# Department of Public Health, Substance Abuse Prevention and Control (SAPC) Substance Use Disorder (SUD) Rates and Standards Matrix - Fiscal Year 2019-2020

# BASE RATES AND STAFFING MODIFIERS

Effective: 7/1/19

Maximum One Unit Per Patient Per Day

Residential - Not billable for same day of admission

|                      |  |                                    | Base Rate<br>Registered SUD   |                                     | Staff Modifier <sup>3</sup>      |                      |                       |  |  |  |  |  |
|----------------------|--|------------------------------------|-------------------------------|-------------------------------------|----------------------------------|----------------------|-----------------------|--|--|--|--|--|
| LOC <sup>2,8,9</sup> | HCPCS  | Description                        | Counselor/Other<br>Provider   | Certified SUD<br>Counselor<br>( C ) | Licensed Eligible -<br>LPHA (LE) | Licensed LPHA<br>(L) | Unit <sup>4,5,6</sup> | Treatment Standard <sup>4,5,6</sup>  |  |  |  |  |
| INCENTIVE            | INCENTIVE PAYMENTS TERM: December 2017-June 2020 <sup>A</sup>  |                                    |                               |                                     |                                  |                      |                       |  |  |  |  |  |
|                      |  |                                    |                               |                                     |                                  |                      |                       | oving the patient experience, improving population health, and reducing the per capita cost of care. While SAPC's incentives be launched that target other performance expectations. |  |  |  |  |
| Documentation        | of Existing Benefit  | s or Program Participation in CalC | OMS/LACPRS <sup>A,B,C,E</sup> | )                                   |                                  |                      |                       |  |  |  |  |  |
| 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                  |  |                                    |                               |                                     |                                  |                      |                       |  |  |  |  |  |
| All                  | All Ex-GR General Relief Case Number \$5.00 \$5.00 \$5.00 Entry of the accurate and valid number in CalOMS/LACPRS  |                                    |                               |                                     |                                  |                      |                       |  |  |  |  |  |
| All                  | 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 | on in CalOMS/LAC              | :PRS <sup>A,B,D,E,F</sup>           |                                  |                      |                       |  |  |  |  |  |
| All                  | 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                  | 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 <sup>A,B,E,</sup>   | G                                  |                               |                                     |                                  |                      |                       |  |  |  |  |  |
| All                  |  |                                    |                               |                                     |                                  |                      |                       |  |  |  |  |  |
| All                  | D-DC   | Discharge Data – Same Day          | \$10.00                       | \$10.00                             | \$10.00                          | \$10.00              | Flat Rate             | Full CalOMS/LACPRS Discharge Data Set completed on the day of last service   |  |  |  |  |
| SCREENING            | S REFERRAL TO T  | REATMENT                           |                               |                                     |                                  |                      |                       |  |  |  |  |  |

<sup>\$30.00</sup> 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.

\$30.00

\$30.00

All

H0049

Screening<sup>7</sup>

15-Minute Increment

\$30.00

<sup>&</sup>lt;sup>B</sup> 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.

Frocessed 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,

|  |                            |   |                             |                            | BASE                             | RATES ANI            | STAFFING MODIFIER                       | S 1 Effective: 7/1/19  |
|--|----------------------------|---|-----------------------------|----------------------------|----------------------------------|----------------------|---|--|
| 200  |                            |   | Base Rate<br>Registered SUD |                            | Staff Modifier <sup>3</sup>      |                      | 45/                                     | 457  |
| LOC <sup>2,8,9</sup>                                   | HCPCS                      | Description                             | Counselor/Other<br>Provider | Certified SUD<br>Counselor | Licensed Eligible -<br>LPHA (LE) | Licensed LPHA<br>(L) | Unit <sup>4,5,6</sup>                   | Treatment Standard <sup>4,5,6</sup>  |
| ASAM 1.0-AR:   | Outpatient for At-         | -Risk Youth & Young Adults 12           |                             | (C)                        | ` '                              | ` '                  |   |  |
| ASAM 1.0-AR  | H0001                      | Intake/Assessment                       | \$31.77                     | \$33.68                    | \$36.54                          | \$38.12              | 15-Minute Increment                     |  |
| Code: U7   | T1007                      | Treatment Plan                          | \$31.77                     | \$33.68                    | \$36.54                          | \$38.12              | 15-Minute Increment                     | Combined Services <sup>4,5,6</sup> :   |
| Outpatient for<br>t Youth & Young Adults<br>12-20 Only | H0005                      | Group Counseling                        | \$31.77                     | \$33.68                    | \$36.54                          | \$38.12              | 15-Minute Increment<br>(min 60, max 90) | Age 12-20 (Modifier HA); Pregnant/Perinatal (Modifier HD)  |
| or<br>ng Ao  |                            | 3                                       | \$2.12                      | \$2.25                     | \$2.44                           | \$2.54               | Per Minute                              | No more than 40 units or 10 hours per 60-days  |
| ent fo<br>Youl   | T1012                      | Patient Education                       | \$31.77                     | \$33.68                    | \$36.54                          | \$38.12              | 15-Minute Increment<br>(min 60, max 90) | and up to 2 episodes per calendar year <sup>8,9</sup>  |
| tpatie<br>uth &<br>2-20                                | 110004                     | 1 11 10 11                              | \$2.12                      | \$2.25                     | \$2.44                           | \$2.54               | Per Minute                              |  |
| Our<br>You   | H0004                      | Individual Counseling                   | \$31.77                     | \$33.68                    | \$36.54                          | \$38.12              | 15-Minute Increment                     |  |
| At-Risk  | 90846                      | Family Therapy <sup>13</sup>            | 62474                       | ¢2/ 02                     | \$36.54                          | \$38.12              | 15-Minute Increment                     |  |
| ASAM 1.0: Out  | H0006                      | Case Management                         | \$34.74                     | \$36.82                    | \$39.95                          | \$41.69              | 15-Minute Increment                     |  |
| ASAM 1.0   | H0001                      | Assessment/Intake                       | \$31.77                     | \$33.68                    | \$36.54                          | \$38.12              | 15-Minute Increment                     |  |
| Code: U7   | T1007                      | Treatment Plan                          | \$31.77                     | \$33.68                    | \$36.54                          | \$38.12              | 15-Minute Increment                     | Combined Services <sup>4,5,6</sup> :   |
|  | H0005                      | Group Counseling                        | \$31.77                     | \$33.68                    | \$36.54                          | \$38.12              | 15-Minute Increment<br>(min 60, max 90) | Age 12-17 (Modifier HA); Pregnant/Perinatal (Modifier HD)  |
|  | 110000                     | Group Godinselling                      | \$2.12                      | \$2.25                     | \$2.44                           | \$2.54               | Per Minute                              |  |
|  | T1012                      | Patient Education                       | \$31.77                     | \$33.68                    | \$36.54                          | \$38.12              | 15-Minute Increment<br>(min 60, max 90) | Minimum 2 hours per month and no less or more than   |
|  | 11012                      | T dilott Eddodion                       | \$2.12                      | \$2.25                     | \$2.44                           | \$2.54               | Per Minute                              |  |
|  | H0004                      | Individual Counseling                   | \$31.77                     | \$33.68                    | \$36.54                          | \$38.12              | 15-Minute Increment                     | 0-24 units per week or 0-6 hours per week <sup>8,9</sup>   |
| art .  | H2011                      | Crisis Intervention                     | \$31.77                     | \$33.68                    | \$36.54                          | \$38.12              | 15-Minute Increment                     |  |
| Outpatient   | 90846                      | Family Therapy <sup>13</sup>            |                             |                            | \$36.54                          | \$38.12              | 15-Minute Increment                     | Age 18-20 (Modifier HA); Pregnant/Perinatal (Modifier HD)  |
| Ont  | T1006                      | Collateral Services                     | \$31.77                     | \$33.68                    | \$36.54                          | \$38.12              | 15-Minute Increment                     | Age 21+ (Modifier N/A); Pregnant/Perinatal (Modifier HD)   |
|  | H2010                      | Medication Services (Non-MAT)           | \$31.77                     | \$33.68                    | \$36.54                          | \$38.12              | 15-Minute Increment                     |  |
|  | MATSvc                     | Medication Services (MAT) <sup>13</sup> |                             |                            | \$36.54                          | \$38.12              | 15-Minute Increment                     | Minimum 2 hours per month and no less or more than   |
|  | D0001                      | Discharge Services                      | \$31.77                     | \$33.68                    | \$36.54                          | \$38.12              | 15-Minute Increment                     | 0-36 units per week or 0-9 hours per week <sup>8,9</sup>   |
|  | H0048                      | Alcohol/Drug Testing                    | \$0.00                      | \$0.00                     | \$0.00                           | \$0.00               | UA Test – 1 Unit                        |  |
|  | H0006                      | Case Management                         | \$34.74                     | \$36.82                    | \$39.95                          | \$41.69              | 15-Minute Increment                     | Up to 10 hours or 40 units per month   |
| ASAM 2.1: Inte   | ensive Outpatient<br>H0001 | Assessment/Intake                       | \$34.32                     | \$36.38                    | \$39.47                          | \$41.18              | 15-Minute Increment                     | Combined Services <sup>4,5,6</sup> :   |
| Code: U8   | T1007                      | Treatment Plan                          | \$34.32                     | \$36.38                    | \$39.47                          | \$41.18              | 15-Minute Increment                     | Age 12-17 (Modifier HA)  |
|  | HOOF                       | Croup Couposling                        | \$34.32                     | \$36.38                    | \$39.47                          | \$41.18              | 15-Minute Increment                     | No less or more than* 24-76 units per week or 6-19 hours per week <sup>8,9</sup>   |
|  | H0005                      | Group Counseling                        | \$2.29                      | \$2.43                     | \$2.63                           | \$2.75               | (min 60, max 90)<br>Per Minute          |  |
|  | T1012                      | Patient Education                       | \$34.32                     | \$36.38                    | \$39.47                          | \$41.18              | 15-Minute Increment<br>(min 60, max 90) | Age 12-17 and Pregnant/Perinatal (Also Add Modifier HD)  |
|  | 11012                      | Patient Education                       | \$2.29                      | \$2.43                     | \$2.63                           | \$2.75               | Per Minute                              |  |
|  | H0004                      | Individual Counseling                   | \$34.32                     | \$36.38                    | \$39.47                          | \$41.18              | 15-Minute Increment                     | No less or more than* 24-120 units per week or 6-30 hours per week <sup>8,9</sup>  |
| atient   | H2011                      | Crisis Intervention                     | \$34.32                     | \$36.38                    | \$39.47                          | \$41.18              | 15-Minute Increment                     | Age 18-20 (Modifier HA) or Age 21+ (Modifier None)   |
| utp  | 90846                      | Family Therapy <sup>13</sup>            |                             |                            | \$39.47                          | \$41.18              | 15-Minute Increment                     | No less or more than* 36-76 units per week or 9-19 hours per week <sup>8,9</sup>   |
| ive C  | T1006                      | Collateral Services                     | \$34.32                     | \$36.38                    | \$39.47                          | \$41.18              | 15-Minute Increment                     | Age 18+ <u>and</u> Pregnant/Perinatal (Also Add Modifier HD)   |
| Intensive Outpatient                                   | H2010                      | Medication Services (Non-MAT)           | \$34.32                     | \$36.38                    | \$39.47                          | \$41.18              | 15-Minute Increment                     | No less or more than* 36-120 units per week or 9-30 hours per week <sup>8,9</sup>  |
|  | MATSvc                     | Medication Services (MAT) <sup>13</sup> |                             |                            | \$39.47                          | \$41.18              | 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 |
|  | D0001                      | Discharge Services                      | \$34.32                     | \$36.38                    | \$39.47                          | \$41.18              | 15-Minute Increment                     | 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                         | \$34.74                     | \$36.82                    | \$39.95                          | \$41.69              | 15-Minute Increment                     | Up to 10 hours or 40 units per month   |

