



## IDOC SUD Rate Matrix - Treatment Services

IDOC FY16 SUD CLINICAL TREATMENT SERVICES MATRIX (Effective 01/21/2016)																
AUTHORIZED SERVICE		BILLABLE ITEM					APPLICABLE FUNDING/INSURER TYPES								FREQUENCY	
Individual or Parent Service	ASAM Level (if applicable)	Child Service (if applicable)	Procedure Code w/ Modifier	Unit	Unit Type	Billable Rate	19-2524		Risk to Revocate		Reentry		Medicaid		Service Limits	Auth Span Maximum
							19-2524	Cost Share	Risk to Revocate	Cost Share	Reentry	Cost Share	Medicaid Supplemental	Cost Share		
Alcohol or Drug Assessment	n/a	n/a	H0001	15 min.	Duration	\$12.40	✓	No	✓	No	✓	No			20 units	60 days
Travel for Professionals (1 unit = 1 mile)	n/a	n/a	S0215	1 mile	Unit	\$0.55	✓	No	✓	No	✓	No	✓		120 units (1 unit = 1 mile)	60 days
Pre Treatment *	n/a	Pre-Treatment Services (Education)	S9448	15 min.	Duration	\$4.14									NTE 4 Hrs/Wk  * Drug Testing, Case Management, Transportation, & Transportation Flat Fee are the only RSS allowed during Pre-Treatment	64 units for up to 60 days
		OP and IOP (Group)	H0005	15 min.	Duration	\$6.21	✓	Yes	✓	Yes						
		Pre-Treatment Services (Individual)	H0004	15 min.	Duration	\$12.40										
Parolee Aftercare	n/a	Outpatient (Education)	S9448	15 min.	Duration	\$4.14									NTE 4 Hrs/Wk	192 units for up to 90 days *Additional 30 days allowable
		OP and IOP (Group)	H0005	15 min.	Duration	\$6.21										
		Outpatient (Individual)	H0004	15 min.	Duration	\$12.40					✓	No				
		Outpatient (Individual with Family Members)	90847	15 min.	Duration	\$14.20										
Adult Residential	Level III.5	n/a	H0017	Day	Unit	\$176.40	✓	Yes	✓	Yes	✓	No	✓	No	NTE 28 Days  Once per day (include admit day, do not include discharge day)  Services beyond 28 days (requested by provider or ordered by court) will be reviewed and approved by IDOC on OM.	14 units for 14 days
<b>STAGE 1 - 90 DAYS</b>																
Outpatient	Level I	Outpatient (Education)	S9448	15 min.	Duration	\$4.14									NTE 8 Hrs/Wk	264 units for 90 days
		OP and IOP (Group)	H0005	15 min.	Duration	\$6.21										
		Outpatient (Individual)	H0004	15 min.	Duration	\$12.40	✓	Yes	✓	Yes	✓	No				
		Outpatient (Individual with Family Members)	90847	15 min.	Duration	\$14.20										
Intensive Outpatient	Level II.1	Intensive Outpatient (Education)	S9448	15 min.	Duration	\$4.14									NTE 10 Hrs/Wk	456 units for 90 days
		OP and IOP (Group)	H0005	15 min.	Duration	\$6.21										
		Intensive Outpatient (Individual)	H0004	15 min.	Duration	\$12.40	✓	Yes	✓	Yes	✓	No				
		Intensive Outpatient (Individual with Family Members)	90847	15 min.	Duration	\$14.20										
Education (Medicaid Supplemental)	n/a	n/a	S9448	15 min.	Duration	\$4.14						✓	No	Consistent with OP/IOP <u>Stage 1</u> Frequency Limits	Consistent with OP/IOP <u>Stage 1</u> Auth Span Maximums	
Adult Social Detox	Level III.2	n/a	H0008	Day	Unit	\$176.40	✓	Yes	✓	Yes	✓	No	✓	No	NTE 5 days	5 units for 5 days
<b>STAGE 2 - 90 DAYS</b>																
Outpatient	Level I	Outpatient (Education)	S9448	15 min.	Duration	\$4.14									NTE 5 Hrs/Wk	240 units for 90 days
		OP and IOP (Group)	H0005	15 min.	Duration	\$6.21										
		Outpatient (Individual)	H0004	15 min.	Duration	\$12.40	✓	Yes	✓	Yes	✓	No				
		Outpatient (Individual with Family Members)	90847	15 min.	Duration	\$14.20										
Intensive Outpatient	Level II.1	Intensive Outpatient (Education)	S9448	15 min.	Duration	\$4.14									NTE 9 Hrs/Wk	432 units for 90 days
		OP and IOP (Group)	H0005	15 min.	Duration	\$6.21										
		Intensive Outpatient (Individual)	H0004	15 min.	Duration	\$12.40	✓	Yes	✓	Yes	✓	No				
		Intensive Outpatient (Individual with Family Members)	90847	15 min.	Duration	\$14.20										
Education (Medicaid Supplemental)	n/a	n/a	S9448	15 min.	Duration	\$4.14						✓	No	Consistent with OP/IOP <u>Stage 2</u> Frequency Limits	Consistent with OP/IOP <u>Stage 2</u> Auth Span Maximums	
Adult Social Detox	Level III.2	n/a	H0008	Day	Unit	\$176.40	✓	Yes	✓	Yes	✓	No	✓	No	NTE 5 days	5 units for 5 days

Please note: reimbursement is contingent on the BPA Health provider rates in the contract based on the units authorized for an IDOC client



