

## Medicaid Substance Abuse Treatment Services Fee-for-Service Rates

### For the Substance Abuse Improvement Initiative

(Note: Local Health Department rates only apply to the Substance Abuse Improvement Initiative)  
October 2006

Service	Setting	Rates and Conditions
<b>1. Comprehensive Substance Abuse Assessment</b>	<ul style="list-style-type: none"> <li>a. DHMH-Certified Addiction Program</li> <li>b. Licensed Practitioner</li> <li>c. Physician</li> <li>d. General Clinic</li> <li>e. Local Health Department</li> <li>f. Federally Qualified Health Clinic</li> <li>g. Maryland Qualified Health Clinic</li> <li>h. Hospital</li> </ul>	Must use ASI or POSIT and current ASAM or other instrument authorized by the DHMH Alcohol and Drug Abuse Administration (ADAA) . <ul style="list-style-type: none"> <li>a. \$50.00</li> <li>b. \$40.50 CPT Code 90801</li> <li>c. \$40.50 CPT Code 90801</li> <li>d. \$40.50 CPT Code 90801</li> <li>e. \$121.89 CPT 90899</li> <li>f. See note *</li> <li>g. \$92.22 urban, \$72.42 rural (FY06)**</li> <li>h. Health Services Cost Review Commission (HSCRC) Rates</li> </ul>
<b>2. Detoxification (Inpatient)</b>	Hospital	HSCRC Rates
<b>3. Detoxification (Outpatient) (Ambulatory Detoxification)</b>	<ul style="list-style-type: none"> <li>a. Hospital Outpatient</li> <li>b. General Clinic</li> <li>c. Physician</li> </ul>	<ul style="list-style-type: none"> <li>a. HSCRC Rates</li> <li>b. Physicians fee scale (CPT codes—see p. 4)</li> <li>c. Physicians fee scale (CPT codes—see p. 4)</li> </ul>
<b>4. Partial Hospitalization</b>	Hospital Outpatient	<ul style="list-style-type: none"> <li>a. If an acute general hospital—HSCRC Rates</li> <li>b. If a private psychiatric hospital—program-developed cost-to-charge ratio</li> </ul>
<b>5. Methadone Maintenance</b>	<ul style="list-style-type: none"> <li>a. Methadone Maintenance Clinic</li> <li>b. Local Health Department</li> </ul>	<ul style="list-style-type: none"> <li>a. \$30.00 per week.</li> <li>b. \$121.89 if billed as CPT 90899.HG</li> </ul>
<b>6. Counseling—Individual Outpatient</b>		
<ul style="list-style-type: none"> <li>a. Children and Adolescents under Age 21</li> </ul>	<ul style="list-style-type: none"> <li>a. DHMH-Certified Addiction Program</li> <li>b. Licensed Practitioner</li> <li>c. Physician</li> <li>d. Local Health Department</li> <li>e. Intermediate Care Facility-Addictions</li> <li>f. Federally Qualified Health Clinic</li> <li>g. Maryland Qualified Health Clinic</li> <li>h. Hospital Outpatient</li> </ul>	<ul style="list-style-type: none"> <li>a. \$40.00 (1-50-min. unit of service per day)</li> <li>b. \$36.00 (1-50-min. unit of service per day)</li> <li>c. Physician fee scale (CPT codes—see p. 4)</li> <li>d. \$121.89 CPT Code 90899</li> <li>e. \$40.00 (1-50-min. unit of service per day)</li> <li>f. See note *</li> <li>g. \$92.22 urban, \$72.42 rural (FY06)**</li> <li>h. If an acute general hospital—HSCRC Rates If a private psychiatric hospital—program-developed cost-to-charge ratio</li> </ul>
<ul style="list-style-type: none"> <li>b. Pregnant and Postpartum Women</li> </ul>	<ul style="list-style-type: none"> <li>a. DHMH-Certified Addiction Program</li> <li>b. Licensed Practitioner</li> <li>c. Physician</li> <li>d. Local Health Department</li> <li>e. Federally Qualified Health Clinic</li> <li>f. Maryland Qualified Health Clinic</li> <li>g. Hospital Outpatient</li> </ul>	<ul style="list-style-type: none"> <li>a. \$40.00 (1-50-min. unit of service per day)</li> <li>b. \$36.00 (1-50-min. unit of service per day)</li> <li>c. Physician fee scale (CPT codes—see p. 4)</li> <li>d. \$121.89 CPT Code 90899</li> <li>e. See note *</li> <li>f. \$92.22 urban, \$72.42 rural (FY06)**</li> <li>g. If an acute general hospital—HSCRC Rates If a private psychiatric hospital—program-developed cost-to-charge ratio</li> </ul>
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\*Due to the implementation of the Alternative Payment System (APS) effective January 1, 2005, the MCOs must pay the full FQHC per visit rate for services rendered. Three Lower Counties Community Services, Inc. does not participate in the APS; therefore they receive the appropriate market rate payment from the MCOs and a supplemental payment from the DHMH.

