

FACT SHEET : SUD Services

New Hampshire Standard Medicaid Substance Use Disorder Services
New Hampshire Department of Health and Human Services

Service Type	Code Information	Unit	Rate
Screening and Assessment			
Screening, by behavioral health practitioners	H0049	Each	\$67.03
Assessment	H0001	Each	\$164.83
Screening, Brief Intervention, Referral to Treatment (SBIRT)	99408	15 – 30 minutes	\$38.49
SBIRT	99409	Over 30 minutes	\$73.86
Withdrawal Management			
Ambulatory Withdrawal Management (ASAM Level 1-WM)	H0014	Per visit	\$113.34
Medically Monitored Residential Withdrawal Management (ASAM Level 3.7-WM)	H0010:	Per day	\$350.87
Medically Managed Inpatient Hospital Withdrawal Management (ASAM Level 4-WM)	DRG Codes 894 - 897	n/a	n/a
Medication Assisted Treatment			
Opioid Treatment Program, Methadone	H0020	Per visit	\$10.54
Opioid Treatment Program, Buprenorphine	H0033	Per visit	\$10.54
Medication Assisted Treatment (MAT), New patient office or other outpatient visit, typically 20 minutes	99201-HF	Per visit	\$45.80
Medication Assisted Treatment (MAT), New patient office or other outpatient visit, typically 20 minutes	99202-HF	Per visit	\$78.51
Medication Assisted Treatment (MAT), New patient office or other outpatient visit, typically 30 minutes	99203-HF	Per visit	\$113.67
Medication Assisted Treatment (MAT), New patient office or other outpatient visit, typically 45 minutes	99204-HF	Per visit	\$174.04
Medication Assisted Treatment (MAT), New patient office or other outpatient visit, typically 60 minutes	99205-HF	Per visit	\$216.62
Medication Assisted Treatment (MAT), Established patient office or other outpatient visit, typically 5 minutes	99211-HF	Per visit	\$21.33
Medication Assisted Treatment (MAT), Established patient office or other outpatient visit, typically 10 minutes	99212-HF	Per visit	\$46.18
Medication Assisted Treatment (MAT), Established patient office or other outpatient visit, typically 15 minutes	99213-HF	Per visit	\$76.88
Medication Assisted Treatment (MAT), Established patient office or other outpatient visit, typically 25 minutes	99214-HF	Per visit	\$113.34
Medication Assisted Treatment (MAT), Established patient office or other outpatient visit, typically 40 minutes	99215-HF	Per visit	\$151.58

NH Medicaid Substance Use Disorder (SUD) Services

<i>Outpatient Treatment Services</i>			
Crisis Intervention	H0007-U1	First 60 minutes	\$138.92
Crisis Intervention	H0007-U2	Each additional 30 minutes	\$66.63
Individual Counseling (ASAM Level 1)	H0004-U1	30 minute session	\$67.03
Individual Counseling (ASAM Level 1)	H0004-U2	45 minute session	\$88.85
Individual Counseling (ASAM Level 1)	H0004-U3	60 minute session	\$132.96
Group Counseling (ASAM Level 1)	H0005	Per session	\$27.41
Family Counseling, Without patient present (ASAM Level 1)	H0047-HS	Per session	\$107.82
Family Counseling, With patient present (ASAM Level 1)	H0047-HR	Per session	\$111.13
Family Counseling, Multi Family Group, without patient present (ASAM Level 1)	H0047-HS-HQ	Per session	\$35.95
Family Counseling, Multi Family Group, with patient present (ASAM Level 1)	H0047-HR-HQ	Per session	\$35.95
Intensive Outpatient Services (ASAM Level 2.1)	H0015	Per diem	\$115.77
Partial Hospitalization Services (ASAM Level 2.5)	H2036-HH	Per diem	\$247.20
<i>Residential Treatment Services – Rates do not include room & board</i>			
Low-Intensity Adolescent (ASAM Level 3.1)	H2034-U4	Per diem	\$131.97
Low-Intensity Adult (ASAM Level 3.1)	H2034	Per diem	\$123.72
Medium- Intensity Adolescent (ASAM Level 3.5)	H0018-U4	Per diem	\$175.27
High-Intensity Adult (ASAM Level 3.5)	H0018	Per diem	\$255.50
Specialty Residential Services for Pregnant & Parenting Women	T1006	Per diem	\$237.13
<i>Recovery Support Services</i>			
Individual Recovery Support	T1012	15 minutes	\$24.19
Group Recovery Support	T1012-HQ	15 minutes	\$9.47
Individual Peer Recovery Support	H0038	15 minutes	\$24.19
Group Peer Recovery Support	H0038-HQ	15 minutes	\$9.47
Continuous Recovery Monitoring	H0006	15 minutes	\$9.47