|  |   |  |  |                               | BASE  | RATES AN                     | D STAFFING MODIFIER  | S 1 Effective: 7/1/19  |
|--|---|--|--|-------------------------------|---|------------------------------|--|--|
| LOC <sup>2,8,9</sup>                           | HCPCS   | Description  | Base Rate<br>Registered SUD<br>Counselor/Other<br>Provider | Certified SUD Counselor ( C ) | Staff Modifier <sup>3</sup> Licensed Eligible - LPHA (LE) | Licensed LPHA<br>(L)         | Unit <sup>4,5,6</sup>  | Treatment Standard <sup>4,5,6</sup>  |
| ASAM 3.1: Lov                                  | w Intensity Reside                                  | ential   |  |                               |   |                              |  |  |
| ASAM 3.1                                       | H0019   | Clinical Day Rate  | _  |                               |   |                              | Day Rate   | Pre-Authorization by County Required <sup>10</sup>   |
| 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 <sup>8,9</sup>  |
|  | T1012   | Patient Education  | \$141.86<br>with per service                               | \$150.37<br>with per service  | \$163.14<br>with per service                              | \$170.23<br>with per service | * If less than 10 hours or 40 units of   | 2 noncontiguous 30-day stays with one 30-day extension per year for  |
|  | H0004   | Individual Counseling  | or daily note  | or daily note                 | or daily note   | or daily note                | service are provided per week, for more than 2 (age 12-20) or 3 (age   | any ASAM residential LOC unless medically necessary.   |
| _  | H2011   | Crisis Intervention  | documentation  | documentation                 | documentation   | documentation                | 21+) weeks the patient needs to step<br>down to a lower LOC and further  | Age 18-20 (Modifier HA); Pregnant/Perinatal (Modifier HD)  |
| dentik   | 90846   | Family Therapy <sup>13</sup>   | OR   | OR                            | OR  | OR                           | reimbursement will be disallowed.<br>When services provided are less than  | 80+ units per week or 20+ hours per week <sup>8,9</sup>  |
| Resid  | T1006   | Collateral Services  | \$122.83   | \$131.34                      | \$144.11  | \$151.20                     | the minimum, it must be clinically   | 2 noncontiguous 90-day stays with one 30-day extension per year for  |
| nsity  | H2010   | Safeguarding Medications   | with weekly note   | ,                             | with weekly note  | ,                            | necessary (e.g., hospitalized, on pass)<br>and documented in the progress  | any ASAM residential LOC unless medically necessary.   |
| Low Intensity Residential                      | MATSvc  | Medication Services (MAT) <sup>13</sup>  | documentation  | documentation                 | documentation   | documentation                | notes. Alerts will be sent via Sage if service unit minimums are not met.  | Age 21+ (Modifier N/A); Pregnant/Perinatal (Modifier HD)   |
| 7  | T2001   | Non-Emergency Transport  |  |                               |   |                              |  | 80+ units per week or 20+ hours per week <sup>8,9</sup>  |
|  | H0048   | Alcohol/Drug Testing   |  |                               |   |                              |  | 2 noncontiguous 90-day stays with one 30-day extension per year for<br>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  | \$34.74  | \$36.82                       | \$39.95   | \$41.69                      | 15-Minute Increment  | Up to 10 hours or 40 units per month   |
| ASAM 3.3: Hig                                  | gh Intensity Resid                                  | ential Population Specific   |  |                               |   |                              |  |  |
| ASAM 3.3                                       | H0019   | Clinical Day Rate  | _  |                               |   |                              | Day Rate   | Pre-Authorization by County Required <sup>10</sup>   |
| Code: U2                                       | H0001   | Assessment/Intake  | _  |                               |   |                              |  |  |
|  | T1007   | Treatment Plan   | _  |                               |   |                              |  | Combined Services 45.66:   |
|  | H0005   | Group Counseling   | _  |                               |   |                              |  |  |
| v  | T1012   | Patient Education  | \$185.15<br>with per service                               | \$196.26<br>with per service  | \$212.92<br>with per service                              | \$222.18<br>with per service | * If less than 12 hours or 48 units of   | Age 18-20 (Modifier HA); Pregnant/Perinatal (Modifier HD)  |
| pecifi   | H0004   | Individual Councelina  |  | with her service              | with per service  | with her service             |  |  |
| n S  |   | Individual Counseling  | or daily note  | or daily note                 | or daily note   | or daily note                | service are provided per week, for more 3 (age 18+) weeks the patient  | 96+ units per week or 24+ hours per week <sup>8,9</sup>  |
| .0   | H2011   | Crisis Intervention  |  | or daily note documentation   | or daily note documentation                               | or daily note documentation  | more 3 (age 18+) weeks the patient needs to step down to a lower LOC   | 96+ units per week or 24+ hours per week <sup>8,9</sup> 2 noncontiguous 90-day stays with one 30-day extension per year for  |
| pulatio  | H2011<br>90846                                      |  | or daily note  |                               |   |                              | more 3 (age 18+) weeks the patient<br>needs to step down to a lower LOC<br>and further reimbursement will be<br>disallowed. When services provided   |  |
| al Populatio                                   |   | Crisis Intervention  | or daily note documentation  OR                            | documentation                 | documentation<br>OR                                       | documentation<br>OR          | more 3 (age 18+) weeks the patient<br>needs to step down to a lower LOC<br>and further reimbursement will be<br>disallowed. When services provided<br>are less than the minimum, it must be<br>clinically necessary (e.g., hospitalized,   | 2 noncontiguous 90-day stays with one 30-day extension per year for  |
| dential Populatio                              | 90846   | Crisis Intervention Family Therapy <sup>13</sup>   | or daily note documentation  OR  \$166.12 with weekly note | OR \$173.23 with weekly note  | OR \$193.89 with weekly note                              | OR \$203.15 with weekly note | more 3 (age 18+) weeks the patient<br>needs to step down to a lower LOC<br>and further reimbursement will be<br>disallowed. When services provided<br>are less than the minimum, it must be  | 2 noncontiguous 90-day stays with one 30-day extension per year for  |
| ity Residential Populatio                      | 90846<br>T1006                                      | Crisis Intervention Family Therapy <sup>13</sup> Collateral Services   | or daily note documentation  OR  \$166.12                  | OR \$173.23                   | OR \$193.89   | OR \$203.15                  | 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   | 2 noncontiguous 90-day stays with one 30-day extension per year for any ASAM residential LOC unless medically necessary.   |
| ntensity Residential Populatic                 | 90846<br>T1006<br>H2010                             | Crisis Intervention Family Therapy <sup>13</sup> Collateral Services Safeguarding Medications  | or daily note documentation  OR  \$166.12 with weekly note | OR \$173.23 with weekly note  | OR \$193.89 with weekly note                              | OR \$203.15 with weekly note | 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 will be sent via Sage if service unit minimums are not | 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)   |
| ligh Intensity Residential Populatio           | 90846<br>T1006<br>H2010<br>MATSvc                   | Crisis Intervention  Family Therapy <sup>13</sup> Collateral Services  Safeguarding Medications  Medication Services (MAT) <sup>13</sup>   | or daily note documentation  OR  \$166.12 with weekly note | OR \$173.23 with weekly note  | OR \$193.89 with weekly note                              | OR \$203.15 with weekly note | 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 will be sent via Sage if service unit minimums are not | 2 nonconliguous 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 <sup>8,9</sup>  |
| High Intensity Residential Population Specific | 90846<br>T1006<br>H2010<br>MATSvc                   | Crisis Intervention Family Therapy <sup>13</sup> Collateral Services Safeguarding Medications Medication Services (MAT) <sup>13</sup> Non-Emergency Transport                      | or daily note documentation  OR  \$166.12 with weekly note | OR \$173.23 with weekly note  | OR \$193.89 with weekly note                              | OR \$203.15 with weekly note | 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 will be sent via Sage if service unit minimums are not | 2 nonconliguous 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 <sup>8,9</sup>  |
| High Intensity Residential Populatio           | 90846<br>T1006<br>H2010<br>MATSvc<br>T2001<br>H0048 | Crisis Intervention Family Therapy <sup>13</sup> Collateral Services Safeguarding Medications Medication Services (MAT) <sup>13</sup> Non-Emergency Transport Alcohol/Drug Testing | or daily note documentation  OR  \$166.12 with weekly note | OR \$173.23 with weekly note  | OR \$193.89 with weekly note                              | OR \$203.15 with weekly note | 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 will be sent via Sage if service unit minimums are not | 2 nonconliguous 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+ unils per week or 24+ hours per week <sup>8,9</sup> 2 nonconliguous 90-day stays with one 30-day extension per year for any ASAM residential LOC unless medically necessary. |

