Effective: 7/1/19

# YOUTH SPECIALIZATION ENHANCED RATES AND STAFFING MODIFIERS<sup>1</sup>

			Youth (HA) Modifier	Youth Staff <sup>3</sup>				
LOC <sup>2,8,9</sup>	HCPCS	Description	Base Rate Registered SUD Counselor/Other Provider	Certified SUD Counselor ( C )	Licensed Eligible - LPHA (LE)	Licensed LPHA (L)	Unit <sup>4,5,6</sup>	Treatment Standard <sup>4,5,6</sup>

# INCENTIVE PAYMENTS TERM: December 2017-June 2020

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

be time-limited, i	be time-limited, network providers need to maintain the expectation after the supplemental payment period has expired. New incentives or payment models will likely be launched that target other performance expectations.									
Documentation	of Existing Benefits	s or Program Participation in CalO	MS/LACPRS <sup>A,B,C,D</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	Ex-CW	CalWORKs Case Number	\$5.00	\$5.00	\$5.00	\$5.00	Flat Rate	Entry of the accurate and valid number in CalOMS/LACPRS		
All	Ex-GR	General Relief Case Number	\$5.00	\$5.00	\$5.00	\$5.00		Entry of the accurate and valid number in CalOMS/LACPRS		
All	Ex-PF	PSSF-TLRF Case Number	\$5.00	\$5.00	\$5.00	\$5.00		Entry of the accurate and valid number in CalOMS/LACPRS		
Documentation	of Newly Acquired	Benefits and Program Participatio	n in CalOMS/LACPRS <sup>A,B,E</sup>	),E,F						
All	H0006-MC	Medi-Cal Enrollment	\$30.00	\$30.00	\$30.00	\$30.00		Application must be processed and approved by the Department of Public Social Services (DPSS)		
All	H0006-LA	My Health LA Enrollment	\$30.00	\$30.00	\$30.00	\$30.00		Application must be processed and approved by the Los Angeles County Department of Health Services (DHS)		
All	H0006-CW	CalWORKs Enrollment	\$20.00	\$20.00	\$20.00	\$20.00	Flat Rate	Application must be processed and approved by the Department of Public Social Services (DPSS)		
All	H0006-GR	General Relief Enrollment	\$20.00	\$20.00	\$20.00	\$20.00		Application must be processed and approved by the Department of Public Social Services (DPSS)		
All	H0006-CF	CalFresh Enrollment	\$5.00	\$5.00	\$5.00	\$5.00		Application must be processed and approved by the Department of Public Social Services (DPSS)		
Sage Data Entry	and Accuracy <sup>A,B,E,</sup>	G								
All	D-AD	Admission Data – 7 Days	\$10.00	\$10.00	\$10.00	\$10.00	Flat Rate	Full CalOMS/LACPRS Admission Data Set completed within 7 days of admission date		
All	D-DC	Discharge Data – Same Day	\$10.00	\$10.00	\$10.00	\$10.00	riat ivate	Full CalOMS/LACPRS Discharge Data Set completed on the day of last service		
SCREENING	S REFERRAL TO T	REATMENT								
All	H0049	Screening <sup>7</sup>	\$30.00	\$30.00	\$30.00	\$30.00	15-Minute Increment	Maximum One Unit Per Patient Per Day Residential - Not billable for same day of admission		

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

<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.

<sup>&</sup>lt;sup>C</sup> 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 submitts the incentive claim. This cannot be claimed if a patient enrolled in the benefit while in treatment, instead a "H0006" incentive claims should be submitted (see "H0006" incentives).

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

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

F Incentives with "H0006" are to document when the network provider 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,

