

ATTACHMENT - SUBSTANCE USE DISORDER SERVICES

TOS*	Procedure Code	Modifier**	Long Description	Provider Type***	Age Range	Current Medicaid Fee	Proposed Medicaid Fee
1	H0016	HF	Alcohol and/or drug services; medical/somatic (medical intervention in ambulatory setting)	8	0-999	Not a Benefit	\$8.42
1	H0031	HF	Mental health assessment, by non-physician	8	0-999	Not a Benefit	\$16.85
1	H0032	HF	Mental health service plan development by non-physician	8	0-999	Not a Benefit	\$25.27
1	H0047	HF	Alcohol and / or drug abuse services, not otherwise specified	8	0-999	Not a Benefit	\$25.00
9	H0050	HF	Alcohol and/or drug service, brief intervention, per 15 minutes	8	0-999	\$26.93	\$26.93
9	H2017	HF	Psychosocial rehabilitation services, per 15 minutes	8	0-999	\$31.20	\$31.20
1	H2035	HF	Alcohol and/or drug abuse halfway house services, per hour	8	0-20	Not a Benefit	\$125.00

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1	H2035	HF	Alcohol and/or drug abuse halfway house services, per hour	8	21-999	Not a Benefit	\$49.00
1	S9445	HF	Patient education, not otherwise classified, non-physician provider, individual, per session	8	0-999	Not a Benefit	\$50.54

*Type of Service (TOS)	
1	Medical Services
9	Other Services
**Modifier	
HF	Substance Abuse Program
***Provider Type	
8	Chemical Dependency Treatment Facility