

## Virginia Medicaid Substance Use Disorder (SUD) Reimbursement Structure

Community Based Care							
Billing Code	Service Name	Service Description	ASAM Level	Unit Lengths Annual Limit (per fiscal year)	Rates per Unit	Authorization Required	Notes
H0006 (HO)	Alcohol and/or drug services; Case management (Bachelors Level)	Targeted case management services-provided by the CSB's but can be opened to other private providers and used in clinic settings (MAT)	N/A	1 unit = 15 minutes (208 units)	\$16.00	No	
H0006 (HD)	Alcohol and/or drug services; Case management (Masters/Licensed Level)	Targeted case management services-provided by the CSB's but can be opened to other private providers and used in clinic settings (MAT)	N/A	1 unit = 15 minutes (208 units)	\$24.00	No	
H0038	Peer support services	Self help/Peer Services. Peer provided services to initiate clinical service utilization and self-determination strategies	1	1 unit = 15 minutes	\$13.50	Yes	
S9445	Peer support services education - individual	Patient education; non-physician provider, individual, per session	1	1 unit = 15 minutes	Pending	Yes	to be defined later
S9446	Peer support services education - group	Patient education; non-physician provider, group, per session	1	1 unit = 15 minutes	Pending	Yes	to be defined later
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	\$288.00	Yes, URGENT: Review within 72 hours, PA retroactive	Minimum of 9 hours per week adult Minimum of 6 hours per week adolescent MD visit separate
H0035	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 (6 Hours per day)	\$576.00	Yes, URGENT: Review within 72 hours, PA retroactive	Minimum of 20 service hours per week
<b>H0007</b>	<b>SUD crisis intervention –non-residential</b>	<b>Immediate Crisis Intervention Services (No ASAM LOC)</b>	<b>Registration</b>	<b>1 unit = 15 minutes</b>	<b>\$25.00</b>	<b>Yes</b>	<b>SUD Crisis services will be replaced by MH Crisis Intervention</b>

Medication Assisted Treatment (MAT) / Opioid Treatment Services (OTS) / Office Based Opioid Treatment (OBOT) and Withdrawal Management							
Billing Code	Service Name	Service Description	ASAM Level	Unit Lengths Annual Limit (per fiscal year)	Rates per Unit	Authorization Required	Notes
G9012 (HO)	(OBOT) Medication Assisted Treatment (MAT) care coordination (Bachelors level)	OBOT Care coordination to manage MAT treatment	OTS/OBOT	1 unit=15 minutes (208 units)	\$16.00	No	Used in OBOT setting
G9012 (HD)	(OBOT) Medication Assisted Treatment (MAT) care coordination (Masters/Licensed level)	OBOT Care coordination to manage MAT treatment	OTS/OBOT	1 unit=15 minutes (208 units)	\$24.00	No	Used in OBOT setting
H0006 (HO)	Alcohol and/or drug services - Substance abuse case management (Bachelors Level)	Targeted Case Management Services-provided by the CSB's but can be opened to other private providers and used in clinic settings (MAT)	N/A	1 unit=15 minutes (208 units)	\$16.00	No	Used in OTS Setting or by Virginia DBHDS licensed providers

