

COMMUNITY-BASED SUBSTANCE USE DISORDER FEE SCHEDULE
Effective 01/01/2021

Procedure Code	Service Description	Rate	Unit	Service Limits	Combination of Service Rules
Provider Type 32: Opioid Treatment Program					
H0001	Alcohol and/or Drug Assessment	\$170.35	Per assessment	Can only be billed once per 12-months per participant per provider unless there is more than a 30 day break in treatment.	N/A
H0004	Individual Outpatient Therapy	\$23.99	Per 15 minute increment	Providers may not bill for more than six units per day per participant.	Cannot bill with H0015 or H2036 (billed by PT 50)
H0005	Group Outpatient Therapy	\$46.79	Per 60-90 minute session	Provider may not bill for more than one Level I Group counseling session per day per participant.	Cannot bill with H0015 or H2036 (billed by PT 50)
H0016	MAT Initial induction: Alcohol/Drug Services; Medical/Somatic (Medical Intervention in Ambulatory Setting)	\$239.93	Initial Induction period	Provider may bill once per seven days only in the first week of treatment or after a break in treatment of 6 months.	Cannot bill with E&M codes. Cannot bill with H0014 (billed by PT 50).
Methodone Maintenance Services					
H0020: Modifier HG	Methodone Maintenance	\$74.10	Per Week	Provider may bill once per seven days when the patient has been seen at least once during the month; Providers may bill with Induction during the first week only.	Cannot bill with H0047. Cannot bill with H0014 (billed by PT 50).
W9520	Methodone guest dosing	\$10.58	Per day receiving medication at guest program	Guest dosing may be billed once per day that the patient is receiving their medication at the guest dosing program. One patient is eligible for up to 30 days of guest dosing per year. Additional days may be used with clinical reasoning.	N/A
Buprenorphine Services					
H0047	Ongoing services (Buprenorphine/Naloxone): Alcohol/Other Drug Abuse Services, Not Otherwise Specified	\$65.87	Per Week	Provider may bill once per seven days when the patient has been seen at least once during the month; Providers may bill with Induction during the first week only.	Cannot bill with H0020. Cannot bill with H0014 (billed by PT 50)
W9521	Buprenorphine guest dosing	\$9.42	Per day receiving medication at guest program	Guest dosing may be billed once per day that the patient is receiving their medication at the guest dosing program. One patient is eligible for up to 30 days of guest dosing per year. Additional days may be used with clinical reasoning.	N/A
Medication management provided by Physicians, Nurse Practitioners, and Physician Assistants may be reimbursed using E&M codes.					
99211: Modifier HG	MAT Ongoing (Evaluation and Management, including Rx -Minimal)	\$23.54	Per visit	For most providers and most participants, twelve times a year will be sufficient.	Cannot bill with H0016. Cannot bill with H0014 (billed by PT 50).
99212: Modifier HG	MAT Ongoing (Evaluation and Management, including Rx -Straight	\$46.29	Per visit		
99213: Modifier HG	MAT Ongoing (Evaluation and Management, including Rx -Low	\$75.86	Per visit		
99214: Modifier HG	MAT Ongoing (Evaluation and Management, including Rx -Moderately	\$109.76	Per visit		
99215: Modifier HG	MAT Ongoing (Evaluation and Management, including Rx -Highly complex)	\$147.22	Per visit		
All lab tests are included in the bundled rate for OTPs. OTPs negotiate their rates with labs directly.					
Provider Type 50: OHCQ Certified of Licensed Substance Use Disorder Treatment Program					