\*\*Maryland Qualified Health Centers. Urban Centers: Baltimore City, Anne Arundel, Baltimore, Carroll, Charles, Harford, Howard, Montgomery, and Prince George's Counties. Rural Centers: All other Maryland counties.

Service	Setting	Rates and Conditions
Counseling-Individual Outpatient (continued)  c. Over 21, Not Pregnant or Postpartum	a. Physician b. General Clinic c. Local Health Department d. Federally Qualified Health Clinic e. Maryland Qualified Health Clinic f. Hospital Outpatient	a. Physician fee scale (CPT codes—see p. 4) b. Physician fee scale (CPT codes—see p. 4) c. \$121.89 CPT Code 90899 d. See * on p. 1 e. \$92.22 urban, \$72.42 rural (FY06) See ** on p. 1 f. If an acute general hospital—HSCRC Rates If a private psychiatric hospital—program-developed cost-to-charge ratio
<b>7. Counseling –Group Outpatient</b>  a. Children and Adolescents under Age 21  b. Pregnant and Postpartum Women  c. Over 21 and Not Pregnant or Postpartum	a. DHMH-Certified Addiction Program b. Licensed Practitioner c. Physician d. Local Health Department e. Intermediate Care Facility-Addictions f. Federally Qualified Health Clinic g. Maryland Qualified Health Clinic h. Hospital Outpatient  a. DHMH-Certified Program b. Licensed Practitioner c. Physician d. Local Health Department e. Federally Qualified Health Clinic f. Maryland Qualified Health Clinic g. Hospital Outpatient  a. Physician b. General Clinic c. Local Health Department d. Federally Qualified Health Clinic e. Maryland Qualified Health Clinic f. Hospital Outpatient	a. \$13.00 per hour, up to two units per day b. \$13.00 per hour, up to two units per day c. Physician fee scale (CPT codes—see p. 4) d. \$41.56 CPT Code 90899.HQ e. \$13.00 per hour, up to two units per day f. See note * on p. 1 g. \$92.22 urban, \$72.42 rural (FY06) See ** on p. 1 h. If an acute general hospital—HSCRC Rates If a private psychiatric hospital—program-developed cost-to-charge ratio  a. \$13.00 per hour, up to two units per day b. \$13.00 per hour, up to two units per day c. Physicians fee schedule (CPT codes—see p. 4) d. \$41.56 CPT Code 90899.HQ e. See note * on p. 1 f. \$92.22 urban, \$72.42 rural (FY06) See ** on p. 1 g. If an acute general hospital—HSCRC Rates If a private psychiatric hospital—program-developed cost-to-charge ratio  a. Physicians fee schedule (CPT codes—see p. 4) b. Physicians fee schedule (CPT codes—see p. 4) c. \$41.56 CPT Code 90899.HQ d. See note * on p. 1 e. \$92.22 urban, \$72.42 rural (FY06) See ** on p. 1 f. If an acute general hospital—HSCRC Rates If a private psychiatric hospital—program-developed cost-to-charge ratio

