

**NYS OFFICE OF ALCOHOLISM AND SUBSTANCE ABUSE SERVICES
MEDICAID CHEMICAL DEPENDENCE SERVICES AND CORRESPONDING FEES, RATES AND BILLING CODES**

Service	Article 28 (Department of Health)			Article 32 (OASAS)		
	Rate Code	D&TC Clinic Fee/Rate*	Hospital Rate/Fee*	Rate Code	Upstate ¹ Rate / Fee	Downstate ² Rate/Fee
Crisis Services						
Medically Managed Withdrawal	DRGs 0743 thru 0751	N/A	Hospital DRG payment rate	N/A	N/A	N/A
Medically Supervised Inpatient Withdrawal	N/A	N/A	N/A	4220	\$265.46 [per diem]	\$348.60 [per diem]
Medically Supervised Outpatient Withdrawal	4279 [clinic only]	Threshold Visit Rate	Hospital Clinic Rate	4221	\$114.62 [per diem]	\$134.67 [per diem]
Chemical Dependence Inpatient Rehabilitation						
Chemical Dependence Inpatient Rehabilitation	N/A	N/A	N/A	4204	Cost Based Per Diem Rate	
Chemical Dependence Inpatient Rehabilitation, State Operated Addiction Treatment Center	N/A	N/A	N/A	4202	Statewide Per Diem Fee \$273.82	
Chemical Dependence Inpatient Rehabilitation	2957	N/A	Cost Based Per Diem Rate	4213	Cost Based Per Diem Rate	
Chemical Dependence Medically Supervised Outpatient Clinic						
Assessment Visit , at least 30 minutes	4273	Threshold Visit Rate	Hospital Clinic Rate	4214	Low-\$102.76 Norm-\$64.49 High-\$62.00 [volume based per visit fee ³]	Low-\$127.27 Norm-\$77.03 High-\$72.37 [volume based per visit fee ³]
Individual Session, at least 30 minutes	4274	Threshold Visit Rate	Hospital Clinic Rate	4215		
Group Session, at least 30 minutes	4275	Threshold Visit Rate	Hospital Clinic Rate	4216		
Chemical Dependence Medically Supervised Outpatient Rehabilitation						
Assessment Visit, at least 30 minutes	4276	Threshold Visit Rate	Hospital Clinic Rate	4217	\$73.67 (per visit fee)	\$87.71 (per visit fee)
Full Day Rehab Visit, at least 4 hours in duration	4277	Threshold Visit Rate	Hospital Clinic Rate	4218	\$73.67 (per visit fee)	\$87.71 (per visit fee)
Half Day Rehab Visit, less than 4 hours but at least 2 hours in duration	4278	Threshold Visit Rate	Hospital Clinic Rate	4219	\$64.49 (per visit fee)	\$77.03 (per visit fee)
Chemical Dependency for Youth Outpatient Clinic						
Assessment Visit, at least 30 minutes	4283	Threshold Visit Rate	Hospital Clinic Rate	4280	Low-\$102.76 Norm-\$64.49 High-\$62.00 [volume based per visit fee ³]	Low-\$127.27 Norm-\$77.03 High-\$72.37 [volume based per visit fee ³]
Individual Session, at least 30 minutes	4284	Threshold Visit Rate	Hospital Clinic Rate	4281		
Group Session, at least 30 minutes	4285	Threshold Visit Rate	Hospital Clinic Rate	4282		
Chemotherapy Substance Abuse Programs						
Methadone Maintenance Treatment Program (MMTP)	1671	\$130.96 [weekly Fee]	N/A	N/A	N/A	
Methadone Maintenance Treatment Program (MMTP)	2973	N/A	\$130.96 [weekly fee]	N/A	N/A	
MMTP – Art 33 Physician Services, procedure code H0020, weekly fee \$59.15						

¹ Upstate: Any county not included in the downstate grouping

² Downstate: Rockland County, Putnam County, Westchester County, New York County, Kings County, Queens County, Bronx County, Richmond County, Nassau County, Suffolk County.

³ Specific volume based fee assigned pursuant to OASAS Local Services Bulletin No. 2005 -03 <http://www.oasas.state.ny.us/mis/bulletins/lbsb2005-03.htm>

* Article 28 rates, with the exception of methadone fees, vary by provider and in the case of the outpatient rates are subject to statutory caps. Contact the New York State Department of Health at Bureau of Health Economics (518) 473-8822 for more information.