

UNIT RATES – OUTPATIENT TREATMENT					
Covered Service: Licensed Program Services for Patients – Substance Use Disorder					
IBHRS Service Procedure	IBHRS Concept Code	IBHRS Service Procedure Description	IPN Unit Description	Unit Cost	Add Location Code for Telehealth
IA420	22000.IA420	OWI Assessment	Limited to one per patient / per Contractor / per treatment episode*	\$125.00	YES
H0001	22000.H0001	Alcohol, drug and/or gambling assessment	Limited to one per patient / per Contractor / per treatment episode*	\$165.00	
H0004	22000.H0004	Behavioral health counseling and therapy, per 15 minutes	Per patient / per 15 minute unit	\$32.50	
H0005	22000.H0005	Alcohol, drug and/or gambling services; group counseling by a clinician	Per patient / per 15 minute unit	\$17.50	
H0004	22000.H0004	Behavioral health counseling and therapy, per 15 minutes	Per patient / per 15 minute unit (for IOP a maximum of two units can be billed per 7-day period)	\$32.50	
H0015	22000.H0015	Alcohol, drug and/or gambling services; intensive outpatient	Per patient / per day (for IOP a maximum of three units can be billed per 7-day period)	\$150.00	
H0035	22000.H0035	Substance Abuse and/or gambling partial hospitalization, treatment, less than 24 hours	Per patient / per day (for IOP a maximum of three units can be billed per 7-day period)		
Covered Service: Other Covered Services for Patients – Substance Use Disorder					
IBHRS Service Procedure	IBHRS Concept Code	IBHRS Service Procedure Description	IPN Unit Description	Unit Cost	Add Location Code for Telehealth
		Care Coordination	Per patient / per month	\$500.00*	
IA410	22000.IA410	Engagement	Per 15 minute unit	\$27.50	YES
H0007	22000.H0007	Alcohol, drug and/or gambling services; crisis intervention (outpatient)	Per patient / per 15 minute unit	\$32.50	YES
H0005	22000.H0005	Alcohol, drug and/or gambling services; group counseling by a clinician	Per patient / per 15 minute unit	\$32.50	YES
H0004	22000.H0004	Behavioral health counseling and therapy, per 15 minutes	Per patient / per 15 minute unit	\$17.50	YES
IA710	22000.IA710	MAT Medical Evaluation	Limited to one per patient / per treatment episode*	\$275.00	YES
IA700	22000.IA700	MAT Medical Care Expense	Per patient / per day	\$50.00	YES
IA770	22000.IA770	MAT Drug Testing	Per patient / per test (maximum of 12 tests per year)	\$10.00	
IA720	22000.IA720	MAT Medication Expense	Limited to \$100 per month (maximum of \$300 per patient / per treatment episode)*	Actual Cost	
H0038	22000.H0038	Self-help/peer services, per 15 minutes	Per patient / per 15 minute unit	\$15.00	YES
H0050	22000.H0050	SBIRT - Gambling/Alcohol and/or drug screening, brief intervention, per 15 minutes	Per 15 minute unit	\$17.50	
IA350	22000.IA350	Transportation	Limited to \$20 per month (maximum of \$60 per patient / per treatment episode)*	Actual Cost	
Covered Service: Other Covered Services for Persons who are not Patients – Substance Use Disorder					
IBHRS Service Procedure	IBHRS Concept Code	IBHRS Service Procedure Description	IPN Unit Description	Unit Cost	Add Location Code for Telehealth
IA900	22000.IA900	Family Education Services - Individual/Group	Per 15 minute unit	\$27.50	YES
IA400	22000.IA400	Community Outreach	Per 15 minute unit	\$27.50	YES
IA410	22000.IA410	Engagement	Per 15 minute unit	\$27.50	YES

APPENDIX O (v2) - Unit Rates

UNIT RATES – RESIDENTIAL TREATMENT					
Covered Service: Licensed Program Services for Patients – Substance Use Disorder					
IBHRS Service Procedure	IBHRS Concept Code	IBHRS Service Procedure Description	IPN Unit Description	Unit Cost	Add Location Code for Telehealth
H2034	22000.H2034	Level III.1 Clinically Managed Low Intensity Residential Treatment (Halfway House) Substance Abuse	Per day	\$80.00	
IA800	22000.IA800	Level III.3 Clinically Managed Medium Intensity Residential Treatment Substance Abuse	Per day	\$200.00	
IA810	22000.IA810	Level III.5 Clinically Managed High Intensity Residential Treatment Substance Abuse	Per day	\$275.00	
H0017	22000.H0017	Level III.7 Substance Abuse Residential Community-based	Per day	\$350.00	
Covered Service: Other Covered Services for Patients – Substance Use Disorder					
IBHRS Service Procedure	IBHRS Concept Code	IBHRS Service Procedure Description	IPN Unit Description	Unit Cost	Add Location Code for Telehealth
IA710	22000.IA710	MAT Medical Evaluation	Limited to one per patient / per treatment episode*	\$275.00	YES
IA700	22000.IA700	MAT Medical Care Expense	Per patient / per day	\$50.00	YES
IA770	22000.IA770	MAT Drug Testing	Per patient / per test (maximum of 12 tests per year)	\$10.00	
IA720	22000.IA720	MAT Medication Expense	Limited to \$100 per month (maximum of \$300 per patient / per treatment episode)*	Actual Cost	
IA775	22000.IA775	COVID-19 Testing	Limit 1 per person per treatment episode	\$100	
H0038	22000.H0038	Self-help/peer services, per 15 minutes	Per patient / per 15 minute unit	\$15.00	YES
Covered Service: Other Covered Services for Persons who are not Patients – Substance Use Disorder					
IBHRS Service Procedure	IBHRS Concept Code	IBHRS Service Procedure Description	IPN Unit Description	Unit Cost	Add Location Code for Telehealth
IA900	22000.IA900	Family Education Services - Individual/Group	Per 15 minute unit	\$27.50	<u>YES</u>
IA410	22000.IA410	Engagement	Per 15 minute unit	\$27.50	<u>YES</u>

