Division of Behavioral Health
Contract and Medicaid Substance Use Disorder Service Codes
FY27 Effective June 1, 2026

Fund Source	Notes/Updates	SUD Service Description	CPT	Mod	Mod	Mod	Mod	CPT Description	Units	FY24 Rate	FY25 Rate	FY26 Rate	FY27 Rate	Service Type
Contract & Medicaid	Effective 7/1/18, Medicaid eligible, use for all Medicaid individuals	Assessments	H0001					Alcohol and/or Drug Assessment	15 min	$30.77	$35.54	$35.98	$36.48	Outpatient Treatment
Contract & Medicaid	Medicaid and Contract Eligible	Assessments via telemedicine	H0001	GT				Alcohol and/or Drug Assessment	15 min	$30.77	$35.54	$35.98	$36.48	Outpatient Treatment
Contract & Medicaid	Effective 7/1/18, Medicaid eligible, use for all Medicaid individuals	Local Individual Counseling	H0004					Behavioral Health counseling and therapy, per 15 minute	15 min	$30.77	$31.04	$31.43	$31.87	Outpatient Treatment
Contract & Medicaid	Medicaid and Contract Eligible	Local Individual Counseling via telemedicine	H0004	GT				Behavioral Health counseling and therapy, per 15 minute	15 min	$30.77	$31.04	$31.43	$31.87	Outpatient Treatment
Contract & Medicaid	Effective 7/1/18, Medicaid eligible, use for all Medicaid individuals	Local Individual Counseling - Rural	H0004	TN				Behavioral Health counseling and therapy, per 15 minute	15 min	$36.93	$37.25	$37.72	$38.25	Outpatient Treatment
Contract & Medicaid	Effective 7/1/18, Medicaid eligible, use for all Medicaid individuals	Local/Group Counseling	H0005					Alcohol and/or drug services; group counseling by a clinician	15 min	$8.57	$8.75	$8.86	$8.98	Outpatient Treatment
Contract & Medicaid	Medicaid and Contract Eligible	Local/Group Counseling via telemedicine	H0005	GT				Alcohol and/or drug services; group counseling by a clinician	15 min	$8.57	$8.75	$8.86	$8.98	Outpatient Treatment
Contract & Medicaid	Effective 7/1/18, Medicaid eligible, use for all Medicaid individuals	Rural Group Counseling	H0005	TN				Alcohol and/or drug services; group counseling by a clinician	15 min	$10.28	$10.50	$10.63	$10.78	Outpatient Treatment
Contract & Medicaid	Effective 7/1/18, Medicaid eligible, use for all Medicaid individuals	Local/HB Family Counseling	T1006					Alcohol and/or Substance Use Services; Family/Couple Counseling	15 min	$30.77	$31.04	$31.43	$31.87	Outpatient Treatment
Contract & Medicaid	Medicaid and Contract Eligible	Local/HB Family Counseling via telemedicine	T1006	GT				Alcohol and/or Substance Use Services; Family/Couple Counseling	15 min	$30.77	$31.04	$31.43	$31.87	Outpatient Treatment
Contract & Medicaid	Effective 7/1/18, Medicaid eligible, use for all Medicaid individuals	Rural/HB Family Counseling	T1006	TN				Alcohol and/or Substance Use Services; Family/Couple Counseling	15 min	$36.93	$37.25	$37.72	$38.25	Outpatient Treatment
Contract & Medicaid	Effective 7/1/18, Medicaid eligible, use for all Medicaid individuals	Crisis Intervention	H2011					Crisis Intervention service, per 15 min	15 min	$30.77	$31.04	$31.43	$31.87	Outpatient Treatment
Contract & Medicaid		Crisis Intervention via telemedicine	H2011	GT				Crisis Intervention service, per 15 min	15 min	$30.77	$31.04	$31.43	$31.87	Outpatient Treatment
Contract & Medicaid	Effective 7/1/18, Medicaid eligible, use for all Medicaid individuals	Crisis Intervention - Rural	H2011	TN				Crisis Intervention service, per 15 min	15 min	$36.93	$37.25	$37.72	$38.25	Outpatient Treatment
Contract & Medicaid		Early Intervention Services	H0050					Alcohol and/or drug services, brief intervention	15 min	$30.77	$31.04	$31.43	$31.87	Outpatient Treatment
Contract & Medicaid		Early Intervention Services via telemedicine	H0050	GT				Alcohol and Drug Intervention Service - Planned Facilitation	15 min	$30.77	$31.04	$31.43	$31.87	Outpatient Treatment
Contract & Medicaid	Effective 7/1/18, Medicaid eligible, use for all Medicaid individuals	Collateral Contacts/Referral	T1007					Alcohol and/or Substance Use Services	15 min	$30.77	$30.93	$31.32	$31.76	Outpatient Treatment
Contract only		Intensive Day Treatment	H2036					Behavioral Health Day Treatment	day	$163.73	$182.84	$185.13	$187.72	Outpatient Treatment
Medicaid		Intensive Day Treatment-Adolescents	H2036	HA				Behavioral Health Day Treatment	day	$84.19	$125.41	$126.98	$128.76	Outpatient Treatment
Contract & Medicaid	Effective 1/1/2021	Telemedicine Originating Site Fee-SUD	Q3014	HF				Telemedicine Originating Site Facility Fee		$35.16	$35.16	$35.60	$36.10	Outpatient Treatment
Contract only		Interpreter Services	T1013					Sign language or oral interpretive services, per 15 min	15 min	$17.19	$18.21	$18.44	$18.70	Interpreter Services
Contract only		Recovery Support Services	H2015					Alcohol and/or drug services; case management	15 min	$14.93	$17.48	$17.70	$17.95	Recovery Support Services(BMS/VOA only)
Contract & Medicaid	Rate update effective 1/1/21	Intensive Inpatient	H0019					Behavioral Health; long term residential	day	$251.80	$295.57	$299.26	$303.45	Residential Treatment
Contract Only	effective 1/1/21	Intensive Inpatient-Room and Board	H0047					Alcohol and/or other drug use services, not otherwise specified	day	$51.21	$41.41	$41.93	$42.52	
Contract & Medicaid		Intensive Residential Treatment Adolescents (PRTF)	H0019	HA				Behavioral Health, long term residential (PRTF)	day	$411.37	$411.37	$411.37	$411.37	PRTF-Residential Treatment
Contract & Medicaid	Rate update effective 1/1/21	Intensive Inpatient - Pregnant Women	H0019	HD				Behavioral Health; long term residential	day	$251.80	$295.57	$299.26	$303.45	Residential Treatment