H0006

Case Management

\$34.74

\$36.82

\$39.95

\$41.69

15-Minute Increment

Up to 10 hours or 40 units per month

| Rase Rate   Registered ISID   Counselor Office   Counselor Current   Counselor Curre  |                      | S 1 Effective: 7/1/19  | D STAFFING MODIFIER                         | RATES AN         | BASE                        |                  |                  |   |                    |                      |
|---|----------------------|--|---|------------------|-----------------------------|------------------|------------------|---|--------------------|----------------------|
| ASAM 3.5 High Intensity Residential Non-Population Specific  ASAM 3.5 High Intensity Residential Non-Population Specific Specif  |                      | 157  | 457   |                  | Staff Modifier <sup>3</sup> |                  |                  |   |                    | 200                  |
| ASAM 3.5 High Intensity Residential Non-Population Specific  ASAM 3.5 High Intensity Residential Day Rate  Pre-Authorization by County Required <sup>10</sup> Combined Services <sup>15,67</sup> :  Age 12-17 (Modifier HA): Pregnant/Perinatal (Modifier HD)  Age 12-17 (Modifier HA): Pregnant/Perinatal (Modifier HD)  Age 12-17 (Modifier HA): Pregnant/Perinatal (Modifier HD)  Bill House or 44 units of or daily note documentation  Age 18-20 (Modifier HA): Pregnant/Perinatal (Modifier HD)  Age 18-20 (Modifier HA): Pregnant/Perinatal (Modifier HD)  Bill House or 44 units of or daily note documentation of cally note documentation of cally note documentation  Age 18-20 (Modifier HA): Pregnant/Perinatal (Modifier HD)  Bill House or 44 units of or daily note documentation of cally note of cally note documentation of cally note of c  |                      | Treatment Standard*o   | Unit <sup>4,3,0</sup>                       |                  |                             | Counselor        | Counselor/Other  | Description                             | HCPCS              | LOC <sup>2,6,9</sup> |
| H0001 Assessment/Intake  T1007 Treatment Plan  H0005 Group Counseling  T1012 Patient Education  S165.33 with per service or daily note documentation  H0004 Individual Counseling  H2011 Crisis Intervention  OR  90846 Family Therapy <sup>13</sup> T1006 Collateral Services  H2010 Safeguarding Medications  MATSvc Medication Services (MAI) <sup>13</sup> Medication Services (MAI) <sup>13</sup> Medication Services (MAI) <sup>13</sup> MATSvc Medication Services (MAI) <sup>13</sup> Age 21+ (Modifier MA): Pregnant/Perinatal (Modifier HD)  S165.33 with per service or daily note documentation docum                     |                      |  |   |                  |                             | (5)              |                  | ential Non-Population Specific          | h Intensity Reside | ASAM 3.5 Hig         |
| T1007 Treatment Plan H0005 Group Counseling T1012 Patient Education H0004 Individual Counseling H2011 Crisis Intervention H2011 Crisis Intervention H2011 Crisis Intervention H2011 Safeguarding Medications H2010 Safeguarding Medications H2010 Safeguarding Medications H2010 Safeguarding Medications MATSvc Medication Services (MAT) <sup>13</sup> MATSvc Medication Services (MAT) <sup>13</sup> Age 12-17 (Modifier HA): Pregnant/Perinatal (Modifier HD)  88+ units per week or 22+ hours per week <sup>8-9</sup> 2 nonconfiguous 30-day stays with one 30 day extension per year for with per service or daily note of or daily note of or daily note of or daily note of documentation documentation MATSvc Medication Services (MAT) <sup>13</sup> Age 12-17 (Modifier HA): Pregnant/Perinatal (Modifier HD)  88+ units per week or 22+ hours per week <sup>8-9</sup> 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 erimbusement will be disallowed. When services provided are less than the minimum, It must be clinically encessary (e.g., hospitalized, on pass) and documentation documentation.  MATSvc Medication Services (MAT) <sup>13</sup> Age 21+ (Modifier HA): Pregnant/Perinatal (Modifier HD)  88+ units per week or 22+ hours per week <sup>8-9</sup> safty 3.779.37 with weekly note documentation documentation documentation.  **It less than 11 hours or 44 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 will be disallowed. When services provided are less than the minimum, It must be clinically encessary (e.g., hospitalized, on pass) and documentation documentation documentation.  **Mats vertical to the progress notes to the progress notes be clinically an expression of the progress notes to the patient needs to step down to a lower LOC and further will be disallowed. When services provided are less than the minimum, It must be clinically an expression of the progress notes to the patient needs to step down to a lower LOC and |                      | Pre-Authorization by County Required <sup>10</sup>   | Day Rate                                    |                  |                             |                  |                  | Clinical Day Rate                       | H0019              | ASAM 3.5             |
| H0005 Group Counseling  T1012 Patient Education  H0004 Individual Counseling  H2011 Crisis Intervention  OR  OR  OR  OR  T1006 Collateral Services H2010 Safeguarding Medications  H2010 Safeguarding Medications  MATSvc Medication Services (MAT) <sup>13</sup> H35.33  with per service or daily note documentation documentation  With per service or daily note documentation documentation  OR  OR  S175.25  with per service or daily note documentation documentation  OR  OR  S176.22  with per service or daily note documentation documentation  OR  OR  S177.10  with weekly note documentation  With per service or daily note documentation documentation  OR  OR  S177.10  with per service or daily note documentation documentation  OR  OR  S177.10  with weekly note documentation  With weekly note documentation  OR  S177.10  with weekly note documentation  With weekly note do   |                      | Combined Services 4.5.6.   |   |                  |                             |                  |                  | Assessment/Intake                       | H0001              | Code: U3             |
| T1012 Patient Education  S165.33 with per service or daily note documentation  H2011 Crisis Intervention  Page 46 Family Therapy <sup>13</sup> T1006 Collateral Services H2010 Safeguarding Medications  H2010 Safeguarding Medications  MATSvc Medication Services (MAT) <sup>13</sup> S165.22 with per service or daily note documentation  With per service or daily note documentation  OR  \$175.25 with per service or daily note documentation  OR                   |                      | Age 12-17 (Modifier HA); Pregnant/Perinatal (Modifier HD)  |   |                  |                             |                  |                  | Treatment Plan                          | T1007              |                      |
| H0004 Individual Counseling H2011 Crisis Intervention  OR OR OR OR OR OR OR OR T1006 Collateral Services H2010 Safeguarding Medications  MATSvc Medication Services (MAT) <sup>13</sup> With per service or daily note documentation OR Safeguarding Medications  With per service or daily note documentation OR OR OR OR OR S156.22 with weekly note documentation OR With weekly note documentation OR With weekly note documentation OR Safeguarding Medications  MATSvc Medication Services (MAT) <sup>13</sup> With per service or daily note documentation OR OR OR S171.10 with weekly note documentation OR Safeguarding Medications  MATSvc Medication Services (MAT) <sup>13</sup> With per service or daily note documentation OR OR S179.37 With weekly note documentation OR Safeguarding Medications  MATSvc Medication Services (MAT) <sup>13</sup> With per service or daily note documentation OR OR S179.37 With weekly note documentation OR S179.37 With weekly note documentation OR Safeguarding Medications  MATSvc Medication Services (MAT) <sup>13</sup> With per service or daily note documentation OR OR S179.37 With weekly note documentation OR S179.37 With weekly note documentation OR S179.37 With weekly note documentation OR Safeguarding Medications  MATSvc Medication Services (MAT) <sup>13</sup> With per service or daily note documentation OR OR S179.37 With weekly note documentation OR S179.37 With weekly note of docu            |                      | 88+ units per week or 22+ hours per week <sup>8,9</sup>  |   |                  |                             |                  |                  | Group Counseling                        | H0005              |                      |
| H2011 Crisis Intervention  OR   |                      | 2 noncontiguous 30-day stays with one 30-day extension per year for  |   | \$198.40         |                             |                  | \$165.33         | Patient Education                       | T1012              |                      |
| H2011 Crisis Intervention  90846 Family Therapy <sup>13</sup> T1006 Collateral Services  H2010 Safeguarding Medications  MATSvc Medication Services (MAT) <sup>13</sup> OR  OR  OR  OR  S146.30 with weekly note documentation  OR  \$156.22 with weekly note documentation  OR  \$177.10 with weekly note documentation  With weekly note documentation  OR  \$179.37 with weekly note documentation  With weekly note documentation  With weekly note documentation  MATSvc Medication Services (MAT) <sup>13</sup> H2011 Crisis Intervention  OR  OR  \$146.30 with weekly note documentation  S16.22 with weekly note documentation  OR  \$177.37 with weekly note documentation  With wee                                  |                      | any ASAM residential LOC unless medically necessary.   |   |                  |                             |                  |                  | Individual Counseling                   | H0004              |                      |
