## Community Based Care

<table>
<thead>
<tr>
<th>Billing Code</th>
<th>Service Name</th>
<th>Service Description</th>
<th>ASAM Level</th>
<th>Unit Lengths Annual Limit (per fiscal year)</th>
<th>Rates per Unit</th>
<th>Authorization Required</th>
<th>Notes</th>
<th>Medicaid/FAMIS/GAP Coverage</th>
</tr>
</thead>
</table>
| 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*       | No                     | Not reimbursable with any other Medicaid covered case management service. | Medicaid/FAMIS FFS member = bill Magellan  
Medicaid/FAMIS MCO member = bill MCO  
Non-covered for GAP. GAP Members covered by GAP Case Management |
| T1012        | Peer support services - individual Effective 7/1/17 | Self help/Peer Services. Peer provided services to initiate clinical service utilization and self-determination strategies - individual | N/A        | 1 unit = 15 minutes                         | $6.50          | Yes                    | May be provided in any ASAM Level                                   | Medicaid/FAMIS FFS/GAP member = bill Magellan  
Medicaid/FAMIS MCO member = bill MCO |
| S9445        | Peer support services - group Effective 7/1/17 | Self help/Peer Services. Peer provided services to initiate clinical service utilization and self-determination strategies - group setting | N/A        | 1 unit = 15 minutes                         | $2.70          | Yes                    | May be provided in any ASAM Level                                   | Medicaid/FAMIS FFS/GAP member = bill Magellan  
Medicaid/FAMIS MCO 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 addiction and co-occurring conditions. | 2.1        | 1 unit = 1 day                             | $250.00*       | Yes, URGENT: Review within 72 hours, PA retroactive | Additional Services that can be billed:  
• Level 1WM or 2WM for MAT Induction  
• Physician Visits (CPT or E&M Codes)  
• Drug Screens/Labs  
• Medications | Medicaid/FAMIS FFS/GAP member = bill Magellan  
Medicaid/FAMIS MCO member = bill MCO |

Note: Labs should only be billed if performed in-house. If patient or specimen sent to independent laboratory, the laboratory should bill.
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*

S0201 or rev 0913 with S0201

Partial Hospitalization

5 Hours per day minimum of clinical programming and minimum of 20 service hours per week.

Additional Services that can be billed:
- Level 3WM or 2WM for MAT Induction
- Physician Visits (CPT or E&M Codes)
- Drug Screens/Labs
- Medications

Yes, URGENT: Review within 72 hours, PA retroactive

*Special Note: The rates for Substance Use Case Management, Substance Use Care Coordination, Opioid Treatment Programs (OTPs), Office Based Opioid Treatment (OBOT) 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.

Note: Labs should only be billed if performed in-house. If patient or specimen sent to independent laboratory, the laboratory should bill.

Opioid Treatment Programs (OTP) / Office Based Opioid Treatment (OBOT)