			YOUTH SPECIALIZ	ZATION EN	HANCED RA	TES AND STA	AFFING MODIFIERS <sup>1</sup>	Effective: 7/1/19
			Youth (HA) Modifier		Youth Staff <sup>3</sup>			
LOC <sup>2,8,9</sup>	HCPCS	Description	Base Rate Registered SUD Counselor/Other Provider	Certified SUD Counselor ( C )	Licensed Eligible - LPHA (LE)	Licensed LPHA (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	2-20 Only					
ASAM 1.0-AR	H0001	Intake/Assessment	\$32.45	\$34.40	\$37.32	\$38.94	15-Minute Increment	
Code: U7	T1007	Treatment Plan	\$32.45	\$34.40	\$37.32	\$38.94	15-Minute Increment	Combined Services <sup>4,5,6</sup> :
Б.	H0005	Group Counseling	\$32.45	\$34.40	\$37.32	\$38.94	15-Minute Increment (min 60, max 90)	Age 12-20 (Modifier HA); Pregnant/Perinatal (Modifier HD)
oriu	110003	Group Counseling	\$2.16	\$2.29	\$2.49	\$2.60	Per Minute	No more than 40 units or 10 hours per 60-days
at for & Y nly	T1012	Patient Education	\$32.45	\$34.40	\$37.32	\$38.94	15-Minute Increment	and up to 2 episodes per calendar year <sup>8,9</sup>
utpatient for k Youth & ` Adults 12-20 Only	T1012	Patient Education	\$2.16	\$2.29	\$2.49	\$2.60	Per Minute	
Outpatient for At-Risk Youth & Young Adults 12-20 Only	H0004	Individual Counseling	\$32.45	\$34.40	\$37.32	\$38.94	15-Minute Increment	
F.R.	90846	Family Therapy <sup>13</sup>			\$37.32	\$38.94	15-Minute Increment	
⋖	H0006	Case Management	\$35.48	\$37.61	\$40.81	\$42.58	15-Minute Increment	
ASAM 1.0: Out	patient	-						
ASAM 1.0	H0001	Assessment/Intake	\$32.45	\$34.40	\$37.32	\$38.94	15-Minute Increment	
Code: U7	T1007	Treatment Plan	\$32.45	\$34.40	\$37.32	\$38.94	15-Minute Increment	Combined Services <sup>4,5,6</sup> :
	H0005	Group Counseling	\$32.45	\$34.40	\$37.32	\$38.94	15-Minute Increment (min 60, max 90)	Age 12-17 (Modifier HA); Pregnant/Perinatal (Modifier HD)
	110003	Group Counseling	\$2.16	\$2.29	\$2.49	\$2.60	Per Minute	
	T1012	Dationt Education	\$32.45	\$34.40	\$37.32	\$38.94	15-Minute Increment	Minimum 2 hours per month and no less or more than
	T1012	Patient Education	\$2.16	\$2.29	\$2.49	\$2.60	Per Minute	
	H0004	Individual Counseling	\$32.45	\$34.40	\$37.32	\$38.94	15-Minute Increment	0-24 units per week or 0-6 hours per week <sup>8,9</sup>
±	H2011	Crisis Intervention	\$32.45	\$34.40	\$37.32	\$38.94	15-Minute Increment	7
atien	90846	Family Therapy <sup>13</sup>			\$37.32	\$38.94	15-Minute Increment	Age 18-20 (Modifier HA); Pregnant/Perinatal (Modifier HD)
Outpatient	T1006	Collateral Services	\$32.45	\$34.40	\$37.32	\$38.94	15-Minute Increment	Age 21+ (Modifier N/A); Pregnant/Perinatal (Modifier HD)
Ŭ	H2010	Medication Services (Non-MAT)	\$32.45	\$34.40	\$37.32	\$38.94	15-Minute Increment	
	MATSvc	Medication Services (MAT) <sup>13</sup>			\$37.32	\$38.94	15-Minute Increment	Minimum 2 hours per month and no less or more than
	D0001	Discharge Services	\$32.45	\$34.40	\$37.32	\$38.94	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	\$35.48	\$37.61	\$40.81	\$42.58	15-Minute Increment	Up to 10 hours or 40 units per month
ASAM 2.1: Inte	nsive Outpatient							
ASAM 2.1	H0001	Assessment/Intake	\$35.06	\$37.16	\$40.32	\$42.07	15-Minute Increment	Combined Services <sup>4,5,6</sup> :
Code: U8	T1007	Treatment Plan	\$35.06	\$37.16	\$40.32	\$42.07	15-Minute Increment	Age 12-17 (Modifier HA)
	H0005	Group Counseling	\$35.06	\$37.16	\$40.32	\$42.07	15-Minute Increment (min 60, max 90)	No less or more than* 24-76 units per week or 6-19 hours per week <sup>8,9</sup>
		, ,	\$2.34	\$2.48	\$2.69	\$2.80	Per Minute	
	T1012	Patient Education	\$35.06	\$37.16	\$40.32	\$42.07	15-Minute Increment	Age 12-17 and Pregnant/Perinatal (Also Add Modifier HD)
	11012	I alient Education	\$2.34	\$2.48	\$2.69	\$2.80	Per Minute	
ŧ	H0004	Individual Counseling	\$35.06	\$37.16	\$40.32	\$42.07	15-Minute Increment	No less or more than* 24-120 units per week or 6-30 hours per week <sup>8,9</sup>
atie	H2011	Crisis Intervention	\$35.06	\$37.16	\$40.32	\$42.07	15-Minute Increment	Age 18-20 (Modifier HA) or Age 21+ (Modifier None)
Outp	90846	Family Therapy <sup>13</sup>			\$40.32	\$42.07	15-Minute Increment	No less or more than* 36-76 units per week or 9-19 hours per week
ive	T1006	Collateral Services	\$35.06	\$37.16	\$40.32	\$42.07	15-Minute Increment	Age 18+ and Pregnant/Perinatal (Also Add Modifier HD)
Intensive Outpatient	H2010	Medication Services (Non-MAT)	\$35.06	\$37.16	\$40.32	\$42.07	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>			\$40.32	\$42.07	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
ŀ	D0001	Discharge Services	\$35.06	\$37.16	\$40.32	\$42.07	15-Minute Increment	service units are not met for 4 or more weeks the patient needs to step down to a lower LOC and further
	H0048	Alcohol/Drug Testing	\$0.00	\$0.00	\$0.00	\$0.00	UA Test – 1 Unit	reimbursement will be disallowed.
ŀ	H0006	Case Management	\$35.48	\$37.61	\$40.81	\$42.58	15-Minute Increment	Up to 10 hours or 40 units per month
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			YOUTH SPECIALI	ZATION EN	HANCED RA	TES AND ST	TAFFING MODIFIERS <sup>1</sup>	Effective: 7/1/19
280			Youth (HA) Modifier  Base Rate	Certified SUD	Youth Staff <sup>3</sup>	T	456	456
LOC <sup>2,8,9</sup>	HCPCS	Description	Registered SUD Counselor/Other Provider	Counselor (C)	Licensed Eligible - LPHA (LE)	Licensed LPHA (L)	Unit <sup>4,5,6</sup>	Treatment Standard <sup>4,5,6</sup>
ASAM 3.1: Lov	w Intensity Reside	ntial						
ASAM 3.1	H0019	Clinical Day Rate					Day Rate	Pre-Authorization by County Required <sup>10</sup>
Code U1	H0001	Assessment/Intake						Combined Services <sup>4,5,6*</sup> :
	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	\$144.90	\$153.59 with per service or daily note	\$166.64	\$173.88		2 nonconliguous 30-day stays with one 30-day extension per year for
	H0004	Individual Counseling	with per service or daily note documentation		with per service or daily note	with per service or daily note	* If less than 10 hours or 40 units of service are provided per week, for more	any ASAM residential LOC unless medically necessary.
	H2011	Crisis Intervention		documentation	documentation	documentation	than 2 (age 12-20) or 3 (age 21+) weeks the patient needs to step down to a lower	Age 18-20 (Modifier HA); Pregnant/Perinatal (Modifier HD)
dential	90846	Family Therapy <sup>13</sup>	- OR	OR	OR	OR	LOC and further reimbursement will be disallowed. When services provided are	80+ units per week or 20+ hours per week <sup>8,9</sup>
Resid	T1006	Collateral Services	\$125.87 with weekly note	\$134.56	\$147.61	\$154.85	less than the minimum, it must be clinically necessary (e.g., hospitalized, on	2 nonconliguous 90-day stays with one 30-day extension per year for
ensity	H2010	Safeguarding Medications	documentation	documentation	on documentation documentation notes. Ale		pass) and documented in the progress notes. Alerts will be sent via Sage if	any ASAM residential LOC unless medically necessary.
Low Intensity Residential	MATSvc	Medication Services (MAT) <sup>13</sup>	]				service unit minimums are not met.	Age 21+ (Modifier N/A); Pregnant/Perinatal (Modifier HD)
	T2001	Non-Emergency Transport						80+ units per week or 20+ hours per week <sup>8,9</sup>
	H0048	Alcohol/Drug Testing						2 nonconliguous 90-day stays with one 30-day extension per year for any ASAM residential LOC unless medically necessary.
	D0001	Discharge Services						Perinatal 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	\$35.48	\$37.61	\$40.81	\$42.58	15-Minute Increment	Up to 10 hours or 40 units per month
ASAM 3.3: Hig	h Intensity Reside	ential Population Specific						
ASAM 3.3	H0019	Clinical Day Rate					Day Rate	Pre-Authorization by County Required <sup>10</sup>
Code: U2	H0001	Assessment/Intake						
	T1007	Treatment Plan						Combined Services <sup>4,5,6*</sup> :
	H0005	Group Counseling						
	T1012	Patient Education	\$189.12	\$200.47	\$217.49	\$226.94	* If less than 12 hours or 48 units of	Age 18-20 (Modifier HA); Pregnant/Perinatal (Modifier HD)
scific	H0004	Individual Counseling	with per service or daily note documentation	with per service or daily note	with per service or daily note	with per service or daily note	service are provided per week, for more 3	96+ units per week or 24+ hours per week <sup>8,9</sup>
on Spe	H2011	Crisis Intervention	OR	documentation	documentation	documentation	(age 18+) weeks the patient needs to step down to a lower LOC and further	2 noncontiguous 90-day stays with one 30-day extension per year for
pulati	90846	Family Therapy <sup>13</sup>		OR	OR	OR	reimbursement will be disallowed. When services provided are less than the minimum, it must be clinically necessary	any ASAM residential LOC unless medically necessary.
ial Po	T1006	Collateral Services	\$170.09 with weekly note	\$181.44 with weekly note	\$198.46 with weekly note	\$207.91 with weekly note	(e.g., hospitalized, on pass) and documented in the progress notes. Alerts	
sident	H2010	Safeguarding Medications	documentation	documentation	documentation	documentation	will be sent via Sage if service unit minimums are not met.	Age 21+ (Modifier N/A); Pregnant/Perinatal (Modifier HD)
sity Re	MATSvc	Medication Services (MAT) <sup>13</sup>					minimums are not met.	96+ units per week or 24+ hours per week <sup>8,9</sup>
High Intensity Residential Population Specific	T2001	Non-Emergency Transport						2 noncontiguous 90-day stays with one 30-day extension per year for any ASAM residential LOC unless medically necessary.
High	H0048	Alcohol/Drug Testing						
	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 days 91-180.
	S9976	Room and Board	\$53.05	\$53.05	\$53.05	\$53.05	Day Rate	Same as Above
	H0006	Case Management	\$35.48	\$37.61	\$40.81	\$42.58	15-Minute Increment	Up to 10 hours or 40 units per month

