

ODADAS MACSIS SERVICE RATE FORM
Required for Tier 2 Testing

Board (insert name) **Medicaid Only?** (Yes or No)
Prov Name (insert billing provider name) **Non-Medicaid Only?** (Yes or No)
Billing NPI (insert NPI) **Mcd/Non Rates Differ?** (Yes or No)
Submitter ID (insert UPI) **Primary Price Schedule** (insert price schedule)
Panel(s) Denote panels, if used

Procedure Code	Description	15 Min Svc*	Medicaid Rate** Price Reg = OH	Non-Medcd Rate** Price Reg = (insert)
Medicaid Billable Services				
H0001	ASSESSMENT			
H0003	LABORATORY URINALYSIS			
H0004	AOD INDIV COUNS/THERAPY	Yes		
H0005	GROUP COUNSELING	Yes		
H0006	CASE MANAGEMENT			
H0007	CRISIS INTERVENTION			
H0014	AMBULATORY DETOXIFICATION			
H0015	INTENSIVE OUTPATIENT			
H0016	MEDICAL/SOMATIC			
H0020	METHADONE ADMINISTRATION			
Non-Medicaid Services				
H0030	AOD HOTLINE			
99236	23 HOUR OBSERVATION BED			
H0009	ACUTE HOSPITAL DETOX			
H0012	SUB ACUTE DETOXIFICATION			
H0017	BHMCRT: HOSPITAL SETTING			
H0018	BHMCRT: NON-HOSPITAL			
H0019	BHNON-MEDICAL CRT			
H0021	TRAINING			
H0022	INTERVENTION			
H0023	OUTREACH			
H0047	AOD SERVICES NOS			
T1006	AOD FAMILY/COUPLE COUNS	Yes		
T1009	CHILDCARE			
T1010	MEALS			
For procedures listed below, expanded procedure codes might be needed for pricing alternatives, e.g. M3141. Please add rows at bottom of grid to enter the procedure code, description and rate for alternative prices				
A0230	MCR: NON-HOSPITAL SETTING			
A0510	REFERRAL AND INFORMATION			
A0560	CONSULTATION			
A0610	INFORMATION DISSEMINATION			
A0620	EDUCATION (PREVENTION)			
A0630	COMM. BASED PROCESS			
A0640	ENVIRONMENTAL			
A0650	PROBLEM ID AND REF			
A0660	ALTERNATIVES			
A0740	ROOM AND BOARD			
A0750	TRANSPORTATION			
A0780	URINE DIP SCREENING			
A1210	MCR: HOSPITAL SETTING			
A1220	NMR: NON-ACUTE RES SETTING			

COMPLETE ITEMS HIGHLIGHTED IN RED AND EITHER E-MAIL SPREADSHEET(S) TO MACSIS STAFF AT MACSISTESTING@MH.STATE.OH.US OR FAX TO MACSIS STAFF AT 614-752-6474.

* These services are reported in 15 minute increments and must be priced accordingly.

**Enter rate in appropriate column if you will be funding the service. If you are paying for both Medicaid and Non-Medicaid clients, both rates must be entered even if they are the same