



Addiction and Recovery Treatment Services (ARTS) Reimbursement Structure

Purple= New Services

Blue = New Rates

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DMAS APPROVED CODES & RATES - SUBJECT TO CENTERS FOR MEDICARE AND MEDICAID SERVICES APPROVAL

Community Based Care								
Billing Code	Service Name	Service Description	ASAM Level	Unit Lengths Annual Limit (per fiscal year)	Rates per Unit	Authorization Required	Notes	Medicaid Coverage
H0006	Substance Use Case Management (licensed by DBHDS)	Targeted Substance Use Case Management Services-provided by DBHDS licensed case management provider.	N/A	1 unit = 1 month	\$243.00*	No	Not reimbursable with any other Medicaid covered case management service.	FFS member = bill Magellan MCO member = bill MCO Non-covered for GAP
T1012	Peer support services - individual Effective 7/1/17	Self help/Peer Services. Peer provided services to initiate clinical service utilization and self-determination strategies - individual	N/A	1 unit = 15 minutes	\$6.50	Yes	May be provided in any ASAM Level	FFS member = bill Magellan MCO member = bill MCO
S9445	Peer support services - group Effective 7/1/17	Self help/Peer Services. Peer provided services to initiate clinical service utilization and self-determination strategies - group setting	N/A	1 unit = 15 minutes	\$2.70	Yes	May be provided in any ASAM Level	FFS member = bill Magellan MCO member = bill MCO
H0015 or rev 0906 with H0015	Intensive outpatient	Structured program delivering 9-19 hours per week, before/after work/school, in evening and/or weekends to meet complex needs of people with addition and co-occurring conditions.	2.1	1 unit = 1 day	\$250.00*	Yes, URGENT: Review within 72 hours, PA retroactive	3 hours per day minimum of clinical programming <u>and</u> minimum of 9 hours per week adult / minimum of 6 hours per week adolescent Additional Services that can be billed: •Level 1WM or 2WM for MAT Induction •Physician Visits (CPT or E&M Codes) •Drug Screens/Labs •Medications	FFS member = bill Magellan MCO member = bill MCO

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S0201 or rev 0913 with S0201	Partial Hospitalization	20 or more hours of clinically intensive programming per week with a planned format of individualized and family therapies.	2.5	1 unit = 1 day	\$500.00*	Yes, URGENT: Review within 72 hours, PA retroactive	5 Hours per day minimum of clinical programming <u>and</u> minimum of 20 service hours per week. Additional Services that can be billed: •Level 1WM or 2WM for MAT Induction •Physician Visits (CPT or E&M Codes) •Drug Screens/Labs •Medications	FFS member = bill Magellan MCO member = bill MCO Non-covered for GAP
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*Special Note: The rates for Substance Use Case Management, Substance Use Care Coordination, Opioid Treatment Programs (OTPs), Office Based Opioid Treatment (OBOT) services, Partial Hospitalization Programs and Intensive Outpatient Programs are designed to build an infrastructure for quality care. DMAS will work with Managed Care Organizations to develop accountability using financial incentives. Full payment will require providers to meet structural requirements, report quality and outcome metrics, and have a significant portion of payments at risk. Within 3 years, providers must meet thresholds for process and outcome measures. Managed Care Organizations will also be encouraged in the next 3-5 years to develop risk-based alternative payment models such as bundled payments and medical homes.

Opioid Treatment Programs (OTP) / Office Based Opioid Treatment (OBOT)								
Billing Code	Service Name	Service Description	ASAM Level	Unit Lengths Annual Limit (per fiscal year)	Rates per Unit	Authorization Required	Notes	Coverage
H0014	Medication Assisted Treatment (MAT) day one induction - Physician	Alcohol and/or drug services; ambulatory detoxification; All non-facility withdrawal management inductions	OTP/OBOT	Per encounter. Limit of 3 induction encounters per calendar year per provider.	\$140.00	No	Used on OTP/OBOT setting only.	FFS member = bill Magellan MCO member = bill MCO
99211-99215	Physician/Nurse Practitioner Evaluation and management visits	MAT - Evaluation and management visit - Follow up and maintenance services	OTP/OBOT	CPT values	CPT rates as of July 1, 2016: Age <21 = \$15.43 to 112.14 Age >20 = \$13.48 to 97.95	No	If a member fails 3 buprenorphine MAT inductions in a calendar year in an OBOT setting, the member should be referred to an OTP for assessment for Methadone program.	FFS member = bill Magellan MCO member = bill MCO

