RENDERING PROVIDER REQUIRED	REVENUE CODE	CPT OR HCPCS CODE	DESCRIPTION WITHIN MEDICAID PROGRAM	FEE SCHEDULE AMOUNT
Residential Treatment Centers for Adults (Substance Use Disorders)				
Report Referring or Ordering Provider in the Attending Provider Field	1003	H0017	Tier 3 - ASAM levels 3.7 and 3.7WM placement criteria for medically monitored short term residential addiction program.	\$249.04/day
Report Referring or Ordering Provider in the Attending Provider Field	1003	H0018	Tier 2 - ASAM 3.2WM, 3.2, 3.3, 3.5 placement criteria. Clinically monitored, medium to high intensity level of care for subacute, detoxification and/or residential addiction program.	\$349.76/day
Report Referring or Ordering Provider in the Attending Provider Field	1003	H0019	Tier 1 - ASAM 3.1 placement criteria. Clinically monitored, low intensity level of care long-term residential (non-medical, non acute care in a residential treatment program).	\$607.98/day