Exhibit 1D - Mutual Agreement Program - State Parole Board (MAP SPB) Enhancements Authorization Parameters

Mutual Agreement Program - State Parole Board (MAP SPB)

Fee for Service Enhancement Authorization Parameters

Clinical Review

Encounter entry required before expiration of authorization (days) - 15

				IWM, STR & LTRT2 Limits				HWH Limits				PC, IOP & OP Limits				AWM (Detox) Limits				
Service	**Rate**	**Unit**	**Type**	**CPT Code**	**Day**	**Month**	**Year**	**CPT Code**	**Day**	**Month**	**Year**	**CPT Code**	**Day**	**Month**	**Year**	**CPT Code**	**Day**	**Month**	**Year**	**Annual client limit**
Urine Drug Screen - Presumptive Testing	$ 8.46	service	Clinical	H0003HF	1	4	n/a	H0003HF	1	4	n/a	H0003HF	1	4	n/a	H0003HF	1	5	n/a	n/a
Oral Swab	$ 8.46	service	Clinical	ZSWB	1	4	n/a	ZSWB	1	4	n/a	ZSWB	1	4	n/a	ZSWB	1	5	n/a	n/a
Mantoux Tuberculin Test	$ 10.57	service	Clinical	86580	0	0	0	86580	0	0	0	86580	0	0	0	86580	1	1	n/a	0
Continuing Care LOCI	$ 26.43	20 minutes	Clinical	ZLOCI	2	2	n/a	ZLOCI	2	2	n/a	ZLOCI	2	2	n/a	ZLOCI	1	2	n/a	n/a
Limit Clinical Review Enhancements						**$86.70**				**$86.70**				**$86.70**				**$105.73**		

Co-occurring Clinical Services

Encounter entry required before expiration of authorization (days) - 15

				IWM, STR & LTRT2 Limits				HWH Limits				PC, IOP & OP Limits				AWM (Detox) Limits				
Service	**Rate**	**Unit**	**Type**	**CPT Code**	**Day**	**Month**	**Year**	**CPT Code**	**Day**	**Month**	**Year**	**CPT Code**	**Day**	**Month**	**Year**	**CPT Code**	**Day**	**Month**	**Year**	**Annual client limit**
Case Management - COOC	$ 13.32	15 minutes	Co-occurring	T2022 HF	8	16	n/a	T2022 HF	8	16	n/a	T2022 HF	0	0	0	T2022 HF	0	0	n/a	0
Comprehensive Intake Evaluation	$ 171.99	service	Co-occurring	90791	1	1	n/a	90791	1	1	n/a	90791	1	1	n/a	90791	1	1	n/a	n/a
Crisis Intervention - Individual	$ 15.12	15 minutes	Co-occurring	S9484 HF	0	0	0	S9484 HF	4	8	n/a	S9484 HF	0	0	0	S9484 HF	0	0	n/a	0
Family Therapy	$ 113.84	60 minutes	Co-occurring	90847 HF	0	0	0	90847 HF	1	5	n/a	90847 HF	0	0	0	90847 HF	0	0	n/a	0
Individual Therapy	$ 71.39	30 minutes	Co-occurring	90832 HF	0	0	0	90832 HF	1	5	n/a	90832 HF	0	0	0	90832 HF	0	0	n/a	0
Individual Therapy	$ 94.46	45 - 50 minutes	Co-occurring	90834 HF	0	0	0	90834 HF	1	5	n/a	90834 HF	0	0	0	90834 HF	0	0	n/a	0
Group Therapy	$ 27.48	90 min	Co-occurring	90853 HF	0	0	0	90853 HF	1	5	n/a	90853 HF	0	0	0	90853 HF	0	0	n/a	0
Clinical Consultation	$ 27.75	15 minutes	Co-occurring	90887	0	0	0	90887	4	6	n/a	90887	0	0	0	90887	0	0	n/a	0
Limit Co-occurring Clinical Services Enhancement						**$385.11**				**$908.35**				**$171.99**				**$171.99**		

Exhibit 1D - Mutual Agreement Program - State Parole Board (MAP SPB) Enhancements Authorization Parameters

Mutual Agreement Program - State Parole Board (MAP SPB)

