	Department of Public Health, Substance Abuse Prevention and Control (SAPC) Substance Use Disorder (SUD) Rates and Standards Matrix - Fiscal Year 2019-2020											
	PREGNANT AND PARENTING WOMEN (PPW) SPECIALIZATION* ENHANCED RATES AND STAFFING MODIFIERS ¹											
LOC ^{2,8,9}	HCPCS	Description	Perinatal/PPW (HD) Modifier Base Rate Registered SUD Counselor/Other Provider	Certified SUD Counselor (C)	Licensed LPHA (L)	Unit ^{4.5,6}	Treatment Standard 456					

INCENTIVE PAYMENTS TERM: December 2017-June 2020^A

Incentives are designed to promote modification in network provider behavior for quality improvement purposes, and are frequently used to impact the health care "triple aim" of improving the patient experience, improving population health, and reducing the per capita cost of care. While SAPC's incentives are designed to be time limited, network providers need to maintain the expectation after the supplemental payment period has expired. New incentives or payment models will likely be launched that target other performance expectations.

Documentation of Existing Benefits or Program Participation in CalOMS/LACPRS ^{AB.C.D}										
Documentation of	of Existing Benefits	or Program Participation in CalON	IS/LACPRS ^{A,B,C,D}	-	r					
All	Ex-AB	AB 109 Case or PB Number	\$5.00	\$5.00	\$5.00	\$5.00		Entry of the accurate and valid number in CalOMS/LACPRS		
All	Ex-PB	Probation PDJ Number	\$5.00	\$5.00	\$5.00	\$5.00		Entry of the accurate and valid number in CalOMS/LACPRS		
All	Ex-CW	CalWORKs Case Number	\$5.00	\$5.00	\$5.00	\$5.00	Flat Rate	Entry of the accurate and valid number in CalOMS/LACPRS		
All	Ex-GR	General Relief Case Number	\$5.00	\$5.00	\$5.00	\$5.00		Entry of the accurate and valid number in CalOMS/LACPRS		
All	Ex-PF	PSSF-TLRF Case Number	\$5.00	\$5.00	\$5.00	\$5.00		Entry of the accurate and valid number in CalOMS/LACPRS		
Documentation of Newly Acquired Benefits and Program Participation in CalOMS/LACPRS ^{A,B,D,E,F}										
All	H0006-MC	Medi-Cal Enrollment	\$30.00	\$30.00	\$30.00	\$30.00		Application must be processed and approved by the Department of Public Social Services (DPSS)		
All	H0006-LA	My Health LA Enrollment	\$30.00	\$30.00	\$30.00	\$30.00		Application must be processed and approved by the Los Angeles County Department of Health Services (DHS)		
All	H0006-CW	CalWORKs Enrollment	\$20.00	\$20.00	\$20.00	\$20.00	Flat Rate	Application must be processed and approved by the Department of Public Social Services (DPSS)		
All	H0006-GR	General Relief Enrollment	\$20.00	\$20.00	\$20.00	\$20.00		Application must be processed and approved by the Department of Public Social Services (DPSS)		
All	H0006-CF	CalFresh Enrollment	\$5.00	\$5.00	\$5.00	\$5.00		Application must be processed and approved by the Department of Public Social Services (DPSS)		
Sage Data Entry	and Accuracy ^{A,B,E,G}	3								
All	D-AD	Admission Data – 7 Days	\$10.00	\$10.00	\$10.00	\$10.00	Flat Rate	Full CalOMS/LACPRS Admission Data Set completed within 7 days of admission date		
All	D-DC	Discharge Data – Same Day	\$10.00	\$10.00	\$10.00	\$10.00	riai Kale	Full CalOMS/LACPRS Discharge Data Set completed on the day of last service		
SCREENING	SCREENINGS REFERRAL TO TREATMENT									
All	H0049	Screening ⁷	\$30.00	\$30.00	\$30.00	\$30.00	15-Minute Increment	Maximum One Unit Per Patient Per Day Residential - Not billable for same day of admission		

^A See Provider Manual and Bulletin 18-06 for more information on what information is required in CalOMS/LACPRS and Financial Eligibility Form within Sage to substantiate claims.

^B Incentives cannot be claimed for patients admitted between December 1, 2017 and March 31, 2018, and who were discharged before the claim was entered.

^C Incentives with "Ex" are to document what funding programs a patient was eligible for at the time of admission. While this information should be entered at the time of admission and completion of Cal-OMS/LACPRS, it is possible that network providers learn about the patient's eligibility later in the treatment episode. In this case, the network provider updates the information in Cal-OMS/LACPRS and then submits the incentive claim. This cannot be claimed if a patient enrolled in the benefit while in treatment, instead a "H0006" incentive claims should be submitted (see "H0006" incentives).

^D **Ex* and "H0006" incentives are mutually exclusive, meaning that either an "Ex" or an "H0006" within the same category (e.g., CalWORKs) can be claimed, but not both. "H0006" incentive can only be claimed one time by the agency regardless of the number of care transitions. "D" incentives can be claimed after each admission or discharge.

^E Processed incentive claims that do not correspond with a correctly entered or valid case number, or completion within the designated time frame, may result in recoupments; valid and invalid claims will also be reviewed during the monitoring visit, and error patterns will be reviewed carefully.

^F Incentives with "H0006" are to document when the network provider helps patients navigate the benefits application and enrollment process. Since benefits will be acquired after the patient has initiated treatment services, the network provider will need to update the information into Cal-OMS/LACPRS and then submit the incentive claims. These incentive(s) can be claimed in addition to any claims for case management.

^G Incentives with "D" are to document the accurate and timely completion of all Cal-OMS/LACPRS questions, as close to admission or discharge as possible to better support data accuracy.