Division of Behavioral Health
Contract and Medicaid Substance Use Disorder Service Codes
FY27 Effective June 1, 2026

Fund Source	Notes/Updates	SUD Service Description	CPT	Mod	Mod	Mod	Mod	CPT Description	Units	FY24 Rate	FY25 Rate	FY26 Rate	FY27 Rate	Service Type
Contract Only	effective1/1/21	Intensive Inpatient-Room and Board-Pregnant Women	H0047	HD				Alcohol and/or other drug use services, not otherwise specified	day	$51.21	$41.41	$41.93	$42.52	
Contract & Medicaid	Rate update effective 1/1/21	Intensive Inpatient- LCBHS only	H0019	HF				Behavioral Health; long term residential	day	$354.62	$368.80	$373.41	$378.64	Residential Treatment LCBHS Provider Number 5000192
Contract Only	effective 1/1/21	Intensive Inpatient-Room and Board-LCBHS	H0047	HF				Alcohol and/or other drug use services, not otherwise specified	day	$51.21	$41.41	$41.93	$42.52	
Contract only		Medically Managed Residential Detoxification - Intensive Meth Treatment - Keystone	H0014	HB	HG			Alcohol and/or Drug Services; Detoxification	1/2 day	$190.80	$214.31	$216.99	$220.03	Detoxification
Contract only	Effective 11/1/19 use for all Low Intensity clients	Low Intensity Residential	H0016	HF				Alcohol and/or drug services, medical/somatic	day	$77.75	$93.99	$95.16	$96.49	Clinically Managed Low Intensity
Contract & Medicaid	Effective 11/1/19 use for any treatment hours provided in low intensity	Low Intensity Residential- Group	H0015	HF				Alcohol and/or Drug Services	15 min	$8.57	$8.75	$8.86	$8.98	Clinically Managed Low Intensity
Contract & Medicaid	Effective 11/1/19 use for any treatment hours provided in low intensity	Low Intensity Residential- Individual/Family	H0015	HE	HF			Alcohol and/or Drug Services	15 min	$30.77	$31.04	$31.43	$31.87	Clinically Managed Low Intensity
Contract only	Effective 11/1/19, treatment hours excluded from daily rate	Low Intensity Residential - Pregnant women	H0016	HD				Alcohol and/or drug services, medical/somatic	day	$181.15	$189.92	$192.29	$194.98	Clinically Managed Low Intensity
Contract & Medicaid	Effective 11/1/19 use for any treatment hours provided in low intensity	Low Intensity Residential - Pregnant women- Group	H0015	HD	HF			Alcohol and/or Drug Services	15 min	$8.57	$8.75	$8.86	$8.98	Clinically Managed Low Intensity
Contract & Medicaid	Effective 11/1/19 use for any treatment hours provided in low intensity	Low Intensity Residential - Pregnant women - Individual/Family	H0015	HD	HE	HF		Alcohol and/or Drug Services	15 min	$30.77	$31.04	$31.43	$31.87	Clinically Managed Low Intensity
Contract only	Effective 11/1/19	Individual Nursing/Health Services	T1002						15 min	$30.77	$32.44	$32.85	$33.31	Clinically Managed Low Intensity
Contract only	Effective 11/1/19	Group Nursing/Health Services	T1002	HQ					15 min	$8.57	$9.27	$9.39	$9.52	Clinically Managed Low Intensity
Medicaid		Low Intensity Residential - Pregnant Adolescents	H0016	HA	HD			Alcohol and/or drug services, medical/somatic	day	$300.45	$314.96	$318.90	$323.36	Clinically Managed Low Intensity; VOA only
