

## Modify a Rate - Rate Details

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

Procurement  
**0866-2014-03DR**

Provider Location

Rate Description

 [Add a Rate Detail for this Rate](#)

Code	Description	Type	Cost
<a href="#">1010</a>	Urine Collection and Reporting	FIX	\$7.85
<a href="#">1011</a>	Urine Collection/Testing - Hand Held Devices	FIX	\$15.09
<a href="#">1012</a>	SweatPatch Application/Removal	FIX	\$15.09
<a href="#">1501</a>	Administrative Fee	ACT	\$0.00
<a href="#">1504</a>	Breathalyzer Testing	FIX	\$4.17
<a href="#">2010</a>	Individual Substance Abuse Counseling	FIX	\$26.81
<a href="#">2011</a>	Substance Abuse Disorder Intake Assessment Report	FIX	\$93.79
<a href="#">2020</a>	Group Substance Abuse Counseling	FIX	\$6.69