			PREGNANT	AND PAREN	TING WOME	en (PPW) spi	ECIALIZATION* ENHAN	CED RATES AND STAFFING MODIFIERS ¹ Effective 7/1/19
			Perinatal/PPW (HD)		Perinatal Staff ³			
LOC ^{2,8,9}	HCPCS	Description	Modifier Base Rate Registered SUD Counselor/Other Provider	Certified SUD Counselor (C)	Licensed Eligible - LPHA (LE)	Licensed LPHA (L)	Unit ^{4,5,6}	Treatment Standard ^{4,5,6}
ASAM 1.0-AR:	Outpatient for At	-Risk Youth & Young Adults 12-	20 Only					
ASAM 1.0-AR	H0001	Intake/Assessment	\$34.25	\$36.31	\$39.39	\$41.10	15-Minute Increment	
Code: U7	T1007	Treatment Plan	\$34.25	\$36.31	\$39.39	\$41.10	15-Minute Increment	Combined Services ^{4,5,6}
dults	H0005	Group Counseling	\$34.25	\$36.31	\$39.39	\$41.10	15-Minute Increment (min 60, max 90)	Age 12-20 (Modifier HA); Pregnant/Perinatal (Modifier HD)
ng A			\$2.28	\$2.42	\$2.63	\$2.74	Per Minute	No more than 40 units or 10 hours per 60-days
Outpatient for At-Risk Youth & Young Adults 12-20 Only	T1012	Patient Education	\$34.25	\$36.31	\$39.39	\$41.10	15-Minute Increment (min 60, max 90)	and up to 2 episodes per calendar year ^{8,9}
Outp Yout 12-			\$2.28	\$2.42	\$2.63	\$2.74	Per Minute	
Risk	H0004	Individual Counseling	\$34.25	\$36.31	\$39.39	\$41.10	15-Minute Increment	
At-F	90846	Family Therapy ¹⁶			\$39.39	\$41.10	15-Minute Increment	
	H0006	Case Management	\$37.45	\$39.70	\$43.07	\$44.94	15-Minute Increment	
ASAM 1.0: Out			101.05	10/ 01	400.00			
ASAM 1.0 Code: U7	H0001 T1007	Assessment/Intake Treatment Plan	\$34.25 \$34.25	\$36.31 \$36.31	\$39.39 \$39.39	\$41.10 \$41.10	15-Minute Increment 15-Minute Increment	<u>Combined Services^{4,5,6}</u> .
0000.07			\$34.25	\$36.31	\$39.39	\$41.10	15-Minute Increment	Age 12-17 (Modifier HA); Pregnant/Perinatal (Modifier HD)
	H0005	Group Counseling	\$2.28	\$2.42	\$2.63	\$2.74	(min 60, max 90) Per Minute	
			\$34.25	\$36.31	\$39.39	\$41.10	15-Minute Increment	Minimum 2 hours per month and no less or more than
	T1012	Patient Education	\$2.28	\$2.42	\$2.63	\$2.74	(min 60, max 90) Per Minute	
	H0004	Individual Counseling		\$2.42	\$2.03	\$2.74	15-Minute Increment	0-24 units per week or 0-6 hours per week ^{8,9}
	H0004 H2011	Crisis Intervention	\$34.25 \$34.25	\$36.31	\$39.39 \$39.39	\$41.10	15-Minute Increment	0-24 units per week or 0-6 nours per week "
tient	90846		\$34.20	\$30.3 I	\$39.39	\$41.10	15-Minute Increment	Are 10 20 (Italifica IIA), promoti Padrola (Italifica III)
Outpatient	90846 T1006	Family Therapy ¹⁶ Collateral Services	\$34.25	\$36.31	\$39.39 \$39.39	\$41.10	15-Minute Increment	Age 18-20 (Modifier HA); Pregnant/Perinatal (Modifier HD) Age 21+ (Modifier N/A); Pregnant/Perinatal (Modifier HD)
0	H2010	Medication Services (Non-MAT)	\$34.25	\$36.31	\$39.39	\$41.10	15-Minute Increment	
	MATSvc	Medication Services (MAT) ¹⁶			\$39.39	\$41.10	15-Minute Increment	Minimum 2 hours per month and no less or more than
	D0001	Discharge Services	\$34.25	\$36.31	\$39.39	\$41.10	15-Minute Increment	0-36 units per week or 0-9 hours per week ^{8,9}
	H0048	Alcohol/Drug Testing	\$0.00	\$0.00	\$0.00	\$0.00	UA Test – 1 Unit	
	H0006	Case Management	\$37.45	\$39.70	\$43.07	\$44.94	15-Minute Increment	Up to 10 hours or 40 units per month
ASAM 2.1: Inte	nsive Outpatient							
ASAM 2.1	H0001	Assessment/Intake	\$37.00 \$37.00	\$39.22 \$39.22	\$42.55 \$42.55	\$44.40 \$44.40	15-Minute Increment	Combined Services ^{45.6} : Age 12-17 (Modifier HA)
Code: U8	T1007 H0005	Treatment Plan Group Counseling	\$37.00	\$39.22	\$42.55	\$44.40	15-Minute Increment 15-Minute Increment (min 60, max 90)	No less or more than [*] 24-76 units per week or 6-19 hours per week ^{8,9}
			\$2.47	\$2.61	\$2.84	\$2.96	Per Minute	
	T1012	Patient Education	\$37.00	\$39.22 \$2.61	\$42.55 \$2.84	\$44.40 \$2.96	15-Minute Increment (min 60, max 90) Per Minute	Age 12-17 and Pregnant/Perinatal (Also Add Modifier HD)
ent	H0004	Individual Counseling	\$37.00	\$39.22	\$42.55	\$44.40	15-Minute Increment	No less or more than* 24-120 units per week or 6-30 hours per week ^{8,9}
	H2011	Crisis Intervention	\$37.00	\$39.22	\$42.55	\$44.40	15-Minute Increment	Age 18-20 (Modifier HA) or Age 21+ (Modifier None)
Outp	90846	Family Therapy ¹⁶		·	\$42.55	\$44.40	15-Minute Increment	No less or more than* 36-76 units per week or 9-19 hours per week ^{8,9}
sive (T1006	Collateral Services	\$37.00	\$39.22	\$42.55	\$44.40	15-Minute Increment	Age 18+ and Pregnant/Perinatal (Also Add Modifier HD)
Intensive Outpati	H2010	Medication Services (Non-MAT)	\$37.00	\$39.22	\$42.55	\$44.40	15-Minute Increment	No less or more than* 36-120 units per week or 9-30 hours per week ^{8,9}
	MATSvc	Medication Services (MAT) ¹⁶			\$42.55	\$44.40	15-Minute Increment	If the minimum haure of control are not mating induced and the ASAM 1.0 feetrate. If minimum control with our out on the
	D0001	Discharge Services	\$37.00	\$39.22	\$42.55	\$44.40	15-Minute Increment	"If the minimum hours of service are not met, reimbursement will be reduced to the ASAM 1.0 fee/rate. If minimum service units are not met for 4 or more weeks the patient needs to step down to a lower LOC and further reimbursement will be disallowed.
	H0048	Alcohol/Drug Testing	\$0.00	\$0.00	\$0.00	\$0.00	UA Test – 1 Unit	
	H0006	Case Management	\$37.45	\$39.70	\$43.07	\$44.94	15-Minute Increment	Up to 10 hours or 40 units per month