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H0001	Alcohol and/or Drug Assessment	\$170.35	Per assessment	Can only be billed once per 12-months per participant per provider unless there is more than a 30 day break in treatment.	N/A
H0004	Individual Outpatient Therapy	\$23.99	Per 15 minute increment	Providers may not bill for more than six units per day per participant.	Cannot bill with H0015 or H2036. Cannot be billed by a PT 50 concurrent with any PT 32 claims.
H0005	Group Outpatient Therapy	\$46.79	Per 60-90 minute session	Provider may not bill for more than one Level I Group counseling session per day per participant.	Cannot bill with H0015 or H2036. Cannot be billed by a PT 50 concurrent with any PT 32 claims.
H0015	Intensive Outpatient (IOP)	\$149.95	Per diem with a minimum of 2 hours of service per day	Providers may bill for maximum of 4 days per week. Services for participants who require a minimum of 9 hrs of service per week for an adult and 6 hrs per week for adolescents.	Cannot bill with H0004, H0005, or H2036
H2036	Partial Hospitalization	\$155.95	Per diem	Providers may bill once per day and sessions shall be a minimum of 2 hours per day. Services for participants who require 20 weekly hours of structured outpatient treatment.	Cannot bill this with H0004, H0005, or H0015
H2036: Modifier 22	Partial hospitalization (6+ hrs/day of services)	\$251.92	Per diem	Providers may bill one per day and sessions shall be a minimum of 6 hours per day. Services for participants who require 20 weekly hours of structured outpatient treatment.	Cannot bill this with H0004, H0005, or H0015
H0014	ADAA Certified Ambulatory Detox Program	\$83.98	Per diem	Max of 5 days.	Cannot be billed concurrent with any PT 32 claims.

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Provider Type 50s that employ DATA 2000 WAIVED PRACTITIONERS may be reimbursed for Medication Assisted Treatment for SUD using E&M codes.					
99201: Modifier HG discontinued effective 1/1/2021	MAT Initial Intake (Evaluation and Management, Including Rx-Minimal, new patient)	\$46.65	Per visit	For most providers and most participants, twelve times a year will be sufficient.	Cannot bill with H0014. Cannot be billed by a PT 50 concurrent with any PT 32 claims.
99202: Modifier HG	MAT Initial Intake (Evaluation and Management, Including Rx-Straight forward, new patient)	\$74.17	Per visit		
99203: Modifier HG	MAT Initial Intake (Evaluation and Management, Including Rx-Low complexity, new patient)	\$109.45	Per visit		
99204: Modifier HG	MAT Initial Intake (Evaluation and Management, Including Rx Moderately complex, new patient)	\$166.09	Per visit		
99205: Modifier HG	MAT Initial Intake (Evaluation and Management, Including Rx-Highly complex, new patient)	\$209.62	Per visit		
99211: Modifier HG	MAT Ongoing (Evaluation and Management, including Rx -Minimal)	\$23.54	Per visit		
99212: Modifier HG	MAT Ongoing (Evaluation and Management, including Rx -Straight forward)	\$46.29	Per visit		
99213: Modifier HG	MAT Ongoing (Evaluation and Management, including Rx -Low complexity)	\$75.86	Per visit		
99214: Modifier HG	MAT Ongoing (Evaluation and Management, including Rx -Moderately complex)	\$109.76	Per visit		
99215: Modifier HG	MAT Ongoing (Evaluation and Management, including Rx -Highly complex)	\$147.22	Per visit		
BUPRENORPHINE					
The codes below apply to PT 32 , or PT 50 that is administering buprenorphine directly to patients. When the provider has ordered and paid for the drug directly through the manufacturer, the provider will reimburse based on the dosage of the administered medication to the patient. The J codes may NOT be used when prescribing the medication, or when the medication is obtained from the pharmacy where the point of sale occurred.					
ZUBSOLV					
J0572: Modifier 51	ZUBSOLV must include NDC: 54123-0914-30	\$4.24	1.4-0.36 mg tablet	May be reimbursed in combinations that reach the correct clinical dose.	
J0572 (No modifier)	ZUBSOLV must include NDC: 54123-0929-30	\$8.53	2.9-0.71 mg tablet		
J0573 (No modifier)	ZUBSOLV must include NDC: 54123-0957-30	\$8.52	5.7-1.4 mg tablet		
SUBOXONE					
J0572: Modifier SC	Suboxone Film Must include NDC: 12496-1202-03	\$4.81	2 mg		

