

## DEPARTMENT OF HEALTH CARE FINANCE

## PUBLIC NOTICE

**MEDICAID FEE SCHEDULE UPDATES FOR ADULT SUBSTANCE ABUSE  
REHABILITATIVE SERVICES**

The Department of Health Care Finance (DHCF), pursuant to the requirements set forth in Section 988 of Chapter 9 Title 29 of the District of Columbia Municipal Regulations (DCMR), published on October 2, 2015 (62 DCR 13060), announces changes to the Medicaid reimbursement rates of Medicaid-reimbursable Adult Substance Abuse Rehabilitative Services (ASARS) billed by substance use disorder (SUD) treatment providers. DHCF is updating the Medicaid fee schedule for ASARS services to reflect treatment standards set forth by DBH in Chapter 63 of Title 22-A of the DCMR. The changes set forth below will become effective on December 1, 2015. The updates to ASARS services are as follows:

Service	Code	Rate per unit	Unit
Urinalysis (Laboratory)	H0003	15.00	Per service
Breathalyzer Collection	H0048	8.80	Per service
Urinalysis Collection	H0048 LR	8.80	Per service
Clinical Care Coordination	T1017HF	26.42	15 min.
Counseling, Group	H0005	8.00	15 min.
Counseling, Group, Psycho-educational	H2027HQ	6.65	15 min.
Counseling, Group , Psycho-educational (HIV)	H2027HQV9	6.65	15 min.
Counseling, Individual, On-site, Behavioral Health Therapy	H0004HF	26.42	15 min.
Counseling, Individual, Off-site	H0004HFTN	27.45	15 min.
Counseling, Family with Client	H0004HFHR	26.42	15 min.
Counseling, Family without Client	H0004HFHS	26.42	15 min.
Crisis Intervention	H0007HF	36.93	15 min.
Short-term Medically Managed Intensive Withdrawal Management	H0010	605.00	Per diem
Behavioral Health Assessment, on-going, Risk Rating	H0002TG	140.00	Per service
Diagnostic Assessment, Comprehensive, Adult	H0001	256.02	Per service
Diagnostic Assessment, Brief, Modify Tx Plan	H0001TS	85.34	Per service
Medication Assisted Treatment, Methadone, Clinic or Take Home	H0020	8.58	Dose
Medication Assisted Therapy, Administration	H0020HF	8.58	Dose
Medication Management, Adult	H0016	44.65	15 min.

ASARS services provided to beneficiaries who are deaf or hard-of-hearing by a provider certified to provide services to beneficiaries who are deaf or hard-of-hearing shall be as follows:

Service	Code	Rate per unit	Unit
Urinalysis (Laboratory)	H0003HK	15.00	Per service
Breathalyzer Collection	H0048HK	11.88	Per service
Urinalysis Collection	H0048LRHK	11.88	Per service
Clinical Care Coordination	T1017HFHK	35.67	15 min.
Counseling, Group	H0005HK	10.80	15 min.
Counseling, Group, Psycho-educational	H2027HQHK	8.97	15 min.
Counseling, Group , Psycho-educational (HIV)	H2027HQV9 K	8.97	15 min.
Counseling, Individual, On-site, Behavioral Health Therapy	H0004HFHK	35.68	15 min.
Counseling, Individual, Off-site	H0004HFTNHK	37.06	15 min.
Counseling, Family with Client	H0004HFHRHK	35.68	15 min.
Counseling, Family without Client	H0004HFHSHK	35.68	15 min.
Crisis Intervention	H0007HFHK	49.85	15 min.
Short-term Medically Managed Intensive Withdrawal Management	H0010HK	816.75	Per diem
Behavioral Health Screening, Initial, Determine eligibility	H0002HFHK	115.21	Per service
Behavioral Health Assessment, on-going, Risk Rating	H0002TGHK	189.00	Per service
Diagnostic Assessment, Comprehensive, Adult	H0001HK	345.63	Per service
Diagnostic Assessment, Brief, Modify Tx Plan	H0001TSHK	115.21	Per service
Medication Assisted Treatment, Methadone, Clinic or Take Home	H0020HK	8.58	Dose
Medication Assisted Therapy, Administration	H0020HFHK	11.58	Dose
Medication Management, Adult	H0016HK	60.28	15 min.

For further information or questions regarding this fee schedule update, please contact Amy Xing, Reimbursement Analyst, Department of Health Care Finance, at [amy.xing2@dc.gov](mailto:amy.xing2@dc.gov), or via telephone at (202) 481-3375.