Fee for Service Enhancement Authorization Parameters

Co-occurring Med Monitoring Services Enhancement

Encounter entry required before expiration of authorization (days) - 15

				IWM, STR & LTRT2 Limits				HWH Limits				PC, IOP & OP Limits				AWM (Detox) Limits				
Service	**Rate**	**Unit**	**Type**	**CPT Code**	**Day**	**Month**	**Year**	**CPT Code**	**Day**	**Month**	**Year**	**CPT Code**	**Day**	**Month**	**Year**	**CPT Code**	**Day**	**Month**	**Year**	**Annual client limit**
Medication Monitoring	$ 47.54	15 minutes	CO Med	90862 HF	0	0	0	90862 HF	2	6	n/a	90862 HF	2	6	n/a	90862 HF	0	0	n/a	n/a
Limit Co-occurring Medication Monitoring Service Enhancement						**$0.00**				**$285.24**				**$285.24**				**$0.00**		

Psychiatric Evaluation

Encounter entry required before expiration of authorization (days) - 15

				IWM, STR & LTRT2 Limits				HWH Limits				PC, IOP & OP Limits				AWM (Detox) Limits				
Service	**Rate**	**Unit**	**Type**	**CPT Code**	**Day**	**Month**	**Year**	**CPT Code**	**Day**	**Month**	**Year**	**CPT Code**	**Day**	**Month**	**Year**	**CPT Code**	**Day**	**Month**	**Year**	**Annual client limit**
Psychiatric Evaluation	$ 437.76	service	Psych Eval	90792	1	1	4	90792	1	1	4	90792	1	1	4	90792	1	1	4	4
Limit Co-occurring Pyschiatric Evaluation Service Enhancement						**$437.76**	**$1,751.04**			**$437.76**	**$1,751.04**			**$437.76**	**$1,751.04**			**$437.76**	**$1,751.04**	**$1,751.04**

Recovery Support

Encounter entry required before expiration of authorization (days) - 15

				IWM, STR & LTRT2 Limits				HWH Limits				PC, IOP & OP Limits				AWM (Detox) Limits				
Service	**Rate**	**Unit**	**Type**	**CPT Code**	**Day**	**Month**	**Year**	**CPT Code**	**Day**	**Month**	**Year**	**CPT Code**	**Day**	**Month**	**Year**	**CPT Code**	**Day**	**Month**	**Year**	**Annual client limit**
Recovery Support Care Management	$ 26.40	15 minutes	Recovery Sup	H0023 HF	4	16	n/a	H0023 HF	4	16	n/a	H0023 HF	4	16	n/a	H0023 HF	4	16	n/a	0
Limit Recovery Support Enhancements						**$422.40**				**$422.40**				**$422.40**				**$422.40**		

Exhibit 1D - Mutual Agreement Program - State Parole Board (MAP SPB) Enhancements Authorization Parameters

Mutual Agreement Program - State Parole Board (MAP SPB)

Fee for Service Enhancement Authorization Parameters

Vivitrol or Buprenorphine

Encounter entry required before expiration of authorization (days) - 15

				IWM, STR & LTRT2 Limits				HWH Limits				PC, IOP & OP Limits				AWM (Detox) Limits				
Service	**Rate**	**Unit**	**Type**	**CPT Code**	**Day**	**Month**	**Year**	**CPT Code**	**Day**	**Month**	**Year**	**CPT Code**	**Day**	**Month**	**Year**	**CPT Code**	**Day**	**Month**	**Year**	**Annual client limit**
Case Management - Vivitrol	$ 13.32	15 minutes	V or B	T2022 HF	4	4	n/a	T2022 HF	4	4	n/a	T2022 HF	4	4	n/a	T2022 HF	0	0	n/a	n/a
Urine Preg Test Visual Color Comp	$ 2.85	1 test	V or B	81025	1	1	6	81025	1	1	6	81025	1	1	6	81025	1	1	n/a	n/a
E & M visit - new patient (20 min)	$ 82.94	20 minutes	V or B	99202	0	0	0	99202	1	n/a	n/a	99202	1	n/a	n/a	99202	0	0	0	n/a
Limit V or B: Vivitrol - Pre-Induction Enhancements						**$56.13**				**$139.07**				**$139.07**				**$2.85**		