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J0574 (No modifier)	Suboxone Film Must include NDC: 12496-1208-03	\$8.62	8 mg		
BUNAVAIL					
J0572: Modifier HG	Bunavail must include NDC: 59385-0012-01	\$7.65	2.1-0.3 mg film		
J0572: Modifier HF	Bunavail: must include NDC 59385-0012-30	\$7.43	2.1-0.3 mg film		
J0573: Modifier 51	Bunavail must include NDC: 59385-0014-01	\$8.03	4.2-0.7 mg film		
J0573: Modifier SC	Bunavail must include NDC: 59385-0014-30	\$8.31	4.2-0.7 mg film		
J0574: Modifier 51	Bunavail must include NDC: 59385-0016-01	\$16.06	6.3-1 mg film		
J0574: Modifier SC	Bunavail must include NDC: 59385-0016-30	\$16.58	6.3-1 mg film		
SUBUTEX					
J0571: Modifier 51	Subutex 2 mg: NDCs below	\$0.74	2 mg		
J0571 (no modifier)	Subutex 8 mg: NDCs below	\$1.41	8 mg		
SUBLOCADE					
Q9991	Buprenorphine extended-release injection (Sublocade)	\$1,737.26	Less than or equal to 100 mg	Limit one injection per month.	
Q9992	Buprenorphine extended-release injection (Sublocade)	\$1,737.26	Greater than 100 mg	Limit one injection per month.	
Subutex NDC codes					
NDC	Drug Name	Price			
00054-0176-13	BUPRENORPHINE 2 MG TABLET S	\$0.74			
00054-0177-13	BUPRENORPHINE 8 MG TABLET S	\$1.41			
00093-5378-56	BUPRENORPHINE 2 MG TABLET S	\$0.74			
00093-5379-56	BUPRENORPHINE 8 MG TABLET S	\$1.41			
00228-3153-03	BUPRENORPHINE 8 MG TABLET S	\$1.41			
00228-3156-03	BUPRENORPHINE 2 MG TABLET S	\$0.74			
00378-0923-93	BUPRENORPHINE 2 MG TABLET S	\$0.74			
00378-0924-93	BUPRENORPHINE 8 MG TABLET S	\$1.41			
50383-0924-93	BUPRENORPHINE 2 MG TABLET S	\$0.74			
50383-0930-93	BUPRENORPHINE 8 MG TABLET S	\$1.41			

VIVITROL

The codes below apply to community based providers that are administering vivitrol directly to patients. When the provider has ordered and paid for the drug in advance, directly through the manufacturer, Medicaid will reimburse based on the dosage of the administered drug to the Medicaid patient. The J codes may NOT be used when prescribing the medication, or when the medication is obtained from the pharmacy where the point of sale occurred.

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J2315	Vivitrol: Must include NDC 65757--0300-01	\$3.43	Per unit	Maximum of 380 units per dose. Minimum age of use is 18.	
96372-HG	Therapeutic Injection	\$21.39	Per injection	Limit one injection per month.	
Any DATA 2000 Waived Practitioner (MD, NP, PA) and Local Health Department with DATA 2000 Waived Practitioners					
99201 <i>discontinued effective 1/1/2021</i>	MAT Initial Intake (Evaluation and Management, Including Rx-Minimal, new patient)	\$46.65	Per visit		
99202	MAT Initial Intake (Evaluation and Management, Including Rx-Straight forward, new patient)	\$74.17	Per visit		
99203	MAT Initial Intake (Evaluation and Management, Including Rx-Low complexity, new patient)	\$109.45	Per visit		
99204	MAT Initial Intake (Evaluation and Management, Including Rx-Moderately complex, new patient)	\$166.09	Per visit		
99205	MAT Initial Intake (Evaluation and Management, Including Rx-Highly complex, new patient)	\$209.62	Per visit		
99211	MAT Ongoing (Evaluation and Management, including Rx -Minimal)	\$23.54	Per visit		
99212	MAT Ongoing (Evaluation and Management, including Rx -Straight forward)	\$46.29	Per visit		
99213	MAT Ongoing (Evaluation and Management, including Rx -Low complexity)	\$75.86	Per visit		
99214	MAT Ongoing (Evaluation and Management, including Rx -Moderately complex)	\$109.76	Per visit		
99215	MAT Ongoing (Evaluation and Management, including Rx -Highly complex)	\$147.22	Per visit		
Provider Type 54: IMD Residential SUD for Adults					
H0001	Alcohol and/or Drug Assessment	\$ 170.35	Per assessment	Can only be billed if the patient is NOT assessed to meet ASAM Residential Levels of Care 3.3, 3.5, 3.7, or 3.7WM.	Cannot be billed within 7 days of W7330, W7350, W7370, or W7375
W7310	ASAM Level 3.1	\$ 94.70	Per diem	Cannot be billed with any inpatient hospital based codes. Cannot be billed with any drug screen/test codes.	Cannot be billed with H0015 and H2036.
W7330	ASAM Level 3.3	\$ 211.05	Per diem		Cannot be billed with any community based SUD codes on this fee schedule with the exception of H0020 and H0047. Cannot be billed with any mental health community
W7350	ASAM Level 3.5	\$ 211.05	Per diem		

