Hospital Inpatient Per Diem Rates <i>0101</i>	\$306	+\$18.36	+\$9.18	NA	NA
Room and Board Rates <i>1002 HA & 1003 HA</i>	\$74.54	NA	NA	+\$13.41	+\$11.18

*UC = Co-occurring & Medical Services Combination