

Exhibit 1G - Recovery Court Initiative (RCI) Enhancements Authorization Parameters

Recovery Court Initiative (RCI) 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 and OP Limits				AWM (Detox) Limits				
Service	Rate	Unit	Type	CPT Code	Day	Month	Year	Billing Code	Day	Month	Year	Billing Code	Day	Month	Year	Billing Code	Day	Month	Year	Annual Client Limit
Urine Drug Screen - Presumptive Testing	\$ 8.46	service	Clinical	H0003HF	1	12	n/a	H0003HF	1	12	n/a	H0003HF	1	16	n/a	H0003HF	1	5	n/a	n/a
Oral Swab	\$ 8.46	service	Clinical	ZSWB	1	12	n/a	ZSWB	1	12	n/a	ZSWB	1	16	n/a	ZSWB	1	5	n/a	n/a
Mantoux Tuberculin Test	\$ 10.57	service	Clinical	86580	1	1	n/a	86580	1	1	n/a	86580	1	1	n/a	86580	1	1	n/a	n/a
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						\$164.95				\$164.95				\$198.79				\$105.73		
Co-occurring Clinical Services																				
Encounter entry required before expiration of authorization (days) -				15																
				IWM, STR & LTRT2 Limits				HWH Limits				PC, IOP and OP Limits				AWM (Detox) Limits				
Service	Rate	Unit	Type	CPT Code	Day	Month	Year	Billing Code	Day	Month	Year	Billing Code	Day	Month	Year	Billing Code	Day	Month	Year	Annual Client Limit
Case Management - COOC	\$ 13.32	15 minutes	Co-occurring	T2022 HF	8	8	n/a	T2022 HF	8	8	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						\$278.55				\$801.79				\$171.99				\$171.99		

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Co-occurring Med Monitoring Services Enhancement																				
Encounter entry required before expiration of authorization (days) - 15																				
				IWM, STR & LTRT2 Limits				HWH Limits				PC, IOP and OP Limits				AWM (Detox) Limits				
Service	Rate	Unit	Type	CPT Code	Day	Month	Year	Billing Code	Day	Month	Year	Billing Code	Day	Month	Year	Billing 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 and OP Limits				AWM (Detox) Limits				
Service	Rate	Unit	Type	CPT Code	Day	Month	Year	Billing Code	Day	Month	Year	Billing Code	Day	Month	Year	Billing 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

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Fee for Service Enhancement Authorization Parameters																				
Medication Assisted - Methadone Maintenance																				
Encounter entry required before expiration of authorization (days) -				15																
				IWM, STR & LTRT2 Limits				HWH Limits				PC, IOP and OP Limits				AWM (Detox) Limits				
Service	Rate	Unit	Type	CPT Code	Day	Month	Year	Billing Code	Day	Month	Year	Billing Code	Day	Month	Year	Billing Code	Day	Month	Year	Annual Client Limit
Medication Monitoring - MAT	\$ 47.54	15 minutes	MAT- MM	Z3353	2	4	n/a	Z3353	2	4	n/a	Z3353	2	4	n/a	Z3353	0	0	0	n/a
Methadone Maintenance	\$ 4.05	unit	MAT- MM	H0020 HF	1	31	n/a	H0020 HF	1	31	n/a	H0020 HF	1	31	n/a	H0020 HF	0	0	0	n/a
Limit Medication Assisted-Methadone Maintenance Enhancements						\$315.71				\$315.71				\$315.71				\$0.00		

