							use Prevention and Control (SAPC Indards Matrix - Fiscal Year 2020-2			
			YOUTH SPECIALI	ZATION EN	HANCED RA	TES AND ST	AFFING MODIFIERS ¹	Effective: 7/1/20		
LOC ^{2,8,9}	HCPCS	Description	Youth (HA) Modifier Base Rate Registered SUD Counselor/Other Provider	Base Rate Certified SUD Licensed Eligible - Licensed LPHA		Unit ^{4,5,6}	Treatment Standard ^{4,5,6}			
INCENTIVE PAYMENTS TERM: December 2017-June 2021 ^A										
Incentives are designed to promote modification in network provider behavior for quality improvement purposes, and are frequently used to impact the health care "triple aim" of improving the patient experience, improving population health, and reducing the per capita cost of care. While SAPC's incentives are designed to be time-limited, network providers need to maintain the expectation after the supplemental payment period has expired. New incentives or payment models will likely be launched that target other performance expectations.										
cumentation	of Existing Benefit	s or Program Participation in Cal	OMS/LACPRS ^{A,B,C,D}							
All	Ex-AB	AB 109 Case or PB Number	\$5.00	\$5.00	\$5.00	\$5.00		Entry of the accurate and valid number in CalOMS/LACPRS		
All	Ex-PB	Probation PDJ Number	\$5.00	\$5.00	\$5.00	\$5.00		Entry of the accurate and valid number in CalOMS/LACPRS		
All	Ex-CW	CalWORKs Case Number	\$5.00	\$5.00	\$5.00	\$5.00	Flat Rate	Entry of the accurate and valid number in CalOMS/LACPRS		
All	Ex-GR	General Relief Case Number	\$5.00	\$5.00	\$5.00	\$5.00		Entry of the accurate and valid number in CalOMS/LACPRS		
All	Ex-PF	PSSF-TLRF Case Number	\$5.00	\$5.00	\$5.00	\$5.00		Entry of the accurate and valid number in CalOMS/LACPRS		
Documentation of Newly Acquired Benefits and Program Participation in CalOMS/LACPRS ^{A.B.D.E.F}										
All	H0006-MC	Medi-Cal Enrollment	\$30.00	\$30.00	\$30.00	\$30.00		Application must be processed and approved by the Department of Public Social Services (DPSS)		
All	H0006-CW	CalWORKs 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-GR	General Relief 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-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)		
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)		
ge Data Entry	and Accuracy ^{A,B,E,}	,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	i lut IValG	Full CalOMS/LACPRS Discharge Data Set completed on the day of last service		
SCREENING	S REFERRAL TO T	REATMENT								
All	H0049-N	Screening Non-Admitted ⁷	\$30.00	\$30.00	\$30.00	\$30.00	15-Minute Increment	Maximum One Unit Per Patient Per Day Per Provider Agency Residential & Withdrawal Management - Not billable for same day of admission		
TELEHEALTH SERVICES										

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

^B Incentives cannot be claimed for patients 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.

^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.