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G9012	Substance Use Care Coordination	OBOT and OTP Substance Use Care coordination to manage MAT treatment	N/A	1 unit = 1 month	\$243.00*	No	Used in OBOT and OTP setting only. Not reimbursable with any other Medicaid covered case management service.	FFS member = bill Magellan MCO member = bill MCO Must be billed with moderate to severe Opioid Use Disorder as primary diagnosis for non-pregnant members. Pregnant members any opioid use.
H0020	Medication Administration	Medication administration by RN / LPN	OTP	Per encounter	\$8.00	No	Used in OTP setting only	FFS member = bill Magellan MCO member = bill MCO
H0004	Opioid treatment services - Individual	Opioid Treatment - individual counseling	OTP/OBOT	1 unit=15 minutes	\$24.00	No	Used in OBOT and OTP setting only	FFS member = bill Magellan MCO member = bill MCO
H0005	Opioid treatment services - Group	Opioid Treatment - group counseling and family therapy	OTP/OBOT	1 unit=15 minutes	\$7.25	No	Used in OTP/OBOT setting only 10 individuals maximum per group	FFS member = bill Magellan MCO member = bill MCO
82075	Alcohol Breathalyzer	Toxicology/Lab		CPT values	CPT rates as of 7/1/14: \$5.52	No		FFS member = bill DMAS MCO member = bill MCO
80305-80307	Presumptive drug class screening, any drug class	Toxicology/Lab	OTP/OBOT 1WM-2WM	CPT values	CPT rates as of 4/1/17: 80305-\$14.96, 80306-\$19.95, 80307-\$79.81	No	Use these codes for urine drug screening and alcohol mouth swab test	FFS member = bill Magellan MCO member = bill MCO
G0480-G0483	Definitive drug classes	Toxicology/Lab	OTP/OBOT 1WM-2WM	CPT values	CPT rates as of 4/1/17: G0480-\$79.74, G0481-\$122.99, G0482-\$166.03, G0483-\$215.23	No		FFS member = bill DMAS MCO member = bill MCO
86592 86593 86780	RPR Test	Toxicology/Lab		CPT values	CPT rates as of 7/1/14: 86592 - \$4.18, 86593 - \$4.82, 86780 - \$16.02	No	Required upon initiating treatment with methadone by federal regulations.	FFS member = bill DMAS MCO member = bill MCO

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86704 86803 86701 86702 86703	Hepatitis B and C / HIV Tests	Toxicology/Lab		CPT values	CPT rates as of 7/1/14: Hep B and C: 86704 - \$13.93, 86803 - \$16.49 86702 - \$9.20, 86703-\$11.48 HIV: 86701 - \$10.27	No	Virginia Department of Health encourages at least annual screening of all individuals with substance use disorder for HIV, Hepatitis B and C	FFS member = bill DMAS MCO member = bill MCO
81025	Pregnancy Test	Toxicology/Lab		CPT values	CPT rate as of 7/1/14: \$7.30	No	Strongly recommend pregnancy test before initiating treatment.	FFS member = bill DMAS MCO member = bill MCO
86580	TB Test	Toxicology/Lab		CPT values	CPT rate as of 7/1/16: 6.72	No	Virginia Department of Health encourages at least annual screening of all individuals with substance use disorder for tuberculosis	FFS member = bill DMAS MCO member = bill MCO
93000 93005 93010	EKG	Toxicology/Lab		CPT values	93000 - Age <21=\$14.66, Age>20=\$14.66 93005 Age <21=\$7.33, Age>20=\$7.33 93010- Age <21=\$7.33, Age>20=\$7.33	No		FFS member = bill DMAS MCO member = bill MCO

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S0109 J0571 J0572 J0573 J0574 J0575 J2315	Medication administration in clinic	Medication administration by provider	OTP 1WM-2WM and other settings Community based settings ASAM Levels 2.1 to 3.7		S0109 Methadone oral 5 mg \$0.26/5 mg J0571 Buprenorphine, oral, 1 mg \$1.00/unit J0572 Buprenorphine/naloxone oral <=3 mg \$4.34/unit J0573 Buprenorphine/naloxone oral >=3 mg but <= 6 mg \$ 7.76/ unit J0574 Buprenorphine/naloxone oral >=6 mg but <=10 mg \$ 7.76/unit J0575 Buprenorphine/naloxone oral >10 mg \$ 15.52/unit J2315 Naltrexone Injection, depot form, 1 mg \$3.24/unit (rate change effective 4/1/17).	No*	MD visits, counseling, case management and medical services allowed concurrently. No SA required	FFS member = bill Magellan MCO member = bill MCO
Q3014 – GT	Telehealth originating site facility fee		1WM-2WM	Per Visit	\$20.00	No		