LOC <sup>2,8,9</sup>		YOUTH SPECIALIZATION ENHANCED RATES AND STAFFING MODIFIERS   Youth (HA) Modifier Youth Staff <sup>3</sup> Effective: 7/1/19										
			Youth (HA) Modifier  Base Rate	Certified SUD	Youth Staff <sup>3</sup>		Unit <sup>4,5,6</sup>	Treatment Standard <sup>4,5,6</sup>				
ASAM 2.5 High Int	псесз	Description	Registered SUD Counselor/Other Provider	Counselor (C)	Licensed Eligible - LPHA (LE)	Licensed LPHA (L)	Unit	rrealment Standard				
ASAW 3.5 HIGH III	ntensity Resider	ntial Non-Population Specific										
ASAM 3.5	H0019	Clinical Day Rate					Day Rate	Pre-Authorization by County Required <sup>10</sup>				
Code: U3	H0001	Assessment/Intake						Combined Services <sup>4,5,6*</sup> :				
	T1007	Treatment Plan						Age 12-17 (Modifier HA); Pregnant/Perinatal (Modifier HD)				
	H0005	Group Counseling						88+ units per week or 22+ hours per week <sup>8,9</sup>				
	T1012	Patient Education	\$168.88	\$179.01	\$194.21	\$202.66		2 nonconliguous 30-day stays with one 30-day extension per year for				
	H0004	Individual Counseling	with per service or daily note documentation	with per service or daily note	with per service or daily note	with per service or daily note	* If less than 11 hours or 44 units of service are provided per week, for more than 2 (age	any ASAM residential LOC unless medically necessary.				
_	H2011	Crisis Intervention	OR	documentation	documentation	documentation	12-20) or 3 (age 21+) weeks the patient needs to step down to a lower LOC and further	Age 18-20 (Modifier HA); Pregnant/Perinatal (Modifier HD)				
dentia	90846	Family Therapy <sup>13</sup>	\$149.85	OR	OR	OR	reimbursement will be disallowed. When services provided are less than the minimum,	88+ units per week or 22+ hours per week <sup>8,9</sup>				
y Resi	T1006	Collateral Services	with weekly note	\$159.98 with weekly note	\$175.18 with weekly note	\$183.63 with weekly note	it must be clinically necessary (e.g., hospitalized, on pass) and documented in the progress notes. Alerts will be sent via Sage if	2 nonconliguous 90-day stays with one 30-day extension per year for				
ntensit	H2010	Safeguarding Medications	documentation	documentation	documentation	documentation	service unit minimums are not met.	any ASAM residential LOC unless medically necessary.				
High Intensity Residential Non-Population Specific	MATSvc	Medication Services (MAT) <sup>13</sup>						Age 21+ (Modifier N/A); Pregnant/Perinatal (Modifier HD)				
	T2001	Non-Emergency Transport						88+ units per week or 22+ hours per week <sup>6,9</sup>				
	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.				
	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 days 91-180.				
	S9976	Room and Board	\$53.05	\$53.05	\$53.05	\$53.05	Day Rate	Same as Above				
	H0006	Case Management	\$35.48	\$37.61	\$40.81	\$42.58	15-Minute Increment	Up to 10 hours or 40 units per month				
ASAM 1-WM: Amb	bulatory Withdr	rawal Management without Ext	ended On-Site Monitori	ng								
ASAM 1-WM	H0014-1	Ambulatory Detox						Combined Services 4.5.6:				
Code: U4	H0001	Assessment/Intake						Age 12-17 (Modifier HA); Pregnant/Perinatal (Modifier HD)				
+ U7 or U8	T1007	Treatment Plan						(Authorized Service)				
	H0005	Group Counseling		\$222.96	\$222.96	\$222.96						
	T1012	Patient Education	\$222.96 with per service or daily	with per service	with per service	with per service		Age 18-20 (Modifier HA); Pregnant/Perinatal (Modifier HD)				
- 7	H0004	Individual Counseling	note documentation	or daily note documentation	or daily note documentation	or daily note documentation						
gement	H2011	Crisis Intervention	OR	OR	OR	OR	Day Rate	Age 21+ (Modifier N/A); Pregnant/Perinatal (Modifier HD)				
ral Mana Site Mo	90846	Family Therapy <sup>13</sup>	\$203.93 with weekly note	\$203.93	\$203.93	\$203.93						
Ambulatory Withdrawal Management Without Extended On-Site Monitoring	T1006	Collateral Services	documentation	with weekly note documentation	with weekly note documentation	with weekly note documentation		*If 1-WM services do not occur at a standalone site,				
atory W	H2010	Medication Services (Non-MAT)						add the "U Code" for the primary outpatient LOC as well:				
Ambul	MATSvc	Medication Services (MAT) <sup>13</sup>						U7 – ASAM 1.0 and 1.0; U8 – ASAM 2.1.				
	H0048	Alcohol/Drug Testing						Maximum 14-days of service per episode <sup>8,9</sup>				
	D0001	Discharge Services										
	H0006	Case Management*	\$35.48	\$37.61	\$40.81	\$42.58	15-Minute Increment	Up to 10 hours or 40 units per month				