			PREGNANT	and paren	TING WOME	en (PPW) <u>S</u> P	ECIALIZATION* ENHANC	ED RATES AND STAFFING MODIFIERS ¹ Effective 7/1/19
			Perinatal/PPW (HD)		Perinatal Staff ³			
LOC ^{2,8,9}	HCPCS	Description	Modifier Base Rate Registered SUD Counselor/Other Provider	Certified SUD Counselor (C)	Licensed Eligible - LPHA (LE)	Licensed LPHA (L)	Unit ^{4,5,6}	Treatment Standard ^{4,5,6}
ASAM 3.1: Low	v Intensity Reside	ential						
ASAM 3.1	H0019	Clinical Day Rate					Day Rate	Pre-Authorization by County Required ¹⁰
Code U1	H0001	Assessment/Intake						Combined Services ^{4,5,6} :
	T1007	Treatment Plan						Age 12-17 (Modifier HA); Pregnant/Perinatal (Modifier HD)
	H0005	Group Counseling						80+ units per week or 20+ hours per week ^{8,9}
	T1012	Patient Education	\$152.94	\$162.12 with per service or daily note documentation OR	\$175.88	\$183.53	* If loss than 10 hours or 40 units of	2 noncontiguous 30-day stays with one 30-day extension per year for
	H0004	Individual Counseling	with per service or daily note documentation		with per service or daily note	with per service or daily note documentation OR	* If less than 10 hours or 40 units of service are provided per week, for more than 2 (age 12-20) or 3 (age 21+) weeks the patient needs to step down to a lower LOC and further reimbursement will be disallowed. When services provided are less than the minimum, it must be	any ASAM residential LOC unless medically necessary.
_	H2011	Crisis Intervention	OR		documentation			Age 18-20 (Modifier HA); Pregnant/Perinatal (Modifier HD)
dentia	90846	Family Therapy ¹⁶			OR			80+ units per week or 20+ hours per week ^{8,9}
y Resi	T1006	Collateral Services	\$133.91 with weekly note	\$143.09 with weekly note	\$156.85 with weekly note	\$164.50 with weekly note	clinically necessary (e.g., hospitalized, on pass) and documented in the progress	2 nonconliguous 90-day stays with one 30-day extension per year for
tensit	H2010	Safeguarding Medications	documentation	documentation		documentation	notes. Alerts will be sent via Sage if service unit minimums are not met.	any ASAM residential LOC unless medically necessary.
Low Intensity Residential	MATSvc	Medication Services (MAT) ¹⁶					service unit minimums are not met.	Age 21+ (Modifier N/A); Pregnant/Perinatal (Modifier HD)
	T2001	Non-Emergency Transport						80+ units per week or 20+ hours per week ^{8,9}
	H0048	Alcohol/Drug Testing						2 noncontliguous 90-day stays with one 30-day extension per year for any ASAM residential LOC unless medically necessary.
	D0001	Discharge Services						Perinalal clients 60-days post-partum under DMC; criminal justice transition to other payers if medically necessary and allowable for days 91-180.
	S9976	Room and Board	\$53.05	\$53.05	\$53.05	\$53.05	Day Rate	Same as Above
	H0006	Case Management	\$37.45	\$39.70	\$43.07	\$44.94	15-Minute Increment	Up to 10 hours or 40 units per month
ASAM 3.3: Hig	h Intensity Reside	ential Population Specific						
ASAM 3.3	H0019	Clinical Day Rate					Day Rate	Pre-Authorization by County Required ¹⁰
Code: U2	H0001	Assessment/Intake						
	T1007	Treatment Plan						Combined Services ^{4,5,6} :
	H0005	Group Counseling						
	T1012	Patient Education			\$229.55	\$239.53		
cific			\$199.61	\$211.59			* If less than 12 hours or 48 units of	Age 18-20 (Modifier HA); Pregnant/Perinatal (Modifier HD)
e e	H0004	Individual Counseling	with per service or daily	with per service or daily note	with per service or daily note	with per service or daily note	* If less than 12 hours or 48 units of service are provided per week, for more 3 (are 18.) week the patient needs to step	Age 18-20 (Modifier HA); Pregnant/Perinatal (Modifier HD) 96+ units per week or 24+ hours per week ^{8,9}
on Spec	H0004 H2011	Individual Counseling Crisis Intervention	with per service or daily note documentation	with per service			service are provided per week, for more 3 (age 18+) weeks the patient needs to step down to a lower LOC and further	• • • • •
pulation Spec		5	with per service or daily note documentation OR	with per service or daily note	or daily note	or daily note	service are provided per week, for more 3 (age 18+) weeks the patient needs to step down to a lower LOC and further reimbursement will be disallowed. When services provided are less than the	96+ units per week or 24+ hours per week ^{8,9}
tial Population Specific	H2011	Crisis Intervention	with per service or daily note documentation OR \$180.58 with weekly note	with per service or daily note documentation OR \$192.56	or daily note documentation OR \$210.52	or daily note documentation OR \$220.50	service are provided per week, for more 3 (age 18+) weeks the patient needs to step down to a lower LOC and further reimbursement will be disallowed. When services provided are less than the minimum, it must be clinically necessary (e.g., hospitalized, on pass) and	96+ units per week or 24+ hours per week ^{8,9} 2 noncontiguous 90-day stays with one 30-day extension per year for
ssidential Population Spec	H2011 90846	Crisis Intervention Family Therapy ¹⁶	with per service or daily note documentation OR \$180.58	with per service or daily note documentation OR \$192.56 with weekly note	or daily note documentation OR \$210.52	or daily note documentation OR \$220.50 with weekly note	service are provided per week, for more 3 (age 18+) weeks the patient needs to step down to a lower LOC and further reinbursement will be disallowed. When services provided are less than the minimum, it must be clinically necessary (e.g., hospitalized, on pass) and documented in the progress notes. Alerts will be sent via Sage if service unit	96+ units per week or 24+ hours per week ^{8,9} 2 noncontiguous 90-day stays with one 30-day extension per year for
Residential	H2011 90846 T1006	Crisis Intervention Family Therapy ¹⁶ Collateral Services	with per service or daily note documentation OR \$180.58 with weekly note	with per service or daily note documentation OR \$192.56 with weekly note	or daily note documentation OR \$210.52 with weekly note	or daily note documentation OR \$220.50 with weekly note	service are provided per week, for more 3 (age 18+) weeks the patient needs to step down to a lower LOC and further reimbursement will be disallowed. When services provided are less than the minimum, it must be clinically necessary (e.g., hospitalized, on pass) and documented in the progress notes. Alerts	96+ units per week or 24+ hours per week ^{8,9} 2 noncontiguous 90-day stays with one 30-day extension per year for any ASAM residential LOC unless medically necessary.
Residential	H2011 90846 T1006 H2010	Crisis Intervention Family Therapy ¹⁶ Collateral Services Safeguarding Medications	with per service or daily note documentation OR \$180.58 with weekly note	with per service or daily note documentation OR \$192.56 with weekly note	or daily note documentation OR \$210.52 with weekly note	or daily note documentation OR \$220.50 with weekly note	service are provided per week, for more 3 (age 18+) weeks the patient needs to step down to a lower LOC and further reinbursement will be disallowed. When services provided are less than the minimum, it must be clinically necessary (e.g., hospitalized, on pass) and documented in the progress notes. Alerts will be sent via Sage if service unit	96+ units per week or 24+ hours per week ^{8,9} 2 noncontiguous 90-day stays with one 30-day extension per year for any ASAM residential LOC unless medically necessary. Age 21+ (Modifier N/A); Pregnant/Perinatal (Modifier HD)
High Intensity Residential Population Spec	H2011 90846 T1006 H2010 MATSvc	Crisis Intervention Family Therapy ¹⁶ Collateral Services Safeguarding Medications Medication Services (MAT) ¹⁶	with per service or daily note documentation OR \$180.58 with weekly note	with per service or daily note documentation OR \$192.56 with weekly note	or daily note documentation OR \$210.52 with weekly note	or daily note documentation OR \$220.50 with weekly note	service are provided per week, for more 3 (age 18+) weeks the patient needs to step down to a lower LOC and further reinbursement will be disallowed. When services provided are less than the minimum, it must be clinically necessary (e.g., hospitalized, on pass) and documented in the progress notes. Alerts will be sent via Sage if service unit	96+ units per week or 24+ hours per week ^{8,9} 2 noncontiguous 90-day stays with one 30-day extension per year for any ASAM residential LOC unless medically necessary. Age 21+ (Modifier N/A); Pregnant/Perinatal (Modifier HD) 96+ units per week or 24+ hours per week ^{8,9}
Residential	H2011 90846 T1006 H2010 MATSvc T2001	Crisis Intervention Family Therapy ¹⁶ Collateral Services Safeguarding Medications Medication Services (MAT) ¹⁶ Non-Emergency Transport	with per service or daily note documentation OR \$180.58 with weekly note	with per service or daily note documentation OR \$192.56 with weekly note	or daily note documentation OR \$210.52 with weekly note	or daily note documentation OR \$220.50 with weekly note	service are provided per week, for more 3 (age 18+) weeks the patient needs to step down to a lower LOC and further reinbursement will be disallowed. When services provided are less than the minimum, it must be clinically necessary (e.g., hospitalized, on pass) and documented in the progress notes. Alerts will be sent via Sage if service unit	96+ units per week or 24+ hours per week ^{8,9} 2 noncontiguous 90-day stays with one 30-day extension per year for any ASAM residential LOC unless medically necessary. Age 21+ (Modifier N/A): Pregnant/Perinatal (Modifier HD) 96+ units per week or 24+ hours per week ^{8,9}
Residential	H2011 90846 T1006 H2010 MATSvc T2001 H0048	Crisis Intervention Family Therapy ¹⁶ Collateral Services Safeguarding Medications Medication Services (MAT) ¹⁶ Non-Emergency Transport Alcohol/Drug Testing	with per service or daily note documentation OR \$180.58 with weekly note	with per service or daily note documentation OR \$192.56 with weekly note	or daily note documentation OR \$210.52 with weekly note	or daily note documentation OR \$220.50 with weekly note	service are provided per week, for more 3 (age 18+) weeks the patient needs to step down to a lower LOC and further reinbursement will be disallowed. When services provided are less than the minimum, it must be clinically necessary (e.g., hospitalized, on pass) and documented in the progress notes. Alerts will be sent via Sage if service unit	96+ units per week or 24+ hours per week ^{8,9} 2 noncontiguous 90-day stays with one 30-day extension per year for any ASAM residential LOC unless medically necessary. Age 21+ (Modifier N/A); Pregnant/Perinatal (Modifier HD) 96+ units per week or 24+ hours per week ^{8,9} 2 noncontiguous 90-day stays with one 30-day extension per year for any ASAM residential LOC unless medically necessary.

			PREGNANT /	AND PAREN	TING WOME	en (PPW) sp	ECIALIZATION* ENHANCI	ED RATES AND STAFFING MODIFIERS ¹ Effective 7/1/19
			Perinatal/PPW (HD)		Perinatal Staff ³			
LOC ^{2,8,9}	HCPCS	Description	Modifier Base Rate Registered SUD Counselor/Other Provider	Certified SUD Counselor (C)	Licensed Eligible - LPHA (LE)	Licensed LPHA (L)	Unit ^{4,5,6}	Treatment Standard ^{4,5,6}
ASAM 3.5 High	Intensity Reside	ntial Non-Population Specific						
ASAM 3.5	H0019	Clinical Day Rate					Day Rate	Pre-Authorization by County Required ¹⁰
Code: U3	H0001	Assessment/Intake						Combined Services ^{4,5,6} :
	T1007	Treatment Plan	_					Age 12-17 (Modifier HA); Pregnant/Perinatal (Modifier HD)
	H0005	Group Counseling						88+ units per week or 22+ hours per week ^{8,9}
	T1012	Patient Education	\$178.25	\$188.95		\$213.90 with per service or daily note	* If less than 11 hours or 44 units of service are provided per week, for more than 2 (age 12-20)	2 noncontiguous 30-day stays with one 30-day extension per year for
	H0004	Individual Counseling	with per service or daily note documentation	with per service or daily note				any ASAM residential LOC unless medically necessary.
_	H2011	Crisis Intervention	OR	documentation	documentation	documentation	or 3 (age 21+) weeks the patient needs to step down to a lower LOC and further	Age 18-20 (Modifier HA); Pregnant/Perinatal (Modifier HD)
dential	90846	Family Therapy ¹⁶	\$159.22	OR	OR	5	reimbursement will be disallowed. When services provided are less than the minimum, it	88+ units per week or 22+ hours per week ^{8,9}
y Resi tion S	T1006	Collateral Services	with weekly note documentation	\$169.92 with weekly note	ote with weekly note with	\$194.87 with weekly note	must be clinically necessary (e.g., hospitalized, on pass) and documented in the progress notes. Alerts will be sent via Sage if service	2 noncontiguous 90-day stays with one 30-day extension per year for
High Intensity Residential Non-Population Specific	H2010	Safeguarding Medications	documentation	documentation		documentation	unit minimums are not met.	any ASAM residential LOC unless medically necessary.
High Ir Non-F	MATSvc	Medication Services (MAT) ¹⁶						Age 21+ (Modifier N/A); Pregnant/Perinatal (Modifier HD)
	T2001	Non-Emergency Transport						88+ units per week or 22+ hours per week ^{8,9}
	H0048	Alcohol/Drug Testing						2 noncontiguous 90-day stays with one 30-day extension per year at for any ASAM residential LOC unless medically necessary.
	D0001	001 Discharge Services					Perinatal clients can remain 60-days post-partum under DMC; criminal justice transition to other payers if medically necessary and allowable for days 91-180.	
	S9976	Room and Board	\$53.05	\$53.05	\$53.05	\$53.05	Day Rate	Same as Above
	H0006	Case Management	\$37.45	\$39.70	\$43.07	\$44.94	15-Minute Increment	Up to 10 hours or 40 units per month
ASAM 1-WM: A	Mulatory Withdi	rawal Management without Exte	ended On-Site Monitori	ng				
ASAM 1-WM	H0014-1	Ambulatory Detox						Combined Services ^{4,5,6} :
Code: U4	H0001	Assessment/Intake						Age 12-17 (Modifier HA); Pregnant/Perinatal (Modifier HD)
+ U7 or U8	T1007	Treatment Plan						(Authorized Service)
	H0005	Group Counseling						
	T1012	Patient Education	\$222.96 with per service or daily	\$222.96 with per service	\$222.96 with per service	\$222.96 with per service		Age 18-20 (Modifier HA); Pregnant/Perinatal (Modifier HD)
	H0004	Individual Counseling	note documentation	or daily note documentation	or daily note documentation	or daily note documentation		
Management le Monitoring	H2011	Crisis Intervention	OR	OR	OR	OR	Day Rate	Age 21+ (Modifier N/A); Pregnant/Perinatal (Modifier HD)
	90846	Family Therapy ¹⁶	\$203.93	\$203.93	\$203.93	\$203.93		
Ambulatory Withdrawal Without Extended On-Si	T1006	Collateral Services	with weekly note documentation		with weekly note documentation	with weekly note documentation		'If 1-WM services do not occur at a standalone site,
atory W.	H2010	Medication Services (Non-MAT)						add the "U Code" for the primary outpatient LOC as well:
Ambul: Withou	MATSvc	Medication Services (MAT) ¹⁶						U7 – ASAM 1.0 and 1.0; U8 – ASAM 2.1.
	H0048	Alcohol/Drug Testing						Maximum 14-days of service per episode. ^{8,9}
	D0001	Discharge Services	-					
	H0006	Case Management*	\$37.45	\$39.70	\$43.07	\$44.94	15-Minute Increment	Up to 10 hours or 40 units per month

