

Exhibit 2M - Recovery Court Efficiency (RCE) ASAM Ambulatory LOC Authorization Parameters

SFY 2025
Effective 07/01/2024
Revised 04/08/2024

Recovery Court Efficiency (RCE)
Fee for Service - Adult Co-occurring Capable Ambulatory
ASAM Level of Care Authorization Parameters

Service	Ambulatory Withdrawal Management (Detox)	Outpatient 1 units per 30 day authorization	Outpatient 5 units per 30 day authorization	Outpatient 2 units per week	Outpatient 3 units per week	Outpatient 5 units per week	Outpatient 6 units per week	Intensive Outpatient	Partial Care
Type/Modality	Ambulatory	Ambulatory	Ambulatory	Ambulatory	Ambulatory	Ambulatory	Ambulatory	Ambulatory	Ambulatory
ASAM LOC	AWM2D	Level 1	Level 1	Level 1	Level 1	Level 1	Level 1	Level 2.1	Level 2.5
CPT Code	H0014 HF	see OP rate table	see OP rate table	see OP rate table	see OP rate table	see OP rate table	see OP rate table	H0015 HF	H2036 HF
Maximum units per Authorization	0	1	5	9	14	21	25	0	0
Authorization time frame (days)	5	30	30	30	30	30	30	30	30
Unit	Per diem	Per service	Per service	Per service	Per service	Per service	Per service	Per diem	Per diem
Daily Limits	0	1	3	2	3	3	3	0	0
Weekly Limits	0	1	5	2	3	5	6	0	0
# of days at which initial ERL needed	0	N/A	N/A	N/A	N/A	N/A	N/A	0	0
# of days at which ERL can be submitted	0	N/A	N/A	N/A	N/A	N/A	N/A	0	0
Authorization RED ZONE (67% of annual allocation)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	0	0
Adult Annual Client Limits (units)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	0	0
Rate Per Unit	\$ 209.33	\$ 6.61 (Psychoeducational Group Services only)						\$ 109.38	78..23
Authorization Value	\$0	\$ 6.61	\$ 33.05	\$ 59.49	\$ 92.54	\$ 138.81	\$ 165.25	\$0	\$0
Shared Service Name	Detox Outpatient Non-Methadone	Standard/Traditional Outpatient and Opioid Maintenance Outpatient						Intensive Outpatient and Opioid Maintenance - Intensive Outpatient	Partial Hospitalization/ Care

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Recovery Court Efficiency (RCE)	Psychoeducational Group Services
Unit	90 minutes
Weekly Limits	See LOC Limits
Rate Per Unit	\$6.61
Max units per diem	3
CPT Code	Z3355