			YOUTH SPECIALI	ZATION ENI	HANCED RA	TES AND ST	TAFFING MODIFIERS <sup>1</sup>	Effective: 7/1/19
200			Youth (HA) Modifier Base Rate	Certified SUD	Youth Staff <sup>3</sup>		457	457
LOC <sup>2,8,9</sup>	HCPCS	Description	Registered SUD Counselor/Other Provider	Counselor (C)	Licensed Eligible - LPHA (LE)	Licensed LPHA (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 Monitoring					
ASAM 2.0-WM	H0014-1	Ambulatory Detox						Combined Services 45.6:
Code: U5	H0001	Assessment/Intake						Age 12-17 (Modifier HA); Pregnant/Perinatal (Modifier HD)
+ U7 or U8	T1007	Treatment Plan						(Authorized Service)
	H0005	Group Counseling		\$261.77	\$261.77	\$261.77		
_	T1012	Patient Education	\$261.77 with per service or daily	with per service with per servi	with per service	with per service		Age 18-20 (Modifier HA); Pregnant/Perinatal (Modifier HD)
nt witl	H0004	Individual Counseling	note documentation	or daily note documentation	or daily note documentation	or daily note documentation		
geme toring	H2011	Crisis Intervention	OR	OR	OR	OR	Day Rate	Age 21+ (Modifier N/A); Pregnant/Perinatal (Modifier HD)
Mana 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 n-Site	T1006	Collateral Services	with weekly note documentation	with weekly note	with weekly note	with weekly note		add the "U Code" for the primary outpatient LOC as well:
Withd ded O	H2010	Medication Services (Non-MAT)		documentation	documentation	documentation		U7 – ASAM 1.0 and 1.0; U8 – ASAM 2.1.
Ambulatory Withdrawal Management with Extended On-Site Monitoring	MATSvc	Medication Services (MAT) <sup>13</sup>						Maximum 14-day stay per episode <sup>8,9</sup>
mbul:	H0048	Alcohol/Drug Testing						
4	D0001	Discharge Services						
	H0006	Case Management	\$35.48	\$37.61	\$40.81	\$42.58	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 45.6:
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		
	T1012	Patient Education	\$300.57 with per service or daily	with per service		with per service or daily note		(Authorized Service)
nent	H0004	Individual Counseling	note documentation	or daily note documentation	documentation	documentation		
nager d	H2011	Crisis Intervention	OR	OR	OR	OR	Day Rate	Age 18-20 (Modifier HA); Pregnant/Perinatal (Modifier HD)
ral Ma anage	90846	Family Therapy <sup>13</sup>	\$281.54	\$281.54	\$281.54	\$281.54		
Residential Withdrawal Management Clinically Managed	T1006	Collateral Services	with weekly note documentation	with weekly note	with weekly note	with weekly note		Age 21+ (Modifier N/A); Pregnant/Perinatal (Modifier HD)
al Wit	H2010	Medication Services (Non-MAT)		documentation	documentation	documentation		
identik	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						
	S9976	Room and Board	\$97.91	\$97.91	\$97.91	\$97.91	Day Rate	Same as Above
	H0006	Case Management	\$35.48	\$37.61	\$40.81	\$42.58	15-Minute Increment	Up to 10 hours or 40 units per month

