



The Hilltop Institute

analysis to advance the health of vulnerable populations

Medicaid Treatment and Service Fees for Substance Use Disorder (SUD): CY 2012–2016

A Chart Book

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Abridged Version

*Prepared for the
Maryland Department of Health*

UMBC
AN HONORS UNIVERSITY IN MARYLAND

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Chapter 1.

Overview of Maryland Medicaid SUD Services

Chapter 1. Overview of Maryland Medicaid SUD Services

SUD Services

The *Medicaid Treatment and Service Fees for Substance Use Disorder (SUD)* Chart Book compares SUD treatment rates within the Medicaid program from calendar year (CY) 2012 to CY 2016. The Heroin and Opioid Emergency Task Force, established by Maryland Governor Larry Hogan, recommended that the Maryland Department of Health review Maryland Medicaid rates for SUD services every three years.

On July 1, 2014, the Mental Health Administration (MHA) and the Alcohol and Drug Abuse Administration merged to become the Behavioral Health Administration (BHA). Since January 1, 2015, all specialty mental health and SUD services for Medicaid recipients have been administrated by a behavioral health administrative services organization (ASO).

This chart book reviews SUD services provided by the Maryland Medicaid program and compares Maryland reimbursement rates with those of Delaware, Pennsylvania, Virginia, West Virginia, and Washington, DC.

SUD Service Eligibility

Individuals who qualify for SUD services include those with a mental health disorder (MHD) and a co-occurring SUD diagnosis as well as SUD without MHD.

Key Findings

Maryland Utilization of SUD Services

Among Maryland regions, Baltimore City demonstrated the highest SUD utilization rates during the evaluation period. The highest rates of behavioral health encounters in CY 2016 by managed care organization (MCO) occurred with Maryland Physician's Care, Priority Partners, UnitedHealthCare, and Jai Medical Systems. Compared with all other Maryland MCOs, UnitedHealthCare also experienced the most significant decrease in participants diagnosed with depression in CY 2016.

Comparison of SUD Services

For 18 out of 40 procedure codes included in this report, Maryland had either the highest fee out of all neighboring states or reimbursed providers at a rate that fell within \$1.00 of the highest rate reimbursed by other states.

Chapter 1. Overview of Maryland Medicaid SUD Services continued

Chart Book Organization

The data in this chart book are presented in three sections:

Maryland Utilization of SUD Services: The data in this section demonstrate utilization of various SUD services within the state of Maryland.

Maryland Screening, Brief Intervention, and Referral to Treatment: The data in this section include billing code descriptions and service frequencies of Screening, Brief Intervention, and Referral to Treatment (SBIRT).

Review of Other States: This section includes comparisons of service fees between Maryland, Pennsylvania, Delaware, Virginia, West Virginia, and Washington, DC.

Data Source

The information on Maryland Medicaid included in this chart book was sourced from The Hilltop Institute's tabulations of Maryland Medicaid MMIS Data. Hilltop also compiled data on other states' payment policies for behavioral health and SUD services using both publically available data and direct contact with state officials.

Chapter 2. Maryland Utilization of SUD Services

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Figure 2. Individuals in HealthChoice with Behavioral Health Services Billed to MCO, CY 2015–CY 2016

Last MCO	CY 2015		CY 2016	
	Any Behavioral Health Encounter		Any Behavioral Health Encounter	
	Number	Prevalence	Number	Prevalence
Amerigroup	17,184	5.3%	16,491	5.3%
Jai Medical Systems	2,552	8.5%	2,049	7.2%
Kaiser Permanente	1,207	3.2%	2,342	3.7%
Maryland Physicians Care	18,028	7.4%	19,216	7.9%
MedStar Family Choice	5,217	5.7%	6,403	6.8%
Priority Partners	21,993	7.2%	24,312	7.7%
University of Maryland Health Partners	2,312	5.7%	2,993	6.8%
UnitedHealthcare	17,259	7.2%	14,423	7.6%
Total	85,752	6.6%	88,229	6.8%

MCOs continue to provide primary behavioral health services, while the ASO is responsible for delivery of specialty behavioral services. The four MCOs with the highest rates of participants with MCO-delivered behavioral health encounters in CY 2016 were Jai Medical Systems, Maryland Physicians Care, Priority Partners, and UnitedHealthcare.

