WITS Modality/Service	WITS Service Code	Contract Rate	WITS Rate	Maximum	Comments
Outreach/Motivational Enhancement	t/Interim Care				
Motivational Enhancement/	H0047/MO/R1	\$29/hr		Tier 1: 10 Hours	4 hours/week - 15 minutes minimum
Outreach/ Interim Services	H0047/MO/R2	\$23/hr		Tier 2: 11 Hours	3 hours/week - 15 minutes minimum
	H0047/MO/R3	\$18/hr		Tier 3: 9 Hours	2 hours/week - 15 minutes minimum
Screening					
Screening	H0002/R0	\$10			One per episode
Assessment					
Assessment	H0001/R1	\$90		Tier 1: Session 1	Initial Assessment/Summary
	H0001/R2	\$50		Tier 2: Session 2	6 months after initial assessment
	H0002/R3	\$25		Tier 3: Session 3-4	6 months after Tier 2 assessment and 6 months
					thereafter. Also used for Post Discharge follow-up
Placement Determination					
Placement Determination	T1023/R0	\$50			Initial ASAM
Addiction Care Coordination		· ·		•	
Care Coordination	H0006/R1	\$29/hr		Tier 1: 20 Hours	
	H0006/R2	\$23/hr		Tier 2: 21 Hours	15 minutes increments
	H0006/R3	\$18/hr		Tier 3: 31 Hours	
Health and Wellnes Planning					
Health and Wellness Planning	T1007/R1	\$138		Tier 1:	Initial Treatment Plan
	T1007/R2	\$69		Tier 2:	7-15 day frequency
	T1007/R3	\$69		Tier 3:	Discharge Planning 15 days prior to discharge
Residential					
Residential Treatment-Adult	H0019/R1	\$209/day	\$209/day	Tier 1: 15 Days	
	H0019/R2	\$188/day	\$188/day	Tier 2: 21 Days	
	H0019/R3	\$151/day	\$151/day	Tier 3: 26 Days	
Non-Medical Social Detoxification					
Acute Detox	H0011/R0	\$209/day	\$209/day	7 days/episode	
Day Treatment					
Day Treatment	H2012/R1	\$174/day		Tier 1: 15 Days	20-30 hours/week
	H2012/R2	\$156/day		Tier 2: 16 Days	Maximum 2 days between sessions allowed

WITS Modality/Service	WITS Service Code	Contract Rate	WITS Rate	Maximum	Comments
	H2012/R3	\$125/day		Tier 3: 16 Days	
Intensive Outpatient					
Intensive Outpatient	H0015/R1	\$144/day		Tier 1: 10 Days	9-19 hours/week (adult) 6-19 hours/week (adolescent)
	H0015/R2	\$129/day		Tier 2: 21 Days	
	H0015/R3	\$104/day		Tier 3: 26 Days	
Outpatient					
Outpatient	H2036/R1	\$340/wk		Tier 1: 3 Units	1-8 hours/week (adult)
	H2036/R2	\$295/wk		Tier 2: 6 Units	1-6 hours/week (adolescent)
	H2036/R3	\$252/wk		Tier 3: 7 Units	1 hour individual counseling/week
Continuing Care					
Continuing Care	H0047/AC/R1	\$25/hr		Tier 1: 10 Hours	
	H0047/AC/R2	\$20/hr		Tier 2: 11 Hours	1-2 hours per week - 15 minutes after 30 minutes
	H0047/AC/R3	\$15/hr		Tier 3: 11 Hours	
Opioids ONLY					
Methadone Administration	H0020/R0	\$14/dose			OPIOIDS ONLY
Monthly Toxicology Screening	G0431/R0	\$14/screen			OPIOIDS ONLY
Other:					
Urinalysis (UA)	80305/R0	\$14/screen			
Urinalysis (UA) Confirmatory Test	80307/R0	\$36/test			
Clean and Sober Housing					
Clean & Sober Living-Adult	H0043/R1	\$31/day		Tier 1: 10 Days	
	H0043/R2	\$25/day		Tier 2: 21 Days	
	H0043/R3	\$20/day		Tier 3: 31 Days	
Therapeutic Living					
TLP per diem Billing-Adult	H2020/R1	\$95/day		Tier 1: 15 Days	
	H2020/R2	\$87/day		Tier 2: 26 Days	
	H2020/R3	\$70/day		Tier 3: 31 Days	
Transportation					
Transportation-Type A	T2003/R0	\$6/one-way			Private vehicle (30 trips/episode)
Transportation-Type B	T2004/Ro	\$60			Public transportation - bus (1/episode)