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Procedure Code	Service Description	Rate	Unit	Service Limits	Combination of Service Rules
W7370	ASAM Level 3.7	\$ 324.92	Per diem		ommed with any mental health community based services except for date of admission or for services rendered by a community based psychiatrist. Cannot be billed with any drug screen/ test codes.
W7375	ASAM Level 3.7WM	\$ 395.12	Per diem		
RESRB	Room and Board	\$ 51.07	Per diem		
Administrative Days for Residential SUD for Adults					
W7310-HG	ASAM Level 3.1 Admin Day for Consumer Awaiting Community Services	\$ 94.70	Per diem	Provider to use this service code/ modifier combination for a short-term, clinically indicated bed hold if the consumer is awaiting community services.	
W7330-HG	ASAM Level 3.3 Admin Day for Consumer Awaiting Community Services	\$ 211.05	Per diem	Provider to use this service code/ modifier combination for a short-term, clinically indicated bed hold if the consumer is awaiting community services.	
W7350-HG	ASAM Level 3.5 Admin Day for Consumer Awaiting Community Services	\$ 211.05	Per diem	Provider to use this service code/ modifier combination for a short-term, clinically indicated bed hold if the consumer is awaiting community services	
W7370-HG	ASAM Level 3.7 Admin Day for Hospitalized Consumer	\$ 324.92	Per diem	Provider to use this service code/ modifier combination to hold the bed if the consumer has been hospitalized for a short-term stay. Short term stay decided by clinical services.	
W7375-HG	ASAM Level 3.7WM Admin Day for Hospitalized Consumer	\$ 395.12	Per diem	Provider to use this service code/ modifier combination to hold the bed if the consumer has been hospitalized for a short-term stay. Short term stay decided by clinical services.	
RESRB-HG	Room and Board Admin Day for Hospitalized Consumer	\$ 51.07	Per diem		
Short-Term Bed Hold for SUD Residential for Adults					
W7370-SC	ASAM Level 3.7 Admin Day for Consumer Awaiting 3.5, 3.3, or 3.1 Bed	\$ 211.05	Per diem	Provider to use this service code/ modifier combination for a short-term, clinically indicated bed hold if the consumer is awaiting a 3.5/3.3/3.1 bed.	
W7375-SC	ASAM Level 3.7WM Admin Day for Consumer Awaiting 3.7 Bed	\$ 324.92	Per diem	Provider to use this service code/ modifier combination for a short-term, clinically indicated bed hold if the consumer is awaiting a 3.7 bed.	
W7375-51	ASAM Level 3.7WM Admin Day for Consumer Awaiting 3.1, 3.3, or 3.5 Bed	\$ 211.05	Per diem	Provider to use this service code/ modifier combination for a short-term, clinically indicated bed hold if the consumer is awaiting a 3.5/3.3/3.1 bed.	
Court Ordered Placement - COP					
W7310 -CP	Court Ordered Placement - ASAM Level 3.1	\$ 94.70	Per diem		
W7310 - HG - CP	Court Ordered Placement - ASAM Level 3.1 Admin Day for Consumer Awaiting Community Services	\$ 94.70	Per diem		

