IDAHO DEPARTMENT OF JUVENILE CORRECTIONS RATE MATRIX (SFY 2027)

Treatment Service Description	Procedure Code	Modifier	Rate/Unit	Unit Type	Medicaid Eligible Service	Service Limits
Education-Nicotine 101			$75.00	1 unit = 1 course		Drug and Alcohol education provided through 3rd Millennium Classrooms requested by probation *outside* of the BPA Health-IDJC network. BPA Health does not credential providers for these courses. These courses are to be billed directly from 3rd Millenium to IDJC.
Education-Marijuana 101			$75.00	1 unit = 1 course		
Education-Alcohol Wise			$75.00	1 unit = 1 course		
Education-Other Drugs			$75.00	1 unit = 1 course		
Alcohol/Drug Assessment with ASAM 3 criteria	H0001		$18.54	15 min.	x	20 units max for agency assessments; 22 units for onsite Detention/Facility assessments; If mileage to the facility is needed, authorize Travel for Professionals.
Outpatient (Education)	S9448	HF	$5.00	15 min.		Less than 9 hours of treatment per week for adults and less than 6 hours of treatment per week for adolescents. Providers are expected to include elements of family treatment services in the client's treatment plan. If family treatment services aren't applicable, the exception must be documented in the client's treatment plan.
Outpatient (Individual)	H0004	HF	$19.46	15 min.	x	
Outpatient (Group)	H0005	HF	$9.14	15 min.	x	
Outpatient (Individual with Family Members)*	90847	HF	$20.05	15 min.	x	
Outpatient (Family without Client Present)*	90846	HF	$20.05	15 min.	x	
Intensive Outpatient (Education)	S9448	TF	$5.00	15 min.	x	A minimum of 9 hours of treatment per week for adults and a minimum of 6 hours of treatment per week for adolescents. Providers are expected to include elements of family treatment services in the client's treatment plan. If family treatment services aren't applicable, the exception must be documented in the client's treatment plan.
Intensive Outpatient (Individual)	H0004	TF	$19.46	15 min.	x	
Intensive Outpatient (Group)	H0005	TF	$9.14	15 min.	x	
Intensive Outpatient (Individual with Family Members)*	90847	TF	$20.05	15 min.	x	
Intensive Outpatient (Family without Client Present)*	90846	TF	$20.05	15 min.	x	

*Available Family Engagement Services

Modifiers

HA: Child/Adolescent Program

HF: Substance abuse program (ASAM OP LOC)

TF: Intermediate level of care (ASAM IOP LOC)

IDAHO DEPARTMENT OF JUVENILE CORRECTIONS RATE MATRIX (SFY 2027)

Treatment Service Description	Procedure Code	Modifier	Rate/Unit	Unit Type	Medicaid Eligible Service	Service Limits
Partial Hospitalization Program (Half-Day)	H0035HD		$292.50	Day		All-inclusive payment 3 to 5 hours (half day).
Partial Hospitalization Program (Full-Day)	H0035		$405.00	Day	x	All-inclusive payment of 6 or more hours (full day).
Transitional Housing - Adolescent	H0043		$150.50	Day		Consistent with treatment authorization. Include day of admission, don't include day of discharge.
Halfway Housing - Adult	H0018		$52.09	Day		
Residential - Adolescent*	H0017	HA	$399.17	Day	x	Include day of admission, don't include day of discharge. Providers are expected to include elements of family treatment services in the client's treatment plan. If family treatment services aren't applicable, the exception must be documented in the client's chart.
Residential - Adult	H0017		$399.17	Day	x	Include day of admission, do not include day of discharge.

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Recovery Support Service Description	Procedure Code	Modifier	Rate/Unit	Unit Type	Medicaid Eligible Service	Service Limits
Case Management - Basic and Intensive	H0006		$17.89	15 min.	X	As needed. Consistent with treatment authorization.
Case Management - Family without Client Present*	H0006	HS	$17.89	15 min.		
Drug and Alcohol Screening	H0003		$13.50	1 test	X	As needed. Consistent with treatment authorization.
Interpreter*	INTGEN		$1.00	$1.00	X	As needed. Consistent with treatment authorization. Reimbursed at rate interpreter charges.
Life Skills - Individual	H2015		$6.56	15 min.		As needed. Consistent with treatment authorization.
Life Skills - Individual Client not Present*	H2015HS		$6.56	15 min.		
Life Skills - Group	HQ2015		$3.94	15 min.		
Life Skills - Group Client not Present*	HQ2015HS		$3.94	15 min.		
Non-Therapeutic Residential - Adol.	1IDJCNTR	HA	See Contract	Day	X	Prior approval is required. Consistent with **Medicaid funded** Adolescent Residential Services authorization. Include day of admission, don't include day of discharge.
Non-Therapeutic Residential - Adult	1IDJCNTR		See Contract	Day	X	Prior approval is required. Consistent with Medicaid funded Residential Services authorization that started when client was an adolescent. Include day of admission, don't include day of discharge.
Recovery Coaching - Adult	H0038		$13.63	15 min.	X	As needed. Consistent with treatment authorization.
Safe & Sober Housing - Adolescent	H0045		$75.00	Day		As needed. Consistent with treatment authorization. Include day of admission, don't include day of discharge.
Safe & Sober Housing - Adult	H0044		$11.50	Day		
Staffing	H0022		$6.21	15 min.		Planned facilitation. As needed. Consistent with treatment authorization.

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Recovery Support Service Description	Procedure Code	Modifier	Rate/Unit	Unit Type	Medicaid Eligible Service	Service Limits
Transportation of Client	A0080		$1.17	Mile	X	Mileage is determined on distance from main location to treatment location to main location. Consistent with treatment authorization.
Transportation Pick Up	T2002		$4.20	Pick-up & 1st Mile	X	
Transportation Flat Fee	T2003		$1.00	Mile	X	As needed to/from Residential. Consistent with treatment authorization.
Travel for Professionals	S0215		$0.55	Mile	X	Mileage is determined on distance from agency location to client location to agency location. Consistent with treatment authorization.

*Available Family Engagement Services

Modifiers

HA: Child/Adolescent Program

HS: Family without client present