			YOUTH SPECIALI	ZATION EN	HANCED RA	AFFING MODIFIERS <sup>1</sup>	Effective: 7/1/19	
LOC <sup>2,8,9</sup>	HCPCS	Description	Youth (HA) Modifier Base Rate Registered SUD Counselor/Other Provider	Certified SUD Counselor ( C )	Youth Staff <sup>3</sup> Licensed Eligible - LPHA (LE)	Licensed LPHA (L)	Unit <sup>4,5,6</sup>	Treatment Standard <sup>4,5,6</sup>
ASAM 3.7-WM	: Inpatient Withdra	awal Management - Medically N	Monitored					
ASAM 3.7-WM	H0010	Subacute Detox Residential						Combined Services <sup>4,5,6</sup> :
Code: U0	H0001	Assessment/Intake						
	T1007	Treatment Plan						Age 12-17 (Modifier HA); Pregnant/Perinatal (Modifier HD)
	H0005	Group Counseling			****			(Authorized Service)
	T1012	Patient Education	\$437.78 with per service or daily	\$437.78 with per service	\$437.78 with per service	\$437.78 with per service		
ŧ	H0004	Individual Counseling	note documentation	or daily note documentation	or daily note documentation	or daily note documentation		Age 18-20 (Modifier HA); Pregnant/Perinatal (Modifier HD)
gemer	H2011	Crisis Intervention	OR	OR	OR	OR	Day Rate	
Inpatient Withdrawal Management 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  Ily Mo	T1006	Collateral Services	with weekly note documentation	with weekly note documentation	with weekly note documentation	with weekly note documentation		
nt With Лedica	H2010	Medication Services (Non-MAT)						
npatier N	MATSvc	Medication Services (MAT) <sup>13</sup>						Maximum 14-day stay per episode <sup>8,9</sup>
=	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	\$35.48	\$37.61	\$40.81	\$42.58	15-Minute Increment	Up to 10 hours or 40 units per month
ASAM 4-WM: I	npatient Withdraw	val Management - Medically Ma	naged					
ASAM 4-WM	H0011	Acute Detox Residential						
Code: None	H0001	Assessment/Intake						Combined Services 4.5.6:
	T1007	Treatment Plan						
	H0005	Group Counseling		\$507.78	\$507.78	\$507.78		Age 12-17 (Modifier HA); Pregnant/Perinatal (Modifier HD)
	T1012	Patient Education	\$507.78 with per service or daily	with per service	with per service	with per service		(Authorized Service)
ŧ	H0004	Individual Counseling	note documentation	or daily note documentation	or daily note documentation	or daily note documentation		
Management naged	H2011	Crisis Intervention	OR	OR	OR	OR	Day Rate	Age 18-20 (Modifier HA); Pregnant/Perinatal (Modifier HD)
ıl Mana anagec	90846	Family Therapy <sup>13</sup>	\$488.75	\$488.75	\$488.75	\$488.75		
idrawa ally Ma	T1006	Collateral Services	with weekly note documentation	with weekly note documentation	with weekly note documentation	with weekly note documentation		Age 21+ (Modifier N/A); Pregnant/Perinatal (Modifier HD)
Inpatient Withdrawal P Medically Man	H2010	Medication Services (Non-MAT)						Maximum 14-day stay per episode <sup>8,9</sup>
npatier	MATSvc	Medication Services (MAT) <sup>13</sup>						
_	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	\$35.48	\$37.61	\$40.81	\$42.58	15-Minute Increment	Up to 10 hours or 40 units per month

