

JJ SUDS Treatment Services

*Available Family Engagement Services

AUTHORIZED LEVEL OF CARE (Individual or Parent Service)	BILLABLE ITEM				Medicaid Eligible	FREQUENCY
	Child Service (Bundled services only)	Procedure Code	Unit	Billable Rate		Service Limits
Level 0.5 Early Intervention	Education-Nicotine 101	n/a	n/a	\$75.00		Drug and alcohol education provided through 3rd Millennium Classrooms requested by probation outside of the Magellan Health-IDJC Network.
	Education-Marijuana 101	n/a	n/a	\$75.00		
	Education-Alcohol Wise	n/a	n/a	\$75.00		
	Education-Other Drugs	n/a	n/a	\$75.00		
	Education-Parent Wise			Free		
	Alcohol or Drug Assessment- As long as the assessment has ASAM criteria included, any assessment is accepted.	H0001/59	15 min.	\$18.54	X	20 units max for agency assessments; 22 units for onsite Detention/Facility assessments; If mileage to the facility is needed, authorize Travel for Professionals.
Level 1.0 Outpatient	Parent Code: 90847/HZ		Parent Rate: \$20.05			No more than 9 hours of treatment per week for adults and no more than 6 hours of treatment per week for adolescents. Providers are expected to include elements of family treatment services in the client's treatment plan. If family treatment services are not applicable, the exception must be documented in the client's treatment plan.
	Outpatient-Education	S9448/TF	15 min.	\$5.00		
	Outpatient-Individual	H0004/HZ	15 min.	\$19.46	X	
	Outpatient-Individual with family members*	90847/TF	15 min.	\$20.05	X	
	Outpatient-Family without client present*	90846/59	15 min.	\$20.05	X	
	OP and IOP Group	H0005/HZ	15 min.	\$9.14	X	

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Level 2.1 Intensive Outpatient	Parent Code: 90847/TF/HZ		Parent Rate \$20.05			A minimum of 9 hours of treatment per week for adults and a minimum of 6 hours of treatment per week for adolescents. Providers are expected to include elements of family treatment services in the client's treatment plan. If family treatment services are not applicable, the exception must be documented in the client's treatment plan.
	Intensive Outpatient-Education	S9448/TF/59	Per Diem	\$5.00	X	
	Intensive Outpatient-Individual	H0004//HZ/59	15 min.	\$19.46	X	
	Intensive Outpatient-Individual with family members*	90847/TF/59	15 min.	\$20.05	X	
	Intensive Outpatient-Family without client present*	90846/59/HF	15 min.	\$20.05	X	
	OP and IOP Group	H0005/HZ	15 min.	\$9.14	X	
Level 2.5 Partial Hospitalization	Parent Code: H0035/HF/HF		Parent Rate \$348.75			
	Partial Hospitalization Program - Half Day	H0035/HF/HF/HF/HF	Per Diem	\$292.50	X	All-inclusive payment 3 to 5 hours (half day).
	Partial Hospitalization Program - Full Day	H0035/HF/HF/HF	Per Diem	\$405.00	X	All-inclusive payment of 6 or more hours (full day).
Level 3.1 Transitional Housing-Adolescent	n/a	H0043	Day	\$150.50		Consistent with treatment authorization. Include day of admission, do not include day of discharge.
Level 3.1 Halfway Housing- Adult	n/a	H0018	Day	\$52.09		Consistent with treatment authorization. Include day of admission, do not include day of discharge.
Level 3.5 Residential-Adolescent	n/a*	H0017/HA	Day	\$399.17		Include day of admission, do not include day of discharge. Providers are expected to include elements of family treatment services in the client's treatment plan. If family treatment services are not applicable, the exception must be documented in the client's
Level 3.5 Residential-Adult	n/a	H0017	Day	\$399.17		Include day of admission, do not include day of discharge.

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Case Management	Parent Code: H006/HF/U7		Parent Rate: \$17.89			As needed. Consistent with treatment authorization.
	Case Management-Basic and Intensive	H0006/HF/U7	15 min.	\$17.89	X	
	Case Management-Family without client present*	H0006/HS	15 min.	\$17.89		
Child Care	n/a*	T1009	15 min.	\$4.04		As needed. Consistent with treatment authorization.
Drug/Alcohol Testing	n/a	H0003/HF	1 Test	\$13.50	X	As needed. Consistent with treatment authorization.
Interpreter	n/a*	T1013/HF	1 unit = \$1	Billed Amount	X	As needed. Consistent with treatment authorization.
Life Skills	Parent Code: H2015/HF		Parent Rate: \$6.56			As needed. Consistent with treatment authorization.
	Life Skills-Individual	H2015/HF/U7	15 min.	\$6.56		
	Life Skills-Individual client not present*	H2015HS/HS	15 min.	\$6.56		
	Life Skills-Group	HQ2015	15 min.	\$3.94		
	Life Skills-Group client not present*	HQ2015HS/HS	15 min.	\$3.94		

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Recovery Coaching-Adult	n/a	H0038/59	15 min.	\$13.63	X	As needed. Consistent with treatment authorization.
Safe & Sober Housing-Adolescent	n/a	H0045	1 day	\$75.00		As needed. Consistent with treatment authorization. Include day of admission, do not include day of discharge.
Safe & Sober Housing-Adult	n/a	H0044	1 day	\$11.50		As needed. Consistent with treatment authorization. Include day of admission, do not include day of discharge.
Staffing	n/a	H0022	15 min.	\$6.21		Planned facilitation. As needed. Consistent with treatment authorization.
Transportation	Parent Code: A0080/U9		Parent Rate: \$1.17		X	Mileage is determined on distance from main location>treatment location>main location. Consistent with treatment authorization.
	Transportation Pick Up	T2002/U8	Pick-up & 1st Mile	\$4.20	X	
	Transportation of Client	A0080/U2	1 mile	\$1.17	X	
Transportation Flat Fee	n/a	T2003	1 mile	\$1.00	X	As needed. Consistent with treatment authorization.
Travel for Professionals	n/a	S0215/HZ	1 mile	\$0.55	X	1 unit=1mile. Mileage is determined on distance from agency location>client location>agency location. Consistent with treatment authorization.