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Medication Assisted Treatment (MAT) / Opioid Treatment Services (OTS) / Office Based Opioid Treatment (OBOT) and Withdrawal Management continued							
Billing Code	Service Name	Service Description	ASAM Level	Unit Lengths Annual Limit (per fiscal year)	Rates per Unit	Authorization Required	Notes
H0006 (HD)	Alcohol and/or drug services - Substance abuse case management (Masters/Licensed level)	Targeted Case Management Services-provided by the CSB's but can be opened to other private providers and used in clinic settings (MAT)	N/A	1 unit=15 minutes (208 units)	\$24.00	No	Used in OTS Setting or by Virginia DBHDS licensed providers
H0020	Opioid treatment services	Opioid Treatment - individual, group counseling and family therapy and medication administration	OTS/OBOT	1 unit=15 minutes (208 units)	\$24.00	No	
H0014	Medication Assisted Treatment (MAT) induction	Alcohol and/or drug services; ambulatory detoxification Withdrawal Management-Induction	OTS/OBOT	Per encounter	TBD	No	Will model after CPT rates for new and existing adult patients.
99201-99215	Evaluation and management visit	Physician Services	OTS/OBOT	CPT values	\$97.95 to 160.35	No	CPT rates as of July 1, 2016: Age <21 = \$112.14 to 160.35 Age >20 = \$97.95 to 140.06
G0477 - G0479	Urine drug screen	Toxicology/Lab	OTS/OBOT	CPT values	\$14.96 to 79.25	No	G0477-\$14.86, G0478-\$19.81, G0479-\$79.25
G0480 - G0483	Definitive drug testing	Toxicology/Lab	OTS/OBOT	CPT values	\$79.74 to 215.23	No	Proposed limit of 50/year G0480-\$79.74, G0481-\$122.99, G0482-\$166.03, G0483-\$215.23
S0109 J0571 J0572 J0573 J0574 J0575	Medication administration in clinic	Medication administration by provider	1WM-2WM and other settings 2.1-3.1	Per Diem- Bundled Services	S0109 \$0.26/5 mg J codes (TBD)	No	MD visits, counseling, case management and medical services allowed concurrently. S0109 Methadone oral 5 mg J0571 Buprenorphine, oral, 1 mg J0572 Buprenorphine/naloxone oral <=3 mg J0573 Buprenorphine/naloxone oral >=3 mg but <= 6 mg J0574 Buprenorphine/naloxone oral >=6 mg but <=10 mg J0575 Buprenorphine/naloxone oral >10 mg
Q3014 – GT	Telehealth originating site facility fee		1WM-2WM	Per Visit	\$20.00	No	
99211-99215	Evaluation and management services established patient	Evaluation and Management services established patient	1WM-2WM	N/A	\$13.48 to 112.14	No	CPT rates as of July 1, 2016: Age <21 = \$15.43 to 112.14 Age >20 = \$13.48 to 97.95
99201-99205	Evaluation and management services new patient	Evaluation and Management services new patient	1WM-2WM	N/A	\$29.84 to 160.35	No	CPT rates as of July 1, 2016: Age <21 = \$34.16 to 160.35 Age >20 = \$29.84 to 140.06
G0477-G0479	Urine drug screen	Toxicology/Lab	OTS/OBOT 1WM-2WM	CPT values	\$14.96 to 79.25	No	G0477-\$14.86, G0478-\$19.81, G0479-\$79.25
G0480-G0483	Definitive drug testing	Toxicology/Lab	OTS/OBOT 1WM-2WM	CPT values	\$79.74 to 215.23	No	Proposed limit of 50/year G0480-\$79.74, G0481-\$122.99, G0482-\$166.03, G0483-\$215.23

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Medication Assisted Treatment (MAT) / Opioid Treatment Services (OTS) / Office Based Opioid Treatment (OBOT) and Withdrawal Management continued							
Billing Code	Service Name	Service Description	ASAM Level	Unit Lengths Annual Limit (per fiscal year)	Rates per Unit	Authorization Required	Notes
90832 – alone or GT (w/o E&M)	Psychotherapy, 30 minutes with patient and/or family member	Outpatient service	1WM-2WM	Varies based on MD face time with patient	\$54.67	No	
90833 – alone or GT (w/ E&M)	Psychotherapy, 30 minutes with patient and/or family member when performed with an evaluation and management service	Outpatient service	1WM-2WM	Varies based on MD face time with patient	\$56.51	No	List separately in addition to the code for the primary procedure
90834 – alone or GT (w/o E&M)	Psychotherapy, 45 minutes with patient and/or family member	Outpatient service	1WM-2WM	N/A	\$72.69	No	
90836 – alone or GT (w/ E&M)	Psychotherapy, 45 minutes with patient and/or family member when performed with an evaluation and management service	Outpatient service	1WM-2WM	N/A	\$71.78	No	List separately in addition to the code for the primary procedure
90837 – alone or GT (w/o E&M)	Psychotherapy, 60 minutes with patient and/or family member	Outpatient service	1WM-2WM	N/A	\$109.04	No	
90838 – alone or GT (w/ E&M)	Psychotherapy, 60 minutes with patient and/or family member when performed with an evaluation and management service	Outpatient service	1WM-2WM	N/A	\$94.68	No	List separately in addition to the code for the primary procedure
90846 alone or GT	Family psychotherapy (without patient present)	Outpatient service	1	45 minutes to 1 hour	\$88.27	No	
90847 – alone, GT or HF if SA	Family psychotherapy (with patient present)	Outpatient service	1WM-2WM	45 minutes to 1 hour	\$91.32	No	
90853 – alone, GT or HF if SA	Group psychotherapy (other than multi-family)	Outpatient service	1WM-2WM	45 minutes to 1 hour	\$21.99	No	Use 90853 in conjunction with 90785 for the specified patient when group psychotherapy includes interactive complexity.
90863 – alone, GT or HF if SA	Pharmacologic management, including prescription and review of medication, when performed with psychotherapy services	Outpatient service	1WM-2WM	Use in conjunction with 90832, 90834, 90837	\$21.99	No	List separately in addition to the code for the primary procedure

