

**Modify a Rate - Rate Details**

Rate [Rate Details List](#) Rate Detail Invoices

Procurement  
**0866-2010-05DR**

Provider Location  
**Sigma House-Springfield DR - Sigma House-Springfield DR**

Rate Description  
**Sigma 0866-2010-05DR 12**

Add a Rate Detail for this Rate

<b>Code</b>	<b>Description</b>	<b>Type</b>	<b>Cost</b>
<u>1010</u>	Urine Collection and Reporting	FIX	\$5.00
<u>1011</u>	Urine Collection/Testing - Hand Held Devices	FIX	\$5.00
<u>1012</u>	SweatPatch Application/Removal	FIX	\$8.00
<u>1201</u>	Defendant/Offender Transportation-Administrative Fee	ACT	\$0.00
<u>1202</u>	Defendant/Offender Transportation Expenses	ACT	\$0.00
<u>1501</u>	Administrative Fee	ACT	\$0.00
<u>1504</u>	Breathalyzer Testing	N/C	\$0.00
<u>2010</u>	Individual Substance Abuse Counseling	FIX	\$25.00
<u>2011</u>	Substance Abuse Disorder Intake Assessment Report	N/C	\$0.00
<u>2020</u>	Group Substance Abuse Counseling	FIX	\$7.50
<u>2030</u>	Family Substance Abuse Counseling	FIX	\$25.00
<u>2080</u>	Intensive Outpatient Counseling	FIX	\$55.00