<table>
<thead>
<tr>
<th>Billing Code</th>
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<tr>
<td>H0014</td>
<td>Medication Assisted Treatment (MAT) day one induction - Physician</td>
<td>Alcohol and/or drug services; ambulatory detoxification; All non-facility withdrawal management inductions</td>
<td>OTP/OBOT</td>
<td>Per encounter. Limit of 3 induction encounters per calendar year per provider.</td>
<td>$140.00</td>
<td>No</td>
<td>Used on OTP/OBOT setting only.</td>
<td>Medicaid/FAMIS FFS/GAP member = bill Magellan, Medicaid/FAMIS MCO member = bill MCO</td>
</tr>
<tr>
<td>99211-99215</td>
<td>Physician/Nurse Practitioner Evaluation and management visits</td>
<td>MAT - Evaluation and management visit - Follow up and maintenance services</td>
<td>OTP/OBOT</td>
<td>CPT values</td>
<td>CPT rates as of July 1, 2017: Age &lt;21 = $15.57 to 111.43 Age &gt;20 = $13.66 to 97.80</td>
<td>No</td>
<td>If a member fails 3 buprenorphine MAT inductions in a calendar year in an OBOT setting, the member should be referred to an OTP for assessment for Methadone program.</td>
<td>Medicaid/FAMIS FFS/GAP member = bill Magellan, Medicaid/FAMIS MCO member = bill MCO</td>
</tr>
<tr>
<td>Code</td>
<td>Description</td>
<td>Setting</td>
<td>Rate</td>
<td>Reimbursable</td>
<td>Used in MAT treatment</td>
<td>Reimbursable with other Medicaid covered care management services</td>
<td>Medicare/FAMIS FFS/GAP member</td>
<td>Medicaid/FAMIS MCO member</td>
</tr>
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</tr>
<tr>
<td>G9012</td>
<td>Substance Use Care Coordination</td>
<td>N/A</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>H0020</td>
<td>Medication Administration</td>
<td>Medication administra by RN / LPN</td>
<td>OTP</td>
<td>$8.00</td>
<td>No</td>
<td>Used in OTP setting only</td>
<td>Medicaid/FAMIS FFS/GAP member = bill Magellan</td>
<td>Medicaid/FAMIS MCO member = bill MCO</td>
</tr>
<tr>
<td>H0004</td>
<td>Opioid treatment services - Individual</td>
<td>Opioid Treatment - individual counseling</td>
<td>OTP/DBOT</td>
<td>$24.00</td>
<td>No</td>
<td>Used in OBOT and OTP setting only</td>
<td>Medicaid/FAMIS FFS/GAP member = bill Magellan</td>
<td>Medicaid/FAMIS MCO member = bill MCO</td>
</tr>
<tr>
<td>H0005</td>
<td>Opioid treatment services - Group</td>
<td>Opioid Treatment - group counseling and family therapy</td>
<td>OTP/DBOT</td>
<td>$7.25</td>
<td>No</td>
<td>Used in OTP/DBOT setting only</td>
<td>Medicaid/FAMIS FFS/GAP member = bill Magellan</td>
<td>Medicaid/FAMIS MCO member = bill MCO</td>
</tr>
<tr>
<td>82075</td>
<td>Alcohol Breathalyzer</td>
<td>Toxicology/Lab</td>
<td>CPT values</td>
<td></td>
<td></td>
<td></td>
<td>Medicaid/FAMIS FFS/GAP member = bill DMAS</td>
<td>Medicaid/FAMIS MCO member = bill MCO</td>
</tr>
<tr>
<td>80305-80307</td>
<td>Presumptive drug class screening, any drug class</td>
<td>Toxicology/Lab</td>
<td>CPT values</td>
<td></td>
<td></td>
<td></td>
<td>Medicaid/FAMIS FFS/GAP member = bill Magellan</td>
<td>Medicaid/FAMIS MCO member = bill MCO</td>
</tr>
<tr>
<td>G0480-G0483</td>
<td>Definitive drug classes</td>
<td>Toxicology/Lab</td>
<td>CPT values</td>
<td></td>
<td></td>
<td></td>
<td>Medicaid/FAMIS FFS/GAP member = bill DMAS</td>
<td>Medicaid/FAMIS MCO member = bill MCO</td>
</tr>
</tbody>
</table>

Note: Labs should only be billed if performed in-house. If patient or specimen sent to independent laboratory, the laboratory should bill.
| Code       | Test Description       | Provider/Service          | CPT values                                                                 | CPT rates as of 7/1/14: |
|------------|------------------------|---------------------------|----------------------------------------------------------------------------|
| 86592      | RPR Test               | Toxicology/Lab            | $4.18, 86593 - $4.82, 86780 - $16.02                                      |
| 86593      |                        |                           |                                                                            |
| 86780      |                        |                           |                                                                            |
| 86704      | Hepatitis B and C / HIV Tests | Toxicology/Lab           | $13.93, 86803 - $16.49, 86702 - $9.20, 86703-$11.48, 86701 - $10.27     |
| 86803      |                        |                           |                                                                            |
| 86701      |                        |                           |                                                                            |
| 86702      |                        |                           |                                                                            |
| 86703      |                        |                           |                                                                            |
| 81025      | Pregnancy Test         | Toxicology/Lab            | $7.30                                                                     |
| 86580      | TB Test                | Toxicology/Lab            | $13.93, 86803 - $16.49, 86702 - $9.20, 86703-$11.48, 86701 - $10.27     |
| 93000      | EKG                    | Medication administration by provider | $14.35, Age >20 = $14.35, Age <21 = $7.18, Age >20=$7.18, Age <21 = $7.18 |
| 93005      |                        |                           |                                                                            |
| 93010      |                        |                           |                                                                            |
| 90570      | Probuphine (buprenorphine implant), 74.2 mg | Medication administration by provider | Rate as of 10/1/17 $1261.30                                             |