			PREGNANT /	AND PAREN	TING WOME	en (PPW) SP	ecialization* enhanc	ED RATES AND STAFFING MODIFIERS ¹ Effective 7/1/19
			Perinatal/PPW (HD)		Perinatal Staff ³			
LOC ^{2,8,9}	HCPCS	Description	Modifier Base Rate Registered SUD Counselor/Other Provider	Certified SUD Counselor (C)	Licensed Eligible - LPHA (LE)	Licensed LPHA (L)	Unit ^{4,5,6}	Treatment Standard ^{4.5,6}
ASAM 2-WM: A	mbulatory Withd	rawal Management with Extend	ed On-Site Monitoring					
ASAM 2-WM	H0014-1	Ambulatory Detox						Combined Services ^{4,5,6} :
Code: U5	H0001	Assessment/Intake						Age 12-17 (Modifier HA); Pregnant/Perinatal (Modifier HD)
+ U7 or U8	T1007	Treatment Plan						(Authorized Service)
	H0005	Group Counseling		\$261.77	\$261.77	\$261.77		
_	T1012	Patient Education	\$261.77 with per service or daily	with per service	with per service	er service with per service		Age 18-20 (Modifier HA); Pregnant/Perinatal (Modifier HD)
it with	H0004	Individual Counseling	note documentation	or daily note documentation	or daily note documentation	or daily note documentation		
Jemer oring	H2011	Crisis Intervention	OR	OR		OR	Day Rate	Age 21+ (Modifier N/A); Pregnant/Perinatal (Modifier HD)
Manaç Monit	90846	Family Therapy ¹⁶	\$242.74	\$242.74				"If 2-WM services do not occur at a standalone site,
awal I -Site	T1006	Collateral Services	with weekly note documentation	with weekly note with weekly note			add the "U Code" for the primary outpatient LOC as well:	
Vithdr led Or	H2010	Medication Services (Non-MAT)		documentation	documentation	documentation		U7 – ASAM 1.0 and 1.0; U8 – ASAM 2.1.
Ambulatory Withdrawal Management with Extended On-Site Monitoring	MATSvc	Medication Services (MAT) ¹⁶	-					Maximum 14-day stay per episode. ^{8,9}
mbula	H0048	Alcohol/Drug Testing						
A	D0001	Discharge Services						
	H0006	Case Management	\$37.45	\$39.70	\$43.07	\$44.94	15-Minute Increment	Up to 10 hours or 40 units per month
ASAM 3.2-WM:	Residential With	drawal Management - Clinically	Managed	1		· · · · · ·		
ASAM 3.2-WM	H0012							
Code: U9		Subacute Detox Residential						
	H0001	Subacute Detox Residential Assessment/Intake	-					Combined Services ^{45,6} .
	H0001 T1007		-					Combined Services ^{4,5,6} : Age 12-17 (Modifier HA); Pregnant/Perinatal (Modifier HD)
		Assessment/Intake	-					
	T1007	Assessment/Intake Treatment Plan	\$300.57	\$300.57 with per service	\$300.57 with per service	\$300.57 with per service		
ent	T1007 H0005	Assessment/Intake Treatment Plan Group Counseling	\$300.57 with per service or daily note documentation	with per service or daily note	with per service or daily note	with per service or daily note		Age 12-17 (Modifier HA); Pregnant/Perinatal (Modifier HD)
agement	T1007 H0005 T1012	Assessment/Intake Treatment Plan Group Counseling Patient Education	with per service or daily	with per service or daily note documentation	with per service or daily note documentation	with per service or daily note documentation	Day Rate	Age 12-17 (Modifier HA); Pregnant/Perinatal (Modifier HD)
I Management Iaged	T1007 H0005 T1012 H0004	Assessment/Intake Treatment Plan Group Counseling Patient Education Individual Counseling	with per service or daily note documentation	with per service or daily note documentation OR	with per service or daily note documentation OR	with per service or daily note documentation OR	Day Rate	Age 12-17 (Modifier HA); Pregnant/Perinatal (Modifier HD) (Authorized Service)
drawal Management Iy Managed	T1007 H0005 T1012 H0004 H2011	Assessment/Intake Treatment Plan Group Counseling Patient Education Individual Counseling Crisis Intervention	with per service or daily note documentation OR \$281.54 with weekly note	with per service or daily note documentation OR \$281.54 with weekly note	with per service or daily note documentation OR \$281.54 with weekly note	with per service or daily note documentation OR \$281.54 with weekly note	Day Rate	Age 12-17 (Modifier HA); Pregnant/Perinatal (Modifier HD) (Authorized Service)
l Withdrawal Management inically Managed	T1007 H0005 T1012 H0004 H2011 90846	Assessment/Intake Treatment Plan Group Counseling Patient Education Individual Counseling Crisis Intervention Family Therapy ¹⁶	with per service or daily note documentation OR \$281.54	with per service or daily note documentation OR \$281.54	with per service or daily note documentation OR \$281.54	with per service or daily note documentation OR \$281.54	Day Rate	Age 12-17 (Modifier HA); Pregnant/Perinatal (Modifier HD) (Authorized Service) Age 18-20 (Modifier HA); Pregnant/Perinatal (Modifier HD)
Jential Withdrawal Management Clinically Managed	T1007 H0005 T1012 H0004 H2011 90846 T1006	Assessment/Intake Treatment Plan Group Counseling Patient Education Individual Counseling Crisis Intervention Family Therapy ¹⁶ Collateral Services	with per service or daily note documentation OR \$281.54 with weekly note	with per service or daily note documentation OR \$281.54 with weekly note	with per service or daily note documentation OR \$281.54 with weekly note	with per service or daily note documentation OR \$281.54 with weekly note	Day Rate	Age 12-17 (Modifier HA); Pregnant/Perinatal (Modifier HD) (Authorized Service) Age 18-20 (Modifier HA); Pregnant/Perinatal (Modifier HD)
Residential Withdrawal Management Clinically Managed	T1007 H0005 T1012 H0004 H2011 90846 T1006 H2010	Assessment/Intake Treatment Plan Group Counseling Patient Education Individual Counseling Crisis Intervention Family Therapy ¹⁶ Collateral Services Medication Services (Non-MAT)	with per service or daily note documentation OR \$281.54 with weekly note	with per service or daily note documentation OR \$281.54 with weekly note	with per service or daily note documentation OR \$281.54 with weekly note	with per service or daily note documentation OR \$281.54 with weekly note	Day Rate	Age 12-17 (Modifier HA); Pregnant/Perinatal (Modifier HD) (Authorized Service) Age 18-20 (Modifier HA); Pregnant/Perinatal (Modifier HD) Age 21+ (Modifier N/A); Pregnant/Perinatal (Modifier HD)
Residential Withdrawal Management Clinically Managed	T1007 H0005 T1012 H0004 H2011 90846 T1006 H2010 MATSvc	Assessment/Intake Treatment Plan Group Counseling Patient Education Individual Counseling Crisis Intervention Family Therapy ¹⁶ Collateral Services Medication Services (Non-MAT) Medication Services (MAT) ¹⁶	with per service or daily note documentation OR \$281.54 with weekly note	with per service or daily note documentation OR \$281.54 with weekly note	with per service or daily note documentation OR \$281.54 with weekly note	with per service or daily note documentation OR \$281.54 with weekly note	Day Rate	Age 12-17 (Modifier HA): Pregnant/Perinatal (Modifier HD) (Authorized Service) Age 18-20 (Modifier HA): Pregnant/Perinatal (Modifier HD) Age 21+ (Modifier N/A): Pregnant/Perinatal (Modifier HD)
Residential Withdrawal Management Clinically Managed	T1007 H0005 T1012 H0004 H2011 90846 T1006 H2010 MATSvc H0048	Assessment/Intake Treatment Plan Group Counseling Patient Education Individual Counseling Crisis Intervention Family Therapy ¹⁶ Collateral Services Medication Services (Non-MAT) Medication Services (MAT) ¹⁶ Alcohol/Drug Testing	with per service or daily note documentation OR \$281.54 with weekly note	with per service or daily note documentation OR \$281.54 with weekly note	with per service or daily note documentation OR \$281.54 with weekly note	with per service or daily note documentation OR \$281.54 with weekly note	Day Rate Day Rate	Age 12-17 (Modifier HA); Pregnant/Perinatal (Modifier HD) (Authorized Service) Age 18-20 (Modifier HA); Pregnant/Perinatal (Modifier HD) Age 21+ (Modifier N/A); Pregnant/Perinatal (Modifier HD)
Residential Withdrawal Management Clinically Managed	T1007 H0005 T1012 H0004 H2011 90846 T1006 H2010 MATSvc H0048 D0001	Assessment/Intake Treatment Plan Group Counseling Patient Education Individual Counseling Crisis Intervention Family Therapy ¹⁶ Collateral Services Medication Services (Mon-MAT) Medication Services (Mon) ¹⁶ Alcohol/Drug Testing Discharge Services	with per service or daily note documentation OR \$281.54 with weekly note documentation	with per service or daily note documentation OR \$281.54 with weekly note documentation	with per service or daily note documentation OR \$281.54 with weekly note documentation	with per service or daily note documentation OR \$281.54 with weekly note documentation		Age 12-17 (Modifier HA): Pregnant/Perinatal (Modifier HD) (Authorized Service) Age 18-20 (Modifier HA): Pregnant/Perinatal (Modifier HD) Age 21+ (Modifier N/A): Pregnant/Perinatal (Modifier HD) Maximum 14-day stay per episode ^{8,9}