|   |                      | Age 18-20 (Modifier HA); Pregnant/Perinatal (Modifier HD)  | the patient needs to step down to a lower   | documentation    | documentation               | documentation    | documentation    | Crisis Intervention                     | H2011              |                      |
|   |                      | 88+ units per week or 22+ hours per week <sup>8,9</sup>  | disallowed. When services provided are      | OR               | OR                          | OR               | OR               | Family Therapy <sup>13</sup>            | 90846              | dential              |
|   |                      | 2 noncontiguous 90-day stays with one 30-day extension per year for  | necessary (e.g., hospitalized, on pass) and |                  | · ·                         |                  |                  | Collateral Services                     | T1006              | / Resic              |
|   |                      | any ASAM residential LOC unless medically necessary.   | will be sent via Sage if service unit       | -                |                             |                  | -                | Safeguarding Medications                | H2010              | tensity              |
|   |                      | Age 21+ (Modifier N/A); Pregnant/Perinatal (Modifier HD)   |   |                  |                             |                  |                  | Medication Services (MAT) <sup>13</sup> | MATSvc             | High In<br>Non-P     |
|   |                      | 88+ units per week or 22+ hours per week <sup>8,9</sup>  |   |                  |                             |                  |                  | Non-Emergency Transport                 | T2001              | _                    |
| H0048 Alcohol/Drug Testing  2 nonconfiguous 90-day stays with one 30-day extension per year at for any ASAM residential LOC unless medically necessary.   |                      |  |   |                  |                             |                  |                  | Alcohol/Drug Testing                    | H0048              |                      |
| D0001 Discharge Services  Perinatal clients can remain 60-days post-partum under DMC; criminal justice transition to other payers if medically necessary and allowable for continuous continuous post-partum under DMC; criminal justice transition to other payers if medically necessary and allowable for continuous post-partum under DMC; criminal justice transition to other payers if medically necessary and allowable for continuous post-partum under DMC; criminal justice transition to other payers if medically necessary and allowable for continuous post-partum under DMC; criminal justice transition to other payers if medically necessary and allowable for continuous post-partum under DMC; criminal justice transition to other payers if medically necessary and allowable for continuous post-payers.  | ble for days 91-180. | Perinatal clients can remain 60-days post-partum under DMC; criminal justice transition to other payers if medically necessary and allowable |   |                  |                             |                  |                  | Discharge Services                      | D0001              |                      |
| S9976         Room and Board         \$53.05         \$53.05         \$53.05         Day Rate         Same as Above   |                      | Same as Above  | Day Rate                                    | \$53.05          | \$53.05                     | \$53.05          | \$53.05          | Room and Board                          | S9976              |                      |
| H0006         Case Management         \$34.74         \$36.82         \$39.95         \$41.69         15-Minute Increment         Up to 10 hours or 40 units per month  |                      | Up to 10 hours or 40 units per month   | 15-Minute Increment                         | \$41.69          | \$39.95                     | \$36.82          | \$34.74          | Case Management                         | H0006              |                      |
| ASAM 1-WM: Ambulatory Withdrawal Management without Extended On-Site Monitoring   |                      |  |   |                  |                             | Monitoring       | tended On-Site N | drawal Management without Ex            | Ambulatory Withd   | ASAM 1-WM:           |
| ASAM 1-WM H0014-1 Ambulatory Detox Combined Services 4.5.6:   |                      | Combined Services <sup>4,5,6</sup> :   |   |                  |                             |                  |                  | Ambulatory Detox                        | H0014-1            | ASAM 1-WM            |
| Code: U4 H0001 Assessment/Intake Age 12-17 (Modifier HA); Pregnant/Perinatal (Modifier HD)  |                      | Age 12-17 (Modifier HA); Pregnant/Perinatal (Modifier HD)  |   |                  |                             |                  |                  | Assessment/Intake                       | H0001              | Code: U4             |
| + U7 or U8 T1007 Treatment Plan (Authorized Service)  |                      | (Authorized Service)   |   |                  |                             |                  |                  | Treatment Plan                          | T1007              | + U7 or U8           |
| H0005 Group Counseling  |                      |  |   |                  |                             |                  |                  | Group Counseling                        | H0005              |                      |
| T1012 Patient Education \$222.96 \$222.96 with per service   |                      | Age 18-20 (Modifier HA); Pregnant/Perinatal (Modifier HD)  |   | with per service | with per service            | with per service | with per service | Patient Education                       | T1012              |                      |
| H0004 Individual Counseling or daily note documentation documentation documentation documentation documentation   |                      |  |   | -                | -                           | -                | ,                | Individual Counseling                   | H0004              |                      |
| H2011 Crisis Intervention OR OR OR OR OR Day Rate Age 21+ (Modifier N/A); Pregnant/Perinatal (Modifier HD)  |                      | Age 21+ (Modifier N/A); Pregnant/Perinatal (Modifier HD)   | Day Rate                                    | OR               | OR                          | OR               | OR               | Crisis Intervention                     | H2011              | gement               |
| 90846 Family Therapy <sup>13</sup> \$203.93 \$203.93 \$203.93   |                      |  |   | \$203.93         | \$203.93                    | \$203.93         | \$203.93         | Family Therapy <sup>13</sup>            | 90846              | al Mana<br>Site Mor  |
| T1006 Collateral Services with weekly note documentation documentation documentation documentation documentation  |                      | *If 1-WM services do not occur at a standalone site,   |   |                  |                             | with weekly note |                  | Collateral Services                     | T1006              | thdrawa<br>led On-   |
| H2011 Crisis Intervention  90846 Family Therapy <sup>13</sup> T1006 Collateral Services  H2010 Medication Services (Non-Mat)  MATSvc Medication Services (Nan-Mat)  NATSvc Medication Services (Nan-Mat)  H2011 Crisis Intervention  OR  OR  OR  OR  OR  S203.93  \$203.93  with weekly note documentation  |                      | add the "U Code" for the primary outpatient LOC as well:   |   | accumentation    | dodanionalion               |                  | accumentation    | Medication Services (Non-MAT)           | H2010              | itory Wi             |
| MATSvc Medication Services (MAT) <sup>13</sup> U7 – ASAM 1.0 and 1.0; U8 – ASAM 2.1.  |                      | U7 – ASAM 1.0 and 1.0; U8 – ASAM 2.1.  |   |                  |                             |                  |                  | Medication Services (MAT) <sup>13</sup> | MATSvc             | Ambula<br>Withou     |
| H0048 Alcohol/Drug Testing  Maximum 14-days of service per episode <sup>8,9</sup>   |                      | Maximum 14-days of service per episode <sup>8,9</sup>  |   |                  |                             |                  |                  | Alcohol/Drug Testing                    | H0048              |                      |
| D0001 Discharge Services  |                      |  |   |                  |                             |                  |                  | Discharge Services                      | D0001              |                      |
| H0006 Case Management" \$34.74 \$36.82 \$39.95 \$41.69 15-Minute Increment Up to 10 hours or 40 units per month   |                      | Up to 10 hours or 40 units nor month   | 15-Minute Increment                         | \$41.69          | \$39.95                     | \$36.82          | \$34.74          | Case Management*                        | H0006              |                      |