Contract only		Detoxification	H0014					Alcohol and/or Drug Services; Detoxification	1/2 day	$57.41	$81.10	$82.11	$83.26	Detoxification
Contract only		Gambling Assessment	H0001	HV				Alcohol and/or Drug Assessment	15 min	$30.77	$35.54	$35.98	$36.48	Gambling
Contract only		Gambling Local Home Based Individual Counseling	H0004	HV				Behavioral Health Counseling & Therapy	15 min	$30.77	$31.04	$31.43	$31.87	Gambling
Contract only		Gambling Local Home Based Individual Counseling - Rural	H0004	HV	TN			Behavioral Health Counseling & Therapy - Rural	15 min	$36.93	$37.25	$37.72	$38.25	Gambling
Contract only		Gambling Local Group	H0005	HV				Alcohol and/or Drug Services; Group Counseling by a Clinician	15 min	$8.57	$8.75	$8.86	$8.98	Gambling
Contract only		Gambling Local Group - Rural	H0005	HV	TN			Alcohol and/or Drug Services; Group Counseling by a Clinician - Rural	15 min	$10.28	$10.50	$10.63	$10.78	Gambling
Contract only		Gambling Crisis Intervention	H2011	HV				Crisis Intervention service	15 min	$30.77	$31.04	$31.43	$31.87	Gambling
Contract only		Gambling Crisis Intervention - Rural	H2011	HV	TN			Crisis Intervention service - Rural	15 min	$36.93	$37.25	$37.72	$38.25	Gambling
Contract only		Gambling Intensive Residential Treatment	H0019	HV				Behavioral Health Short Term Residential	day	$303.02	$336.98	$341.19	$345.97	Gambling
Contract only		Gambling Day Treatment	H2036	HV				Behavioral Health Day Treatment	day	$163.73	$182.84	$185.13	$187.72	Gambling
Contract & Medicaid	effective 06/01/2020, Medicaid eligible	IMT-Group	H0015	HB	HF	HG		Alcohol and/or Drug Services; Intensive Outpatient	15 min	$8.57	$8.75	$8.86	$8.98	Intensive Meth Treatment
Contract & Medicaid	effective 06/01/2020, Medicaid eligible	IMT-Individual	H0015	HB	HE	HF	HG	Alcohol and/or Drug Services; Intensive Outpatient	15 min	$30.77	$31.04	$31.43	$31.87	Intensive Meth Treatment
Contract only		IMT-Low Intensity Residential	H0016	HB	HF	HG		Alcohol and/or drug services, medical/somatic	day	$77.75	$93.99	$95.16	$96.49	Intensive Meth Treatment
Contract only		IMT-Case Management	T1007	HB	HG			Alcohol and/or Substance Use Services, Treatment Plan Development and/or Modification	15 min	$30.77	$25.02	$25.33	$25.68	Intensive Meth Treatment
Medicaid		OTP – Methadone	H0020					Alcohol and/or drug services; Methadone administration and/or service (provision of the drug by a licensed program)	day	$15.56	$16.18	$16.38	$16.61	OTP service only - **SFTC BAART** only
Medicaid		OTP – Methadone	H2010					Comprehensive medication services (take-home doses of Methadone)	day		$16.18	$16.38	$16.61	OTP service only - **SFTC BAART** only
Medicaid		OTP – Buprenorphine	H0033					Buprenorphine Medication and Administration (per 1-day supply)	day			$16.38	$16.61	OTP service only - **SFTC BAART** only
Medicaid		OTP – Buprenorphine	H0036					Buprenorphine Medication, Take home dose (per 1-day supply)	day			$16.38	$16.61	OTP service only - **SFTC BAART** only