			PREGNANT	AND PAREN	TING WOME	en (PPW) sp	ECIALIZATION* ENHANC	ED RATES AND STAFFING MODIFIERS ¹ Effective 7/1/19
			Perinatal/PPW (HD) Modifier		Perinatal Staff ³			
LOC ^{2,8,9}	HCPCS	Description	Base Rate Registered SUD Counselor/Other Provider	Certified SUD Counselor (C)	Licensed Eligible - LPHA (LE)	Licensed LPHA (L)	Unit ^{4,5,6}	Treatment Standard 45.6
ASAM 3.7-WM:	Inpatient Withdra	awal Management - Medically M		(-)				
ASAM 3.7-WM	H0010	Subacute Detox Residential						154
Code: U0	H0001	Assessment/Intake						Combined Services ^{4,5,6} :
	T1007	Treatment Plan						Age 12-17 (Modifier HA); Pregnant/Perinatal (Modifier HD)
	H0005	Group Counseling						(Authorized Service)
	T1012	Patient Education	\$437.78	\$437.78 with per service	\$437.78 with per service	\$437.78 with per service		
-t	H0004	Individual Counseling	with per service or daily note documentation	or daily note documentation	or daily note documentation	or daily note documentation		Age 18-20 (Modifier HA); Pregnant/Perinatal (Modifier HD)
gemen	H2011	Crisis Intervention	OR	OR	OR	OR	Day Rate	
Mana	90846	Family Therapy ¹⁶	\$418.75	\$418.75	\$418.75	\$418.75		Age 21+ (Modifier N/A); Pregnant/Perinatal (Modifier HD)
drawal IIy Mor	T1006	Collateral Services	with weekly note documentation	with weekly note documentation	with weekly note documentation	with weekly note documentation		
Inpatient Withdrawal Management Medically Monitored	H2010	Medication Services (Non-MAT)						
npatier N	MATSvc	Medication Services (MAT) ¹⁶						Maximum 14-day stay per episode ^{8,9}
-	H0048	Alcohol/Drug Testing						
	D0001	Discharge Services						
	S9976	Room and Board	\$97.91	\$97.91	\$97.91	\$97.91	Day Rate	Same as Above
	H0006	Case Management	\$37.45	\$39.70	\$43.07	\$44.94	15-Minute Increment	Up to 10 hours or 40 units per month
ASAM 4-WM: Ir	npatient Withdrav	val Management - Medically Mar	naged	_				
ASAM 4-WM	H0011	Acute Detox Residential	_					
Code: None	H0001	Assessment/Intake						Combined Services ^{4,5,6} .
	T1007	Treatment Plan						
	H0005	Group Counseling						Age 12-17 (Modifier HA); Pregnant/Perinatal (Modifier HD)
	T1012	Patient Education	\$507.78 with per service or daily	\$507.78 with per service	\$507.78 with per service			(Authorized Service)
t	H0004	Individual Counseling	note documentation	or daily note documentation	or daily note documentation	or daily note documentation		
igemer I	H2011	Crisis Intervention	OR	OR	OR	OR	Day Rate	Age 18-20 (Modifier HA); Pregnant/Perinatal (Modifier HD)
ıl Mana anagec	90846	Family Therapy ¹⁶	\$488.75 with weekly note	\$488.75	\$488.75	\$488.75		
ally Ma	T1006	Collateral Services	documentation	with weekly note documentation	with weekly note documentation	with weekly note documentation		Age 21+ (Modifier N/A); Pregnant/Perinatal (Modifier HD)
Inpatient Withdrawal Management Medically Managed	H2010	Medication Services (Non-MAT)						Maximum 14-day stay per episode ^{8,9}
npatie	MATSvc	Medication Services (MAT) ¹⁶	-					
	H0048	Alcohol/Drug Testing						
	D0001	Discharge Services						
	S9976	Room and Board	\$97.91	\$97.91	\$97.91	\$97.91	Day Rate	Same as Above
	H0006	Case Management	\$37.45	\$39.70	\$43.07	\$44.94	15-Minute Increment	Up to 10 hours or 40 units per month

			PREGNANT A	AND PAREN	TING WOME	en (PPW) Sp	ECIALIZATION* ENHAN(CED RATES AND STAFFING MODIFIERS ¹ Effective 7/1/19
			Perinatal/PPW (HD)		Perinatal Staff ³			
LOC ^{2,8,9}	HCPCS	Description	Modifier Base Rate Registered SUD Counselor/Other Provider	Certified SUD Counselor (C)	Licensed Eligible - LPHA (LE)	Licensed LPHA (L)	Unit ^{4,5,6}	Treatment Standard ^{45,6}
ASAM 1-OTP: (Opioid Treatment	Program ¹⁸						
ASAM 1-OTP	110001	Accessment/Intoles		\$15.74			10 Minute Ingroment	
Code: UA, HG	H0001	Assessment/Intake		\$23.39 perinatal			10-Minute Increment	
	T1007	Tractment Dian		\$15.74			10 Minute Ingroment	
	11007	Treatment Plan		\$23.39 perinatal			10-Minute Increment	
	110005	Crown Counceling		\$3.36			10 Minute Ingroment	
	H0005	Group Counseling		\$5.37 perinatal	I		10-Minute Increment	
	T1012	Patient Education		\$3.36			10-Minute Increment	Combined Services ^{45,6} :
	11012	Patient Education		\$5.37 perinatal	I		TO-Minute Increment	Age 12-17 (Modifier HA); Pregnant/Perinatal (Modifier HD)
	H0004	Individual Counceling		\$15.74			10-Minute Increment	(Authorized Service)
	H0004	Individual Counseling		\$23.39 perinatal			TO-Minute Increment	
	H2011	Crisis Intervention		\$15.74			10-Minute Increment	
	H2UTT	Clisis Intervention	\$23.39 perinatal				TO-Minute Increment	County authorization, and for methadone: parental consent and 2 unsuccessful detoxification attempts or drug free treatment episodes within a 12 month period.
	90846	Medical Psychotherapy ¹⁶	\$15.74				10-Minute Increment	
natal	Nieucal Psychotherapy				\$23 perir		10-Minute increment	Age 18-20 (Modifier HA); Pregnant/Perinatal (Modifier HD)
rams for peri	T1006	Collateral Services	\$15.74 \$23.39 perinatal				10-Minute Increment	Age 21+ (Modifier N/A); Pregnant/Perinatal (Modifier HD)
t Progr ate is f Require	11000						10-Minute increment	No less than
atmen nigher i ounty F	H2010	Medication Services (Non-MAT)	\$15.74				10-Minute Increment	5 units or 50-minutes, and no more than 20 units or 200
oid Tre s - the on by C	112010	Weddealton Scivices (Norman)		\$23.39 perinatal			To minute mercinent	minutes unless medically necessary, per month ⁸⁹
Opioid Treatment Programs If Mor rates – the higher rate is for perinatal Authorization by County Required for Minors	MATSvc	Medication Services (MAT) ¹⁶			\$15	5.74	10-Minute Increment	Alerts will be sent via Sage if service units' minimums are not met.
If tw Auth	in Allore	Wedication Scivices (WAT)			\$23 perir		To minute mercinent	
	H0048	Alcohol/Drug Testing		\$0.00			per Test	
	G9228	Syphilis Test		\$0.00			per Test	
	G9359	Tuberculosis (TB) Test		\$0.00			per Test	
	G0432							
	G0433	Human Immunodeliciency Virus \$0.00			per Test			
	G0435							
	G0475		1					
	G0472	Hepatitis C Virus (HCV) Test		\$0.00			per Test	
	D0001	Discharge Services		\$15.74			10-Minute Increment	
	\$23.39 perinatal							
	H0006	Case Management	\$37.45	\$39.70	\$43.07	\$44.94	15-Minute Increment	Up to 10 hours or 40 units per month