Vivitrol or Buprenorphine: Vivitrol - On-going Induction

Encounter entry required before expiration of authorization (days) - 15

				IWM, STR & LTRT2 Limits				HWH Limits				PC, IOP & OP Limits				AWM (Detox) Limits				
Service	**Rate**	**Unit**	**Type**	**CPT Code**	**Day**	**Month**	**Year**	**CPT Code**	**Day**	**Month**	**Year**	**CPT Code**	**Day**	**Month**	**Year**	**CPT Code**	**Day**	**Month**	**Year**	**Annual client limit**
Medication Monitoring - MAT	$ 47.54	15 minutes	V or B	Z3353	2	4	n/a	Z3353	2	4	n/a	Z3353	2	2	n/a	Z3353	0	0	0	n/a
Buprenorphine/Naloxone Maint. (2mg/0.5mg)	$ 7.66	unit	V or B	ZM05	3	93	n/a	ZM05	3	93	n/a	ZM05	3	93	n/a	ZM05	0	0	0	n/a
Buprenorphine/Naloxone Maint. (8mg/2mg)	$ 10.40	unit	V or B	ZM2G	4	124	n/a	ZM2G	4	124	n/a	ZM2G	4	124	n/a	ZM2G	0	0	0	n/a
Buprenorphine Maintenance (8mg)	$ 12.03	unit	V or B	ZM8G	4	124	n/a	ZM8G	4	124	n/a	ZM8G	4	124	n/a	ZM8G	0	0	0	n/a
Case Management - Vivitrol	$ 13.32	15 minutes	V or B	T2022 HF	2	2	n/a	T2022 HF	2	2	n/a	T2022 HF	2	2	n/a	T2022 HF	0	0	0	n/a
Urine Preg Test Visual Color Comp	$ 2.85	1 test	V or B	81025	1	1	6	81025	1	1	6	81025	1	1	6	81025	0	0	0	n/a
E & M visit - established patient (10 min)	$ 49.91	10 minutes	V or B	99212	0	0	0	99212	1	n/a	n/a	99212	1	n/a	n/a	99212	0	0	0	n/a
Vivitrol Medication and Injection	$ 1,232.34	injection	V or B	ZVIV	1	1	6	ZVIV	1	1	6	ZVIV	1	1	6	ZVIV	0	0	0	n/a
Limit V or B: Vivitrol - On-going Induction Enhancements						**$1,711.37**				**$1,761.28**				**$1,761.28**				**$0.00**		

Exhibit 1D - Mutual Agreement Program - State Parole Board (MAP SPB) Enhancements Authorization Parameters

Mutual Agreement Program - State Parole Board (MAP SPB)

Fee for Service Enhancement Authorization Parameters

Vivitrol or Buprenorphine: Lab Services

Encounter entry required before expiration of authorization (days) - 15

				IWM, STR & LTRT2 Limits				HWH Limits				PC, IOP & OP Limits				AWM (Detox) Limits				
Service	**Rate**	**Unit**	**Type**	**CPT Code**	**Day**	**Month**	**Year**	**CPT Code**	**Day**	**Month**	**Year**	**CPT Code**	**Day**	**Month**	**Year**	**CPT Code**	**Day**	**Month**	**Year**	**Annual client limit**
Comprehensive Metabolic Panel	$9.99	service	V or B - Lab	80053	1	1	n/a	80053	1	1	n/a	80053	1	1	n/a	80053	0	0	n/a	n/a
Transferase, Alanine Amino Panel (ALT)	$2.85	service	V or B - Lab	84460	1	1	n/a	84460	1	1	n/a	84460	1	1	n/a	84460	0	0	n/a	n/a
Transferase, Aspartate Amino Panel (AST)	$2.85	service	V or B - Lab	84450	1	1	n/a	84450	1	1	n/a	84450	1	1	n/a	84450	0	0	n/a	n/a
Bilirubin Panel	$2.85	service	V or B - Lab	82247	1	1	n/a	82247	1	1	n/a	82247	1	1	n/a	82247	0	0	n/a	n/a
Mantoux Tuberculin Test	$10.57	service	V or B - Lab	86580	1	1	n/a	86580	1	1	n/a	86580	1	1	n/a	86580	0	0	n/a	n/a
Hepatic Function Panel	$6.66	service	V or B - Lab	80076	1	1	n/a	80076	1	1	n/a	80076	1	1	n/a	80076	0	0	n/a	n/a
Complete Blood Count	$4.76	service	V or B - Lab	85025	1	1	n/a	85025	1	1	n/a	85025	1	1	n/a	85025	0	0	n/a	n/a
Quantitative Syphilis Test	$2.85	service	V or B - Lab	86593	1	1	n/a	86593	1	1	n/a	86593	1	1	n/a	86593	0	0	n/a	n/a
Urine Drug Screen - Presumptive Testing	$8.46	service	V or B - Lab	H0003 HF	1	1	n/a	H0003 HF	1	1	n/a	H0003 HF	1	1	n/a	H0003 HF	0	0	n/a	n/a
Urine Preg Test Visual Color Comp	$2.85	service	V or B - Lab	81025	1	1	6	81025	1	1	6	81025	1	1	6	81025	0	0	n/a	6
Limit V or B: Lab Services Enhancements						**$46.14**				**$46.14**				**$46.14**				**$0.00**		