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Medication Assisted Treatment (MAT) - Outpatient Settings - non OTP/OBOT Settings

Billing Code	Service Name	Service Description	ASAM Level	Unit Lengths Annual Limit (per fiscal year)	Rates per Unit	Authorization Required	Notes	Coverage
99201-99205	Evaluation and management services new patient	Evaluation and Management services new patient	1WM-2WM	N/A	CPT rates as of July 1, 2016: Age <21 = \$34.16 to 160.35 Age >20 = \$29.84 to 140.06	No		FFS member = bill Magellan MCO member = bill MCO

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99211-99215	Evaluation and management services established patient	Evaluation and Management services established patient	1WM-2WM	N/A	CPT rates as of July 1, 2016: Age <21 = \$15.43 to 112.14 Age >20 = \$13.48 to 97.95	No		FFS member = bill Magellan MCO member = bill MCO
82075	Alcohol Breathalyzer	Toxicology/Lab		CPT values	CPT rates as of 7/1/14: \$5.52	No		FFS member = bill DMAS MCO member = bill MCO
80305-80307	Presumptive drug class screening, any drug class	Toxicology/Lab	OTP/OBOT 1WM-2WM	CPT values	CPT rates as of 4/1/17: 80305-\$14.96, 80306-\$19.95, 80307-\$79.81	No	Use these codes for urine drug screening and alcohol mouth swab test	FFS member = bill Magellan MCO member = bill MCO
G0480-G0483	Definitive drug classes	Toxicology/Lab	OTP/OBOT 1WM-2WM	CPT values	CPT rates as of 1/1/16: G0480-\$79.74, G0481-\$122.99, G0482-\$166.03, G0483-\$215.23	No		FFS member = bill DMAS MCO member = bill MCO
86592 86593 86780	RPR Test	Toxicology/Lab		CPT values	CPT rates as of 7/1/14: 86592 - \$4.18, 86593 - \$4.82, 86780 - \$16.02	No	Required upon initiating treatment with methadone by federal regulations.	FFS member = bill DMAS MCO member = bill MCO
86704 86803 86701 86702 86703	Hepatitis B and C / HIV Tests	Toxicology/Lab		CPT values	CPT rates as of 7/1/14: Hep B and C: 86704 - \$13.93, 86803 - \$16.49 86702 - \$9.20, 86703-\$11.48 HIV: 86701 - \$10.27,	No	Virginia Department of Health encourages at least annual screening of all individuals with substance use disorder for HIV, Hepatitis B and C	FFS member = bill DMAS MCO member = bill MCO
81025	Pregnancy Test	Toxicology/Lab		CPT values	CPT rate as of 7/1/14: \$7.30	No	Strongly recommend pregnancy test before initiating treatment.	FFS member = bill DMAS MCO member = bill MCO

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86580	TB Test	Toxicology/Lab		CPT values	CPT rate as of 7/1/16: 6.72	No	Virginia Department of Health encourages at least annual screening of all individuals with substance use disorder for tuberculosis	FFS member = bill DMAS MCO member = bill MCO
93000 93005 93010	EKG	Toxicology/Lab		CPT values	93000 - Age <21=\$14.66, Age>20=\$14.66 93005 Age <21=\$7.33, Age>20=\$7.33 93010- Age <21=\$7.33, Age>20=\$7.33	No		FFS member = bill DMAS MCO member = bill MCO
90832 Add GT if needed (w/o E&M)	Psychotherapy, 30 minutes with patient and/or family member	Outpatient service	1 and 1WM	Varies based on MD face time with patient	CPT OP rate as of 7/1/16 = \$54.67	No		FFS member = bill DMAS MCO member = bill MCO
90833 Add GT if needed (w/ E&M)	Psychotherapy, 30 minutes with patient and/or family member when performed with an evaluation and management service	Outpatient service	1 and 1WM	Varies based on MD face time with patient	CPT OP rate as of 7/1/16 = \$56.51	No		FFS member = bill DMAS MCO member = bill MCO
90834 Add GT if needed (w/o E&M)	Psychotherapy, 45 minutes with patient and/or family member	Outpatient service	1 and 1WM	N/A	CPT OP rate as of 7/1/16 = \$72.69	No		FFS member = bill DMAS MCO member = bill MCO
90836 Add GT if needed (w/ E&M)	Psychotherapy, 45 minutes with patient and/or family member when performed with an evaluation and management service	Outpatient service	1 and 1WM	N/A	CPT OP rate as of 7/1/16 = \$71.78	No	List separately in addition to the code for the primary procedure	FFS member = bill DMAS MCO member = bill MCO
90837 Add GT if needed (w/o E&M)	Psychotherapy, 60 minutes with patient and/or family member	Outpatient service	1 and 1WM	N/A	CPT OP rate as of 7/1/16 = \$109.04	No		FFS member = bill DMAS MCO member = bill MCO