Required upon initiating treatment with methadone by federal regulations.

Medicaid/FAMIS FFS/GAP member = bill DMAS
Medicaid/FAMIS MCO member = bill MCO

Virginia Department of Health encourages at least annual screening of all individuals with substance use disorder for HIV, Hepatitis B and C.

Medicaid/FAMIS FFS/GAP member = bill DMAS
Medicaid/FAMIS MCO member = bill MCO

Virginia Department of Health encourages at least annual screening of all individuals with substance use disorder for tuberculosis.

Medicaid/FAMIS FFS/GAP member = bill DMAS
Medicaid/FAMIS MCO member = bill MCO

Strongly recommend pregnancy test before initiating treatment.

Medicaid/FAMIS FFS/GAP member = bill DMAS
Medicaid/FAMIS MCO member = bill MCO

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**Medication Assisted Treatment (MAT) - Outpatient Settings - non OTP/OBOT Settings**

<table>
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<tr>
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<th>Coverage</th>
</tr>
</thead>
<tbody>
<tr>
<td>99201-99205</td>
<td>Evaluation and management services new patient</td>
<td>Evaluation and Management services new patient</td>
<td>1WM-2WM</td>
<td>CPT values</td>
<td>CPT rates as of 7/1/17: Age &lt;21 = $33.87 to 159.22 Age &gt;20 = $29.72 to 139.75</td>
<td>No</td>
<td>Medicaid/FAMIS FFS/GAP member = bill Magellan Medicaid/FAMIS MCO member = bill MCO</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
<th>Service Provider</th>
<th>CPT values</th>
<th>Rate Range</th>
<th>Validation</th>
<th>Enrollment Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>99211-99215</td>
<td>Evaluation and management services established patient</td>
<td></td>
<td>CPT rates as of 7/1/17: Age &lt;21 = $15.57 to 111.43 Age &gt;20 = $13.66 to 97.80</td>
<td>No</td>
<td>Medicaid/FAMIS FFS/GAP member = bill Magellan Medicaid/FAMIS MCO member = bill MCO</td>
<td></td>
</tr>
<tr>
<td>82075</td>
<td>Alcohol Breathalyzer</td>
<td>Toxicology/Lab</td>
<td>CPT rates as of 7/1/14: $5.52</td>
<td>No</td>
<td>Medicaid/FAMIS FFS/GAP member = bill DMAS Medicaid/FAMIS MCO member = bill MCO</td>
<td></td>
</tr>
<tr>
<td>80305-80307</td>
<td>Presumptive drug class screening, any drug class</td>
<td>Toxicology/Lab</td>
<td>CPT rates as of 4/1/17: 80305-$14.96, 80306-$19.95, 80307-$79.81</td>
<td>No</td>
<td>Use these codes for urine drug screening and alcohol mouth swab test</td>
<td></td>
</tr>
<tr>
<td>G0480-G0483</td>
<td>Definitive drug classes</td>
<td>Toxicology/Lab</td>
<td>CPT rates as of 1/1/16: G0480-$79.74, G0481-$122.99, G0482-$166.03, G0483-$215.23</td>
<td>No</td>
<td>Medicaid/FAMIS FFS/GAP member = bill DMAS Medicaid/FAMIS MCO member = bill MCO</td>
<td></td>
</tr>
<tr>
<td>86592</td>
<td>Alcohol Breathalyzer</td>
<td>Toxicology/Lab</td>
<td>CPT rates as of 7/1/14: 86592 - $4.18, 86593 - $4.82, 86780 - $16.02</td>
<td>No</td>
<td>Required upon initiating treatment with methadone by federal regulations.</td>
<td></td>
</tr>
<tr>
<td>86704</td>
<td>Hepatitis B and C / HIV Tests</td>
<td>Toxicology/Lab</td>
<td>CPT rates as of 7/1/14: Hep B and C: 86704 - $13.93, 86803 - $16.49 86702 - $9.20, 86703-$11.48 HIV: 86701 - $10.27</td>
<td>No</td>
<td>Virginia Department of Health encourages at least annual screening of all individuals with substance use disorder for HIV, Hepatitis B and C Medicaid/FAMIS FFS/GAP member = bill DMAS Medicaid/FAMIS MCO member = bill MCO</td>
<td></td>
</tr>
<tr>
<td>81025</td>
<td>Pregnancy Test</td>
<td>Toxicology/Lab</td>
<td>CPT rate as of 7/1/14: $7.30</td>
<td>No</td>
<td>Strongly recommend pregnancy test before initiating treatment.</td>
<td></td>
</tr>
</tbody>
</table>

