

Addiction and Recovery Treatment Services (ARTS) Reimbursement Structure

ARTS Specific Service Codes

Last Updated October 25, 2022



VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES (DMAS) CODES & RATES
APPROVED BY CENTERS FOR MEDICARE AND MEDICAID SERVICES

Note: Providers are able to utilize any available CPT code that is the industry standard; this list below is not all inclusive.

Community Based Care

***Special Note:**

The rates for Substance Use Case Management, Substance Use Care Coordination, Opioid Treatment Programs (OTPs), Office Based Addiction Treatment (OBAT) 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.

Billing Code	Service Name	Service Description	ASAM Level	Unit Lengths Annual Limit (per fiscal year)	Rates per Unit	Authorization Required	Notes	Medicaid/FAMIS 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 as of 7/1/22	No	Not reimbursable with any other Medicaid covered case management service or Substance Use Care Coordination.	Medicaid/FAMIS FFS member = bill Magellan BHA Medicaid/FAMIS MCO member = bill MCO

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T1012	Peer support services - individual Effective 7/1/17	Non-clinical, relationship-focused collaborative approach using experiential knowledge and experiential expertise to connect and relate to others, integrating person-centered, strength-based best practices to support the development of self-advocacy skills, treating each individual as the lead of his/her rehabilitation and recovery process- individual setting.	N/A	1 unit = 15 minutes	\$13.00 as of 7/1/22	Yes	May be provided in any ASAM Level of Care.	Medicaid/FAMIS FFS member = bill Magellan BHSA Medicaid/FAMIS MCO member = bill MCO
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S9445	Peer support services - group Effective 7/1/17 ☐	Non-clinical, relationship-focused collaborative approach using experiential knowledge and experiential expertise to connect and relate to others, integrating person-centered, strength-based best practices to support the development of self-advocacy skills, treating each individual as the lead of his/her rehabilitation and recovery process- individual setting.	N/A	1 unit = 15 minutes	\$5.40 as of 7/1/22	Yes	May be provided in any ASAM Level of Care.	Medicaid/FAMIS FFS member = bill Magellan BHSA Medicaid/FAMISMCO 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 as of 7/1/22	Yes, URGENT: Review within 72 hours, PA retroactive	3 hours per day minimum of clinical programming to achieve an average of 9 to 19 hours per week for adults OR an average of 6 to 19 hours per week for adolescent. Additional Services that can be billed include: •Level 1WM or 2WM for MAT Induction •Physician Visits (CPT or E&M Codes) •Drug Screens/Labs •Medications	Medicaid/FAMIS FFS member = bill Magellan BHSA Medicaid/FAMIS 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 as of 7/1/22	Yes, URGENT: Review within 72 hours, PA retroactive	<p>5 Hours per day minimum of clinical programming <u>to achieve an average</u> of 20 service hours per week. Additional Services that can be billed include:</p> <ul style="list-style-type: none"> •Level 1WM or 2WM for MAT Induction •Physician Visits (CPT or E&M Codes) <ul style="list-style-type: none"> •Drug Screens/Labs •Medications 	<p>Medicaid/FAMIS FFS member = bill Magellan BHSA</p> <p>Medicaid/FAMIS MCO member = bill MCO</p>
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Opioid Treatment Programs (OTP) / Preferred Office Based Addiction Treatment (OBAT)

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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 for OUD or AUD - Physician/Physician Extender	Alcohol and/or drug services; ambulatory detoxification; All non-facility withdrawal management inductions	OTP/OBAT	Per encounter; Limit of 3 induction encounters per calendar year per provider. Inductions must be 90 calendar days apart.	*\$140.00 as of 7/1/22	No	Used in OTP/OBAT setting only. The Waivered Physician along with the Waivered Nurse Practitioner can bill.	Medicaid/FAMIS FFS member = bill Magellan BHSA Medicaid/FAMIS MCO member = bill MCO
G9012	Substance Use Care Coordination	OBAT and OTP Substance Use Care coordination to manage MAT treatment	N/A	1 unit = 1 month	*\$243.00 as of 7/1/22	No	Used in OBAT and OTP setting only. Not reimbursable with SUD Case Management.	Medicaid/FAMIS FFS member = bill Magellan BHSA Medicaid/FAMIS MCO member = bill MCO Must be billed with primary Opioid Use Disorder.