Source: Data based on The Hilltop Institute’s tabulations of Maryland Medicaid MMIS Data.

Figure 3. Number of Participants Diagnosed with Depression (Excluding MH Visits Paid by Beacon Health Options), CY 2015–CY 2016

MCO	CY 2015			CY 2016		
	Primary Diagnosis	Secondary Diagnosis	Prevalence	Primary Diagnosis	Secondary Diagnosis	Prevalence
Amerigroup	767	4,963	1.8%	778	4,564	1.7%
Jai Medical Systems	112	1,139	4.2%	72	983	3.7%
Kaiser Permanente	66	301	1.0%	78	340	0.7%
Maryland Physicians Care	914	5,685	2.7%	942	5,456	2.6%
MedStar Family Choice	401	2,141	2.8%	461	2,262	2.9%
Priority Partners	1,200	6,580	2.6%	1,118	6,853	2.5%
University of Maryland Health Partners	164	971	2.8%	147	943	2.5%
UnitedHealthcare	1,391	6,818	3.4%	859	4,456	2.8%
Total	5,015	28,598	2.6%	4,455	25,857	2.3%

Depression was a common diagnosis treated by MCOs. Although frequency of depression diagnoses across MCOs from CY 2015 to CY 2016 declined in total, UnitedHealthcare had a large decrease in participants diagnosed with depression. This MCO experienced a decrease of 532 participants with a primary diagnosis of depression and a decrease of 2,362 participants with a secondary diagnosis of depression.

Source: Data based on The Hilltop Institute’s tabulations of Maryland Medicaid MMIS Data.

Chapter 3. Maryland SBIRT

Figure 4. SBIRT Billing Codes

Procedure Code	Description
99408	Alcohol and/or substance abuse structured screening and brief intervention services; 15 to 30 minutes
99409	Alcohol and/or substance abuse structured screening and brief intervention services; greater than 30 minutes
W7000*	Alcohol and/or substance (other than tobacco) use disorder screening; self-administered
W7010*	Alcohol and/or substance (other than tobacco) use disorder screening; provider-administered structured screening (e.g., AUDIT, DAST)
W7020*	Alcohol and/or substance (other than tobacco) use disorder intervention; greater than 3 minutes up to 10 minutes
W7021*	Alcohol and/or substance (other than tobacco) use disorder intervention; greater than 10 minutes up to 20 minutes
W7022*	Alcohol and/or substance (other than tobacco) use disorder intervention; greater than 20 minutes

Figure 4 shows the guidelines that the Medicaid program introduced for SBIRT in July 2016.

*New codes introduced effective July 1, 2016.

**Codes used prior to July 1, 2016.

Source: Maryland Department of Health

Figure 5. SBIRT Service Frequencies by Quarter, 2015 Q1–2016 Q2*

Code	2015 Q1		2015 Q2		2015 Q3		2015 Q4		2016 Q1		2016 Q2	
	People	Services	People	Services	People	Services	People	Services	People	Services	People	Services
99408	538	571	465	493	465	548	334	371	502	510	586	599
99409	79	102	96	192	68	85	26	33	29	41	36	41
Total	617	673	561	685	533	633	360	404	531	551	622	640

Before the new guidelines, use of SBIRT services was relatively uncommon. Both the number of services rendered and the number of people participating in alcohol and/or substance abuse structured screening and brief intervention services for 15 to 30 minutes increased between Quarter 1 of 2015 and Quarter 2 of 2016. Previous to 2016 use of screening codes decreased during the evaluation period.

*Source: Data based on The Hilltop Institute’s tabulations of Maryland Medicaid MMIS Data.

Figure 6. SBIRT Service Frequencies by Quarter, 2016 Q3–2017 Q3†

Code	2016 Q3		2016 Q4		2017 Q1		2017 Q2		2017 Q3	
	People	Services	People	Services	People	Services	People	Services	People	Services
99408	534	543	537	568	546	557	456	469	491	515
99409	39	44	16	16	*	*	*	*	*	*
W7000	46	47	*	*	42	42	134	180	129	149
W7010	430	432	730	772	944	1,017	1,324	1,636	551	571
W7020	87	89	129	132	188	195	265	289	132	147
W7021	45	45	39	41	43	47	71	74	21	24
W7022	14	14	*	*	*	*	*	*	*	*
Total	1,195	1,214	1,451	1,529	1,778	1,874	2,250	2,648	1,324	1,406

Since the Medicaid Program introduced (July 2016) new guidance on the provision of SBIRT to encourage Medicaid providers to incorporate screening into their practices, both the total number of people and the total number of services used increased between Quarter 3 of 2016 and Quarter 3 of 2017 (even though data for 2017 are not complete).