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<table>
<thead>
<tr>
<th>Service Code</th>
<th>Description</th>
<th>Outpatient Service</th>
<th>CPT rates</th>
<th>CPT OP rates</th>
<th>Payment Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>86580</td>
<td>TB Test</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>93000</td>
<td>EXG</td>
<td>Tox/Lab</td>
<td>CPT values</td>
<td>CPT rate as of 7/1/17: 6.88</td>
<td>No</td>
</tr>
<tr>
<td>93005</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>93010</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>90832</td>
<td>Add GT if needed (w/o E&amp;M)</td>
<td></td>
<td>1 and 1WM</td>
<td>Varies based on MD face time with patient</td>
<td>$53.53</td>
</tr>
<tr>
<td>90833</td>
<td>Add GT if needed (w/ E&amp;M)</td>
<td></td>
<td>1 and 1WM</td>
<td>Varies based on MD face time with patient</td>
<td>$55.62</td>
</tr>
<tr>
<td>90834</td>
<td>Add GT if needed (w/o E&amp;M)</td>
<td></td>
<td></td>
<td></td>
<td>No</td>
</tr>
<tr>
<td>90836</td>
<td>Add GT if needed (w/ E&amp;M)</td>
<td></td>
<td>1 and 1WM</td>
<td>N/A</td>
<td>List separately in addition to the code for the primary procedure</td>
</tr>
<tr>
<td>90837</td>
<td>Add GT if needed (w/o E&amp;M)</td>
<td></td>
<td>1 and 1WM</td>
<td>N/A</td>
<td></td>
</tr>
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**Virginia Department of Medical Assistance Services**

