

BHF Service Rate Grid with Dollar Amounts effective 07/01/2021

Adult Non-Residential Treatment Rates- Acuity Addressed In Intensity

Treatment Settings Descriptions	Base Rate	1115 Waiver Base Rate	Co-Occurring Complexity HH	Special Populations Complexity U4	Clients w/Children Complexity U6	Medical Services Complexity U5
Individual (one hour increments) H2035	\$72.11	\$79.32	+\$6.49	+\$4.32	+\$4.32	+\$17.31
Group (one hour increments) H2035 HQ	\$35.03	\$38.53	+\$3.15	+\$2.10	+\$2.10	+\$8.40
Comprehensive Assessment (per session) H0001	\$162.24	NA	NA	NA	NA	NA
Treatment Coordination (15 minute increments) T1016 HN U8	\$11.71	NA	NA	NA	NA	NA
Peer Recovery Support (15 minute increments) H0038 U8	\$15.02	NA	NA	NA	NA	NA
Medication Assisted Therapy-Methadone-per diem H0020 (use U8 with H2036 when Methadone is being dispensed in a residential setting)	\$13.39	\$14.78	+\$1.20	+\$0.81	NA	+\$3.21
Medication Assisted Therapy-all other-per diem H0047	\$22.66	\$24.93	+\$2.04	+\$1.36	NA	+\$5.44

Treatment Settings Descriptions	Base Rate	1115 Waiver Base Rate	Co-Occurring Complexity HH	Special Populations Complexity U4	Clients w/Children Complexity U6	Medical Services Complexity U5
Medication Assisted Therapy-Methadone-PLUS-per diem (minimum 9 hours counseling services per week) <i>H0020 UA</i>	\$48.42	\$53.26	+\$4.35	+\$2.91	NA	+\$11.63
Medication Assisted Therapy-all other-PLUS (same as above) per diem <i>H0047 UB</i>	\$57.69	\$63.46	+\$5.19	+\$3.46	NA	+13.85

Adult Residential Treatment Rates - Acuity Addressed In Intensity

Treatment Settings Descriptions	Base Rate	1115 Waiver Base Rate	Co-Occurring Complexity HH	Special Populations Complexity U4	Clients w/Children Complexity U6	Medical Services Complexity U5
High Intensity (Minimum 30 hours/week) <i>* H2036 TG</i>	\$179.25	\$206.14	+\$10.76	+\$5.37	+\$5.37	+\$10.76
High Intensity Committed/Complex <i>* H2036 HK (effective 10/01/15) (Min 30 hours per week, be committed and have severity ratings of "3" in dimension 3 and a 4 in dimension 4, 5, or 6 OR two "4" Ratings in dimensions 4, 5, or 6).</i> <i>All with these rate combinations being placed at a CARE facility are entitled to the rate without a commitment.</i> <i>Paid in addition with high intensity rate above.</i>	\$151.50	NA	NA	NA	NA	NA
Medium Intensity (Minimum 15 hours/week) <i>H2036 TF</i>	\$132.90	\$152.83	+\$7.97	+\$3.99	+\$3.99	+\$11.96
Low Intensity (Minimum 5 hours/week) <i>H2036 UD</i>	\$63.87	\$73.45	+\$3.83	+\$1.92	+\$1.92	+\$11.49
Hospital Inpatient Per Diem Rates (Revenue Code: 0101)	\$309.06	NA	+\$18.55	+\$9.27	NA	NA
Room and Board Rates (Revenue Codes: 1002 & **1003)	\$55.72	NA	NA	NA	+\$13.37	NA

*Residential Medication Assisted Therapy Program - appropriate dosing amount will be added to the appropriate residential rate when a residential provider is supplying and administering medication. Add U8 or U9 accordingly for dosing amount.

*UC = Co-occurring & Medical Services Combination. UC modifier code should be used when billing Co-Occurring and Medical Service together.

**Revenue Code 1003 can only be used in conjunction with outpatient treatment provided at a separate facility.

***The rate increase for medical services should only be applied to the treatment portion of the claim.

Please Note: Residential hours are calculated based on the actual count of continuous minutes of treatment for high, medium and low treatment services.

Withdrawal Management

Treatment Settings Descriptions	Base Rate	1115 Waiver Base Rate	Co-Occurring Complexity HH	Special Populations Complexity U4	Clients w/Children Complexity U6	Medical Services Complexity U5
Withdrawal Management Clinically Managed (daily rate w/revenue code 0900)	\$400	NA	NA	NA	NA	NA
Withdrawal Management Medically Monitored (daily rate w/ revenue code 0919)	\$515	NA	NA	NA	NA	NA
Room and Board Associated with Withdrawal Management (daily rate w/revenue code 1002)	\$75	NA	NA	NA	NA	NA
Hospital based Room and Board Associated with Withdrawal Management <i>(Daily rate w/revenue codes 0116, 0126, 0136, 0146, 0156 to be used with revenue code 0900 or 0919 when services are provided in a hospital setting only)</i>	\$75	NA	NA	NA	NA	NA

Adolescent Non-Residential Treatment Rates-Acuity Addressed In Intensity

Treatment Settings Descriptions	Base Rate	1115 Waiver Base Rate	Co-Occurring Complexity HH	Special Populations Complexity U4	Clients w/Children Complexity U6	Medical Services Complexity U5
Individual (one hour increments) H2035 HA	\$72.11	\$79.32	+\$6.49	+\$4.32	+\$4.32	+\$17.31
Group (one hour increments) H2035 HQ HA	\$35.03	\$38.53	+\$3.15	+\$2.08	+\$2.10	+\$8.40
Comprehensive Assessment (per session) H0001	\$162.24	NA	NA	NA	NA	NA
Treatment Coordination (15 minute increments) T1016 HN U8	\$11.71	NA	NA	NA	NA	NA
Peer Recovery Support (15 minute increments) H0038 U8	\$15.02	NA	NA	NA	NA	NA

Adolescent Residential Treatment Rates-Acuity Addressed In Intensity

Treatment Settings Descriptions	Base Rate	1115 Waiver Base Rate	Co-Occurring Complexity HH	Special Populations Complexity U4	Clients w/Children Complexity U6	Medical Services Complexity U5
High Intensity (Minimum 15 hours/week) <i>*H2036 HA</i>	\$216.34	NA	+\$12.98	+\$6.49	+\$6.49	+\$12.98
Hospital Inpatient Per Diem Rates (Revenue Code: 0101)	\$309.06	NA	+\$18.55	+\$9.27	NA	NA
Room and Board Rates (Revenue Codes: 1002 & **1003)	\$55.72	NA	NA	NA	+\$13.37	NA

**UC = Co-occurring & Medical Services Combination. UC modifier code should be used when billing Co-Occurring and Medical Service together.*

***Revenue Code 1003 can only be used in conjunction with outpatient treatment provided at a separate facility.*

****The rate increase for medical services should only be applied to the treatment portion of the claim.*