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90838 Add GT if needed (w/ E&M)	Psychotherapy, 60 minutes with patient and/or family member when performed with an evaluation and management service	Outpatient service	1 and 1WM	N/A	CPT OP rate as of 7/1/16 = \$94.68	No	List separately in addition to the code for the primary procedure	FFS member = bill DMAS MCO member = bill MCO
90846 Add GT if needed	Family psychotherapy (without patient present)	Outpatient service	1 and 1WM	45 minutes to 1 hour	CPT OP rate as of 7/1/16 = \$88.27	No		FFS member = bill DMAS MCO member = bill MCO
90847 Add GT if needed	Family psychotherapy (with patient present)	Outpatient service	1 and 1WM	45 minutes to 1 hour	CPT OP rate as of 7/1/16 = \$91.32	No		FFS member = bill DMAS MCO member = bill MCO
90853 Add GT if needed	Group psychotherapy (other than multi-family)	Outpatient service	1 and 1WM	45 minutes to 1 hour	CPT OP rate as of 7/1/16 = \$21.99	No	Use 90853 in conjunction with 90785 for the specified patient when group psychotherapy includes interactive complexity.	FFS member = bill DMAS MCO member = bill MCO
90863 Add GT if needed	Pharmacologic management, including prescription and review of medication, when performed with psychotherapy services	Outpatient service	1 and 1WM	Use in conjunction with 90832, 90834, 90837	CPT OP rate as of 1/1/13 = \$48.93	No	Pharmacologic management including prescription and review of medication, when performed with psychotherapy services.	FFS member = bill DMAS MCO member = bill MCO
Q3014 – use GT	Telehealth originating site facility fee		1WM-2WM	Per Visit	\$20.00	No		FFS member = bill DMAS MCO member = bill MCO

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Residential and Inpatient Treatment								
Billing Code	Service Name	Service Description	ASAM Level	Unit Lengths Annual Limit (per fiscal year)	Rates per Unit	Authorization Required	Notes	Coverage
H2034	Clinically managed low intensity residential services	Alcohol and/or drug abuse halfway house services, per diem. Supportive living environment with 24-hour staff and integration with clinical services; at least 5 hours of low-intensity treatment per week.	3.1	1 unit = 1 day	\$175	Yes – ASAM Assessment by Independent Third Party Required URGENT: reviewed within 72 hours	Daily rate includes all services. Additional services consist of Outpatient, Intensive Outpatient, Partial Hospitalization Program, and all Medication Assisted Treatment in which can be billed separately.	FFS member = bill Magellan MCO member = bill MCO Non-covered for GAP
H0010 Rev 1002 Use modifier TG	Clinically managed population-specific high intensity residential services	Alcohol and /or drug services; sub-acute detoxification (residential addiction program inpatient). Adults only Clinically managed therapeutic rehabilitative facility for adults with cognitive impairment including developmental delay. Staffed by credentialed addiction professionals, physicians/physician extenders, and credentialed MH professionals. Clinically directed withdrawal management may be provided (ASAM Level 3.2WM)	3.3	1 unit = 1 day	Max \$393.50	Yes – ASAM Assessment by Independent Third Party Required URGENT: reviewed within 72 hours	Per Diem covers all Therapeutic Programming. Additional Services that can be billed: •Physician Visits (E&M Codes) •Drug Screens/Labs •Medications	FFS member = bill Magellan MCO member = bill MCO Non-covered for GAP Non-covered for FAMIS Non-covered for FAMIS MOMS