			PREGNANT A	ND PAREN	fing women (PPW) sp	PECIALIZATION* ENHANC	ED RATES AND STAFFIN	IG MODIFIERS ¹ Effective 7/1/19	
LOC ^{2,8,9}	HCPCS	Description	Perinatal/PPW (HD) Modifier Base Rate	Certified SUD	Perinatal Staff ³ Licensed Eligible - Licensed LPHA	Unit ^{4,5,6}		Treatment Standard 4.5.6	
			Registered SUD Counselor/Other Provider	Counselor (C)	LPHA (LE) (L)				
				MED	ICATIONS FOR ADDICT	ION TREATMENT – OTP	SETTING ^{4,3,0}		
		1			ME	THADONE ¹⁸	1		
				-	\$13.93	Per Day	Age 12-21 (Modifier HA); Pregnant/Perinatal (Modifier HD)		
	H0020	Methadone			\$15.00 perinatal				
					LABEL NAME		NATIONAL DRUG CODE (NDC)	DOSAGE/FORM	
					N/A		N/A	N/A	
		T			NALTRE	XONE GENERIC ¹⁸	Γ		
					\$19.06	per Face to Face Visit		Age 12-21 (Modifier HA); Pregnant/Perinatal (Modifier HD)	
	S5000A	Naltrexone Generic			LABEL NAME		NATIONAL DRUG CODE (NDC)	DOSAGE/FORM	
					Vivitrol		65757030001	380 MG VIAL + DILUENT	
		1			BUPRENORPHIN	E HCL (MONO) GENERIC	17		
				-	\$19.12	Per Day		Age 12-21 (Modifier HA); Pregnant/Perinatal (Modifier HD)	
					\$24.04 perinatal				
					LABEL NAME		NATIONAL DRUG CODE (NDC)	DOSAGE/FORM	
					Buprenorphine		00054017613	2 MG TABLET SL	
					Buprenorphine		00228315603	2 MG TABLET SL	
					Buprenorphine		00378092393	2 MG TABLET SL	
		Buprenorphine HCL			Buprenorphine		42858050103	2 MG TABLET SL	
	S5000B	(Mono) Generic			Buprenorphine		50383092493	2 MG TABLET SL	
					Buprenorphine		62756045983	2 MG TABLET SL	
					Buprenorphine		00054017713	8 MG TABLET SL	
					Buprenorphine		00228315303	8 MG TABLET SL	
					Buprenorphine		00378092493	8 MG TABLET SL	
					Buprenorphine		42858050203	8 MG TABLET SL	
					Buprenorphine		50383093093	8 MG TABLET SL	
					Buprenorphine		62756046083	8 MG TABLET SL	

			PREGNANT	AND PARENTI	ING WOMEN (F	PPW) SP	ECIALIZATION* ENHANC	CED RATES AND STAFFI	NG MODIFIERS ¹	Effective 7/1/19
289			Perinatal/PPW (HD) Modifier		Perinatal Staff ³				_	. 454
LOC ^{2,8,9}	HCPCS	Description	Base Rate Registered SUD Counselor/Other Provider	Certified SUD Counselor (C)	icensed Eligible - Lice LPHA (LE)	ensed LPHA (L)	Unit ^{4,5,6}	Treatment Standard 45.6		
			Courseion officer Provider		ICATIONS FOR	R ADDIC	TION TREATMENT – OTP	SETTING ¹¹		
				BUF	PRENORPHINE	E - NALO	Xone Combination - G	SENERIC ¹⁷		
					\$21.65					
					\$26.57		Per Day	Age 12-21 (Modifier HA); Pregnant/Perinatal (Modifier HD)		
					perinatal			NATIONAL DRUG CODE (NDC	3	DOSAGE/FORM
					Bunavail			59385001630		6.3-1 MG FILM
					Bunavail			59385001230		2.1-0.3 MG FILM
					Bunavail			59385001430		4.2-0.7 MG FILM
			Buprenorphin-Naloxon					00054018913		8-2 MG SL
					Buprenorphin-Nalox	kon		00228315573		8-2 MG SL
					Buprenorphin-Nalox	kon		00406192403		8-2 MG SL
					Buprenorphin-Nalox	kon		00406802003		8-2 MG SL
					Buprenorphin-Nalox	kon		50383028793		8-2 MG SL
					Buprenorphin-Nalox	kon		62175045832		8-2 MG SL
					Buprenorphin-Nalox	kon		62756097083		8-2 MG SL
					Buprenorphin-Nalox	kon		65162041503		8-2 MG SL
					Buprenorph-Naloxr	n		00054018813		2-0.5 MG SL
					Buprenorph-Naloxr	n		00228315473		2-0.5 MG SL
	CEOODDI	Buprenorphine – (Naloxone		Buprenorph-Naloxn				00406192303		2-0.5 MG SL
	S5000BN	Combination) Generic			Buprenorph-Naloxr	-Naloxn		00406800503		2-0.5 MG SL
					Buprenorph-Naloxr	n		50383029493		2-0.5 MG SL
					Buprenorph-Naloxr	n		62175045232		2-0.5 MG SL
			Buprenorph-Naloxn					62756096983		2-0.5 MG SL
					Buprenorph-Naloxr	in		65162041603		2-0.5 MG SL
					Buprenorp-Nalox			43598058230		8-2 MG SL FILM
					Suboxone			12496120403		4 MG-1 MG SL FILM
					Suboxone			12496121203		12 MG-3 MG SL FILM
					Suboxone			12496120201		2 MG-0.5 MG SL FILM
					Suboxone			12496120203		2 MG-0.5 MG SL FILM
					Suboxone			12496120803		8 MG-2 MG SL FILM
					Suboxone			12496120801		8 MG-2 MG SL FILM
					Zubsolv			54123011430		11.4-2.9 MG TABLET SL
					Zubsolv			54123090730		0.7-0.18 MG TABLET SL 1.4-0.36 MG TABLET SL
					Zubsolv Zubsolv			54123091430		2.9-0.71 MG TABLET SL
					Zubsolv			54123092930 54123095730		5.7-1.4 MG TABLET SL
					Zubsolv			54123095730		8.6-2.1 MG TABLET SL
					Zubsolv			04123098030		0.0-2.1 WG TABLET SL

			PREGNANT A	ND PARENTING WOM	en (PPW) sf	PECIALIZATION* ENHANC	ED RATES AND STAFFIN	G MODIFIERS ¹ Effective 7/1/19		
LOC ^{2,8,9}	HCPCS	Description	Perinatal/PPW (HD) Modifier Base Rate Registered SUD Counselor/Other Provider	Perinatal Staff ³ Certified SUD Counselor (C)	Licensed LPHA (L)	Unit ^{4,5,6}		Treatment Standard 4.5.6		
				MEDICATIONS		TION TREATMENT – OTP	SETTING ¹¹			
		[DISULFI	RAM - GENERIC ¹⁷	[
				\$1	9.50 9.49 inatal	Per Day	Age 12-21 (Modifier HA); Pregnant/Perinatal (Modifier HD)			
				LABEL	IAME		NATIONAL DRUG CODE (NDC)	DOSAGE/FORM		
				Antabu	ISE		51285052302	250 MG TABLET		
				Antabu	ISE		51285052402	500 MG TABLET		
				Disulfir	am		00054035613	250 MG TABLET		
				Disulfir	am		00054035625	250 MG TABLET		
				Disulfir	am		00093503501	250 MG TABLET		
	S5000C	Disulfiram - Generic		Disulfir	am		00378414001	250 MG TABLET		
				Disulfir	am		47781060730	250 MG TABLET		
				Disulfir	am		64980017101	250 MG TABLET		
				Disulfir	am		64980017103	250 MG TABLET		
				Disulfir	am		00054035713	500 MG TABLET		
				Disulfir	am		00054035725	500 MG TABLET		
				Disulfir	am		00093503601	500 MG TABLET		
				Disulfir	am		00378414101	500 MG TABLET		
				Disulfir			64980017203	500 MG TABLET		
			T		NAL	DXONE HCL ¹⁷				
				\$144.66		per 2 Units		Age 12-21 (Modifier HA); Pregnant/Perinatal (Modifier HD)		
	S5000D	Naloxone HCL LABEL NAME					LABEL NAME NATIONAL DRUG CODE (NDC)			
				Narca	in		69547035302	4 MG NASAL SPRAY		