|  |                    |   |                                |                                     | BASE                             | RATES ANI                         | D STAFFING MODIFIERS  | S 1 Effective: 7/1/19                                     |
|--|--------------------|---|--------------------------------|-------------------------------------|----------------------------------|-----------------------------------|-----------------------|---|
| 289  | Hoboo              |   | Base Rate<br>Registered SUD    |                                     | Staff Modifier <sup>3</sup>      |                                   | 456                   |   |
| LOC <sup>2,8,9</sup>   | HCPCS              | Description                             | Counselor/Other<br>Provider    | Certified SUD<br>Counselor<br>( C ) | Licensed Eligible -<br>LPHA (LE) | Licensed LPHA<br>(L)              | Unit <sup>4,5,6</sup> | Treatment Standard <sup>4,5,6</sup>                       |
| ASAM 2-WM: A   | Ambulatory Withd   | rawal Management with Extend            | ded On-Site Mon                |                                     |                                  |                                   |                       |   |
| ASAM 2.0-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                         | \$261.77                          |                       |   |
| ے  | T1012              | Patient Education                       | with per service               | with per service                    | with per service                 | with per service                  |                       | Age 18-20 (Modifier HA); Pregnant/Perinatal (Modifier HD) |
| nt witl  | H0004              | Individual Counseling                   | or daily note documentation    | or daily note documentation         | or daily note documentation      | or daily note documentation       |                       |   |
| Ambulatory Withdrawal Management with<br>Extended On-Site Monitoring | H2011              | Crisis Intervention                     | OR                             | OR                                  | OR                               | OR                                | Day Rate              | Age 21+ (Modifier N/A); Pregnant/Perinatal (Modifier HD)  |
| Mana<br>Moni   | 90846              | Family Therapy <sup>13</sup>            | \$242.74                       | \$242.74                            | \$242.74                         | \$242.74                          |                       | *If 2-WM services do not occur at a standalone site,      |
| rawal<br>n-Site  | T1006              | Collateral Services                     | with weekly note               | with weekly note                    | with weekly note                 | with weekly note                  |                       | add the "U Code" for the primary outpatient LOC as well:  |
| Withd<br>ded O   | H2010              | Medication Services (Non-MAT)           | documentation                  | documentation                       | documentation                    | documentation                     |                       | U7 – ASAM 1.0 and 1.0; U8 – ASAM 2.1.                     |
| atory<br>Exten   | MATSvc             | Medication Services (MAT) 13            |                                |                                     |                                  |                                   |                       | Maximum 14-day stay per episode <sup>8,9</sup>            |
| \mbul  | H0048              | Alcohol/Drug Testing                    |                                |                                     |                                  |                                   |                       |   |
| 1  | D0001              | Discharge Services                      |                                |                                     |                                  |                                   |                       |   |
|  | H0006              | Case Management                         | \$34.74                        | \$36.82                             | \$39.95                          | \$41.69                           | 15-Minute Increment   | Up to 10 hours or 40 units per month                      |
| ASAM 3.2-WM  | : Residential With | drawal Management - Clinically          | y Managed                      |                                     |                                  |                                   |                       |   |
| ASAM 3.2-WM  | H0012              | Subacute Detox Residential              |                                |                                     |                                  |                                   |                       | Combined Services 4.5.6.                                  |
| Code: U9   | H0001              | Assessment/Intake                       |                                |                                     |                                  |                                   |                       |   |
|  | T1007              | Treatment Plan                          |                                |                                     |                                  |                                   |                       | Age 12-17 (Modifier HA); Pregnant/Perinatal (Modifier HD) |
|  | H0005              | Group Counseling                        | \$300.57                       | \$300.57                            | \$300.57                         | \$300.57                          |                       |   |
|  | T1012              | Patient Education                       | with per service or daily note | with per service<br>or daily note   | with per service                 | with per service<br>or daily note |                       | (Authorized Service)                                      |
| nent   | H0004              | Individual Counseling                   | documentation                  | documentation                       | or daily note documentation      | documentation                     |                       |   |
| ınageı<br>d  | H2011              | Crisis Intervention                     | OR                             | OR                                  | OR                               | OR                                | Day Rate              | Age 18-20 (Modifier HA); Pregnant/Perinatal (Modifier HD) |
| val Ma<br>anage  | 90846              | Family Therapy <sup>13</sup>            | \$281.54                       | \$281.54                            | \$281.54                         | \$281.54                          |                       |   |
| hdrav<br>ally Ma   | T1006              | Collateral Services                     | with weekly note documentation | with weekly note documentation      |                                  | with weekly note documentation    |                       | Age 21+ (Modifier N/A); Pregnant/Perinatal (Modifier HD)  |
| ial Wit  | H2010              | Medication Services (Non-MAT)           | documentation                  | documentation                       | documentation                    | documentation                     |                       |   |
| Residential Withdrawal Management<br>Clinically Managed              | MATSvc             | Medication Services (MAT) <sup>13</sup> |                                |                                     |                                  |                                   |                       | Maximum 14-day stay per episode <sup>8,9</sup>            |
| Res  | H0048              | Alcohol/Drug Testing                    |                                |                                     |                                  |                                   |                       |   |
|  | D0001              | Discharge Services                      |                                |                                     |                                  |                                   |                       |   |
|  |                    | i ———                                   |                                | 1                                   |                                  |                                   |                       |   |
|  | S9976              | Room and Board                          | \$97.91                        | \$97.91                             | \$97.91                          | \$97.91                           | Day Rate              | Same as Above   |

