



BHF Service Rate Grid with Dollar Amounts effective 01/01/2022

Adult Non-Residential Treatment Rates- Acuity Addressed In Intensity

Treatment Settings Descriptions	Base Rate	1115 Demonstration Base Rate	*Co-Occurring Complexity HH	Cultural Responsive Complexity U4	Disability Responsive Complexity U3	Clients w/Children Complexity U6	*Medical Services ***Complexity U5
Individual (one hour increments) H2035	\$72.11	\$86.53	+\$6.49	+\$7.93	+\$7.93	+\$7.93	+\$17.31
Group (one hour increments) H2035 HQ	\$35.03	\$42.02	+\$3.15	+\$3.85	+\$3.85	+\$3.85	+\$8.40
Comprehensive Assessment (per session). H0001	\$162.24	NA	NA	NA	NA	NA	NA

Treatment Settings Descriptions	Base Rate	1115 Demonstration Base Rate	*Co-Occurring Complexity HH	Cultural Responsive Complexity U4	Disability Responsive Complexity U3	Clients w/Children Complexity U6	*Medical Services ***Complexity U5
Treatment Coordination (15 min. increments). T1016 HN U8	\$11.71	NA	NA	NA	NA	NA	NA
Peer Recovery Support (15 min. increments). H0038 U8	\$15.02	NA	NA	NA	NA	NA	NA
SUD-MOUD- (substance use disorder treatment with medication for opioid use disorder)- Methadone- per-diem. ∞H0020 (use with modifier U8 when residential treatment service provided).	\$13.39	\$16.07	+\$1.20	+\$1.47	+\$1.47	NA	+\$3.21

Treatment Settings Descriptions	Base Rate	1115 Demonstration Base Rate	*Co-Occurring Complexity HH	Cultural Responsive Complexity U4	Disability Responsive Complexity U3	Clients w/Children Complexity U6	*Medical Services ***Complexity U5
-(SUD-MOUD)-all other-per diem. H0047	\$22.66	\$27.19	+\$2.04	+\$2.49	+\$2.49	NA	+\$5.44
SUD-MOUD PLUS Methadone-per diem (minimum 9 hours counseling services per week). H0020 UA	\$48.42	\$58.10	+\$4.35	+\$5.33	+\$5.33	NA	+\$11.63
SUD-MOUD PLUS all other (same as above) per diem. H0047 UB	\$57.69	\$69.23	+\$5.19	+\$6.35	+\$6.35	NA	+13.85

Adult Residential Treatment Rates - Acuity Addressed In Intensity

Treatment Settings Descriptions	Base Rate	1115 Demonstration Base Rate	*Co-Occurring Complexity HH	Cultural Special Populations Complexity U4	Disability Special Populations Complexity U3	Clients w/Children Complexity U6	*Medical Services ***Complexity U5
High Intensity (Minimum 30 hrs. per wk.). H2036 TG	\$179.25	\$224.06	+\$10.76	+\$14.34	+\$14.34	+\$14.34	+\$10.76
∞∞ High Intensity Committed/Complex ∞ 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).	\$151.50	\$151.50	NA	NA	NA	NA	NA
Medium Intensity (Minimum 15 hrs. per wk.). ∞ H2036 TF	\$132.90	\$166.13	+\$7.97	+\$10.63	+\$10.63	+\$10.63	+\$11.96

Treatment Settings Descriptions	Base Rate	1115 Demonstration Base Rate	*Co-Occurring Complexity HH	Cultural Special Populations Complexity U4	Disability Special Populations Complexity U3	Clients w/Children Complexity U6	*Medical Services ***Complexity U5
Low Intensity (Minimum 5 hrs. per wk.). ∞ H2036 UD	\$63.87	\$79.84	+\$3.83	+\$5.11	+\$5.11	+\$5.11	+\$11.49
Hospital Inpatient Per Diem Rates (Revenue Code: 0101).	\$309.06	\$309.06	+\$18.54	+\$9.73	+\$9.73	NA	NA
Room and Board Rates (Revenue Codes: 1002 & **1003).	\$55.72	\$55.72	NA	NA	NA	+\$14.04	+\$11.71

∞ SUD-MOUD (Substance use disorder treatment with medication for opioid use disorder) Program - appropriate dosing amount will be added to the appropriate residential rate when a residential provider is supplying and administering medication. Add Modifier U8 or U9 accordingly for dosing amount.

∞∞∞ Combination of rates while being placed at a CARE facility are entitled to the rate without a commitment. Paid in addition with high intensity rate.

*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 Demonstration Base Rate	*Co-Occurring Complexity HH	Cultural Special Populations Complexity U4	Disability Special Populations Complexity U3	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	NA
Withdrawal Management Medically Monitored (daily rate w/ revenue code 0919).	\$515	NA	NA	NA	NA	NA	NA
Room and Board Associated with Withdrawal Management (daily rate w/revenue code 1002).	\$75	NA	NA	NA	NA	NA	NA

Treatment Settings Descriptions	Base Rate	1115 Demonstration Base Rate	*Co-Occurring Complexity HH	Cultural Special Populations Complexity U4	Disability Special Populations Complexity U3	Clients w/Children Complexity U6	*Medical Services ***Complexity U5
<p>Hospital based Room and Board Associated with Withdrawal Management.</p> <p><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></p>	\$75	NA	NA	NA	NA	NA	NA

Adolescent Non-Residential Treatment Rates-Acuity Addressed In Intensity

Treatment Settings Descriptions	Base Rate	1115 Demonstration Base Rate	*Co-Occurring Complexity HH	Cultural Special Populations Complexity U4	Disability Special Populations Complexity U3	Clients w/Children Complexity U6	*Medical Services ***Complexity U5
Individual (one hour increments) H2035 HA	\$72.11	\$86.53	+\$6.49	+\$7.93	+\$7.93	+\$7.93	+\$17.31
Group (one hour increments) H2035 HQ HA	\$35.03	\$42.02	+\$3.15	+\$3.85	+\$3.85	+\$3.85	+\$8.40
Comprehensive Assessment (per session). H0001	\$162.24	NA	NA	NA	NA	NA	NA
Treatment Coordination (15 minute increments). T1016 HN U8	\$11.71	NA	NA	NA	NA	NA	NA

Treatment Settings Descriptions	Base Rate	1115 Demonstration Base Rate	*Co-Occurring Complexity HH	Cultural Special Populations Complexity U4	Disability Special Populations Complexity U3	Clients w/Children Complexity U6	*Medical Services ***Complexity U5
Peer Recovery Support (15 minute increments) H0038 U8	\$15.02	NA	NA	NA	NA	NA	NA

Adolescent Residential Treatment Rates-Acuity Addressed In Intensity

Treatment Settings Descriptions	Base Rate	1115 Demonstration Base Rate	*Co-Occurring Complexity HH	Cultural Special Populations Complexity U4	Disability Special Populations Complexity U3	Clients w/Children Complexity U6	*Medical Services ***Complexity U5
High Intensity (Minimum 15 hrs. per wk.). H2036 HA	\$216.34	\$216.34	+\$12.98	+\$17.31	+\$17.31	+\$17.31	+\$12.98
Hospital Inpatient Per Diem Rates (Revenue Code: 0101)	\$309.06	NA	+\$18.55	NA	NA	NA	NA
Room and Board Rates (Revenue Codes: 1002 & **1003)	\$75.29	\$75.29	NA	NA	NA	+\$17.32	+\$11.29

*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.

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