(last update 10/6/2017)
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<tr>
<th>Code</th>
<th>Description</th>
<th>Service Type</th>
<th>Unit</th>
<th>CPT OP Rate As of</th>
<th>Medication/Bill</th>
</tr>
</thead>
<tbody>
<tr>
<td>90838</td>
<td>Add GT if needed Psychotherapy, 60 minutes with patient and/or family member when performed with an evaluation and management service</td>
<td>Outpatient service</td>
<td>1 and 1 WM</td>
<td>N/A</td>
<td>No</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>$92.70</td>
<td>List separately in addition to the code for the primary procedure</td>
</tr>
<tr>
<td>90846</td>
<td>Add GT if needed Family psychotherapy (without patient present)</td>
<td>Outpatient service</td>
<td>1 and 1 WM</td>
<td>45 minutes to 1 hour</td>
<td>No</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>$86.12</td>
<td>Medicaid/FAMIS FFS/GAP member = bill DMAS</td>
</tr>
<tr>
<td>90847</td>
<td>Add GT if needed Family psychotherapy (with patient present)</td>
<td>Outpatient service</td>
<td>1 and 1 WM</td>
<td>45 minutes to 1 hour</td>
<td>No</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>$89.41</td>
<td>Medicaid/FAMIS MCO member = bill MCO</td>
</tr>
<tr>
<td>90853</td>
<td>Add GT if needed Group psychotherapy (other than multi-family)</td>
<td>Outpatient service</td>
<td>1 and 1 WM</td>
<td>Per encounter</td>
<td>No</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>$21.53</td>
<td>Use 90853 in conjunction with 90785 for the specified patient when group psychotherapy includes interactive complexity.</td>
</tr>
<tr>
<td>90863</td>
<td>Add GT if needed Pharmacologic management, including prescription and review of medication, when performed with psychotherapy services</td>
<td>Outpatient service</td>
<td>1 and 1 WM</td>
<td>Use in conjunction with 90812, 90834, 90837</td>
<td>No</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>$48.93</td>
<td>Pharmacologic management including prescription and review of medication, when performed with psychotherapy services.</td>
</tr>
<tr>
<td>Q3014</td>
<td>– use GT Telehealth originating site facility fee</td>
<td></td>
<td>1WM-2WM</td>
<td>Per Visit</td>
<td>$20.00</td>
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<tbody>
<tr>
<td>H2034</td>
<td>Clinically managed low intensity residential services</td>
<td>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.</td>
<td>3.1</td>
<td>1 unit = 1 day</td>
<td>$175</td>
<td>Yes – ASAM Assessment by Independent Third Party Required URGENT: reviewed within 72 hours</td>
<td>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.</td>
<td>Medicaid/FAMIS FFS member = bill Magellan Medicaid/FAMIS MCO member = bill MCO Effective 10/1/17: covered for GAP - bill Magellan</td>
</tr>
<tr>
<td>H0010</td>
<td>Clinically managed population-specific high intensity residential services</td>
<td>Alcohol and/or drug services; sub-acute detoxification (residential addiction program inpatient). <strong>Adults only</strong> 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. Clinically directed withdrawal management may be provided (ASAM Level 3.2WM)</td>
<td>3.3</td>
<td>1 unit = 1 day</td>
<td>Max $393.50</td>
<td>Yes – ASAM Assessment by Independent Third Party Required URGENT: reviewed within 72 hours</td>
<td>Per Diem covers all Therapeutic Programming. Additional Services that can be billed: •Physician Visits (E&amp;M Codes) •Drug Screens/Labs •Medications</td>
<td>Medicaid FFS member = bill Magellan Medicaid MCO member = bill MCO Effective 10/1/17: covered for GAP = bill Magellan Non-covered for FAMIS Non-covered for FAMIS MOMS</td>
</tr>
</tbody>
</table>

*Note: Labs should only be billed if performed in-house. If patient or specimen sent to independent laboratory, the laboratory should bill.*
### 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.
- Clinically directed withdrawal management may be provided (ASAM Level 3.2WM)

<table>
<thead>
<tr>
<th>Modifier</th>
<th>Description</th>
<th>Rate</th>
<th>Per Diem Covers</th>
<th>Additional Services</th>
<th>Note</th>
</tr>
</thead>
</table>
| HB       | Clinically managed high-intensity residential services (Adult) | 3.5 | 1 unit = 1 day | Yes – ASAM Assessment by Independent Third Party Required | Medicaid FFS member = bill Magellan  
Medicaid MCO member = bill MCO  
Effective 10/1/17: covered for GAP = bill Magellan  
*Non-covered for FAMIS  
*Non-covered for FAMIS MOMS  
*MCOs may elect to cover for FAMIS and FAMIS MOMS |
| HA       | Clinically managed medium-intensity residential services (Adolescent) | 3.5 | 1 unit = 1 day | Yes – ASAM Assessment by Independent Third Party Required | Medicaid FFS member = bill Magellan  
Medicaid MCO member = bill MCO  
Effective 10/1/17: covered for GAP = bill Magellan  
*Non-covered for FAMIS  
*Non-covered for FAMIS MOMS  
*MCOs may elect to cover for FAMIS and FAMIS MOMS |

### 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.
- Clinically directed withdrawal management may be provided (ASAM Level 3.2WM)