			PREGNANT	AND PAREN	ITING WOME	en (PPW) SP	ECIALIZATION* ENHANC	CED RATES AND STAFFING MODIFIERS ¹ Effective 7/1/19
			Perinatal/PPW (HD)		Perinatal Staff ³			
LOC ^{2,8,9}	HCPCS	Description	Modifier Base Rate Registered SUD Counselor/Other Provider	Certified SUD Counselor (C)	Licensed Eligible - LPHA (LE)	Licensed LPHA (L)	Unit ^{4,5,6}	Treatment Standard ^{4,5,6}
RECOVERY SU	JPPORT SERVICE	S ^{4,5,6}						
Recovery Support	H0004	Individual Counseling	\$31.77	\$31.77	\$31.77	\$31.77	15-Minute Increment	Age 12-17 (Modifier HA); Pregnant/Perinatal (Modifier HD)
Services (RSS)	H0005	Group Counseling	\$31.77	\$31.77	\$31.77	\$31.77	\$2.12 minute (min 60, max 90)	Between 1-24 units or up to 6 hours per month
	H0038-R	Recovery Monitoring	\$23.71	\$23.71	\$23.71	\$23.71	15-Minute Increment	Age 18-20 (Modifier HA); Pregnant/Perinatal (Modifier HD)
Code: U6 + U Code for Last Level of Care See Above (except OTP use "UA")	H0038-S	Substance Abuse Assistance	\$23.71	\$23.71	\$23.71	\$23.71	15-Minute Increment	Age 21+ (Modifier N/A); Pregnant/Perinatal (Modifier HD)
	H0006	Case Management	\$34.74	\$34.74	\$34.74	\$34.74	15-Minute Increment	Between 1-28 units or up to 7 hours per month
RECOVERY BI	RIDGE HOUSING ¹²	2						
Recovery Bridge Housing (RBH)	H2034	Recovery Bridge Housing	\$55.00	\$55.00	\$55.00	\$55.00	Day Rate	Authorization by County Required Age 12-17: 0 days – Not Available Age 18 and Older: 180 days per calendar year noncontiguous Pregnant/Post-Partum (Modifier HD) Length of pregnancy and post-partum period, last day of the month when the 60th day after the end of pregnancy occurs
Code: None								
					CLIENT EN	GAGEMENT A	ND NAVIGATION SERVICE (CENS)
CENS		Co-located patient navigation and connection to treatment	\$73.70	\$73.70	\$73.70	\$73.70	Per Staff Hour	Salary and allowable costs (specifically supervisor: clerical/support staff: data-entry clerk: CENS area office space: equipment such as laptops and internet access; supplies) associated with one (1) full-time equivalent Substance Use Disorder (SUD) counselor.

PREGNANT AND PARENTING WOMEN (PPW) SPECIALIZATION* ENHANCED RATES AND STAFFING MODIFIERS ¹ Effective 7/1/19											
		Description	Perinatal/PPW (HD) Modifier	Perinatal Staff ³							
LOC ^{2,8,9}	HCPCS		Base Rate Registered SUD Counselor/Other Provider	Certified SUD Counselor (C)	Licensed Eligible - LPHA (LE)	Licensed LPHA (L)	Unit ^{4,5,6}	Treatment Standard ^{4,5,6}			
	PREGNANT AND PARENTING WOMEN (PPW) SERVICES – DMC PERINATAL DESIGNATED SITES ONLY ¹³ Available Beginning July 1, 2017 Provided Documentation of Delivered Services										
	H0006-C	Child Case Management ¹⁴	\$37.45	\$39.70	\$43.07	\$44.94	15-Minute Increment (per child)	Up to 4 (four) 15-minute increments (1 hour) per child 0-16 years of age, per month For arrangement, coordination, and monitoring of services for children: primary medical care, primary pediatric care, gender-specific treatment, and therapeutic interventions.			
	T1009	Cooperative (Co-Op) Child Care ¹⁵	\$1.65	\$1.65	\$1.65	\$1.65	15-Minute Increment (per child) See PPW Bulletin 18-11 or Provider Manual for additional caregiver to child ratio and service criteria.	Total Annual Cap per Child: \$3240.40 or 1964 units; including weekly limits as follows and based on mother's SUD level of care: <u>ASAM 1.0</u> : Up to 9 hours per week for each child 0-14 <u>ASAM 2.1</u> : Up to 19 hours (if non-pregnant or post-partum mom) or up to 30 hours (if pregnant or post-partum [60-days after delivery] mom) per week for each child 0-14 <u>ASAM 3.1</u> : Up to 20 hours per week for each child 0-14 <u>ASAM 3.3</u> : Up to 20 hours per week for each child 0-14 <u>ASAM 3.3</u> : Up to 20 hours per week for each child 0-14			
								ASAM 3.5: Up to 22 hours per week for each child 0-14 Note: A child may receive either T1009 or T2027 not both in a 1-year period			
Services	T2027	Licensed-Like Child Care ¹⁵	\$3.10	\$3.10	\$3.10	\$3.10	15-Minute Increment (per child) See PPW Bulletin 18-11 or Provider Manual for additional caregiver to chilir ratio and service criteria.	Total Annual Cap per Child: \$5025.10 or 1621 units; including weekly limits as follows and based on mother's SUD level of care:			
tal Ser								ASAM 1.0: Up to 9 hours per week for each child 0-14			
Supplemental Perinatal								ASAM 2.1: Up to 19 hours (if non-pregnant or post-partum mom) or up to 30 hours (if pregnant or post-partum [60-days after delivery] mom) per week for each child 0-14			
ementa								ASAM 3.1: Up to 20 hours per week for each child 0-14			
Supple								ASAM 3.3: Up to 24 hours per week for each child 0-14			
								ASAM 3.5: Up to 22 hours per week for each child 0-14 Note: A child may receive either T1009 or T2027 not both in a 1-year period			
							Per Mile	Lie to 00 mileo or \$14 nor month, nor honoficion family unit (mother and childfron) 0.14 years of c=-1			
	A0080	Transportation (non-residential providers)	\$0.55	\$0.55	\$0.55	\$0.55	(If using an agency owned/operated vehicle to ensure access to primary medical care, primary pediatric care, gender-specific treatment, and/or therapeutic services for children).	Up to 80 miles or \$44 per month, per beneficiary family unit (mother and child[ren] 0-16 years of age) with concurrent participation in a non-residential program and when not leveraging transportation services funded by other programs for which the beneficiary qualifies (e.g., CalWORKs, DCFS).			
	S9976-C	Residential (RS) ASAM 3.1, 3.3 or 3.5 - Room and Board	\$53.05	\$53.05	\$53.05	\$53.05	Day Rate	Child (age 0-16) accompanying parent to RS. Contingent on RS participation by pregnant or parenting women.			
	H2034-C	Recovery Bridge Housing (RBH) – Bed Day	\$55.00	\$55.00	\$55.00	\$55.00	Day Rate	Child (age 0-16) accompanying parent to RBH. Contingent on RBH participation by pregnant or parenting women.			

	PREGNANT AND PARENTING WOMEN (PPW) SPECIALIZATION* ENHANCED RATES AND STAFFING MODIFIERS ¹										
		Description	Perinatal/PPW (HD) Modifier Base Rate Registered SUD Counselor/Other Provider	Perinatal Staff ³							
LOC ^{2,8,9}	HCPCS			Certified SUD Counselor (C)	Licensed Eligible - LPHA (LE)	Licensed LPHA (L)	Unit ^{4,5,6}	Treatment Standard ^{4,5,6}			
CLAIMS INSTR	CLAIMS INSTRUCTIONS										

1 Population Modifiers: Pregnant and Parenting Women Specialization, also known as Perinatal, requires the following:

Current DMC certification for perinatal services.

Counselors and/or LPHAs providing direct SUD treatment services to perinatal women must have minimum of 2 years of experience providing women-specific evidence-based or best practices which includes, but is not limited to: Trauma-Informed and Integrated Trauma Services, relational or cultural approaches that focus on the relevance and centrality of relationships, assessing and reviewing the history of interpersonal violence, women-only therapeutic environments, parenting support, parenting skills, and family reunification services as applicable.

· Listed on the SBAT as a qualified site.

2 U Codes: Claims submission in Sage is currently configured to require the identification of *U Codes* for the level of care (LOC), and specific modifiers: *HA* – youth under 21 years old and *HD* – pregnant and perinatal services. The *Code* in the *LOC* and/or *Treatment Standard* columns indicate what should be selected in Sage for the associated service or population.