* Cell sizes smaller than or equal to 10 are suppressed.

†Please note that the data presented are current as of December 2017, and providers are allowed to submit FFS claims up to 12 months after the date of service. Therefore, an insufficient period of time has passed to gather all claims and encounters for the entire measurement period of CY 2017. Utilization data from CY 2017 should be considered preliminary at this time and can be revised in future reports. Analysis is based on encounters and not paid claims.

Source: Data based on The Hilltop Institute’s tabulations of Maryland Medicaid MMIS Data.

Chapter 4. Review of SUD Service Fees in Other States

Figure 7. SUD Service Fees for HCPCS H Codes

Code	Description	Maryland		Delaware		Pennsylvania		Washington, DC		Virginia		West Virginia	
		Fee	Unit	Fee	Unit	Fee	Unit	Fee	Unit	Fee	Unit	Fee	Unit
H0001	Alcohol and/or drug assessment	\$147.74	Per assessment	\$77.30	Per assessment	N/A	N/A	\$256.02	Per service	N/A	N/A	N/A	N/A
H0004	Individual Outpatient Therapy	\$20.81	15 min	\$19.33	15 min	\$25.00	15 min	\$15.60	Max units: 32	Max rate = \$24	N/A	\$ 12.40	15 min
H0005	Group Outpatient Therapy	\$40.58	60-90 min	\$9.66	One session (45 minutes)	N/A	N/A	\$8.00	15 min	Max rate = \$7.25	N/A	N/A	N/A
H0014	ADAA Certified Ambulatory Detox Program	\$72.83	Per diem	\$77.30	Per 60 minutes	N/A	N/A	\$22.30	Max units: 32	\$140.00	N/A	N/A	N/A
H0015	Intensive Outpatient	\$130.05	Per diem (min 2 hrs per session with max of 4 days/week)	\$77.30	Per hour	N/A	N/A	\$67.50	Max units: 1	Urban = \$60 Rural = \$54	Day	N/A	N/A
H0016	MAT Initial induction: Alcohol/Drug Services; Medical/Somatic (Medical Intervention in Ambulatory Setting)	\$208.08	Initial induction period	N/A	N/A	N/A	N/A	\$60.28	N/A	Individual Cost	N/A	N/A	N/A
H0020	Methadone Maintenance	\$64.26	Per week	\$4.00	N/A	\$7.50	N/A	\$8.58	Dose	Max rate = \$8	N/A	N/A	N/A
H0047	Ongoing services (Buprenorphine/Naloxone): Alcohol/Other Drug Abuse Services, Not Otherwise Specified)	\$57.12	Per week	N/A	N/A	N/A	N/A	\$22.50	N/A	\$4.80	N/A	N/A	N/A
H2036	Partial Hospitalization	\$132.25/ \$218.48 (6+ hours per day)	Per diem	DE uses H2036 for SUD Residential Treatment Svcs (addressed in Fig. 11).		N/A	N/A	N/A	N/A	VA uses H2036 for SUD Residential Treatment Svcs (addressed in Fig. 11).		\$150.00	Per diem

Source: Fee schedules were obtained from state websites or through direct contact with state agencies.

Numerous Behavioral Health and SUD services are classified under different systems of payment, and states vary in how much they pay as well as how they use codes for payment. Washington, DC has a higher rate for H0001- Alcohol and/or Drug Assessment than Maryland. Maryland has a higher fee rate for procedure codes H0005, H0015, H0016, H0020, and H0047.

