

**ATTACHMENT - SUBSTANCE USE DISORDER SERVICES**

TOS*	Procedure Code	Long Description	Modifier 1	Modifier 2	Provider Type	Age Range	Current Medicaid Fee	Proposed Medicaid Fee
1	H0012	Alcohol and/or drug services; subacute detoxification (residential addition program outpatient)	HF		8	0-999	Not a Benefit	\$31.20
1	H0032	Mental health service plan development by nonphysician	HF		8	0-999	\$25.27	Not a Benefit
1	H2010	Comprehensive Medication Services, Per 15 Minutes	HG	UA	8, 19, 20, 21, 22	0-999	\$11.00	\$20.00
1	H2010	Comprehensive Medication Services, Per 15 Minutes	HG	U1	8, 19, 20, 21, 22	0-999	\$11.00	\$17.50
1	H2010	Comprehensive Medication Services, Per 15 Minutes	HF		8, 19, 20, 21, 22	0-999	\$13.00	\$20.00
1	H2017	Psychosocial rehabilitation services, per 15 minutes	HF		8	0-999	\$31.20	Not a Benefit
1	T1007	Alcohol and/or substance abuse services, treatment plan development and/or modification	HF		8	0-999	Not a Benefit	\$25.27

<b>*Type of Service (TOS)</b>	
1	Medical Services
<b>Provider Type</b>	
8	Chemical Dependency Treatment Facility
19	Physician (Doctor of Osteopathy (DO))
20	Physician (Medical Doctor (MD))
21	Physician Group (DOs)
22	Physician Group (MDs)
<b>Modifier</b>	
HF	Opioid
HG	Non-Opioid
UA	Face to Face Administration
U1	Take-Home Administration