## IDOC SUD Rate Matrix - Recovery Support Services

IDOC FY16 SUD RECOVERY SUPPORT SERVICES MATRIX (Effective 01/21/2016)																
AUTHORIZED SERVICE		BILLABLE ITEM					APPLICABLE FUNDING/INSURER TYPES								FREQUENCY	
Individual or Parent Service	ASAM Level (if applicable)	Child Service (if applicable)	Procedure Code w/ Modifier	Unit	Unit Type	Billable Rate	19-2524		Risk to Revocate		Reentry		Medicaid		Service Limits	Auth Span Maximum
							19-2524	Cost Share	Risk to Revocate	Cost Share	Reentry	Cost Share	Medicaid Supplemental	Cost Share		
Case Management (Basic and Intensive) *	n/a	n/a	H0006	15 min.	Duration	\$12.40	✓	No	✓	No	✓	No			Treatment and Parolee Aftercare: NTE 12 Hours/90 Days; Pre-Treatment: NTE 8 hours/60 days	Treatment and Parolee Aftercare: 48 units for 90 days; Pre-Treatment: 32 units for 60 days
Drug/Alcohol Testing *	n/a	n/a	H0003	1 Test	Unit	\$13.50	✓	No	✓	No	✓	No	✓	No	NTE 2x/Wk	26 tests for 90 days, **limited services may be vouched for pre-treatment
Adult Safe & Sober Housing	n/a	n/a	H0044	Day	Unit	\$11.50	✓	No	✓	No	✓	No	✓	No	90 days per treatment episode max.	Initial authorization in WITS is 60 units for 60 days. An additional 30 units for 30 days can be requested.  If the client has been approved for any IDOC transitional housing (outside of WITS) or has had the "Transitional Housing Only" stage (inside of WITS), the remaining available units can be authorized in WITS (not to exceed 90 total days).
Transportation *	n/a	Transportation Pick Up	T2002	Pick-up & 1st Mile	Unit	\$4.20									Must be documented in care plan	
		Transportation of Client	A0080	1 mile	Unit	\$1.17	✓	No	✓	No	✓	No	✓	No	800 miles 6 month maximum Transportation to or from Adult Residential treatment - NTE 800 miles per episode.	400 miles for 90 days Transportation to and/or from Adult Residential treatment will be authorized according to transportation need of client
Transportation Flat Fee *	n/a	n/a	T2003	\$1.00	Unit	\$1.00	✓	No	✓	No	✓	No	✓	No	200 units per treatment episode max. Transportation to and/or from Adult Residential treatment - NTE 800 units per episode.	Tx Provider will inform of total rate for transportation (i.e. bus tickets, air fare, etc.). Authorized units are total dollars billed. Authorization date will cover for day of purchase only.  Rates that are not whole dollars will be rounded - \$0.49 and below will be rounded down and \$0.50 and above will be rounded up to the nearest dollar.
Child Care	n/a		T1009	15 min.	Duration	\$4.04	✓	No	✓	No	✓	No	✓	No	Based on RSS care plan and client need.	
Life Skills	n/a	Life Skills (Individual)	H2015	15 min.	Duration	\$6.56	✓	No	✓	No	✓	No			Based on RSS care plan and client need.	
		Life Skills (Group)	HQ2015	15 min.	Duration	\$3.94										
Life Skills (Medicaid Supplemental)	n/a	Life Skills (Group)	HQ2015	15 min.	Duration	\$3.94							✓	No		
Staffing (Planned Facilitation)	n/a	n/a	H0022	15 min.	Duration	\$6.21	✓	No	✓	No	✓	No	✓	No		
Interpreter Services	n/a	n/a	T1013	\$1.00	Unit	\$1.00	✓	No	✓	No	✓	No			Case by Case: IDOC will review on OM Requests.	Tx Provider will inform of hourly rate & needed hours. Authorized units will be the total dollars to be billed. If travel is needed, authorize "Travel for Professionals".
Aftercare (Group)	n/a	n/a	H0047	15 min.	Duration	\$5.91										



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							19-2524	Cost Share	Risk to Revocate	Cost Share	Reentry	Cost Share	Medicaid Supplemental	Cost Share		
Recovery Coaching*	n/a	n/a	H0038	15 min	Duration	\$10.00	✓	No	✓	No	✓	No	✓	No	Treatment and Parolee Aftercare: NTE 12 Hours/90 Days; Pre-Treatment: NTE 8 hours/60 days  This service must be requested by client's current treatment provider or care manager and be a part of the client's treatment plan.	Treatment and Parolee Aftercare: 48 units for 90 days; Pre-Treatment: 32 units for 60 days
<b>TRANSITIONAL HOUSING W/O SUD SERVICES - 30 DAYS</b>																
Adult Safe & Sober Housing	n/a	n/a	H0044	Day	Unit	\$11.50					✓	No			30 days max.	30 units for 30 days, maximum 60 units for 60 days  IDOC staff will determine client's eligibility and enter 30 day authorization. Additional 30 day requests must be approved by district manager (DM). Max housing shall not exceed 90 days. BPA Health will not reauthorize this service.
<b>TRANSITIONAL HOUSING W/O SUD SERVICES - 60 DAYS</b>																
Adult Safe & Sober Housing	n/a	n/a	H0044	Day	Unit	\$11.50					✓	No			60 days max.	Maximum 60 units for 60 days  IDOC staff will determine client's eligibility and enter 60 day authorization. Additional 30 day requests must be approved by district manager (DM). Max housing shall not exceed 90 days. BPA Health will not reauthorize this service.

\* Drug testing, case management, recovery coaching, transportation, and transportation flat fee are the only RSS services allowed during Pre-Treatment.