Figure 8. SUD Service Fees for Standard CPT Codes

Code	Description	Maryland		Delaware		Pennsylvania		Washington, DC		Virginia		West Virginia	
		Fee	Unit	Fee	Unit	Fee	Unit	Fee	Unit	Fee	Unit	Fee	Unit
99201	MAT Initial Intake (Evaluation and Management, including RX - Minimal, new patient)	\$44.36	Per visit	\$44.66	N/A	\$40.00	Typically 10 minutes	\$39.59	Max units = 1	Max rate IP, <21 = \$18.22, Max Rate OP, <21 = \$33.87, Max Rate IP, >20 = \$18.22, Max Rate OP, >20 = \$29.72	N/A	FA = \$19.06 NF = \$29.77	N/A
99202	MAT Initial Intake (Evaluation and Management, including RX - Straight forward, new patient)	\$75.44	Per visit	\$75.91	N/A	\$40.00	Typically 20 minutes	\$67.61	Max units = 1	Max rate IP, <21 = \$34.28, Max Rate OP, <21 = \$57.63, Max Rate IP, >20 = \$34.28, Max Rate OP, >20 = \$50.58	N/A	FA = \$36.29 NF = \$51.18	N/A
99203	MAT Initial Intake (Evaluation and Management, including RX - Low complexity, new patient)	\$109.12	Per visit	\$109.74	N/A	\$54.25	Typically 30 minutes	\$97.86	Max units = 1	Max rate IP, <21 = \$52.02, Max Rate OP, <21 = \$83.30, Max Rate IP, >20 = \$52.02, Max Rate OP, >20 = \$73.11	N/A	FA = \$55.35 NF = \$74.67	N/A
99204	MAT Initial Intake (Evaluation and Management, including RX - Moderately complex, new patient)	\$165.88	Per visit	\$166.75	N/A	\$90.37	Typically 45 minutes	\$149.27	Max units = 1	Max rate IP, <21 = \$87.97, Max Rate OP, <21 = \$126.45, Max Rate IP, >20 = \$87.97, Max Rate OP, >20 = \$110.98	N/A	FA = \$93.21 NF = \$114.62	N/A
99205	MAT Initial Intake (Evaluation and Management, including RX -Highly complex, new patient)	\$207.81	Per visit	\$209.09	N/A	\$117.54	Typically 60 minutes	\$185.32	Max units = 1	Max rate IP, <21 = \$114.58, Max Rate OP, <21 = \$159.22, Max Rate IP, >20 = \$114.58, Max Rate OP, >20 = \$139.75	N/A	FA = \$121.67 NF = \$144.91	N/A

Maryland and Delaware rank highest in fee schedules for several SUD services paid as physician service CPT codes for Medication Assisted Therapy.

Figure 8. SUD Service Fees for Standard CPT Codes continued

Code	Description	Maryland		Delaware		Pennsylvania		Washington, DC		Virginia		West Virginia	
		Fee	Unit	Fee	Unit	Fee	Unit	Fee	Unit	Fee	Unit	Fee	Unit
99211	MAT Ongoing Management (Evaluation and Management, including RX - Minimal)	\$20.26	Per visit	\$20.17	N/A	\$40.00	Typically 5 minutes	\$18.50	Max units = 1	Max rate IP, <21 = \$6.23, Max Rate OP, <21 = \$15.57, Max Rate IP, >20 = \$6.23, Max Rate OP, >20 = \$13.66	N/A	FA = \$6.53 NF = \$13.32	N/A
99212	MAT Ongoing Management (Evaluation and Management, including RX - Straight forward)	\$43.96	Per visit	\$44.28	N/A	\$40.00	Typically 10 minutes	\$39.94	Max units = 1	Max rate IP, <21 = \$17.26, Max Rate OP, <21 = \$33.59, Max Rate IP, >20 = \$17.26, Max Rate OP, >20 = \$29.48	N/A	FA = \$18.28 NF = \$29.50	N/A
99213	MAT Ongoing Management (Evaluation and Management, including RX -Low complexity)	\$73.47	Per visit	\$73.69	N/A	\$40.00	Typically 15 minutes	\$66.60	Max units = 1	Max rate IP, <21 = \$34.52, Max Rate OP, <21 = \$56.26, Max Rate IP, >20 = \$34.52, Max Rate OP, >20 = \$49.38	N/A	FA = \$36.55 NF = \$50.13	N/A
99114	MAT Ongoing Management (Evaluation and Management, including RX - Moderately complex)	\$108.04	Per visit	\$108.51	N/A	\$54.42	Typically 25 minutes	\$97.16	Max units = 1	Max rate IP, <21 = \$53.21, Max Rate OP, <21 = \$82.75, Max Rate IP, >20 = \$53.21, Max Rate OP, >20 = \$72.63	N/A	FA = \$56.40 NF = \$74.15	N/A
99115	MAT Ongoing Management (Evaluation and Management, including RX - Highly complex)	\$145.44	Per visit	\$146.20	N/A	\$78.05	Typically 40 minutes	\$129.64	Max units = 1	Max rate IP, <21 = \$75.27, Max Rate OP, <21 = \$111.43, Max Rate IP, >20 = \$75.27, Max Rate OP, >20 = \$97.80	N/A	FA = \$79.64 NF = \$100.26	N/A