			YOUTH SPECIALIZ	ZATION ENH	HANCED RA	TES AND ST	TAFFING MODIFIERS <sup>1</sup>	Effective: 7/1/19
200	LOC <sup>2,8,9</sup> HCPCS Description Youth (HA) Modifier Base Rate Registered SUD Counselor/Other Counselor Counselor Licensed Eligible - Licensed LPHA (E)						454	154
LOC <sup>2,6,9</sup>	HCPCS	Description			Licensed Eligible - LPHA (LE)	Licensed LPHA (L)	Unit <sup>4,5,6</sup>	Treatment Standard <sup>4,5,6</sup>
ASAM 1-OTP:	Opioid Treatment	: Program <sup>15</sup>						
ASAM 1-OTP	H0001	Assessment/Intake		\$15.74			10-Minute Increment	
Code: UA, HG	HUUUT	Assessment/intake		\$23.39 perinatal			10-iviinate increment	
	T1007	Treatment Dian		\$15.74			10 Minute Ingrement	
	T1007	Treatment Plan		\$23.39 perinatal			10-Minute Increment	
	HOOOF	Craum Caumaalina		\$3.36			10 Minute Ingrement	
	H0005	Group Counseling		\$5.37 perinatal			10-Minute Increment	
	T1012	Dationt Education		\$3.36			10 Minute Income	Combined Services <sup>4,5,6</sup> :
	T1012 Patient Education \$5.37 perinatal						10-Minute Increment	Age 12-17 (Modifier HA); Pregnant/Perinatal (Modifier HD)
				\$15.74				(Authorized Service)
	H0004	Individual Counseling		\$23.39 perinatal			10-Minute Increment	
				\$15.74				
	H2011	Crisis Intervention		\$23.39 perinatal			10-Minute Increment	County authorization, and for methadone: parental consent and 2 unsuccessful detoxification attempts or drug free treatment episodes within a 12 month period.
		12			\$15	i.74		
natal	90846	Medical Psychotherapy <sup>13</sup>			\$23 perir		10-Minute Increment	Age 18-20 (Modifier HA); Pregnant/Perinatal (Modifier HD)
ams or perir d for M	T100/	0.11.10.1	\$15.74					Age 21+ (Modifier N/A); Pregnant/Perinatal (Modifier HD)
Prograte is for	T1006	Collateral Services		\$23.39 perinatal			10-Minute Increment	No less than
tment igher ra unty R	110010			\$15.74			40.45	5 units or 50-minutes, and no more than 20 units or 200
d Trea - the h	H2010	Medication Services (Non-MAT)		\$23.39 perinatal			10-Minute Increment	minutes unless medically necessary, per month <sup>8,9</sup>
Opioid Treatment Programs If two rates – the higher rate is for perinalal Authorization by County Required for Minors	MATO				\$15	i.74	40.4%	Alerts will be sent via Sage if service units' minimums are not met.
If two Author	MATSvc	Medication Services (MAT) <sup>13</sup>			\$23 perir		10-Minute Increment	
	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	\$0.00					
	G0435	Virus (HIV) Test			per Test			
	G0475							
	G0472	Hepatitis C Virus (HCV) Test	\$0.00				per Test	
	\$15.74		40.15					
	D0001	Discharge Services		\$23.39 perinatal			10-Minute Increment	
	H0006	Case Management	\$35.48	\$37.61	\$40.81	\$42.58	15-Minute Increment	Up to 10 hours or 40 units per month