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H0020	Medication Administration	Medication administration by RN / LPN	OTP	Per encounter	\$8.00 as of 7/1/22	No	Used in OTP setting only.	Medicaid/FAMIS FFS member = bill Magellan BHSA Medicaid/FAMIS MCO member = bill MCO
H0004	SUD treatment services - Individual Counseling	SUD Treatment - individual counseling	OTP/OBAT	1 unit=15 minutes	*\$24.00 as of 7/1/22	No	Used in OBAT and OTP setting only.	Medicaid/FAMIS FFS member = bill Magellan BHSA Medicaid/FAMIS MCO member = bill MCO
H0005	SUD treatment services - Group Counseling	SUD Treatment - group counseling and family therapy	OTP/OBAT	1 unit=15 minutes	*\$7.25 as of 7/1/22	No	Used in OTP/OBAT setting only; 12 individuals maximum per group.	Medicaid/FAMIS FFS member = bill Magellan BHSA Medicaid/FAMIS MCO member = bill MCO
J3490	Drugs unclassified injection	Medication administration by provider	OTP/OBAT 1WM-2WM and other settings Community based settings ASAM Levels 2.1 to 3.7	1 unit	Identify the drug and total dose; include invoice for pricing.	No	No SA required. MD visits, counseling, case management and medical services allowed concurrently. OBATs may dispense buprenorphine products on-site only during the induction phase and then shall prescribe buprenorphine products after the induction phase.	Medicaid/FAMIS FFS member = bill Magellan BHSA Medicaid/FAMISMCO member = bill MCO

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S0109	Medication administration in clinic	Methadone, oral, 5 mg	OTP 1WM-2WM and other settings Community based settings ASAM Levels 2.1 to 3.7	1 unit	\$0.26 as of 7/1/07	No	No SA required. MD visits, counseling, case management and medical services allowed concurrently.	Medicaid/FAMIS FFS member = bill Magellan BHSA Medicaid/FAMISMCO member = bill MCO
J0570	Medication administration in clinic	Probuphine (buprenorphine implant) 74.2 mg	OTP/OBAT 1WM-2WM and other settings Community based settings ASAM Levels 2.1 to 3.7	1 unit=6 months	\$1311.75 as of 7/1/21	Yes	Requires SA: https://www.dmas.virginia.gov/medica/1354/buprenorphine-implant-service-authorization-form.pdf Used as part of a comprehensive substance use disorder treatment program to include counseling and psychosocial support. See service authorization criteria on ARTS website.	Medicaid/FAMIS FFS member = bill Magellan BHSA Medicaid/FAMISMCO member = bill MCO

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J0571	Medication administration in clinic	Buprenorphine, oral, 1 mg	OTP/OBAT 1WM-2WM and other settings Community based settings ASAM Levels 2.1 to 3.7	1 unit	\$1.00 as of 4/1/17	No	No SA required. MD visits, counseling, case management and medical services allowed concurrently. OBATs may dispense buprenorphine products on-site only during the induction phase and then shall prescribe buprenorphine products after the induction phase.	Medicaid/FAMIS FFS member = bill Magellan BHSA Medicaid/FAMISMCO member = bill MCO
J0572	Medication administration in clinic	Buprenorphine/naloxone, oral, less than or equal to 3 mg buprenorphine	OTP/OBAT 1WM-2WM and other settings Community based settings ASAM Levels 2.1 to 3.7	1 unit	\$4.34 as of 4/1/17	No	No SA required. MD visits, counseling, case management and medical services allowed concurrently. OBATs may dispense buprenorphine products on-site only during the induction phase and then shall prescribe buprenorphine products after the induction phase.	Medicaid/FAMIS FFS member = bill Magellan BHSA Medicaid/FAMISMCO member = bill MCO

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J0573	Medication administration in clinic	Buprenorphine/naloxone, oral, greater than 3 mg, but less than or equal to 6 mg buprenorphine	OTP/OBAT 1WM-2WM and other settings Community based settings ASAM Levels 2.1 to 3.7	1 unit	\$7.76 as of 4/1/17	No	No SA required. MD visits, counseling, case management and medical services allowed concurrently. OBATs may dispense buprenorphine products on-site only during the induction phase and then shall prescribe buprenorphine products after the induction phase.	Medicaid/FAMIS FFS member = bill Magellan BHA Medicaid/FAMISMCO member = bill MCO
J0574	Medication administration in clinic	Buprenorphine/naloxone, oral, greater than 6 mg, but less than or equal to 10 mg buprenorphine	OTP/OBAT 1WM-2WM and other settings Community based settings ASAM Levels 2.1 to 3.7	1 unit	\$7.76 as of 4/1/17	No	No SA required. MD visits, counseling, case management and medical services allowed concurrently. OBATs may dispense buprenorphine products on-site only during the induction phase and then shall prescribe buprenorphine products after the induction phase.	Medicaid/FAMIS FFS member = bill Magellan BHA Medicaid/FAMISMCO member = bill MCO
J0575	Medication administration in clinic	Buprenorphine/naloxone, oral, greater than 10 mg buprenorphine	OTP/OBAT 1WM-2WM and other settings Community based settings ASAM Levels 2.1 to 3.7	1 unit	\$15.52 as of 4/1/17	No	No SA required. MD visits, counseling, case management and medical services allowed concurrently. OBATs may dispense buprenorphine products on-site only during the induction phase and then shall prescribe buprenorphine products after the induction phase.	Medicaid/FAMIS FFS member = bill Magellan BHA Medicaid/FAMISMCO member = bill MCO