Source: Fee schedules were obtained from state websites or through direct contact with state agencies.

Figure 9. SUD Service Fees for HCPCS J Codes

Code	Description	Maryland		Delaware		Pennsylvania		Washington, DC		Virginia		West Virginia	
		Fee	Unit	Fee	Unit	Fee	Unit	Fee	Unit	Fee	Unit	Fee	Unit
J0571 Mod51	Subutex 2mg NDC below	\$1.83	Subutex 8mg	N/A	N/A	N/A	N/A	Manual Pricing	N/A	N/A	N/A	N/A	N/A
J0571	Subutex 8mg NDC below	\$1.13	Subutex 2mg	\$0.44	N/A	N/A	N/A	Manual Pricing	N/A	\$1.00	N/A	N/A	N/A
J0572 Mod52	Zubsolv 1.4-0.36 mg tablet must include NDC: 54123-0914-30	\$3.69	Zubsolv	N/A	N/A	N/A	N/A	Manual Pricing	N/A	N/A	N/A	N/A	N/A
J0572	Zubsolv 2.9-0.71 mg tablet must include NDC: 54123-0929-30	\$7.39	Zubsolv	\$4.25	N/A	N/A	N/A	Manual Pricing	N/A	\$4.34	N/A	N/A	N/A
J0573	Zubsolv 5.7-1.4 mg tablet must include NDC: 54123-0957-30	\$7.39	Zubsolv	\$7.03	N/A	N/A	N/A	Manual Pricing	N/A	\$7.76	N/A	N/A	N/A
J0574	Buprenorphine: Suboxone Film Must include NDC: 12496-1208-03	\$7.80	8mg	\$8.02	N/A	N/A	N/A	Manual Pricing	Max units: 1	Max rate = \$7.76	N/A	N/A	N/A
J8499	Buprenorphine: Suboxone Film Must include NDC: 12496-1202-03	\$4.36	2mg	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
J2315	Vivitrol: Must include NDC 65757-0300-01	\$2.43	Vivitrol - Per Unit with a Max of 380 units per dose. Minimum age of Use is 18 years.	\$3.18	2.75	N/A	N/A	\$2.30	Max units: 1	Max rate = \$3.24	N/A	N/A	N/A

Source: Fee schedules were obtained from state websites or through direct contact with state agencies.

These J Codes pertain to fees for certain medications (buprenorphine/naloxone, buprenorphine, and naltrexone) used to treat opiate dependence. Procedure codes J0571-J0574 and J2315 are listed differently by state, depending on the brand name used. Where comparisons are available Maryland pays the highest or close to the highest rate per dose.