## Virginia Medicaid Substance Use Disorder (SUD) Reimbursement Structure

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
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	Urban: \$180.00 Rural: \$162.00	Yes – ASAM Assessment by Independent Third Party Required URGENT: reviewed within 72 hours	Daily rate includes all services. Additional services consist of IOP or MAT which can be billed separately.
H0010 Rev 1002	Clinically managed population-specific high intensity residential services	Alcohol and /or drug services; sub-acute detoxification (residential addiction program inpatient). <b>Adults only</b> -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.	3.3	1 unit = 1 day	\$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: <ul style="list-style-type: none"> <li>Physician Visits (CPT or E&amp;M Codes)</li> <li>Drug Screens/Labs</li> <li>Medications</li> </ul>
H0010 Rev 1002	Clinically managed high-intensity residential services ( <b>Adult</b> ) Clinically managed medium-intensity residential services ( <b>Adolescent</b> )	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.	3.5	1 unit = 1 day	\$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: <ul style="list-style-type: none"> <li>Physician Visits (CPT or E&amp;M Codes)</li> <li>Drug Screens/Labs</li> <li>Medications</li> </ul>
H2036 Rev 1002	Medically monitored intensive inpatient services ( <b>Adult</b> ) Medically monitored high intensity inpatient services ( <b>Adolescent</b> )	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.	3.7	1 unit = 1 day	TBD Allowance for separate facility, psychiatric inpatient and RTC rates.	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: <ul style="list-style-type: none"> <li>Physician Visits (CPT or E&amp;M Codes)</li> <li>Drug Screens/Labs</li> <li>Medications</li> </ul>

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**Virginia Medicaid Substance Use Disorder (SUD)  
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Residential and Inpatient Treatment continued							
Billing Code	Service Name	Service Description	ASAM Level	Unit Lengths Annual Limit (per fiscal year)	Rates per Unit	Authorization Required	Notes
H0011 or Rev 1002	Medically managed intensive inpatient services	Alcohol and/or drug services; acute detoxification (residential addiction program inpatient). 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.	4.0	1 unit = 1 day	DRG	Yes URGENT – Telephonic Approval Within 24 hours (1 calendar day)	Hospital Services Per Diem

Outpatient Treatment							
Billing Code	Service Name	Service Description	ASAM Level	Unit Lengths Annual Limit (per fiscal year)	Rates per Unit	Authorization Required	Notes
90791 - alone, GT, or HF if SA	Psychiatric diagnostic evaluation	Outpatient service	1	1 unit per rolling 12 months for same provider	\$112.70	No	Use 90785 in conjunction with 90791 or 90792 when the diagnostic evaluation includes interactive complexity services.
90792 - alone or GT	Psychiatric diagnostic evaluation with medical service	Outpatient service	1	1 unit per rolling 12 months for same provider	\$124.92	No	Use 90785 in conjunction with 90791 or 90792 when the diagnostic evaluation includes interactive complexity services.
90785 (HF if SA)	Interactive complexity service add-on code to office visits	Outpatient service	1		\$11.91	No	List separately in addition to the code for primary procedure.
99408	Alcohol and/or substance (other than tobacco) abuse structured screening: 15 - 30 minutes	Outpatient service	1	1 unit = 1 Assessment 3 screenings per provider, per member	Ages <21=\$25.83 >20=\$23.82	No	
99409	Alcohol and/or substance (other than tobacco) abuse structured screening: greater than 30 minutes	Outpatient service	1	1 unit = 1 Assessment 3 screenings per provider, per member	Ages <21=\$50.35 >20=\$46.45	No	
90832-alone or GT (w/o E&M)	Psychotherapy, 30 minutes with patient and/or family member	Outpatient service	1	CPT unit values	\$54.67	No	
90833-alone or GT (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	\$56.51	No	List separately in addition to the code for primary procedure.
90834-alone or GT (w/o E&M)	Psychotherapy, 45 minutes with patient and/or family member	Outpatient service	1	CPT unit values	\$72.69	No	

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Outpatient Treatment continued							
Billing Code	Service Name	Service Description	ASAM Level	Unit Lengths Annual Limit (per fiscal year)	Rates per Unit	Authorization Required	Notes
90836-alone or GT (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	\$71.78	No	List separately in addition to the code for primary procedure.
90837-alone or GT (w/o E&M)	Psychotherapy, 60 minutes with patient and/or family member	Outpatient service	1	CPT unit values	\$109.04	No	
90838-alone or GT (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	\$94.68	No	List separately in addition to the code for primary procedure.
90846 alone or GT	Family psychotherapy (without patient present)	Outpatient service	1	CPT unit values	\$88.27	No	
90847 alone or GT	Family psychotherapy (with patient present)	Outpatient service	1	CPT unit values	\$91.32	No	
90853 alone or GT	Group psychotherapy (other than multi-family)	Outpatient service	1	CPT unit values	\$21.99	No	Use 90853 in conjunction with 90785 for the specified patient when group psychotherapy includes interactive complexity.
90863	Pharmacologic management, including prescription and review of medication, when performed with psychotherapy services	Outpatient service	1WM-2WM	Use in conjunction with 90832, 90834, 90837	\$21.99	No	List separately in addition to the code for the primary procedure