|  |                     |   |                                |                                | BASE                             | RATES AND                      | STAFFING MODIFIER     | S 1 Effective: 7/1/19                                     |
|--|---------------------|---|--------------------------------|--------------------------------|----------------------------------|--------------------------------|-----------------------|---|
| LOC <sup>2,8,9</sup>                                   | HCPCS               | Description                             | Base Rate<br>Registered SUD    | Certified SUD                  | Staff Modifier <sup>3</sup>      | ı                              | Unit <sup>4,5,6</sup> | Treatment Standard <sup>4,5,6</sup>                       |
| LUC  | псгсз               | Description                             | Counselor/Other<br>Provider    | Counselor<br>(C)               | Licensed Eligible -<br>LPHA (LE) | Licensed LPHA<br>(L)           | Unit                  | rreatment Standard  |
| ASAM 3.7-WM  | : Inpatient Withdra | awal Management - Medically N           | Monitored                      |                                |                                  |                                |                       |   |
| ASAM 3.7-WM  | H0010               | Subacute Detox Residential              |                                |                                |                                  |                                |                       | Combined Services 4.5.6.                                  |
| Code: U0   | H0001               | Assessment/Intake                       |                                |                                |                                  |                                |                       |   |
|  | T1007               | Treatment Plan                          |                                |                                |                                  |                                |                       | Age 12-17 (Modifier HA); Pregnant/Perinatal (Modifier HD) |
|  | H0005               | Group Counseling                        | \$407.70                       | <b>*</b> 407.70                | <b>*</b> 407.70                  | 4407.70                        |                       | (Authorized Service)                                      |
|  | T1012               | Patient Education                       | \$437.78<br>with per service   |                                |                                  | \$437.78<br>with per service   |                       |   |
| <br>   | H0004               | Individual Counseling                   | 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) |
| igemei   | H2011               | Crisis Intervention                     | OR                             | OR                             | OR                               | OR                             | Day Rate              |   |
| Inpatient Withdrawal Management<br>Medically Monitored | 90846               | Family Therapy <sup>13</sup>            | \$418.75                       | \$418.75                       | \$418.75                         | \$418.75                       |                       | Age 21+ (Modifier N/A); Pregnant/Perinatal (Modifier HD)  |
| drawa<br>Ily Mo  | T1006               | Collateral Services                     | with weekly note documentation | with weekly note documentation | with weekly note documentation   | with weekly note documentation |                       |   |
| t With   | H2010               | Medication Services (Non-MAT)           | dodamomation                   | accumentation                  | dodamonation                     | accumentation                  |                       |   |
| patien<br>N  | MATSvc              | Medication Services (MAT) 13            |                                |                                |                                  |                                |                       | Maximum 14-day stay per episode <sup>8,9</sup>            |
| 드  | 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                         | \$34.74                        | \$36.82                        | \$39.95                          | \$41.69                        | 15-Minute Increment   | Up to 10 hours or 40 units per month                      |
| ASAM 4-WM: I   | Inpatient Withdraw  | val Management - Medically Ma           | ınaged                         |                                |                                  |                                |                       |   |
| 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<br>with per service   |                                | \$507.78<br>with per service     | \$507.78<br>with per service   |                       | (Authorized Service)                                      |
| <br>   | H0004               | Individual Counseling                   | or daily note<br>documentation | or daily note<br>documentation | or daily note documentation      | or daily note<br>documentation |                       |   |
| gemer  | H2011               | Crisis Intervention                     | OR                             | OR                             | OR                               | OR                             | Day Rate              | Age 18-20 (Modifier HA); Pregnant/Perinatal (Modifier HD) |
| Mana<br>naged  | 90846               | Family Therapy <sup>13</sup>            | \$488.75                       | \$488.75                       | \$488.75                         | \$488.75                       |                       |   |
| drawa  | T1006               | Collateral Services                     |                                | with weekly note documentation |                                  |                                |                       | Age 21+ (Modifier N/A); Pregnant/Perinatal (Modifier HD)  |
| t With   | H2010               | Medication Services (Non-MAT)           | dodamomation                   | accumentation                  | dodamonation                     | accumentation                  |                       | Maximum 14-day stay per episode <sup>8,9</sup>            |
| Inpatient Withdrawal Management<br>Medically Managed   | MATSvc              | Medication Services (MAT) <sup>13</sup> |                                |                                |                                  |                                |                       |   |
| 드  | 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                         | \$34.74                        | \$36.82                        | \$39.95                          | \$41.69                        | 15-Minute Increment   | Up to 10 hours or 40 units per month                      |

|   |                  |   |  |                  | BASE  | RATES AN      | D STAFFING MODIFIEF   | RS 1 Effective: 7/1/19   |
|---|------------------|---|--|------------------|---|---------------|-----------------------|--|
| LOC <sup>2,8,9</sup>  | HCPCS            | Description                             | Base Rate<br>Registered SUD<br>Counselor/Other | Certified SUD    | Staff Modifier <sup>3</sup> Licensed Eligible - | Licensed LPHA | Unit <sup>4,5,6</sup> | Treatment Standard <sup>4,5,6</sup>  |
| ACAM 1 OTD.   | Onicid Treatment | Dua 2222215                             | Provider                                       | Counselor<br>(C) | LPHA (LE)                                       | (L)           |                       |  |
|   | Opioid Treatment | Program"                                |  |                  |   |               |                       |  |
| ASAM 1-OTP  | H0001            | Assessment/Intake                       |  |                  | 3.39  |               | 10-Minute Increment   |  |
| Code: UA, HG  |                  |   |  | perii            |   |               |                       |  |
|   | T1007            | Treatment Plan                          |  |                  | 5.74  |               | 10-Minute Increment   |  |
|   |                  |   |  | \$23<br>perii    | 3.39<br>natal                                   |               |                       |  |
|   | H0005            | Group Counseling                        |  |                  | .36   |               | 10-Minute Increment   |  |
|   | 110003           | Group Counseling                        |  | \$5.<br>perii    |   |               | 10-Minute increment   |  |
|   | T4040            | D                                       |  | \$3              | .36   |               | 40.45                 | Combined Services <sup>45,6</sup> :  |
|   | T1012            | Patient Education                       |  | \$5.<br>perir    |   |               | 10-Minute Increment   | Age 12-17 (Modifier HA); Pregnant/Perinatal (Modifier HD)  |
|   |                  |   |  |                  | 5.74  |               |                       | (Authorized Service)   |
|   | H0004            | Individual Counseling                   |  | \$23<br>perir    | 3.39  |               | 10-Minute Increment   |  |
|   |                  |   |  |                  | 5.74  |               |                       |  |
|   | H2011            | Crisis Intervention                     |  |                  | 3.39  |               | 10-Minute Increment   | County authorization, and for methadone: parental consent and 2 unsuccessful detoxification attempts or drug free treatment episodes |
|   |                  |   |  | perii            | natal<br>\$15                                   | 74            |                       | within a 12 month period.  |
|   | 90846            | Medical Psychotherapy <sup>13</sup>     |  |                  | \$23  | .39           | 10-Minute Increment   | Age 18-20 (Modifier HA); Pregnant/Perinatal (Modifier HD)  |
| natal<br>finors   |                  |   |  | ¢15              | perin<br>5.74                                   | atal          |                       | -  |
| Opioid Treatment Programs<br>If two rates – the higher rate is for perinatal<br>Authorization by County Required for Minors | T1006            | Collateral Services                     |  |                  | 3.39  |               | 10-Minute Increment   | Age 21+ (Modifier N/A); Pregnant/Perinatal (Modifier HD)   |
| Prograte is frequire  |                  |   |  | perir            |   |               |                       | No less than   |
| ment<br>gher ra<br>unty R   | H2010            | Medication Services (Non-MAT)           |  |                  | 3.39  |               | 10-Minute Increment   | 5 units or 50-minutes, and no more than 20 units or 200  |
| l Treat<br>the hig<br>by Cou  |                  |   |  | perii            |   |               |                       | minutes unless medically necessary, per month <sup>8,9</sup>   |
| Opioic<br>ates –<br>zation  | MATSvc           | Medication Services (MAT) <sup>13</sup> |  |                  | \$15  |               | 10-Minute Increment   | Alerts will be sent via Sage if service units' minimums are not met.   |
| f two r   |                  |   |  |                  | \$23<br>perin                                   |               |                       |  |
| - 4   | 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 Immunodeficiency                  |  |                  |   |               |                       |  |
|   | G0435            | Virus (HIV) Test                        |  | \$0              | .00   |               | per Test              |  |
|   | G0475            |   |  |                  |   |               |                       |  |
|   | G0472            | Hepatitis C Virus (HCV) Test            |  | \$0              | .00   |               | per Test              |  |
|   |                  |   |  | \$15             | 5.74  |               | <u> </u>              |  |
|   | D0001            | Discharge Services                      |  | \$23             | 3.39  |               | 10-Minute Increment   |  |
|   | H0006            | Case Management                         | \$34.74  | \$36.82          | natal<br>\$39.95                                | \$41.69       | 15-Minute Increment   | Up to 10 hours or 40 units per month   |
|   | L                | <u> </u>                                |  |                  | L   |               |                       | <u> </u>   |