WITS Modality/Service	WITS Service Code	Contract Rate	WITS Rate	Maximum	Comments
Translation/Interpreter					
Translator/Interpreter	T1013/R0	\$28/hr			Maximum: 15 hours
Rural/Remote Services					
Adult Services	H0047/HC/R0	Negotiated			Rate is per client per month

WITS Modality/Service	WITS Service Code	Contract Rate	WITS Rate	Maximum	Comments
Outreach/Motivational Enhancement	t/Interim Care				
Motivational Enhancement/	H0047/MO/R1	\$29/hr		Tier 1: 10 Hours	4 hours/week - 15 minutes minimum
Outreach/ Interim Services	H0047/MO/R2	\$23/hr		Tier 2: 11 Hours	3 hours/week - 15 minutes minimum
	H0047/MO/R3	\$18/hr		Tier 3: 9 Hours	2 hours/week - 15 minutes minimum
Screening					
Screening	H0002/R0	\$10			One per episode
Assessment					
Assessment	H0001/R1	\$90		Tier 1: Session 1	Initial Assessment/Summary
	H0001/R2	\$50		Tier 2: Session 2	6 months after initial assessment
	H0002/R3	\$25		Tier 3: Session 3-4	6 months after Tier 2 assessment and 6 months
					thereafter. Also used for Post Discharge follow-up
Placement Determination					
Placement Determination	T1023/R0	\$50			Initial ASAM
Addiction Care Coordination					
Care Coordination	H0006/R1	\$29/hr		Tier 1: 20 Hours	
	H0006/R2	\$23/hr		Tier 2: 21 Hours	15 minutes increments
	H0006/R3	\$18/hr		Tier 3: 31 Hours	
Health and Wellnes Planning					•
Health and Wellness Planning	T1007/R1	\$138		Tier 1:	Initial Treatment Plan
	T1007/R2	\$69		Tier2:	7-15 day frequency
	T1007/R3	\$69		Tier 3:	Discharge Planning 15 days prior to discharge
Residential					
Residential Treatment-Adult	H0019/R1	\$209/day	\$209/day	Tier 1: 15 Days	
	H0019/R2	\$188/day	\$188/day	Tier 2: 21 Days	
	H0019/R3	\$151/day	\$151/day	Tier 3: 26 Days	
Residential Treatment-Child	H0019/HA/R1	\$113/day	\$113/day	Tier 1: 15 Days	
	H0019/HA/R2	\$91/day	\$91/day	Tier 2: 21 Days	
	H0019/HA/R13	\$72/day	\$72/day	Tier 3: 26 Days	
Non-Medical Social Detoxification					
Acute Detox	H0011/R0	\$209/day	\$209/day	7 days/episode	

WITS Modality/Service	WITS Service Code	Contract Rate	WITS Rate	Maximum	Comments
Day Treatment					
Day Treatment	H2012/R1	\$174/day		Tier 1: 15 Days	20-30 hours/week
	H2012/R2	\$156/day		Tier 2: 16 Days	Maximum 2 days between sessions allowed
	H2012/R3	\$125/day		Tier 3: 16 Days	
Intensive Outpatient					
Intensive Outpatient	H0015/R1	\$144/day		Tier 1: 10 Days	9-19 hours/week (adult)
		4.5571			6-19 hours/week (adolescent)
	H0015/R2	\$129/day		Tier 2: 21 Days	
	H0015/R3	\$104/day		Tier 3: 26 Days	
Outpatient					
Outpatient	H2036/R1	\$340/wk		Tier 1: 3 Units	1-8 hours/week (adult)
	H2036/R2	\$295/wk		Tier 2: 6 Units	1-6 hours/week (adolescent)
	H2036/R3	\$252/wk		Tier 3: 7 Units	1 hour individual counseling/week
Continuing Care					
Continuing Care	H0047/CC/R1	\$25/hr		Tier 1: 10 Hours	
	H0047/CC/R2	\$20/hr		Tier 2: 11 Hours	1-2 hours per week - 15 minutes after 30 minutes
	H0047/CC/R3	\$15/hr		Tier 3: 11 Hours	
Opioids ONLY					
Methadone Administration	H0020/R0	\$14/dose			OPIOIDS ONLY
Monthly Toxicology Screening	G0431/R0	\$14/screen			OPIOIDS ONLY
Other:					
Urinalysis (UA)	80305/R0	\$14/screen			
Urinalysis (UA) Confirmatory Test	80307/R0	\$36/test			
Clean and Sober Housing	-				
Clean & Sober Living-Adult	H0043/R1	\$31/day		Tier 1: 10 Days	
_	H0043/R2	\$25/day		Tier 2: 21 Days	
	H0043/R3	\$20/day		Tier 3: 31 Days	
Clean & Sober Living-Child	H0043/HA/R1	\$31/day		Tier 1: 10 Days	
_	H0043/HA/R2	\$25/day		Tier 2: 21 Days	
	H0043/HA/R3	\$20/day		Tier 3: 31 Days	
Therapeutic Living					