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Procedure Code	Service Description	Rate	Unit	Service Limits	Combination of Service Rules
W7330 -CP	Court Ordered Placement - ASAM Level 3.3	\$ 211.05	Per diem		
W7330 - HG - CP	Court Ordered Placement - ASAM Level 3.3 Admin Day for Consumer Awaiting Community Services	\$ 211.05	Per diem		
W7350 - CP	Court Ordered Placement - ASAM Level 3.5	\$ 211.05	Per diem		
W7350 - HG - CP	Court Ordered Placement - ASAM Level 3.5 Admin Day for Consumer Awaiting Community Services	\$ 211.05	Per diem		
RESRB - CP	Court Ordered Placement - Room and Board	\$ 66.85	Per diem		
RESRB - HG - CP	Court Ordered Placement - Room and Board Admin Day for Hospitalized Consumer	\$ 66.85	Per diem		

Pregnant Women and Children - PWC

W7310 - WC	Pregnant Women and Children - ASAM Level 3.1	\$ 94.70			
W7310 - HG - WC	Pregnant Women and Children - ASAM Level 3.1 Admin Day for Consumer Awaiting Community Services	\$ 94.70			
W7330 - WC	Pregnant Women and Children - ASAM Level 3.3	\$ 211.05			
W7330 - HG - WC	Pregnant Women and Children - ASAM Level 3.3 Admin Day for Consumer Awaiting Community Services	\$ 211.05			
RESRB - WC	Pregnant Women and Children - Room and Board	\$ 118.21			
RESRB - HG - WC	CPregnant Women and Children - Room and Board Admin Day for Hospitalized Consumer	\$ 118.21			

Provider Type 55: ICF-A (Under 21)

0100 (rev code)	Residential Services (child and adolescent)	cost settled	Per diem		
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Drug Testing Codes

Labs may not bill Medicaid for tests that are sent by OTPs (Provider Type 32) or Adult Residential Service providers (Provider Type 54) as those lab drug tests are included in the providers' bundled/inclusive rates. All tests are limited to one test per patient per day. All tests also must be medically necessary and documented in the patient's chart.

Presumptive Drug Testing.

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Procedure Code	Service Description	Rate	Unit	Service Limits	Combination of Service Rules
80305	Drug test(s), presumptive, any number of drug classes; any number of devices or procedures, (eg, immunoassay) capable of being read by direct optical observation only (eg, dipsticks, cups, cards, cartridges), includes sample validation when performed, per date of service	\$10.02		Per test	80305 may be billed by CLIA waived providers. All tests must be medically necessary.
80306	Drug test(s), presumptive, any number of drug classes; any number of devices or procedures, (eg, immunoassay) read by instrument-assisted direct optical observation (eg, dipsticks, cups, cards, cartridges), includes sample validation when performed, per date of service	\$10.02		Per test	80306 and 80307 may be billed by providers with appropriate CLIA and adequate equipment and laboratory classifications. See CMS guidance for additional information: https://www.cms.gov/Regulations-and-Guidance/Legislation/CLIA/index.html?redirect=/CLIA . All tests must be medically necessary.
80307	Drug test(s), presumptive, any number of drug classes; any number of devices or procedures by instrumented chemistry analyzers (eg, immunoassay, enzyme assay, TOF, MALDI, LDTD, DESI, DART, GHPC, GC mass spectrometry), includes sample validation when performed, per date of service	\$49.40		Per test	

Definitive Drug Testing. Must be performed by Labs Only: Selection must reflect Medical necessity

Drug test(s), definitive, utilizing drug identification methods able to identify individual drugs and distinguish between structural isomers (but not necessarily stereoisomers), including, but not limited to GC/MS (any type, single or tandem) and LC/MS (any type, single or tandem and excluding immunoassays (eg, IA, ELISA, EMIT, FPIA) and enzymatic methods (eg, alcohol dehydrogenase)); qualitative and quantitative, all sources, includes specimen validity testing, per day, per # of drug classes as listed below.

G0480	Per day, 1-7 drug class(es), including metabolite(s) if performed.	\$90.97		Per test	These drug tests may only be billed by Provider Type 10, Laboratories. All tests must be medically necessary.
G0481	Per day, 8-14 drug class(es), including metabolite(s) if performed.	\$124.49		Per test	

Maryland Recovery Network (MDRN)

CPT Code	Service Description	Billing Unit	Rate	Max Day/Monthly Unit	Service Limits	Place of Service
MDRN2	Recovery/Supported Housing	Daily	\$25.00	30 days	60 days	99