|                      |        |                                     |  | BASE RATES AN  | D STAFFING MODIFIER        | RS <sup>1</sup>            | Effective: 7/1/19                                       |
|----------------------|--------|-------------------------------------|--|--|----------------------------|----------------------------|---|
| LOC <sup>2,8,9</sup> | HCPCS  | Description                         | Base Rate Registered SUD Counselor/Other Provider  Certified SUD Counselor (C) | Staff Modifier <sup>3</sup> Licensed Eligible - Licensed LPHA (LE) (L) | Unit <sup>4,5,6</sup>      |                            | Treatment Standard <sup>4,5,6</sup>                     |
|                      |        |                                     |  | ICATIONS FOR ADDICT  | ION TREATMENT - OTI        | P SETTING <sup>4,5,6</sup> |   |
|                      |        |                                     |  | ME <sup>-</sup>  | THADONE <sup>15</sup>      |                            |   |
|                      |        |                                     |  | \$13.93  |                            |                            |   |
|                      |        |                                     |  | \$15.00<br>perinatal   | Per Day                    | Ąģ                         | e 12-21 (Modifier HA); Pregnant/Perinatal (Modifier HD) |
|                      | H0020  | Methadone                           |  | LABEL NAME   |                            | NATIONAL DRUG CODE (NDC)   | DOSAGE/FORM   |
|                      |        |                                     |  | N/A  |                            | N/A                        | N/A   |
|                      |        |                                     |  | NALTRE   | XONE GENERIC <sup>15</sup> |                            |   |
|                      |        |                                     |  | \$19.06  | per Face to Face Visit     | Aç                         | e 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                                   |
|                      |        |                                     |  | BUPRENORPHINE  | E HCL (MONO) GENERI        | C <sup>14</sup>            |   |
|                      |        |                                     |  | \$19.12  |                            |                            |   |
|                      |        |                                     |  | \$24.04<br>perinatal   | Per Day                    | Αç                         | e 12-21 (Modifier HA); Pregnant/Perinatal (Modifier HD) |
|                      |        |                                     |  | 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  |                            | 42858050103                | 2 MG TABLET SL  |
|                      | S5000B | Buprenorphine HCL<br>(Mono) Generic |  | Buprenorphine  |                            | 50383092493                | 2 MG TABLET SL  |
|                      |        | (Mono) Generic                      |  | 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  |
|                      |        |                                     |  | · .  |                            |                            |   |

|                      |          |   |                             | BASE RATES AN   | D STAFFING MODIFIER   | 2S <sup>1</sup>          | Effective: 7/1/19   |
|----------------------|----------|---|-----------------------------|---|-----------------------|--------------------------|---|
| 200                  |          |   | Base Rate<br>Registered SUD | Staff Modifier <sup>3</sup>   | 45/                   |                          | 157   |
| LOC <sup>2,8,9</sup> | HCPCS    | Description                                       | Counselor/Other<br>Provider | Certified SUD Counselor ( C )  Licensed Eligible - Licensed LPHA LPHA (LE)  (L) | Unit <sup>4,5,6</sup> |                          | Treatment Standard <sup>4,5,6</sup>                       |
|                      |          |   |                             | MEDICATIONS FOR ADDICT  | ION TREATMENT - OT    | P SETTING <sup>14</sup>  |   |
|                      |          |   |                             | BUPRENORPHINE - NALO  | XONE COMBINATION -    | GENERIC <sup>14</sup>    |   |
|                      |          |   |                             | \$21.65   | Per Day               |                          | ge 12-21 (Modifier HA); Pregnant/Perinatal (Modifier HD)  |
|                      |          |   |                             | \$26.57<br>perinatal  | i ei bay              | Ay                       | ge 12-21 (woulder n.k.), Freghandrei matai (woulder n.b.) |
|                      |          |   |                             | LABEL NAME  |                       | NATIONAL DRUG CODE (NDC) | 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-Naloxon  |                       | 00228315573              | 8-2 MG SL   |
|                      |          |   |                             | Buprenorphin-Naloxon  |                       | 00406192403              | 8-2 MG SL   |
|                      |          |   |                             | Buprenorphin-Naloxon  |                       | 00406802003              | 8-2 MG SL   |
|                      |          |   |                             | Buprenorphin-Naloxon  |                       | 50383028793              | 8-2 MG SL   |
|                      |          |   |                             | Buprenorphin-Naloxon  |                       | 62175045832              | 8-2 MG SL   |
|                      |          |   |                             | Buprenorphin-Naloxon  |                       | 62756097083              | 8-2 MG SL   |
|                      |          |   |                             | Buprenorphin-Naloxon  |                       | 65162041503              | 8-2 MG SL   |
|                      |          |   |                             | Buprenorph-Naloxn   |                       | 00054018813              | 2-0.5 MG SL   |
|                      |          |   |                             | Buprenorph-Naloxn   |                       | 00228315473              | 2-0.5 MG SL   |
|                      |          |   |                             | Buprenorph-Naloxn   |                       | 00406192303              | 2-0.5 MG SL   |
|                      | S5000BN  | Buprenorphine – (Naloxone<br>Combination) Generic |                             | Buprenorph-Naloxn   |                       | 00406800503              | 2-0.5 MG SL   |
|                      |          | Combination, Continu                              |                             | Buprenorph-Naloxn   |                       | 50383029493              | 2-0.5 MG SL   |
|                      |          |   |                             | Buprenorph-Naloxn   |                       | 62175045232              | 2-0.5 MG SL   |
|                      |          |   |                             | Buprenorph-Naloxn   |                       | 62756096983              | 2-0.5 MG SL   |
|                      |          |   |                             | Buprenorph-Naloxn   |                       | 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                                     |
|                      |          |   |                             | Zubsolv   |                       | 54123091430              | 1.4-0.36 MG TABLET SL                                     |
|                      |          |   |                             | Zubsolv   |                       | 54123092930              | 2.9-0.71 MG TABLET SL                                     |
|                      |          |   |                             | Zubsolv   |                       | 54123095730              | 5.7-1.4 MG TABLET SL                                      |
|                      |          |   |                             | Zubsolv   |                       | 54123098630              | 8.6-2.1 MG TABLET SL                                      |
|                      | <u> </u> | 1   | 1                           |   |                       | 1                        | <u> </u>  |