			YOUTH SPECIALIZATION ENHANCED RATES AND S	TAFFING MODIFIERS <sup>1</sup>		Effective: 7/1/19
LOC <sup>2,8,9</sup>	HCPCS	Description	Youth (HA) Modifier Base Rate Certified SUD Registered SUD Counselor/Other Provider (C) Counselor (C) Certified SUD Counselor Counselor (C) Licensed Eligible Licensed LPHA (LE) Licensed LPHA (LE)			Treatment Standard <sup>4,5,6</sup>
			MEDICATIONS FOR ADDICTION TRE	EATMENT - OTP SETTING	⊋ <sup>4,5,6,</sup> 11	
			METHADO	ONE <sup>15</sup>		
			\$13.93	Dor Doy	A 10 21	
			\$15.00 perinatal	- Per Day	Age 12-21	(Modifier HA); Pregnant/Perinatal (Modifier HD)
	H0020	Methadone	LABEL NAME		NATIONAL DRUG CODE (NDC)	DOSAGE/FORM
			N/A		N/A	N/A
		1	NALTREXONE (	GENERIC <sup>15</sup>		
			\$19.06	per Face to Face Visit	Age 12-21	(Modifier HA); Pregnant/Perinatal (Modifier HD)
	S5000A	Naltrexone Generic	LABEL NAME		NATIONAL DRUG CODE (NDC)	DOSAGE/FORM
			Vivitrol		65757030001	380 MG VIAL + DILUENT
			BUPRENORPHINE HCL (	(MONO) GENERIC <sup>14</sup>		
			\$19.12		And 12 21 (Modifier UA), Decarpabilizational / Modifier UE)	
			\$24.04 perinatal	Per Day	Age 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 (Mono) Generic	Buprenorphine		50383092493	2 MG TABLET SL
			Buprenorphine		62756045983	2 MG TABLET SL
			Buprenorphine		00054017713	8 MG TABLET SL
			Buprenorphine		00228315303	8 MG TABLET SL
			Buprenorphine		00378092493	8 MG TABLET SL
			Buprenorphine		42858050203	8 MG TABLET SL
			Buprenorphine		50383093093	8 MG TABLET SL
			Buprenorphine		62756046083	8 MG TABLET SL

			YOUTH SPECIALIZATION ENHANCED RATES AND ST	TAFFING MODIFIERS <sup>1</sup>		Effective: 7/1/19
LOC <sup>2,8,9</sup>	HCPCS	Description	Youth (HA) Modifier Base Rate Registered SUD Counselor/Other Provider  Certified SUD Counselor Counselor (C)  Counselor Licensed Eligible - LPHA (LE)  Licensed LPHA (L)	Unit <sup>4,5,6</sup>		reatment Standard <sup>4,5,6</sup>
			MEDICATIONS FOR ADDICTION TRE			
	_		BUPRENORPHINE - NALOXONE (	COMBINATION - GENERI	C <sup>14</sup>	
			\$21.65 \$26.57	Per Day	Age 12-21 (Modif	ifier HA); Pregnant/Perinatal (Modifier HD)
			perinatal  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 Combination) Generic	Buprenorph-Naloxn		00406800503	2-0.5 MG SL
		Combination) Generic	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

			YOUTH SPECIALIZATION ENHANCED RATES AND ST	AFFING MODIFIERS <sup>1</sup>		Effective: 7/1/19	
LOC <sup>2,8,9</sup>	HCPCS	Description	Youth (HA) Modifier Base Rate Registered SUD Counselor/Other Provider CC Counselor (C)  Vouth Staff <sup>3</sup> Certified SUD Counselor Counselor (C)  Licensed Eligible - Licensed LPHA (L)	Unit <sup>4,5,6</sup>		Treatment Standard <sup>4,5,6</sup>	
			MEDICATIONS FOR ADDICTION TR	REATMENT - OTP SETTIN	NG <sup>11</sup>		
			DISULFIRAM - G	ENERIC <sup>14</sup>			
			\$9.50	Ago 12 21			
			\$9.49 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	
			NALOXONE	HCL <sup>14</sup>	1		
			\$144.66	per 2 Units	Age 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	

