Division of Substance Use Programs (DSU) Medicaid Rate Sheet
Effective 1/1/2024

Provider Specialty: S18
Provider Type: T25

Procedure Code	Procedure Description(Paid Claims)	Modifiers	Modifier Explanation	Rates with 5% increase as of 7/1/2023 (includes HCBS)	Rates as of 4/1/2024 (without HCBS) and will be new base rate	Unit
H0001	ALCOHOL AND/OR DRUG ASSESSMENT	H0001HA	adolescent (<18)	$212.49	$206.11	Encounter
		H0001HB	adult (18+)			
H0004	BEHAVORIAL HEALTH COUNSELING AND THERAPY, PER 15 MINUTES	H0004HA	adolescent (<18)	$30.62	$29.70	15 min
		H0004HB	adult (18+)			
		H0004HS	adol (<18), without client present			
H0005	ALCOHOL AND/OR DRUG SERVICES; GROUP COUNSELING BY A CLINICIAN	H0005HA	adolescent (<18)	$113.67	$110.26	Encounter
		H0005HB	adult (18+)			
H0010	ALCOHOL AND/OR DRUG SERVICES; SUB-ACUTE DETOXIFICATION (RESIDENTIAL ADDICTION PROGRAM INPATIENT)	H0010HB	adult (18+)	$167.40	$162.37	Per Diem
H0015	ALCOHOL AND/OR DRUG SERVICES; INTENSIVE OUTPATIENT (TREATMENT PROGRAM THAT OPERATES AT LEAST 3 HOUR *SEE BOOK	H0015HB H0015 HA	adult (18+) adolescent (<18)	$163.43	$158.53	Encounter
H0020	ALCOHOL AND/OR DRUG SERVICES; METHADONE ADMINISTRATION AND/OR SERVICE (PROVISION OF DRUG BY LICENSED PROGRM)	H0020HACG	Adol (<18),buprenorphine, no health home services	$400.90	$388.88	Month
		H0020HGCG	General pop, methadone, no health home services			
		H0020HBCG	Adult (18+), buprenorphine, no health home services			
		H0020HBHGCG	Adult (18+), methadone, no health home services			
		H0020HASE	Adol (<18),buprenropine, with health home services	$572.72	$555.53	Month
		H0020HGSE	General pop, methadone, with health home services			
		H0020HBSE	Adult (18+), buprenorphine, with health home services			
		H0020HBHGSE	Adult (18+), methadone, with health home services			
H0020	ALCOHOL AND/OR DRUG SERVICES; METHADONE ADMINISTRATION AND/OR SERVICE (PROVISION OF DRUG BY LICENSED PROGRM)	H0020HG	General pop, methadone	$425.00	$425.00	Month

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T1006	ALCOHOL AND/OR SUBSTANCE ABUSE SERVICES, FAMILY/COUPLE COUNSELING	T1006	Any	$153.11	$148.52	Encounter
		T1006HS	Adol (<18) without client present			
T1016	CASE MANAGEMENT, EACH 15 MINUTES		Adolescent (<18) Adult(18+)	$16.36	$15.87	15 Min

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Valley Vista and Recovery House Adult Episodic Rates for Treatment Episodes of three or more nights

Provider May Use Either H0011 or H0018 -- the episodic rate includes BOTH services so they may not be billed separately

Primary Substance and Co-Occurring Category	Rates with 5% increase as of 7/1/2023 (includes HCBS)	Rates with 38% increase for residential services only as of 1/1/2024	Rates as of 4/1/2024 (without HCBS) and will be new base rate	Unit
Other/Opioid Z - No co-occurring	$3,683.81	$5,083.65	$4,931.14	Episode
Other/Opioid A	$3,893.89	$5,373.56	$5,212.36	Episode
Other/Opioid B	$4,126.68	$5,694.82	$5,523.97	Episode
Other/Opioid C	$4,373.10	$6,034.88	$5,853.83	Episode
Alcohol/Benzo Z - No co-occurring	$4,193.68	$5,787.28	$5,613.66	Episode
Alcohol/Benzo A	$4,442.37	$6,130.47	$5,946.56	Episode
Alcohol/Benzo B	$4,709.23	$6,498.74	$6,303.77	Episode
Alcohol/Benzo C	$4,994.26	$6,892.08	$6,685.31	Episode
Short Stay (per diem)	$249.83	$344.76	$334.42	Episode

Co-occurring category definitions effective 10/1/19 and higher

Category Description

Category Description	
No Co-occurring (from the list below)	**Z**
Bipolar Disorder	
Liver disease/Cirrhosis	
Gender Dysphoria	**A**
Eating Disorders	
Diabetes	
Post Traumatic Stress Disorder	
Homeless	
Intellectual Disability	
Pregnancy	**B**
Personality disorders	
Endocarditis	
Deafness-bilateral	**C**
Psychotic disorders	