

Exhibit 2R - South Jersey Initiative (SJI) ASAM Ambulatory LOC Authorization Parameters

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

South Jersey Initiative (SJI)

Fee for Service - Adult Co-occurring Capable Ambulatory
ASAM Level of Care Authorization Parameters

Service	Assessment	Ambulatory Withdrawal Management (Detox)	Outpatient 2 units per 30 day authorization	Outpatient 6 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
Modality/Type	Pre-Admission	Ambulatory	Ambulatory	Ambulatory	Ambulatory	Ambulatory	Ambulatory	Ambulatory	Ambulatory	Ambulatory
ASAM LOC	N/A	AWM2D	Level 1	Level 1	Level 1	Level 1	Level 1	Level 1	Level 2.1	Level 2.5
CPT Code	H0001 HF	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	4	5	2	6	10	13	22	26	18	22
Authorization time frame (days)	30	5	30	30	30	30	30	30	30	30
Unit	30 minutes	Per diem	Per service	Per service	Per service	Per service	Per service	Per service	Per diem	Per diem
Daily Limits	4	1	2	2	2	3	3	3	1	1
Weekly Limits	4	7	2	2	2	3	5	6	4	5
# of days at which initial ERL needed	N/A	5	N/A	N/A	N/A	N/A	N/A	N/A	60	60
# of days at which ERL can be submitted	N/A	3	N/A	N/A	N/A	N/A	N/A	N/A	50	50
Authorization RED ZONE (67% of annual allocation)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Adult Annual Client Limits (units)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Rate Per Unit	\$ 28.49	\$ 209.33	see OP rate table						\$ 109.38	\$ 78.23
Authorization Value	\$ 113.96	\$ 1,046.65	\$ 208.30	\$ 624.90	\$ 1,041.50	\$ 1,056.96	\$ 1,371.26	\$ 1,481.18	\$ 1,968.84	\$ 1,721.06
Shared Service Name	N/A	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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South Jersey Initiative (SJI)	Family Therapy	Individual Therapy	Individual Therapy	Psychoeducational Group Services	Group Therapy
Unit	60 minutes	30 minutes	45 - 50 minutes	90 minutes	90 minutes
Weekly Limits	See LOC Limits	See LOC Limits	See LOC Limits	See LOC Limits	See LOC Limits
Rate Per Unit	\$113.84	\$71.39	\$94.46	\$6.61	\$27.48
Max units per diem	1	1	1	3	2
CPT Code	90847 HF	90832 HF	90834 HF	Z3355	90853 HF