ASAM Level of Care (LOC) and "U Code" Crosswalk for Claims Submission								
ASAM 1.0-AR	Outpatient At-Risk	U7						
ASAM 1.0	Outpatient	U7						
ASAM 2.1	Intensive Outpatient	U8						
ASAM 3.1	Low Intensity Residential	U1						
ASAM 3.3	High Intensity Residential, Population Specific	U2						
ASAM 1-WM	Ambulatory Withdrawal Management w/o Extended Monitoring	U4 + U7 or U8						
ASAM 2- WM	Ambulatory WM with Extended On-Site Monitoring	U5						
ASAM 3.2-WM	Residential Withdrawal Management, Clinically Managed	U9						
ASAM 3.7-WM	Inpatient Withdrawal Management, Medically Monitored	U10						
ASAM 4-WM	Inpatient Withdrawal Management, Medically Managed							
ASAM 1-OTP	Opioid Treatment Program	UA, HG						
RSS	Recovery Support Services	U6 + last LOC "U Code"						
Population and Modifier Crosswalk for Claims Submission								
Youth	Age 12-17	НА						
Young Adults	Age 18-20	HA						
Pregnant/Perinatal	Length of pregnancy and allowable post-partum	HD						

PREGNANT AND PARENTING WOMEN (PPW) SPECIALIZATION* ENHANCED RATES AND STAFFING MODIFIERS ¹ Effective 7/179										
		Description	Perinatal/PPW (HD) Modifier Base Rate Registered SUD Counselor/Other Provider	Perinatal Staff ³						
LOC ^{2,8,9}	HCPCS			Certified SUD Counselor (C)	Licensed Eligible - LPHA (LE)	Licensed LPHA (L)	Unit ^{4,5,6}	Treatment Standard 45.6		
CLAIMS INSTR	CLAIMS INSTRUCTIONS									

3 Staffing Modifiers: Staff modifiers are available for the delivery of direct services to motivate Network Providers to hire more Certified Counselors, Licensed-Eligible Practitioners, and Licensed Practitioners; encourage pre-licensed or pre-certified individuals to complete licensure and certification requirements in a timely manner and remain employed with community-based SUD treatment organizations; and support hiring of staff capable of delivering services to individual in their preferred language(e.g., threshold languages, sign language). The classifications are as follows:

Registered Counselors and Other Qualified Providers are in the process of certification by one of the National Commission for Certifying Agencies accreditation organizations recognized by DHCS. Certified Medical Assistants, Medical Assistants, and Licensed Vocational Nurses are included under this category. This is the Base Rate or Base Rate with the Modifier for Youth or Pregnant/Parenting Women.

Certified SUD Counselors ("C") Registered Counselors and Other Qualified Providers are Certified by one of the National Commission for Certifying Agencies accreditation organizations recognized by DHCS. This is the Base Rate or Base Rate with the Modifier for Youth or Pregnant/Parenting Women plus 6%.

Licensed Eligible "LE" positions are Individuals registered with their respective state board (i.e., California Board of Behavioral Sciences, California Board of Psychology) and authorized to practice under the license of a fully-licensed practitioner with proper supervision and limited to the following: Associate Social Worker; Associate Marriage and Family Therapy: Associate Professional Clinical Courselor; Psychological Assistant, and Registered Psychologist. This is the Base Rate or Base Rate or Base Rate with the Modifier for Youth or Pregnant/Parenting Women plus 15%.

Licensed "L" positions are individuals licensed with their respective state board (i.e., California Board of Behavioral Sciences, California Board of Psychology) and authorized to practice and limited to the following: Physician (MD or DO); Nurse Practitioner; Physician Assistant; Registered Pharmacist; Clinical Psychologist; Licensed Clinical Social Worker (LCSW); Licensed Professional Clinical Counselor; and Licensed Marriage and Family Therapist. This is the Base Rate or Base Rate with the Modifier for Youth or Pregnant/Parenting Women plus 20%.

4 Group Counseling and Patient Education Group Calculation:

Formula: (# minutes in the group divided by # of participants in the group) times (LOC group rate divided by 15 to get per minute rate) = amount claimed per person

Standard: Minimum group duration is 60 minutes and maximum 90 minutes. Minimum 2 persons and maximum 12 persons per group (Exception: Patient Education sessions conducted within ASAM 3.1, 3.3, and 3.5 allow for a minimum 2 persons and maximum of 30 persons per session.

Examples: (60 minute group ÷ 10 participants) x (\$2.12 ASAM 1.0) = \$12.72 per person or \$127.20 per group (each person claimed separately)

(60 minute group ÷ 5 participants) x (\$2.12 ASAM 1.0) = \$25.44 per person or \$127.20 per group (each person claimed separately)

(90 minute group ÷ 12 participants) x (\$2.12 ASAM 1.0) = \$15.90 per person or \$190.80 per group (each person claimed separately)

(90 minute group ÷ 6 participants) x (\$2.12 ASAM 1.0) = \$31.80 per person or \$190.80 per group (each person claimed separately)

5 Documentation Time is allowable and varies by level of care:

A: ASAM 1.0, 2.1:

Group Counseling

Documentation time is allowable for group sessions but cannot exceed the following standards and must represent actual time documenting notes tailored to each participant: (a) 2-4 participants one 15-minute unit; (b) 5-8 participants up to two 15-minute unit; and (c) 9-12 participants up to three 15-minute units. The number of minutes would be added to the total time submitted for the group session but it must be clear what amount of time relates to the time spent conducting the group versus the time spent documenting individualized group session notes.

([90 minute group + 15 minutes documentation] + 4 participants) x (\$2.12 ASAM 1.0) = \$55.65 per person or \$222.60 per group (each person claimed separately) ([90 minute group + 30 minutes documentation] + 8 participants) x (\$2.12 ASAM 1.0) = \$31.80 per person or \$254.40 per group (each person claimed separately) ([90 minute group + 45 minutes documentation] + 12 participants) x (\$2.12 ASAM 1.0) = \$23.85 per person or \$286.20 per group (each person claimed separately)

Individual Counseling

Up to 10 minutes per patient, per service for any HCPCS code offered within the LOC in one minute units

B. ASAM 1-WM, 2-WM, 3.2-WM, 3.7-WM, 4-WM, 3.1, 3.3, 3.5 Documentation Time: A flat rate of \$19.03 per person per day for Network Providers who document service delivery at the service- or daily-level, and who submit and follow an agency-wide Policy and Procedure reflecting this standard. Weekly documentation in residential settings does not receive the documentation bonus.

6 Travel time is allowable when providing ASAM 1.0.1.0 - AR, or 2.1 at a SAPC approved Filed-Based Service location by the performing provider (e.g., SUD Counselor) up to 30 minutes to and from the approved location, unless otherwise approved in the application due to service a remove location within an underserved area (e.g., Antelope Valley, Catalina Island). The Progress or Miscellaneous Note must include the stare and end time of the travel each direction.

7 Screening - Any individual who first presents at a Network Provider must receive either the electronic Youth Engagement Screener (ages 12 through 17) or ASAM CO-Triage (18 years of age and older) screener to determine the Provisional LOC prior to receipt of the full ASAM assessment. For payment, the Service Connections Log that outlines no treatment need or a connection to the appropriate level of care is required. Payment for this service begins September 1, 2019.

8 An individual cannot be concurrently enrolled in two or more levels of care (except OTP, RBH) or be enrolled by more than one contractor at a time (except OTP, RBH). Consult DHCS' Same Day Matrix for services.

9 If services are not provided for 30 days an alert will be sent via Sage to notify the contractor to discharge the individual. If after 45 days no services have been provided, ad administrative discharge will be automatically be completed and the County monitors will discuss the deficiency at the next site visit.

10 If relapse risk is deemed to be significant without immediate placement in residential care, a residential treatment provider may admit an individual prior to receiving residential preauthorization, with the understanding that preauthorization denials will result in financial loss, whereas preauthorization approvals will be retroactively reimbursed to the date of admission. For example, a residential treatment provider may choose to accept the financial risk of admitting residential cases during the weekend, with the understanding that SAPC will render an authorization decision on the first business day and within 24 hours of receiving the request.

11 DHCS MHSUDS Information Notice No.: 19-033 National Drug Codes for Medication Assisted Treatment Services in Drug Medi-Cal Organized Delivery System Counties

12 Recovery Bridge Housing participants must be concurrently enrolled in outpatient (ASAM 1.0), intensive outpatient (ASAM 2.1), opioid treatment programs (ASAM 1-OTP) or ambulatory withdrawal management (ASAM 1-WM) services.

13 Supplemental Pregnant and Parenting Women (PPW) services are only available to agency sites with approved DMC Perinatal Designation on the DMC Certification. To be reimbursed, delivered services must comply with the detailed HCPCS standards outlined in the Provider Manual.

14 45 C.F.R. 96 App. A(2)., 45 C.F.R. 96.124(e)(5)

15 California Department of Education and CalWORKs Program

16 Bulletin 19-02 Provider Staffing Guidelines: Only LE LPHA, LPHA, and Approved Staffing Levels can provide HCPC 90846 -Family Therapy and MAT SVC

17 DHCS Bulletin 19-035 Medication Assisted Treatment Reimbursement Rates for Fiscal Year 2019-20

18 DHCS Bulletin 19-036 Drug Medi-Cal Reimbursement Rates for Fiscal Year 2019-20