|                      |        |                      |  | BASE RATES AN  | D STAFFING MODIFIERS        | S 1 Effective: 7/1/19                                     |  |  |
|----------------------|--------|----------------------|--|--|-----------------------------|---|--|--|
| LOC <sup>2,8,9</sup> | HCPCS  | Description          | Base Rate Registered SUD Counselor/Other Provider  Certified SUD Counselor ( C ) | Staff Modifier <sup>3</sup> Licensed Eligible - Licensed LPHA (LE) (L) | Unit <sup>4,5,6</sup>       |   | Treatment Standard <sup>4,5,6</sup>                      |  |
|                      |        |                      |  | DICATIONS FOR ADDICT   | TION TREATMENT - OTI        | P SETTING <sup>11</sup>                                   |  |  |
|                      |        |                      |  | DISULFIF   | RAM - GENERIC <sup>14</sup> |   |  |  |
|                      |        |                      |  | \$9.50   |                             |   |  |  |
|                      |        |                      |  | \$9.49<br>perinatal  | Per Day                     | Age 12-21 (Modifier HA); Pregnant/Perinatal (Modifier HD) |  |  |
|                      |        |                      |  | LABEL NAME   |                             | NATIONAL DRUG CODE (NDC)                                  | DOSAGE/FORM  |  |
|                      |        |                      |  | Antabuse   |                             | 51285052302   | 250 MG TABLET  |  |
|                      |        |                      |  | Antabuse   |                             | 51285052402   | 500 MG TABLET  |  |
|                      |        |                      |  | Disulfiram   |                             | 00054035613   | 250 MG TABLET  |  |
|                      |        |                      |  | Disulfiram   |                             | 00054035625   | 250 MG TABLET  |  |
|                      |        |                      |  | Disulfiram   |                             | 00093503501   | 250 MG TABLET  |  |
|                      | S5000C | Disulfiram - Generic |  | Disulfiram   |                             | 00378414001   | 250 MG TABLET  |  |
|                      |        |                      |  | Disulfiram   |                             | 47781060730   | 250 MG TABLET  |  |
|                      |        |                      |  | Disulfiram   |                             | 64980017101   | 250 MG TABLET  |  |
|                      |        |                      |  | Disulfiram   |                             | 64980017103   | 250 MG TABLET  |  |
|                      |        |                      |  | Disulfiram   |                             | 00054035713   | 500 MG TABLET  |  |
|                      |        |                      |  | Disulfiram   |                             | 00054035725   | 500 MG TABLET  |  |
|                      |        |                      |  | Disulfiram   |                             | 00093503601   | 500 MG TABLET  |  |
|                      |        |                      |  | Disulfiram   |                             | 00378414101   | 500 MG TABLET  |  |
|                      |        |                      |  | Disulfiram   |                             | 64980017203   | 500 MG TABLET  |  |
|                      |        |                      |  | NALC   | OXONE HCL <sup>14</sup>     |   |  |  |
|                      |        |                      | \$1  | 44.66  | per 2 Units                 | Ag  | ge 12-21 (Modifier HA); Pregnant/Perinatal (Modifier HD) |  |
|                      | S5000D | Naloxone HCL         |  | LABEL NAME   |                             | NATIONAL DRUG CODE (NDC)                                  | DOSAGE/FORM  |  |
|                      |        |                      |  | Narcan   |                             | 69547035302   | 4 MG NASAL SPRAY   |  |

|  |                             |   |                             |                                     | BASE                             | RATES ANI            | STAFFING MODIFIER              | RS <sup>1</sup> Effective: 7/1/19  |
|--|-----------------------------|---|-----------------------------|-------------------------------------|----------------------------------|----------------------|--------------------------------|--|
| 200  |                             |   | Base Rate<br>Registered SUD |                                     | Staff Modifier <sup>3</sup>      |                      | 454                            | ALL  |
| LOC <sup>2,8,9</sup>   | HCPCS                       | Description   | Counselor/Other<br>Provider | Certified SUD<br>Counselor<br>( C ) | Licensed Eligible -<br>LPHA (LE) | Licensed LPHA<br>(L) | Unit <sup>4,5,6</sup>          | Treatment Standard <sup>4,5,6</sup>  |
| RECOVERY SU  | JPPORT SERVICE              | S   |                             |                                     |                                  |                      |                                |  |
| Recovery<br>Support  | H0004                       | Individual Counseling                                     | \$31.77                     | \$31.77                             | \$31.77                          | \$31.77              | 15-Minute Increment            | Combined Services 45.6:  |
| Services<br>(RSS)  | H0005                       | Group Counseling  | \$31.77                     | \$31.77                             | \$31.77                          | \$31.77              | \$2.12 minute (min 60, max 90) | Age 12-17 (Modifier HA); Pregnant/Perinatal (Modifier HD)  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 +<br>U Code for Last<br>Level of Care<br>See Above (except<br>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 BE  | RIDGE HOUSING <sup>1:</sup> | 2   |                             |                                     |                                  |                      |                                |  |
| Recovery<br>Bridge<br>Housing<br>(RBH)   | H2034                       | Recovery Bridge Housing                                   | \$50.00                     | \$50.00                             | \$50.00                          | \$50.00              | Day Rate                       | Authorization by County Required Age 12-17: 0 days – Not Available Age 18 and Older: 180 days per calendar year noncontiguous <sup>8</sup> 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 occurs3,6 |
| CLIENT ENG   | AGEMENT ANI                 | O 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                                    |

| BASE RATES AND STAFFING MODIFIERS | Effective: 7/1/19 |
|-----------------------------------|-------------------|
|-----------------------------------|-------------------|

| LOC <sup>2,8,9</sup> | HCPCS    | Description | Base Rate<br>Registered SUD | Staff Modifier <sup>3</sup> |                                  |                      |                       |                                     |
|----------------------|----------|-------------|-----------------------------|-----------------------------|----------------------------------|----------------------|-----------------------|-------------------------------------|
|                      |          |             | Counselor/Other<br>Provider | counselor/Other Counselor   | Licensed Eligible -<br>LPHA (LE) | Licensed LPHA<br>(L) | Unit <sup>4,5,6</sup> | Treatment Standard <sup>4,5,6</sup> |
| CLAIMS INSTE         | RUCTIONS |             |                             |                             |                                  |                      |                       |                                     |

<sup>1</sup> Population Modifiers are not applicable to base rates - only qualified Youth and Pregnant/Perinatal Providers

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 3.5  | 3.5 High Intensity Residential, Non-Population Specific    |                        |  |  |  |
| ASAM 1-WM   | Ambulatory Withdrawal Management w/o Extended Monitoring   | U4 + U7 or U8          |  |  |  |
| ASAM 3.2-WM   | 2-WM Residential Withdrawal Management, Clinically Managed |                        |  |  |  |
| SAM 3.7-WM Inpatient Withdrawal Management, Medically Monitored       |  | U10                    |  |  |  |
| ASAM 4-WM   | Inpatient Withdrawal Management, Medically Managed         | -                      |  |  |  |
| SAM 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  | НА                     |  |  |  |
| Pregnant/Perinatal Length of pregnancy and allowable post-partum      |  | HD                     |  |  |  |

## BASE RATES AND STAFFING MODIFIERS

Effective: 7/1/19

| LOC <sup>2,8,9</sup> | HCPCS |  | Base Rate<br>Registered SUD<br>Counselor/Other<br>Provider |  | - Licensed LPHA (L) | Unit <sup>4,5,6</sup> | Treatment Standard <sup>4,5,6</sup> |
|----------------------|-------|--|--|--|---------------------|-----------------------|-------------------------------------|
|----------------------|-------|--|--|--|---------------------|-----------------------|-------------------------------------|

### **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 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 Counselor; Psychological Assistant, and Registered Psychologist. This is the 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 Nurse; 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 participants: (a) 2-4 participants one 15-minute unit; (b) 5-8 participants up to two 15-minute units; 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 within an underserved area (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 Bulletin 19-02 Provider Staffing Guidelines: Only LE LPHA, LPHA, and Approved Staffing Levels can provide HCPC 90846 -Family Therapy and MAT SVC

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

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