WITS Modality/Service	WITS Service Code	Contract Rate	WITS Rate	Maximum	Comments
TLP per diem Billing-Adult	H2020/R1	\$95/day		Tier 1: 15 Days	
	H2020/R2	\$87/day		Tier 2: 26 Days	
	H2020/R3	\$70/day		Tier 3: 31 Days	
TLP per diem Billing-Child	H2020/HA/R1	\$51/day		Tier 1: 15 Days	
	H2020/HA/R2	\$47/day		Tier 2: 26 Days	
	H2020/HA/R3	\$38/day		Tier 3: 31 Days	
Transportation					
Transportation-Type A	T2003/R0	\$6/one-way			Private vehicle (30 trips/episode)
Transportation-Type B	T2004/R0	\$60			Public transportation - bus (1/episode)
Translation/Interpreter					
Translator/Interpreter	T1013/R0	\$28/hr			Maximum: 15 hours
For PWWDC Child Clients ONLY					
Child Care	T1009/R0	\$12/hr			PPWC ONLY
Rural/Remote Services					
PPWC Services	H0047/HD/R0	Negotiated			Rate is per client per month

WITS Modality/Service	WITS Service Code	Contract Rate	WITS Rate	Maximum	Comments
Outreach/Motivational Enhanceme	ent/Interim Care				
Motivational Enhancement/	H0047/MO/R1	\$29/hr		Tier 1: 10 Hours	4 hours/week - 15 minutes minimum
Outreach/ Interim Services	H0047/MO/R2	\$23/hr		Tier 2: 11 Hours	3 hours/week - 15 minutes minimum
	H0047/MO/R3	\$18/hr		Tier 3: 9 Hours	2 hours/week - 15 minutes minimum
Screening					
Screening	H0002/R0	\$10			One per episode
Assessment					
Assessment	H0001/R1	\$90		Tier 1: Session 1	Initial Assessment/Summary
	H0001/R2	\$50		Tier 2: Session 2	6 months after initial assessment
	H0002/R3	\$25		Tier 3: Session 3-4	6 months after Tier 2 assessment and 6 months thereafter. Also used for Post Discharge follow-up
Placement Determination	-			•	
Placement Determination	T1023/R0	\$50			Initial ASAM
Addiction Care Coordination					
Care Coordination	H0006/R1	\$29/hr		Tier 1: 20 Hours	
	H0006/R2	\$23/hr		Tier 2: 21 Hours	15 minutes increments
	H0006/R3	\$18/hr		Tier 3: 31 Hours	
Health and Wellnes Planning					
Health and Wellness Planning	T1007/R1	\$138		Tier 1:	Initial Treatment Plan
	T1007/R2	\$69		Tier 2:	7-15 day frequency
	T1007/R3	\$69		Tier 3:	Discharge Planning 15 days prior to discharge
Residential					
Residential Treatment-Adult	H0019/R1	\$209/day	\$209/day	Tier 1: 15 Days	
	H0019/R2	\$188/day	\$188/day	Tier 2: 21 Days	
	H0019/R3	\$151/day	\$151/day	Tier 3: 26 Days	
Day Treatment					
Day Treatment	H2012/R1	\$174/day		Tier 1: 15 Days	20-30 hours/week
	H2012/R2	\$156/day		Tier 2: 16 Days	Maximum 2 days between sessions allowed
	H2012/R3	\$125/day		Tier 3: 16 Days	
Intensive Outpatient					

WITS Modality/Service	WITS Service Code	Contract Rate	WITS Rate	Maximum	Comments
Intensive Outpatient	H0015/R1	\$144/day		Tier 1: 10 Days	9-19 hours/week (adult)
intensive outputient	110013/111	7144/ day		11C1 1. 10 Days	6-19 hours/week (adolescent)
	H0015/R2	\$129/day		Tier 2: 21 Days	
	H0015/R3	\$104/day		Tier 3: 26 Days	
Outpatient					
Outpatient	H2036/R1	\$340/wk		Tier 1: 3 Units	1-8 hours/week (adult)
	H2036/R2	\$295/wk		Tier 2: 6 Units	1-6 hours/week (adolescent)
	H2036/R3	\$252/wk		Tier 3: 7 Units	1 hour individual counseling/week
Continuing Care					
Continuing Care	H0047/CC/R1	\$25/hr		Tier 1: 10 Hours	
	H0047/CC/R2	\$20/hr		Tier 2: 11 Hours	1-2 hours per week - 15 minutes after 30 minutes
	H0047/CC/R3	\$15/hr		Tier 3: 11 Hours	
Other:					
Urinalysis (UA)	80305/R0	\$14/screen			
Urinalysis (UA) Confirmatory Test	80307/R0	\$36/test			
Clean and Sober Housing					
Clean & Sober Living-Adult	H0043/R0	\$31/day			Maximum: 31 Days
Transportation				•	
Transportation-Type A	T2003/R0	\$6/one-way			Private vehicle (30 trips/episode)
Transportation-Type B	T2004/R0	\$60			Public transportation - bus (1/episode)
Translation/Interpreter					•
Translator/Interpreter	T1013/R0	\$28/hr			Maximum: 15 hours
Rural/Remote Services					•
IACC Treatment and Recovery Services	H0047/H9/R0	Negotiated			Rate is per client per month