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<p>H0010 Rev 1002</p> <p>Adult - use modifier HB</p> <p>Adolescent - use modifier HA</p>	<p>Clinically managed high-intensity residential services (Adult)</p> <p>Clinically managed medium-intensity residential services (Adolescent)</p>	<p>Alcohol and /or drug services; sub-acute detoxification (residential addiction program inpatient). Clinically managed therapeutic community or residential treatment facility providing high intensity services for adults or medium intensity services for adolescents. Staffed by licensed/credentialed clinical staff including addiction counselors, LCSWs, LPCs, physicians/physician extenders, and credentialed MH professionals.</p> <p>Clinically directed withdrawal management may be provided (ASAM Level 3.2WM)</p>	<p style="text-align: center;">3.5</p>	<p style="text-align: center;">1 unit = 1 day</p>	<p>*Psychiatric Units & Freestanding Psychiatric Hospitals = psychiatric per diem rate +Residential Treatment Services = max. \$393.50</p>	<p>Yes – ASAM Assessment by Independent Third Party Required URGENT: reviewed within 72 hours</p>	<p>Per Diem covers all Therapeutic Programming. Additional Services that can be billed:</p> <ul style="list-style-type: none"> •Physician Visits (E&M Codes) •Drug Screens/Labs •Medications 	<p>FFS member = bill Magellan</p> <p>MCO member = bill MCO</p> <p>Non-covered for GAP</p> <p>+Non-covered for FAMIS</p> <p>+Non-covered for FAMIS MOMS</p> <p>*MCOs may elect to cover for FAMIS and FAMIS MOMS</p>
<p>H2036 Rev 1002</p> <p>Adult - use modifier HB</p> <p>Adolescent - use modifier HA</p>	<p>Medically monitored intensive inpatient services (Adult)</p> <p>Medically monitored high intensity inpatient services (Adolescent)</p>	<p>Alcohol and/or other drug treatment program, per diem. Planned and structured regimen of 24 hour professionally directed evaluation, observation, medical monitoring and addiction treatment in an inpatient setting consisting of freestanding facility or a specialty unit in a general or psychiatric hospital or other licensed health care facility.</p> <p>Medically Monitored Inpatient Withdrawal Management (ASAM Level 3.7 WM) may also be provided.</p>	<p style="text-align: center;">3.7</p>	<p style="text-align: center;">1 unit = 1 day</p>	<p>*Psychiatric Units & Freestanding Psychiatric Hospitals = psychiatric per diem rate +Residential Treatment Services = max. \$393.50</p>	<p>Yes – ASAM Assessment by Independent Third Party Required URGENT: reviewed within 72 hours</p>	<p>Per Diem covers all Therapeutic Programming. Additional Services that can be billed:</p> <ul style="list-style-type: none"> •Physician Visits (E&M Codes) •Drug Screens/Labs •Medications 	<p>FFS member = bill Magellan</p> <p>MCO member = bill MCO</p> <p>Non-covered for GAP</p> <p>+Non-covered for FAMIS</p> <p>+Non-covered for FAMIS MOMS</p> <p>*MCOs may elect to cover for FAMIS and FAMIS MOMS</p>

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H0011 Rev 1002	Medically managed intensive inpatient services	Alcohol and/or drug services; acute detoxification. Medically Managed Intensive-Inpatient Services consist of 24 hour nursing care and daily physician care for severe, unstable problems in dimensions 1, 2 or 3. Counseling available. Medically Managed Inpatient Withdrawal Management (ASAM Level 4WM) may also be provided.	4.0	1 unit = 1 day	Psychiatric Per Diem or DRG	Yes URGENT – Telephonic Approval Within 24 hours (1 calendar day)	Rate structure (psychiatric per diem vs. DRG payment) determined between provider and Medicaid MCO for Managed Care enrolled members / Provider and DMAS for fee-for-service members.	FFS member = bill Magellan MCO member = bill MCO Non-covered for GAP
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Outpatient Treatment