Division of Behavioral Health
Contract and Medicaid Substance Use Disorder Service Codes
FY27 Effective June 1, 2026

Fund Source	Notes/Updates	SUD Service Description	CPT	Mod	Mod	Mod	Mod	CPT Description	Units	FY24 Rate	FY25 Rate	FY26 Rate	FY27 Rate	Service Type
Contract & Medicaid	Revised Structure to 15 minute unit 6/1/21; update to Individual	Adult EBP Individual	T1012					Adult Evidence Based programming for justice involved adults	15 minute	$30.77	$31.04	$31.43	$31.87	CJI-EBP
Contract & Medicaid	Revised Structure to 15 minute unit 6/1/21; update to Individual	Adult EBP Rural Individual	T1012	TN				Adult Evidence Based programming for justice involved adults - RURAL	15 minute	$36.93	$37.25	$37.72	$38.25	CJI-EBP
Contract & Medicaid	Revised Structure to 15 minute unit 6/1/21; update to Individual	Adult EBP Telemedicine Indivudual	T1012	GT				Adult Evidence Based programming for justice involved adults provided via Telemedicine	15 minute	$30.77	$31.04	$31.43	$31.87	CJI-EBP
Contract & Medicaid	Revised Structure, New Group Codes	Adult EBP Group	T1012	HQ				Adult Evidence Based programming for justice involved adults	15 minute	$8.57	$8.75	$8.86	$8.98	CJI-EBP
Contract & Medicaid	Revised Structure, New Group Codes	Adult EBP Group Rural Group	T1012	HQ	TN			Adult Evidence Based programming for justice involved adults - RURAL	15 minute	$10.28	$10.50	$10.63	$10.78	CJI-EBP
Contract & Medicaid	Revised Structure, New Group Codes	Adult EBP Telemedicine Group	T1012	GT	HQ			Adult Evidence Based programming for justice involved adults - Telemedicine	15 minute	$8.57	$8.75	$8.86	$8.98	CJI-EBP
Contract & Medicaid	Revised Structure, New Collateral Code, used for MRT as well	Collateral Contacts/Referral for Criminal Justice Initiative	T1007	HF				Collateral Contacts	15 minute	$30.77	$30.93	$31.32	$31.76	CJI-EBP
Contract only		Low Intensity Residential -- CJI	H0016	CJ				Alcohol and/or drug services, medical/somatic	day	$77.75	$93.99	$95.16	$96.49	CJI-EBP
Contract only	Revised Structure to 15 minute unit 6/1/21; update to Individual	MRT-Individual	99412					Moral Reconation Therapy	15 minute	$30.77	$31.04	$31.43	$31.87	CJI-MRT
Contract only	Revised Structure to 15 minute unit 6/1/21; update to Individual	MRT -- Rural--Individual	99412	TN				Moral Reconation Therapy	15 minute	$36.93	$37.25	$37.72	$38.25	CJI-MRT
Contract only	Revised Structure to 15 minute unit 6/1/21; update to Individual	MRT -- Telemedicine-Individual	99412	GT				Moral Reconation Therapy	15 minute	$30.77	$31.04	$31.43	$31.87	CJI-MRT
Contract only	Revised Structure, New Group Codes	MRT-Group	99412	HQ				Moral Reconation Therapy	15 minute	$8.57	$8.75	$8.86	$8.98	CJI-MRT
Contract only	Revised Structure, New Group Codes	MRT-Rural Group	99412	HQ	TN			Moral Reconation Therapy	15 minute	$10.28	$10.50	$10.63	$10.78	CJI-MRT
Contract only	Revised Structure, New Group Codes	MRT -- Telemedicine-Group	99412	GT	HQ			Moral Reconation Therapy	15 minute	$8.57	$8.75	$8.86	$8.98	CJI-MRT