<table>
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<tr>
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<th>Rate</th>
<th>Per Diem Covers</th>
<th>Additional Services</th>
<th>Note</th>
</tr>
</thead>
</table>
| HB       | Medically monitored intensive inpatient services (Adult) | 3.7 | 1 unit = 1 day | Yes – ASAM Assessment by Independent Third Party Required | Medicaid FFS member = bill Magellan  
Medicaid MCO member = bill MCO  
Effective 10/1/17: covered for GAP = bill Magellan  
*Non-covered for FAMIS  
*Non-covered for FAMIS MOMS  
*MCOs may elect to cover for FAMIS and FAMIS MOMS |
| HA       | Medically monitored high intensity inpatient services (Adolescent) | 3.7 | 1 unit = 1 day | Medicaid FFS member = bill Magellan  
Medicaid MCO member = bill MCO  
Effective 10/1/17: covered for GAP = bill Magellan  
*Non-covered for FAMIS  
*Non-covered for FAMIS MOMS  
*MCOs may elect to cover for FAMIS and FAMIS MOMS |

*Physiatric Units & Freestanding Psychiatric Hospitals = psychiatric per diem rate  
*Residential Treatment Services = max. $393.50  
**Note:** Labs should only be billed if performed in-house. If patient or specimen sent to independent laboratory, the laboratory should bill.
### Medically Managed Intensive Inpatient Services

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. Medically Managed Inpatient Withdrawal Management (ASAM Level 4WM) may also be provided.

#### Reimbursement Structure

- **H0011 Rev 1002**
  - **Medically managed intensive inpatient services**
  - 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. Medically Managed Inpatient Withdrawal Management (ASAM Level 4WM) may also be provided.

<table>
<thead>
<tr>
<th>Billing Code</th>
<th>Service Name</th>
<th>Service Description</th>
<th>ASAM Level</th>
<th>Unit Lengths Annual Limit (per fiscal year)</th>
<th>Rates per Unit</th>
<th>Authorization Required</th>
<th>Notes</th>
<th>Coverage</th>
</tr>
</thead>
<tbody>
<tr>
<td>90791 Add GT if needed</td>
<td>Psychiatric diagnostic evaluation</td>
<td>Outpatient service</td>
<td>1</td>
<td>1 unit per rolling 12 months for same provider</td>
<td>CPT OP rate as of 7/1/17: $110.04</td>
<td>No</td>
<td>Use 90785 in conjunction with 90791 or 90792 when the diagnostic evaluation includes interactive complexity services.</td>
<td>Medicaid/FAMIS FFS/GAP member = bill Magellan, Medicaid/FAMIS MCO member = bill MCO</td>
</tr>
<tr>
<td>90792 Add GT if needed</td>
<td>Psychiatric diagnostic evaluation with medical service</td>
<td>Outpatient service</td>
<td>1</td>
<td>1 unit per rolling 12 months for same provider</td>
<td>CPT OP rate as of 7/1/17: $123.50</td>
<td>No</td>
<td>Use 90785 in conjunction with 90791 or 90792 when the diagnostic evaluation includes interactive complexity services.</td>
<td>Medicaid/FAMIS FFS/GAP member = bill Magellan, Medicaid/FAMIS MCO member = bill MCO</td>
</tr>
<tr>
<td>90785 Add GT if needed</td>
<td>Interactive complexity service add-on code to office visits</td>
<td>Outpatient service</td>
<td>1</td>
<td></td>
<td>CPT OP rate as of 7/1/17: $11.66</td>
<td>No</td>
<td>List separately in addition to the code for primary procedure.</td>
<td>Medicaid/FAMIS FFS/GAP member = bill Magellan, Medicaid/FAMIS MCO member = bill MCO</td>
</tr>
</tbody>
</table>
### 99408
Alcohol and/or substance (other than tobacco) abuse structured screening: 15-30 minutes  
Outpatient service  
1  
CPT OP rate as of 7/1/17: ages <21=$25.82 >20=$23.73  
No  
Medicaid/FAMIS FFS/GAP member & Magellan Credentialed Provider = bill Magellan  
Medicaid/FAMIS FFS member & DMAS Provider = bill DMAS  
Medicaid/FAMIS MCO member = bill MCO

