



### SUD Rate Matrix - ATR III

Clinical Treatment Services *Extended Care Reviews can happen more frequently, but will happen at least as frequently as indicated.						
Authorized Level of Care & Activity	Billable Item			Rate	Frequency	
	Name	Procedure Code	Unit		Frequency/Auth Span Limits:	Extended Care Review Conducted at least*:
Assessment	Individual	H0001	15 min.	\$11.25	14 units for assessment / 14 units for 1 month	N/A
GPRA Interview <i>*Do not submit claims for GPRA interviews. Claims will be autogenerated based on an accepted GPRA</i>	Intake nterview	90889.GI	1 GPRA	\$11.25	Interviews must occur at admission, 6 months post admission and at discharge	N/A
	6 month follow up interview	90889.GF	1 GPRA	\$11.25		
	Discharge interview	90889.GD	1 GPRA	\$11.25		
Clinical Case Management	Clinical	H0006.C	15 min.	\$12.25	Up to 4 hours per week / 48 units for 3 months	Every 3 months
Level 1: Outpatient	Education	S9448	15 min.	\$3.75	No more than 8 hours per week / 416 units for 3 months	Every 3 months
	Group	H0005	15 min.	\$5.63		
	Individual	H0004	15 min.	\$11.25		
Level 2: Intensive Outpatient	Education	S9448	15 min.	\$3.75	More than 8 contact hours per week to qualify as IOP / 912 units for 3 months	Every 3 months
	Group	H0005	15 min.	\$5.63		
	Individual	H0004	15 min.	\$11.25		
Family Therapy	Individual with Family members as needed	90847	15 min.	\$13.52	Up to 6 units, once per day / 384 units for 3 months	Every 3 months
Adult Halfway Housing <i>*Not available under ATR III</i>	Day	H0018	1 Day	\$45.00	Once per day; Include Admit Day, Do not include Discharge Day.	Every 90 days
Adolescent Transitional Housing <i>*Not available under ATR III</i>	Day		1 Day	\$130.00	Once per day; Include Admit Day, Do not include Discharge Day.	Every 90 days
Adult Residential <i>*Not available under ATR III</i>	Day	H0017	1 day	\$160.00	Once per day; include admit day, do not include discharge day / 30 units for 30 days	Every 30 days
Adolescent Residential <i>*Not available under ATR III</i>	Day	H0017.HA	1 day	\$180.00	Once per day; include admit day, do not include discharge day / 30 units for 30 days	Every 30 days
Adult Detox <i>*Not available under ATR III</i>	Day	H0008	1 day	\$160.00	Once per day; include admit day, do not include discharge day / 5 units for 5 days	Every 5 days

<b>Recovery Support Services</b>						
<b>Authorized Level of Care &amp; Activity</b>	<b>Billable Item</b>			<b>Rate</b>	<b>Frequency</b>	
	<b>Name</b>	<b>Procedure Code</b>	<b>Unit</b>		<b>Frequency/Auth Span Limits</b>	<b>Extended Care Review Conducted at least*:</b>
Case Management	Intensive	H0006.I	15 min.	\$11.25	Up to 4 hours per week / 48 units for 3 months	Every 3 months
	Basic	H0006.B	15 min.	\$11.25		
Family/Marital/Life Skills Education	Individual	H2015	15 min.	\$6.25	Based on RSS Care Plan and client need / 3 months	Every 3 months
	Group	HQ2015	15 min.	\$2.50		
Transportation of Client	Per Mile	A0080	1 mile	\$1.11	1600 miles yearly maximum / 400 miles for 3 months	Every 3 months
Transportation pick up	Pick Up	T2002	Pick Up	\$2.89	Must be documented in care plan	Every 3 months
Drug/Alcohol Testing	Test	H0003	1 Test	\$13.50	104 tests per year / 26 tests for 3 months	Every 3 months
Child Care		T1009	1 hour	\$3.85	Based on RSS Care Plan and client need	Every 3 months
Adult Staffed Safe & Sober Housing		H0044	1 day	\$11.50	6 months (180 days) maximum / 90 units for 90 days	Every 90 days