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Service	Setting	Rates and Conditions									
<b>8. Intensive Outpatient (IOP)</b> (See Note 1) a. Children and Adolescents under Age 21 b. Pregnant and Postpartum Women c. Over 21 and Not Pregnant or Postpartum (Not a covered service. See Note 3.)	(See Note 2) a. DHMH-Certified Addiction Program b. Licensed Practitioner c. Local Health Department a. DHMH-Certified Addiction Program b. Licensed Practitioners c. Local Health Department	a. \$13.00 per hour. up to five units per day b. \$13.00 per hour. up to five units per day c. \$41.56 CPT Code 90899.HQ (Only one service per day can be charged at this rate.) (See Note 4) a. \$13.00 per hour. up to five units per day b. \$13.00 per hour. up to five units per day c. \$41.56 CPT Code 90899.HQ (Only one service per day can be charged at this rate.) (See Note 4)									
<b>9. Intermediate Care Facilities- Addictions (ICF-A)</b> Only for Children and Adolescents under age 21	Residential	<table border="1"> <thead> <tr> <th colspan="2" data-bbox="943 722 1430 756">Per-day cost-based rate</th> </tr> </thead> <tbody> <tr> <td data-bbox="943 756 1430 789">Mountain Manor Baltimore</td> <td data-bbox="1430 756 1554 789">270.00</td> </tr> <tr> <td data-bbox="943 789 1430 823">Whitsitt Rehab Center</td> <td data-bbox="1430 789 1554 823">113.00</td> </tr> <tr> <td data-bbox="943 823 1430 865">Pathways Treatment Center</td> <td data-bbox="1430 823 1554 865">270.00</td> </tr> </tbody> </table>		Per-day cost-based rate		Mountain Manor Baltimore	270.00	Whitsitt Rehab Center	113.00	Pathways Treatment Center	270.00
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**Notes on Intensive Outpatient (IOP) Services:**

1. Service Definition

- Adolescents under 18: initially a minimum of 12 hours per week, decreasing to a minimum of 6 hours per week.
- Adult pregnant or postpartum women: a minimum of 20 hours of therapeutic activity per week, decreasing to a minimum of 6 hours per week. Postpartum is defined as two months after the delivery of a child.

2. Other provider types such as Intermediate Care Facilities-Addictions, Federally Qualified Health Clinics, Maryland Qualified Health Clinics, and Hospital Outpatient services might have provided IOP services to these two populations, but billed for a lessor service such as individual counseling.

3. IOP counseling is not a Medicaid covered service for individuals older than 21 or who are not pregnant or postpartum. Some providers might have provided IOP counseling to this group but billed for a lessor service such as individual counseling. Some MCOs/BHOs authorize IOP for this population at their discretion.

4. A Local Health Department, billing as an LHD (provider type 35), may only bill for one unit of a given service per day. This rule includes services provided under the SAI and reimbursed by the special rates obtained by using the CPT Code 90899 with designated modifiers. An LHD that is a DHMH-certified addictions program (provider type 50) could bill as an addictions program and not be limited to charging for one unit of service per day, but could not bill as an LHD and obtain the LHD rate.

<b>Physician and General Clinic Rates</b>	
<b>CPT Codes</b>	<b>Rate</b>
90801	\$40.50
90802	40.50
90804	21.00
90805	24.00
90806	40.50
90807	43.50
90808	63.00
90809	66.00
90810	21.00
90811	24.00
90812	40.50
90813	43.50
90814	63.00
90815	66.00
90816	21.00
90817	24.00
90818	40.50
90819	43.50
90821	63.00
90822	66.00
90823	21.00
90824	24.00
90826	40.50
90827	43.50
90828	63.00
90829	66.00
90845	40.50
90846	0.00
90847	Report*
90849	13.00
90853	13.00
90857	13.00
90862	13.00
90865	40.50
90870	30.00
90875	21.00
90876	42.00
90880	33.00
90882	0.00
90885	0.00
90887	0.00
90889	0.00
90899	20.00

\*Report. When the value of the procedure is to be determined “By Report,” the service or procedure must be described.

Division of Special Populations  
Office of Health Services  
Maryland Department of Health and Mental Hygiene  
October 11, 2006  
FFS Rates9