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Recovery Support																				
Encounter entry required before expiration of authorization (days) -				15																
				IWM, STR & LTRT2 Limits				HWH Limits				PC, IOP and OP Limits				AWM (Detox) Limits				
Service	Rate	Unit	Type	CPT Code	Day	Month	Year	Billing Code	Day	Month	Year	Billing Code	Day	Month	Year	Billing 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	n/a
Transportation - staff time	\$ 9.30	hour	Recovery Sup	ZTRAV	10	10	n/a	ZTRAV	10	10	n/a	ZTRAV	0	0	0	ZTRAV	0	0	0	0
Transportation - mileage	\$ 0.33	a mile	Recovery Sup	ZMIL	300	300	n/a	ZMIL	300	300	n/a	ZMIL	0	0	0	ZMIL	0	0	0	0
Court Liaison	\$ 6.87	15 minutes	Recovery Sup	ZCTLI	6	6	n/a	ZCTLI	6	6	n/a	ZCTLI	6	6	n/a	ZCTLI	0	0	0	n/a
Limit Recovery Support Enhancements						\$655.62				\$655.62				\$463.62				\$422.40		
Medical Services																				
Encounter entry required before expiration of authorization (days) -				15																
				IWM, STR & LTRT2 Limits				HWH Limits				PC, IOP and OP Limits				AWM (Detox) Limits				
Service	Rate	Unit	Type	CPT Code	Day	Month	Year	Billing Code	Day	Month	Year	Billing Code	Day	Month	Year	Billing Code	Day	Month	Year	Annual Client Limit
E & M visit - new patient (20 min)	\$ 82.94	20 minutes	Medical Svcs	99202	0	0	n/a	99202	1	1	n/a	99202	1	1	n/a	99202	0	0	0	n/a
E & M visit - new patient (30 min)	\$ 117.03	30 minutes	Medical Svcs	99203	0	0	n/a	99203	1	1	n/a	99203	1	1	n/a	99203	0	0	0	n/a
E & M visit - new patient (45 min)	\$ 177.73	45 minutes	Medical Svcs	99204	0	0	n/a	99204	1	1	n/a	99204	1	1	n/a	99204	0	0	0	n/a
E & M visit - new patient (60 min)	\$ 224.19	60 minutes	Medical Svcs	99205	0	0	n/a	99205	1	1	n/a	99205	1	1	n/a	99205	0	0	0	n/a
E & M visit - established patient (10 min)	\$ 49.91	10 minutes	Medical Svcs	99212	0	0	n/a	99212	1	1	n/a	99212	1	1	n/a	99212	0	0	0	n/a
E & M visit - established patient (15 min)	\$ 81.64	15 minutes	Medical Svcs	99213	0	0	n/a	99213	1	1	n/a	99213	1	1	n/a	99213	0	0	0	n/a
E & M visit - established patient (25 min)	\$ 118.08	25 minutes	Medical Svcs	99214	0	0	n/a	99214	1	1	n/a	99214	1	1	n/a	99214	0	0	0	n/a
E & M visit - established patient (40 min)	\$ 158.24	40 minutes	Medical Svcs	99215	0	0	n/a	99215	1	1	n/a	99215	1	1	n/a	99215	0	0	0	n/a
Limit Medical Services Enhancements						\$0.00				\$469.11				\$469.11				\$0.00		

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Vivitrol or Buprenorphine: Vivitrol - Pre-Induction																				
Encounter entry required before expiration of authorization (days) -				15																
				IWM, STR & LTRT2 Limits				HWH Limits				PC, IOP and OP Limits				AWM (Detox) Limits				
Service	Rate	Unit	Type	CPT Code	Day	Month	Year	Billing Code	Day	Month	Year	Billing Code	Day	Month	Year	Billing 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																				
Encounter entry required before expiration of authorization (days) -				15																
				IWM, STR & LTRT2 Limits				HWH Limits				PC, IOP and OP Limits				AWM (Detox) Limits				
Service	Rate	Unit	Type	CPT Code	Day	Month	Year	Billing Code	Day	Month	Year	Billing Code	Day	Month	Year	Billing Code	Day	Month	Year	Annual Client Limit
Medication Monitoring - MAT	\$ 47.54	15 minutes	V or B	Z3353	2	2	n/a	Z3353	2	2	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	6
Limit V or B Enhancements						\$1,616.29				\$1,666.20				\$1,666.20				\$0.00		

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Recovery Court Initiative (RCI)																				
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 and OP Limits				AWM (Detox) Limits				
Service	Rate	Unit	Type	CPT Code	Day	Month	Year	Billing Code	Day	Month	Year	Billing Code	Day	Month	Year	Billing 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 Laboratory Services Enhancements						\$46.14				\$46.14				\$46.14				\$0.00		