WITS Modality/Service	WITS Service Code	Contract Rate	WITS Rate	Maximum	Comments
Outreach/Motivational Enhancemen	t/Interim Care				
Motivational Enhancement/	H0047/MO/R1	\$29/hr		Tier 1: 10 Hours	4 hours/week - 15 minutes minimum
Outreach/ Interim Services	H0047/MO/R2	\$23/hr		Tier 2: 11 Hours	3 hours/week - 15 minutes minimum
	H0047/MO/R3	\$18/hr		Tier 3: 9 Hours	2 hours/week - 15 minutes minimum
Screening					
Screening	H0002/R0	\$10			One per episode
Assessment					
Assessment	H0001/R1	\$90		Tier 1: Session 1	Initial Assessment/Summary
	H0001/R2	\$50		Tier 2: Session 2	6 months after initial assessment
	H0002/R3	\$25		Tier 3: Session 3-4	6 months after Tier 2 assessment and 6 months thereafter. Also used for Post Discharge follow-up
Placement Determination	•				
Placement Determination	T1023/R0	\$50			Initial ASAM
Addiction Care Coordination					
Care Coordination	H0006/R1	\$29/hr		Tier 1: 20 Hours	
	H0006/R2	\$23/hr		Tier 2: 21 Hours	15 minutes increments
	H0006/R3	\$18/hr		Tier 3: 31 Hours	
Health and Wellnes Planning					
Health and Wellness Planning	T1007/R1	\$138		Tier 1:	Initial Treatment Plan
	T1`007/R2	\$69		Tier 2:	7-15 day frequency
	T1007/R3	\$69		Tier 3:	Discharge Planning 15 days prior to discharge
Intensive Outpatient					
Intensive Outpatient	H0015/R1	\$144/day		Tier 1: 10 Days	9-19 hours/week (adult) 6-19 hours/week (adolescent)
	H0015/R2	\$129/day		Tier 2: 21 Days	
	H0015/R3	\$104/day		Tier 3: 26 Days	
Outpatient					
Outpatient	H2036/R1	\$340/wk		Tier 1: 3 Units	1-8 hours/week (adult)
	H2036/R2	\$295/wk		Tier 2: 6 Units	1-6 hours/week (adolescent)
	H2036/R3	\$252/wk		Tier 3: 7 Units	1 hour individual counseling/week

WITS Modality/Service	WITS Service Code	Contract Rate	WITS Rate	Maximum	Comments
Continuing Care					
Continuing Care	H0047/CC/R1	\$25/hr		Tier 1: 10 Hours	
	H0047/CC/R2	\$20/hr		Tier 2: 11 Hours	1-2 hours per week - 15 minutes after 30 minutes
	H0047/CC/R3	\$15/hr		Tier 3: 11 Hours	
Transportation					
Transportation-Type A	T2003/R0	\$6/one-way			Private vehicle (30 trips/episode)
Transportation-Type B	T2004/R0	\$60			Public transportation - bus (1/episode)
Translation/Interpreter					
Translator/Interpreter	T1013/R0	\$28/hr			Maximum: 15 hours
Rural/Remote Services					
Adolescent Services	H0047/HA/R0	Negotiated			Rate is per client per month

	WITS Modality/Service	WITS Service Code	Contract Rate	WITS Rate	Maximum	Comments
Re	covery Home					
	Recovery Home	H0044/R0	\$727/month / house			Maximum billable: 30 houses per month
	Revolving Loan Fund	N/A	\$4,000/house			One-time loan to open new house. NOT INCLUDED IN WITS

	WITS Modality/Service	WITS Service Code	Contract Rate	WITS Rate	Maximum	Comments
EIS	S/HIV/HCS					
	EIS Service	G0445/R0	\$150/client / episode			All services are inclusive of this rate, such as educational groups, test kits, related supplies, and other administrative costs.