Figure 10. SUD Service Fees for HCPCS G Codes

Code	Description	Maryland		Delaware		Pennsylvania		Washington, DC		Virginia		West Virginia	
		Fee	Unit	Fee	Unit	Fee	Unit	Fee	Unit	Fee	Unit	Fee	Unit
96372/ HG	Therapeutic Injection	\$19.87	Limit one injection per month	N/A	N/A	\$12.70	N/A	\$24.16	Max units = 4	OP; Max Rate = \$21.53	N/A	\$16.71	N/A
0100 (rev code)	Residential Services (child and adolescent) ⁷	\$400.00	Per diem	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
G0477	Drug Test(s), Presumptive, Any Number of Drug Classes, Devices or Procedures, Capable of Being Read by Direct Optical Observation Only (e.g. dipsticks, cups, cards cartridges), Includes Sample Validation when Performed, Per Date of Service	\$11.89	N/A	\$11.81	N/A	\$11.89	Per service	\$ 11.89	Max units = 1	OP; Max Rate = \$14.86	N/A	\$8.13	N/A
G0478	Drug Test(s), Presumptive, Any Number of Drug Classes, Devices or Procedures, Read by Instrument-Assisted Optical Observation (e.g. dipsticks, cups, cards cartridges), Includes Sample Validation when Performed, Per Date of Service	\$15.86	N/A	\$15.75	N/A	\$15.85	Per service	\$15.85	Max units = 1	OP; Max Rate = \$19.81	N/A	\$10.84	N/A
G0479	Drug Test(s), Presumptive, Any Number of Drug Classes, Devices or Procedures by Instrumented Chemistry Analyzers (e.g. immunoassay, enzyme assay, TOF, MALDI, LDTD, DESI, DART, GHPC, GC, mass spectrometry), Includes Sample Validation when Performed, Per Date of Service	\$63.45	N/A	\$63.00	N/A	\$63.40	Per service	\$63.40	Max units = 1	OP; Max Rate = \$79.25	N/A	\$43.35	N/A

G codes primarily relate to drug screenings and tests. Maryland payment policy is 79.5% of lab costs.

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Figure 10. SUD Service Fees for HCPCS G Codes continued

Code	Description	Maryland		Delaware		Pennsylvania		Washington, DC		Virginia		West Virginia	
		Fee	Unit	Fee	Unit	Fee	Unit	Fee	Unit	Fee	Unit	Fee	Unit
G0480	Per day, 1-7 drug class(es), including metabolite(s) if performed.	\$63.55	N/A	N/A	N/A	\$63.95	Per service	\$94.12	N/A	OP; Max Rate = \$79.74	N/A	\$105.89	N/A
G0481	Per day, 8-14 drug class(es), including metabolite(s) if performed.	\$97.78	N/A	N/A	N/A	\$98.39	Per service	\$128.79	Max units: 1	OP; Max Rate = \$122.99	N/A	\$144.89	N/A
G0482	Per day, 15-21 drug class(es), including metabolite(s) if performed.	\$131.99	N/A	N/A	N/A	\$132.82	Per service	\$163.47	Max units: 1	OP; Max Rate = \$166.03	N/A	\$183.91	N/A
G0483	Per day, 22 or more drug class(es), including metabolite(s) if performed.	\$ 171.10	N/A	N/A	N/A	\$172.18	Per service	\$203.10	N/A	OP; Max Rate = \$215.23	N/A	\$228.48	N/A
G0480	Per day, 1-7 drug class(es), including metabolite(s) if performed.	\$63.55	N/A	N/A	N/A	\$63.95	Per service	\$94.12	N/A	OP; Max Rate = \$79.74	N/A	\$105.89	N/A

Source: Fee schedules were obtained from state websites or through direct contact with state agencies.

Maryland had the lowest fees for codes G0480-0483, while Virginia had the highest fees for the same group of codes.

Figure 11. SUD Service Fees for HCPCS W Codes

Code	Description	Maryland		Delaware		Pennsylvania		Washington, DC		Virginia		West Virginia	
		Fee	Unit	Fee	Unit	Fee	Unit	Fee	Unit	Fee	Unit	Fee	Unit
W7330	ASAM Level 3.3	\$189.44	Per diem	\$189.44	Per diem	N/A	N/A	N/A	N/A	\$393.50 (max)	Per diem	N/A	N/A
W7350	ASAM Level 3.5	\$189.44	Per diem	\$189.44	Per diem	N/A	N/A	N/A	N/A	\$393.50 (max)	Per diem	N/A	N/A
W7370	ASAM Level 3.7	\$291.65	Per diem	\$291.65	Per diem	N/A	N/A	N/A	N/A	\$393.50 (max)	Per diem	N/A	N/A
W7375	ASAM Level 3.7WM	\$354.67	Per diem	\$354.67	Per diem	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A

In 2016, the Maryland Department of Health began providing SUD services to adults aged 21 to 64 who are enrolled in Medicaid and reside in a non-public Institution of Mental Disease (IMD) for American Society of Addiction Medicine (ASAM) Residential levels 3.3, 3.5, 3.7 and 3.7WM. The Department plans to phase in coverage of ASAM level 3.1 beginning on January 1, 2019.

Source: Fee schedules were obtained from state websites or through direct contact with state agencies.

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