

CFR Attachment 15 - PAD Non-Oncology Medically Assisted Treatment (Proposed to be effective September 1, 2021)

TOS*	Procedure Code	Long Description	Modifier 1	Age Range	Non-Facility (N)/ Facility (F)	CURRENT		9/1/2021		Percent Change from Current Medicaid Fee
						Current Medicaid Fee	Current Adjusted Medicaid Fee	Proposed Medicaid Fee	Proposed Adjusted Medicaid Fee	
1	H0020	alcohol and/or drug services; methadone administration and/or service (provision of the drug by a licensed program)	U1	0-999	N/F	\$2.00	\$2.00	\$9.84	\$9.84	392.00%
1	H0020	alcohol and/or drug services; methadone administration and/or service (provision of the drug by a licensed program)	UA	0-999	N/F	\$11.00	\$11.00	\$18.84	\$18.84	71.27%
1	H0033	oral medication administration, direct observation	U1	0-999	N/F	\$17.50	\$17.50	\$31.65	\$31.65	80.86%
1	H0033	oral medication administration, direct observation	UA	0-999	N/F	\$20.00	\$20.00	\$34.15	\$34.15	70.75%

***Type of Service (TOS)**

1 Medical Services

Modifier

U1 Take-home, non-supervised doses

UA Supervised administration in a facility

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