			YOUTH SPECIALI	ZATION ENI	HANCED RA	TES AND ST	AFFING MODIFIERS <sup>1</sup>	Effective: 7/1/19
LOC <sup>2,8,9</sup>	HCPCS	Description	Youth (HA) Modifier Base Rate Registered SUD Counselor/Other Provider	Certified SUD Counselor ( C )	Youth Staff <sup>3</sup> Licensed Eligible - LPHA (LE)	Licensed LPHA (L)	Unit <sup>4,5,6</sup>	Treatment Standard <sup>4,5,6</sup>
RECOVERY SU	JPPORT SERVICE	S <sup>4,5,6</sup>						
Recovery Support	H0004	Individual Counseling	\$31.77	\$31.77	\$31.77	\$31.77	15-Minute Increment	Age 12-17 (Modifier HA); Pregnant/Perinatal (Modifier HD)
Services (RSS)	H0005	Group Counseling	\$31.77	\$31.77	\$31.77	\$31.77	\$2.12 minute (min 60, max 90) <sup>2</sup>	Between 1-24 units or up to 6 hours per month <sup>8,9</sup>
	H0038-R	Recovery Monitoring	\$23.71	\$23.71	\$23.71	\$23.71	15-Minute Increment	Age 18-20 (Modifier HA); Pregnant/Perinatal (Modifier HD)
Code: U6 + U Code for Last Level of Care See Above (except OTP use "UA")	H0038-S	Substance Abuse Assistance	\$23.71	\$23.71	\$23.71	\$23.71	15-Minute Increment	Age 21+ (Modifier N/A); Pregnant/Perinatal (Modifier HD)
	H0006	Case Management	\$34.74	\$34.74	\$34.74	\$34.74	15-Minute Increment	Between 1-28 units or up to 7 hours per month <sup>8,9</sup>
RECOVERY BI	RIDGE HOUSING <sup>12</sup>	2						
Recovery Bridge Housing (RBH)	Н2034	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 occurs <sup>8</sup>
CLIENT ENG	SAGEMENT ANI	D 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.

	YOUTH SPECIALIZATION ENHANCED RATES AND STAFFING MODIFIERS Effective: 7/1/19										
LOC <sup>2,8,9</sup>	HCPCS	Description	Registered SUD Counselor/Other Co		Youth Staff <sup>3</sup> Certified SUD Licensed Eligible - Licensed LPHA		Unit <sup>4,5,6</sup>	Treatment Standard <sup>4,5,6</sup>			
				Counselor (C)	LPHA (LE)						

### **CLAIMS INSTRUCTIONS**

- 1 The Youth Specialization Population Modifier requires the following:
- Experience serving youth (ages 12 through 17) and Young Adults (up to age 21, as clinically appropriate) in 2 of the last 7 years.
- Demonstrated experience using evidence-based practices that are specific to youth and young adults.
- Counselors and/or LPHAs providing direct SUD treatment services to youth, young adults and families have a minimum of 2 years' experience providing youth services, which includes working with youth who are runaways, victims of abuse and pregnant or with children.
- · Policies and procedures for addressing the needs of youth and young adults with SUD, such as ensuring developmentally appropriate services, family involvement, composition of group counseling, etc.
- · Network Provider owner, key staff, and all individuals providing direct services to youths passed a background investigation to the satisfaction of County.
- · Listed on the SBAT as a qualified site.

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

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

YOUTH SPECIALIZATION ENHANCED RATES AND STAFFING MODIFIERS Effective: 7/1/19										
LOC <sup>2,8,9</sup>	HCPCS	Description	Youth (HA) Modifier Base Rate Registered SUD Counselor/Other Provider	Certified SUD Counselor	Youth Staff <sup>3</sup> Licensed Eligible - LPHA (LE)	Licensed LPHA (L)	Unit <sup>4,5,6</sup>	Treatment Standard <sup>4,5,6</sup>		

VOLITH CDECIAL TATION ENHANCED DATEC AND CTAFFING MODIFIEDS

# **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, sign languages, sign languages.

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

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

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 Nurse;

#### 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 by the performing provider (e.g., SUD Counselor) up to 30 minutes to and from the approved location, unless otherwise approved in the application due to service a remove location within an underserved area (e.g., Antelope Valley, Catalina Island). The Progress or Miscellaneous Note must include the stare and end time of the travel each direction.
- 7 Screening Any individual who first presents at a Network Provider must receive either the electronic Youth Engagement Screener (ages 12 through 17) or ASAM CO-Triage (18 years of age and older) screener to determine the Provisional LOC prior to receipt of the full ASAM assessment. For payment, the Service Connections Log that outlines no treatment need or a connection to the appropriate level of care is required. Payment for this service begins September 1, 2019.

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

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

10 If relapse risk is deemed to be significant without immediate placement in residential care, a residential treatment provider may admit an individual prior to receiving residential preauthorization, with the understanding that preauthorization denials will result in financial loss, whereas preauthorization approvals will be retroactively reimbursed to the date of admission. For example, a residential treatment provider may choose to accept the financial risk of admitting residential treatment provider may choose to accept the financial risk of admitting residential treatment provider may choose to accept the financial risk of admitting residential treatment provider may choose to accept the financial risk of admitting residential treatment provider may choose to accept the financial risk of admitting residential treatment provider may choose to accept the financial risk of admitting residential treatment provider may choose to accept the financial risk of admitting residential treatment provider may choose to accept the financial risk of admitting residential treatment provider may choose to accept the financial risk of admitting residential treatment provider may choose to accept the financial risk of admitting residential treatment provider may choose to accept the financial risk of admitting residential treatment provider may choose to accept the financial risk of admitting residential treatment provider may choose to accept the financial risk of admitting residential residen

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