Billing Code	Service Name	Service Description	ASAM Level	Unit Lengths Annual Limit (per fiscal year)	Rates per Unit	Authorization Required	Notes	Coverage
90791 Add GT if needed	Psychiatric diagnostic evaluation	Outpatient service	1	1 unit per rolling 12 months for same provider	CPT OP rate as of 7/1/16 = \$112.70	No	Use 90785 in conjunction with 90791 or 90792 when the diagnostic evaluation includes interactive complexity services.	FFS member = bill Magellan MCO member = bill MCO
90792 Add GT if needed	Psychiatric diagnostic evaluation with medical service	Outpatient service	1	1 unit per rolling 12 months for same provider	CPT OP rate as of 7/1/16 = \$124.92	No	Use 90785 in conjunction with 90791 or 90792 when the diagnostic evaluation includes interactive complexity services.	FFS member = bill Magellan MCO member = bill MCO
90785 Add GT if needed	Interactive complexity service add-on code to office visits	Outpatient service	1		CPT OP rate as of 7/1/16 = \$11.91	No	List separately in addition to the code for primary procedure.	FFS member = bill Magellan MCO member = bill MCO

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99408	Alcohol and/or substance (other than tobacco) abuse structured screening: 15 - 30 minutes	Outpatient service	1		CPT OP rate as of 7/1/16 = ages <21=\$25.83 >20=\$23.82	No		FFS member & Magellan Credentialed Provider = bill Magellan FFS Member & DMAS Provider = bill DMAS MCO member = bill MCO
99409	Alcohol and/or substance (other than tobacco) abuse structured screening: greater than 30 minutes	Outpatient service	1		CPT OP rate as of 7/1/16 = ages <21=\$50.35 >20=\$46.45	No		FFS member & Magellan Credentialed Provider = bill Magellan FFS Member & DMAS Provider = bill DMAS MCO member = bill MCO
90832 Add GT if needed (w/o E&M)	Psychotherapy, 30 minutes with patient and/or family member	Outpatient service	1	CPT unit values	CPT OP rate as of 7/1/16 = \$54.67	No		FFS member = bill Magellan MCO member = bill MCO
90833 Add GT if needed (w/ E&M)	Psychotherapy, 30 minutes with patient and/or family member when performed with an evaluation and management service	Outpatient service	1	CPT unit values	CPT OP rate as of 7/1/16 = \$56.51	No	List separately in addition to the code for primary procedure.	FFS member = bill Magellan MCO member = bill MCO
90834 Add GT if needed (w/o E&M)	Psychotherapy, 45 minutes with patient and/or family member	Outpatient service	1	CPT unit values	CPT OP rate as of 7/1/16 = \$72.69	No		FFS member = bill Magellan MCO member = bill MCO
90836 Add GT if needed (w/ E&M)	Psychotherapy, 45 minutes with patient and/or family member when performed with an evaluation and management service	Outpatient service	1	CPT unit values	CPT OP rate as of 7/1/16 = \$71.78	No	List separately in addition to the code for primary procedure.	FFS member = bill Magellan MCO member = bill MCO

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90837 Add GT if needed (w/o E&M)	Psychotherapy, 60 minutes with patient and/or family member	Outpatient service	1	CPT unit values	CPT OP rate as of 7/1/16 = \$109.04	No		FFS member = bill Magellan MCO member = bill MCO
90838 Add GT if needed (w/ E&M)	Psychotherapy, 60 minutes with patient and/or family member when performed with an evaluation and management service	Outpatient service	1	CPT unit values	CPT OP rate as of 7/1/16 = \$94.68	No	List separately in addition to the code for primary procedure.	FFS member = bill Magellan MCO member = bill MCO
90846 Add GT if needed	Family psychotherapy (without patient present)	Outpatient service	1	CPT unit values	CPT OP rate as of 7/1/16 = \$88.27	No		FFS member = bill Magellan MCO member = bill MCO
90847 Add GT if needed	Family psychotherapy (with patient present)	Outpatient service	1	CPT unit values	CPT OP rate as of 7/1/16 = \$91.32	No		FFS member = bill Magellan MCO member = bill MCO
90853 Add GT if needed	Group psychotherapy (other than multi-family)	Outpatient service	1	CPT unit values	CPT OP rate as of 7/1/16 = \$21.99	No	Use 90853 in conjunction with 90785 for the specified patient when group psychotherapy includes interactive complexity.	FFS member = bill Magellan MCO member = bill MCO
90863	Pharmacologic management: prescription and review of medication, when performed with psychotherapy services	Outpatient service	1WM-2WM	Use in conjunction with 90832, 90834, 90837	CPT OP rate as of 1/1/13 = \$48.93	No	Pharmacologic management including prescription and review of medication, when performed with psychotherapy services.	FFS member = bill Magellan MCO member = bill MCO

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