Contract & Medicaid		Adolescent SUD EBP	H0001	HA				Alcohol and/or Drug Assessment	15 min	$30.77	$35.54	$35.98	$36.48	Outpatient Treatment ADA/Adolescent SUD EBP (LSS)
Contract & Medicaid	Revised Structure to 15 minute unit	Adolescent SUD EBP-Individual/Family	T1012	HA				Juvenile Justice Reinvestment Initiative, EBP for Substance Use Disorder	15 minute	$30.77	$31.04	$31.43	$31.87	Adolescent SUD EBP
Contract & Medicaid	Revised structure, new code	Adolescent SUD EBP-Individual/Family-Rural	T1012	HA	TN			Juvenile Justice Reinvestment Initiative, EBP for Substance Use Disorder	15 minute	$36.93	$37.25	$37.72	$38.25	Adolescent SUD EBP
Contract & Medicaid	Revised Structure to 15 minute unit	Adolescent SUD EBP-Telemedicine Individual	T1012	GT	HA			Juvenile Justice Reinvestment Initiative, EBP for Substance Use Disorder	15 minute	$30.77	$31.04	$31.43	$31.87	Adolescent SUD EBP
Contract & Medicaid	Revised Structure to 15 minute unit	Adolescent SUD EBP-Group	T1012	HA	HQ			Juvenile Justice Reinvestment Initiative, EBP for Substance Use Disorder	15 minute	$8.57	$8.75	$8.86	$8.98	Adolescent SUD EBP
Contract & Medicaid	Revised structure, new code	Adolescent SUD EBP-Group-Rural	T1012	HA	HQ	TN		Juvenile Justice Reinvestment Initiative, EBP for Substance Use Disorder	15 minute	$10.28	$10.50	$10.63	$10.78	Adolescent SUD EBP
Contract & Medicaid	Revised structure, new code	Adolescent SUD EBP-Telemedicine Group	T1012	GT	HA	HQ		Juvenile Justice Reinvestment Initiative, EBP for Substance Use Disorder	15 minute	$8.57	$8.75	$8.86	$8.98	Adolescent SUD EBP
Contract & Medicaid	Revised structure, new code	Adolescent SUD EBP-Collateral Contacts	T1007	HA	HF			Collateral Contacts for Adolscent EBPs	15 minute	$30.77	$30.93	$31.32	$31.76	Adolescent SUD EBP
Contract & Medicaid	Group	Peer Support - Group	H0025					Peer services 2-10 patients per 15 minutes	15 min			$7.26	$7.36	Identified Peer Support Providers **LCBH, ABC, Project Recovery**
Contract & Medicaid	Individual	Peer Support - Individual	H0038					Peer services, per 15 minutes	15 min			$17.08	$17.32	Identified Peer Support Providers **LCBH, ABC, Project Recovery**
Contract only	Individual	SHARE	H0043					Supported Housing	day				$30.00	**SHARE providers only**

Medicaid Billing Taxonomy codes

Inpatient/PRTF	324500000X
All other services	261QR0405X

Modifier Definitions

"EY" Social Detox - C/C METH program only
"HA" Child/Adolescent
"HB HG" Intensive Meth Treatment Comm
"HD" Pregnant/Parenting Woman
"HV" Gambling Services
"HF" 2.1/3.1, LCBHS inpatient
"TN" Rural
"HG" Intensive Meth Treatment (SDWP)

Division of Behavioral Health
Contract and Medicaid Substance Use Disorder Service Codes
FY27 Effective June 1, 2026

Fund Source	Notes/Updates	SUD Service Description	CPT	Mod	Mod	Mod	Mod	CPT Description	Units	FY24 Rate	FY25 Rate	FY26 Rate	FY27 Rate	Service Type
		"HE" Individual **"CJ" Criminal Justice Initiative** **"GT" Telemedicine = services provided with an audio-visual connection** Shaded codes require prior authorization from the division												