APPENDIX O (v2) - Unit Rates

UNIT RATES - WOMEN AND CHILDREN TREATMENT					
Women and Children: Outpatient - Licensed Program Services for Patients					
IBHRS Service Procedure	IBHRS Concept Code	IBHRS Service Procedure Description	IPN Unit Description	Unit Cost	Add Location Code for Telehealth
IA420	22000.IA420	OWI Assessment	Limited to one per patient / per Contractor / per treatment episode*	\$125.00	YES
H0001	22000.H0001	Alcohol, drug and/or gambling assessment	Limited to one per patient / per Contractor / per treatment episode*	\$165.00	
H0004	22000.H0004	Behavioral health counseling and therapy, per 15 minutes	Per patient / per 15 minute unit	\$32.50	
H0005	22000.H0005	Alcohol, drug and/or gambling services; group counseling by a clinician	Per patient / per 15 minute unit	\$17.50	
H0004	22000.H0004	Behavioral health counseling and therapy, per 15 minutes	Per patient / per 15 minute unit (for IOP a maximum of two units can be billed per 7-day period)	\$32.50	
H0015	22000.H0015	Alcohol, drug and/or gambling services; intensive outpatient	Per patient / per day (for IOP a maximum of three units can be billed per 7-day period)	\$150.00	
H0035	22000.H0035	Substance Abuse and/or gambling partial hospitalization, treatment, less than 24 hours	Per patient / per day (for IOP a maximum of three units can be billed per 7-day period)		
Women and Children Treatment: Residential - Licensed Program Services for Patients					
IBHRS Service Procedure	IBHRS Concept Code	IBHRS Service Procedure Description	IPN Unit Description	Unit Cost	Add Location Code for Telehealth
H2034	22000.H2034	Level III.1 Clinically Managed Low Intensity Residential Treatment (Halfway House) Substance Abuse	Per day	\$80.00	
IA800	22000.IA800	Level III.3 Clinically Managed Medium Intensity Residential Treatment Substance Abuse	Per day	\$200.00	
IA810	22000.IA810	Level III.5 Clinically Managed High Intensity Residential Treatment Substance Abuse	Per day	\$275.00	
H0017	22000.H0017	Level III.7 Substance Abuse Residential Community-based	Per day	\$350.00	
Women and Children - Enhanced Treatment/Ancillary Support Services for Patients/Children					
IBHRS Service Procedure	IBHRS Concept Code	IBHRS Service Procedure Description	IPN Unit Description	Unit Cost	Add Location Code for Telehealth
		Outpatient Case Rate	Half Month (1-14 days)	\$140.00	
		Outpatient Case Rate	Full Month (15+ days)	\$310.00	
		Residential Case Rate - Facility does not admit children	Half Month (1-14 calendar days)	\$140.00	
		Residential Case Rate - Facility does not admit children	Full Month (15+ days)	\$310.00	
		Residential Case Rate - Women Patients Only Facility does admit children	Half Month (1-14 calendar days)	\$1,400.00	
		Residential Case Rate - Women Patients Only Facility does admit children	Full Month (15+ days)	\$3,100.00	

APPENDIX O (v2) - Unit Rates

UNIT RATE - METHADONE TREATMENT					
IBHRS Service Procedure	IBHRS Concept Code	IBHRS Service Procedure Description	IPN Unit Description	Unit Cost	Add Location Code for Telehealth
H0020	22000.H0020	Alcohol and/or drug services; methadone administration and/or service (provision of the drug by a licensed program)	Per Dose	\$12	

UNIT RATES - INTERIM SERVICES						
IBHRS Service Procedure	IBHRS Concept Code	IBHRS Service Procedure Description	IBHRS Service Modifier Category Detail	IPN Unit Description	Unit Cost	Add Location Code for Telehealth
IA910	22000.IA910	Interim Service - Counseling	Old IPN Service Type: • Encounter Type = Interim Service IBHRS Service Modifier Category: • Interim Type 22400.5	Per patient / per 15 minute unit	\$32.50	
IA911	22000.IA911	Interim Service - Methadone	IBHRS Service Modifier: • HIV Services: 22100.HV • TB Services: 22100.TB	Per Dose	\$12.00	YES
IA912	22000.IA912	Interim Service - Family Education	IBHRS Service Location: • Office: 3413.11 • Residential Substance Abuse TX Facility: 3413.55 • Telehealth: 3413.2 • Other Unlisted Facility: 3413.99	Per patient / per 15 minute unit	\$27.50	

IPN UNIT RATE NOTES:

1. A treatment episode is defined as the period of service between the beginning of a treatment service for a drug or alcohol [or gambling] problem (admission) and the termination of services for the prescribed treatment plan (discharge). Source: Treatment Episode Data Set (TEDS) State Instruction Manual Admission Data With National Outcomes Measures (NOMS).
2. Telehealth - Add Location Code (Concept Code 3413.2) to Service Event. Use "TH" as Service Location on 837.
3. Problem Gambling Treatment services are now based on Salary/Fringe Expenses.