

Appendix I: List of Proposed Updates to Delaware Medicaid Substance Use Disorder Payment Rates, Effective January 1, 2023

Procedure Code	Modifier 1	Modifier 2	Modifier 3	Service Description	Unit	Current Rate ¹	Updated Rate, Effective January 1, 2023	Mapping to ASAM
H0001	HF			AOD assessment (ASAM Level .5 or 1)	one session	\$77.30		.5 or 1
H0001	U1			AOD assessment (ASAM Level .5 or 1), home/community	one session	\$90.26		.5 or 1
H0004	HF			Behavioral health counseling and therapy (ASAM Level .5 or 1)	15 min	\$19.33		.5 or 1
H0004	HF	U1		Behavioral health counseling and therapy (ASAM Level .5 or 1), home/community	15 min	\$22.57		.5 or 1
H0005				AOD services, group counseling by a clinician (ASAM Level 1)	45 min	\$9.66		1
H0005	U1			AOD services, group counseling by a clinician (ASAM Level 1), home/community	45 min	\$11.28		1
H0038	HF			Self-help/peer services, substance abuse program	15 min	\$14.75		1
H0020				AOD services; methadone administration and/or service (provision of the drug by a licensed or certified program). Limited to one per day	Per service	\$12.00 ²		OTP
T1502	HF			Administration of buprenorphine (Subutex) or buprenorphine and naloxone (Suboxone)	Per service	\$4.00		OTP
J0571				Buprenorphine, oral, 1 mg	1 unit	\$0.44		OTP
J0572				Buprenorphine/naloxone, oral, less than or equal to 3 mg	1 unit	\$4.25		OTP
J0573				Buprenorphine/naloxone, oral, greater than 3 mg, but less than or = 6 mg	1 unit	\$7.03		OTP
J0574				Buprenorphine/naloxone, oral, greater than 6 mg, but less than or = 10 mg	1 unit	\$8.02		OTP
J0575				Buprenorphine/naloxone, oral, greater than 10 mg	1 unit	\$12.48		OTP
J2315				Injection, naltrexone, depot form, 1 mg	1 unit	\$3.18		OTP

¹ The current payment rates as listed are from the “*Delaware Adult Behavioral Health DHSS Service Certification and Reimbursement Manual*”, November 1, 2016. Available at: <https://www.dhss.delaware.gov/dhss/dsamh/files/ReimbursementManual.pdf>.

² DMMA increased the payment rate for methadone administration from \$4.00 to \$12.00 effective March 1, 2022.

Procedure Code	Modifier 1	Modifier 2	Modifier 3	Service Description	Unit	Current Rate ¹	Updated Rate, Effective January 1, 2023	Mapping to ASAM
H0014	TD			AOD abuse services; ambulatory detoxification (Level 2-WM), Registered Nurse, up to 4 hrs per day	60 min	\$104.45		2.0
H0014				AOD abuse services; ambulatory detoxification (Level 2-WM), Unlicensed Practitioner, up to 4 hrs/day	60 min	\$77.30		2.0
H0012				AOD abuse services; ambulatory detoxification (Level 2-WM), more than 4 but <24 hours per day	Per diem	\$334.27		2.0
H0015				AOD services, intensive outpatient, for individuals under age 18, no minimum hours	Per hour	\$77.30		2.1
H0015				AOD services, intensive outpatient, for individuals 18+, at least 9 hours/week	Per hour	\$77.30		2.1
H0015	HQ			AOD services, intensive outpatient, unlicensed, at least 9 hrs but <20 hrs/week	Per diem	\$103.09		2.1
H0015	HQ	U1		AOD services, intensive outpatient, unlicensed, home/community, at least 9 hrs but <20 hrs/week	Per diem	\$120.37		2.1
new	HQ	HK		AOD services, intensive outpatient, licensed, at least 9 but <20 hrs/week	Per diem	\$126.79		2.1
H0015	HQ	TG		AOD services, intensive outpatient, unlicensed, minimum 20 hrs/week	Per diem	\$154.64		2.1
H0015	HQ	TG	U1	AOD services, intensive outpatient, unlicensed, home/community, minimum 20 hrs/week	Per diem	\$180.56		2.1
H0015	HQ	HK	TG	AOD services, intensive outpatient or partial hosp, licensed, minimum 20 hrs/week	Per diem	\$190.18		2.1 or 2.5
H0048	HF			Alcohol and/or other drug testing: collection and handling only, specimens other than blood	Per service	\$8.20		any
H2034				AOD residential program, per diem (Level 3.1)	Per diem	\$150.53		3.1

Procedure Code	Modifier 1	Modifier 2	Modifier 3	Service Description	Unit	Current Rate ¹	Updated Rate, Effective January 1, 2023	Mapping to ASAM
H2034	HW			AOD residential program, per diem (Level 3.1), room and board only	Per diem	\$41.14		3.1
H0010				AOD residential program; subacute detoxification (Level 3.2-WM)	Per diem	\$290.70		3.2
H0010	HW			AOD residential program; subacute detoxification (Level 3.2-WM), room and board only	Per diem	\$58.10		3.2
H2036	HI			AOD residential program, per diem (Level 3.3), 10 beds and under, cognitive impairment	Per diem	\$273.25		3.3
H2036	HI			AOD residential program, per diem (Level 3.3), 11-16 beds, cognitive impairment	Per diem	\$189.44		3.3
H2036	HW			AOD residential program, per diem (Level 3.3), room and board only	Per diem	\$45.84		3.3
H2036				AOD residential program, per diem (Level 3.5), 11-16 beds, no cognitive impairment	Per diem	\$189.44		3.5
H2036	HW			AOD residential program, per diem (Level 3.5), room and board only	Per diem	\$45.84		3.5
H2036	TG			AOD residential program, per diem (Level 3.7)	Per diem	\$291.65		3.7
H2036	HW			AOD residential program, per diem (Level 3.7), room and board only	Per diem	\$45.84		3.7
H0011				AOD services; acute detoxification (residential addiction program inpatient) (Level 3.7-WM)	Per diem	\$354.67		3.7
H0011	HW			AOD services; acute detoxification (residential addiction program inpatient) (Level 3.7-WM), room and board portion	Per diem	\$65.84		3.7