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Q9991	Medication administration in clinic	Buprenorphine XR 100 mg or less (Sublocade)	OTP/OBAT 1WM-2WM and other settings Community based settings ASAM Levels 2.1 to 3.7	1 unit	\$1842.17 as of 10/1/22	No	No SA required. MD visits, counseling, case management and medical services allowed concurrently.	Medicaid/FAMIS FFS member = bill DMAS Medicaid/FAMISMCO member = bill MCO
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Q9992	Medication administration in clinic	Buprenorphine XR over 100 mg (Sublocade)	OTP/OBAT 1WM-2WM and other settings Community based settings ASAM Levels 2.1 to 3.7	1 unit	\$1842.17 as of 10/1/22	No	No SA required. MD visits, counseling, case management and medical services allowed concurrently.	Medicaid/FAMIS FFS member = bill DMAS Medicaid/FAMISMCO member = bill MCO
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J2315	Medication administration in clinic	Naltrexone, injection (depot form), 1mg	OTP/OBAT 1WM-2WM and other settings Community based settings ASAM Levels 2.1 to 3.7	1 unit	\$3.74 as of 10/1/22	No	<p>No SA required. MD visits, counseling, case management and medical services allowed concurrently.</p> <p>The Naltrexone injection does not require service authorization regardless if dispensed by physician or pharmacy.</p> <p>OBATs may dispense buprenorphine products on-site only during the induction phase and then shall prescribe buprenorphine products after the induction phase.</p>	<p>Medicaid/FAMIS FFS member = bill Magellan BHSA</p> <p>Medicaid/FAMISMCO member = bill MCO</p>
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Residential and Inpatient Treatment

****Special Note:** As of July 1, 2021, In accordance with Item 313.CC of the 2021 Appropriation ACT, DMAS will revise the per diem rates paid to Virginia-based PRTFs and Residential ASAM Level 3.3/3.5/3.7 facilities using the provider's audited cost per day from the facility's cost report for provider fiscal years ending in state fiscal year 2018. New Virginia-based residential treatment facilities must submit proforma cost report data, which will be used to set the initial per diem rate based on an audited cost report for a 12-month period within the first two years of operation. For more information, please see the DMAS Provider Memo "Residential Treatment Facility Rate Changes - Effective July 1, 2021". All rates can be found at: www.magellanofvirginia.com/media/6406/final-prtf-budget-amendment-and-rates.pdf.

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	\$196.88 as of 7/1/21	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.	Medicaid/FFS member = bill Magellan BHSA Medicaid/MCO member = bill MCO

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<p>H0010 Rev 1002</p> <p>Use modifier TG</p>	<p>Clinically managed population-specific high intensity residential services</p>	<p>Alcohol and /or drug services; sub-acute detoxification (residential addiction program inpatient). Adults only</p> <p>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.</p> <p>Clinically directed withdrawal management may be provided (ASAM Level 3.2WM)</p>	<p>3.3</p>	<p>1 unit = 1 day</p>	<p>Psychiatric Units & Freestanding Psychiatric Hospitals = psychiatric per diem rate</p> <p>**Residential Treatment Services = See DMAS Memo regarding rate setting: https://www.viriniamedicaid.dmas.virginia.gov/ECMPdfWeb/ECMServlet?memospdf=Medicaid+Memo+2021.05.28e.pdf</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>Medicaid FFS member = bill Magellan BHSA</p> <p>Medicaid MCO member = bill MCO</p>
<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>3.5</p>	<p>1 unit = 1 day</p>	<p>Psychiatric Units & Freestanding Psychiatric Hospitals = psychiatric per diem rate</p> <p>**Residential Treatment Services = See DMAS Memo regarding rate setting: https://www.viriniamedicaid.dmas.virginia.gov/ECMPdfWeb/ECMServlet?memospdf=Medicaid+Memo+2021.05.28e.pdf</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>Medicaid FFS member = bill Magellan BHSA</p> <p>Medicaid MCO member = bill MCO</p>

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<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>3.7</p>	<p>1 unit = 1 day</p>	<p>Psychiatric Units & Freestanding Psychiatric Hospitals = psychiatric per diem rate</p> <p>**Residential Treatment Services = See DMAS Memo regarding rate setting: https://www.virginiamedicaid.dmas.virginia.gov/ECMPdfWeb/ECMServlet?memospdf=Medicaid+Memo+2021.05.28e.pdf</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>Medicaid FFS member = bill Magellan BHSA</p> <p>Medicaid MCO member = bill MCO</p>
<p>H0011 Rev 1002</p>	<p>Medically managed intensive inpatient services</p>	<p>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.</p> <p>Medically Managed Inpatient Withdrawal Management (ASAM Level 4WM) may also be provided.</p>	<p>4.0</p>	<p>1 unit = 1 day</p>	<p>Psychiatric Units & Freestanding Psychiatric Hospitals = psychiatric per diem rate</p> <p>Acute Care Hospitals = DRG</p>	<p>Yes-URGENT Telephonic Approval Within 24 hours (1 calendar day)</p>	<p>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.</p>	<p>Medicaid/FAMIS FFS member = bill Magellan BHSA</p> <p>Medicaid/FAMIS MCO member = bill MCO</p>

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