### 99409
Alcohol and/or substance (other than tobacco) abuse structured screening: greater than 30 minutes  
Outpatient service  
1  
CPT OP rate as of 7/1/17: ages <21=$50.34 >20=$46.26  
No  
Medicaid/FAMIS FFS/GAP member & Magellan Credentialed Provider = bill Magellan  
Medicaid/FAMIS FFS member & DMAS Provider = bill DMAS  
Medicaid/FAMIS MCO member = bill MCO

### 90832
90832 Add GT if needed (w/o E&M)  
Psychotherapy, 30 minutes with patient and/or family member  
Outpatient service  
1  
CPT OP rate as of 7/1/17: $53.53  
No  
Medicaid/FAMIS FFS/GAP member = bill Magellan  
Medicaid/FAMIS MCO member = bill MCO

### 90833
90833 Add GT if needed (w/ E&M)  
Psychotherapy, 30 minutes with patient and/or family member when performed with an evaluation and management service  
Outpatient service  
1  
CPT OP rate as of 7/1/17: $55.62  
List separately in addition to the code for primary procedure.  
Medicaid/FAMIS FFS/GAP member = bill Magellan  
Medicaid/FAMIS MCO member = bill MCO

### 90834
90834 Add GT if needed (w/o E&M)  
Psychotherapy, 45 minutes with patient and/or family member  
Outpatient service  
1  
CPT OP rate as of 7/1/17: $71.07  
No  
Medicaid/FAMIS FFS/GAP member & Magellan Credentialed Provider = bill Magellan  
Medicaid/FAMIS FFS member & DMAS Provider = bill DMAS  
Medicaid/FAMIS MCO member = bill MCO

### 90836
90836 Add GT if needed (w/ E&M)  
Psychotherapy, 45 minutes with patient and/or family member when performed with an evaluation and management service  
Outpatient service  
1  
CPT OP rate as of 7/1/17: $70.27  
List separately in addition to the code for primary procedure.  
Medicaid/FAMIS FFS/GAP member = bill Magellan  
Medicaid/FAMIS MCO member = bill MCO

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**Virginia Department of Medical Assistance Services**  
last update 10/6/2017
### Add GT if needed (w/o E&M)

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
<th>Service Type</th>
<th>Units</th>
<th>CPT Unit Values</th>
<th>CPT OP rate as of 7/1/17</th>
<th>Medicaid/FAMIS FFS/GAP member</th>
<th>Medicaid/FAMIS MCO member</th>
</tr>
</thead>
<tbody>
<tr>
<td>90837</td>
<td>Psychotherapy, 60 minutes with patient and/or family member</td>
<td>Outpatient service</td>
<td>1</td>
<td>CPT unit values</td>
<td>$106.75</td>
<td>No</td>
<td></td>
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<tr>
<td>90838</td>
<td>Psychotherapy, 60 minutes with patient and/or family member when performed with an evaluation and management service</td>
<td>Outpatient service</td>
<td>1</td>
<td>CPT unit values</td>
<td>$92.70</td>
<td>No</td>
<td></td>
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<tr>
<td>90846</td>
<td>Family psychotherapy (without patient present)</td>
<td>Outpatient service</td>
<td>1</td>
<td>CPT unit values</td>
<td>$86.12</td>
<td>No</td>
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<tr>
<td>90847</td>
<td>Family psychotherapy (with patient present)</td>
<td>Outpatient service</td>
<td>1</td>
<td>CPT unit values</td>
<td>$89.41</td>
<td>No</td>
<td></td>
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<tr>
<td>90853</td>
<td>Group psychotherapy (other than multi-family)</td>
<td>Outpatient service</td>
<td>1</td>
<td>CPT unit values</td>
<td>$21.53</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>90863</td>
<td>Pharmacologic management: prescription and review of medication, when performed with psychotherapy services</td>
<td>Outpatient service</td>
<td>1WM-2WM</td>
<td>Use in conjunction with 90832, 90834, 90837</td>
<td>$48.93</td>
<td>No</td>
<td>Medicaid/FAMIS FFS/GAP member = bill Magellan</td>
</tr>
</tbody>
</table>

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