			YOUTH SPECIALI	ZATION EN	HANCED RA	TES AND ST	AFFING MODIFIERS ¹	Effective: 7/1/20
280			Youth (HA) Modifier Base Rate	Certified SUD	Youth Staff ³		456	456
LOC ^{2,8,9}	HCPCS	Description	Registered SUD Counselor/Other Provider	Counselor (C)	Licensed Eligible - LPHA (LE)	Licensed LPHA (L)	Unit ^{4,5,6}	Treatment Standard ^{4,5,6}
					ASAM 1.0 AR H	HAS BEEN SUNSE	ET AS OF APRIL 1, 2021	
ASAM 1.0: Out		7						
ASAM 1.0	H0049	Screening ⁷	\$30.00	\$30.00	\$30.00	\$30.00	15-Minute Increment	Maximum One Unit Per Patient Per Day Per Provider Agency
	H0001	Assessment/Intake	\$33.39	\$35.39	\$38.40	\$40.07	15-Minute Increment	
Code: U7	T1007	Treatment Plan	\$33.39	\$35.39	\$38.40	\$40.07	15-Minute Increment 15-Minute Increment	<u>Combined Services^{4,5,6}:</u>
	H0005	Group Counseling	\$33.39	\$35.39	\$38.40	\$40.07	(min 60, max 90)	Age 12-17 (Modifier HA); Pregnant/Perinatal (Modifier HD)
			\$2.23	\$2.36	\$2.56	\$2.67	Per Minute	
	T1012	Patient Education	\$33.39	\$35.39	\$38.40	\$40.07	15-Minute Increment (min 60, max 90)	Minimum 2 hours per month and no less or more than
			\$2.23	\$2.36	\$2.56	\$2.67	Per Minute	
	H0004	Individual Counseling	\$33.39	\$35.39	\$38.40	\$40.07	15-Minute Increment	0-24 units per week or 0-6 hours per week ^{8,9}
ant	H2011	Crisis Intervention	\$33.39	\$35.39	\$38.40	\$40.07	15-Minute Increment	
Outpatient	9084+B71	Family Therapy ¹³			\$38.40	\$40.07	15-Minute Increment	Age 18-20 (Modifier HA); Pregnant/Perinatal (Modifier HD)
õ	T1006	Collateral Services	\$33.39	\$35.39	\$38.40	\$40.07	15-Minute Increment	Age 21+ (Modifier N/A); Pregnant/Perinatal (Modifier HD)
	H2010	Medication Services (Non-MAT)	\$33.39	\$35.39	\$38.40	\$40.07	15-Minute Increment	
	MATSvc	Medication Services (MAT) ¹³			\$38.40	\$40.07	15-Minute Increment	Minimum 2 hours per month and no less or more than
	D0001	Discharge Services	\$33.39	\$35.39	\$38.40	\$40.07	15-Minute Increment	0-36 units per week or 0-9 hours per week ^{8,9}
	H0048	Alcohol/Drug Testing	\$0.00	\$0.00	\$0.00	\$0.00	UA Test – 1 Unit	
	H0006	Case Management	\$36.52	\$38.71	\$42.00	\$43.82	15-Minute Increment	Up to 10 hours or 40 units per month
ASAM 2.1: Inte	ensive Outpatient							
ASAM 2.1	H0049	Screening ⁷	\$30.00	\$30.00	\$30.00	\$30.00	15-Minute Increment	Maximum One Unit Per Patient Per Day Per Provider Agency
	H0001	Assessment/Intake	\$36.08	\$38.24	\$41.49	\$43.30	15-Minute Increment	Combined Services ^{4,5,6} .
Code: U8	T1007	Treatment Plan	\$36.08	\$38.24	\$41.49	\$43.30	15-Minute Increment	Age 12-17 (Modifier HA)
	H0005	Group Counseling	\$36.08	\$38.24	\$41.49	\$43.30	15-Minute Increment (min 60, max 90)	No less or more than* 24-76 units per week or 6-19 hours per week ^{8,9}
	10005	Group Gourisening	\$2.41	\$2.55	\$2.77	\$2.89	Per Minute	
	T1012	Patient Education	\$36.08	\$38.24	\$41.49	\$43.30	15-Minute Increment (min 60, max 90)	Age 12-17 and Pregnant/Perinatal (Also Add Modifier HD)
	11012	Fallent Education	\$2.41	\$2.55	\$2.77	\$2.89	Per Minute	
t.	H0004	Individual Counseling	\$36.08	\$38.24	\$41.49	\$43.30	15-Minute Increment	No less or more than* 24-120 units per week or 6-30 hours per week ^{8,9}
patient	H2011	Crisis Intervention	\$36.08	\$38.24	\$41.49	\$43.30	15-Minute Increment	Age 18-20 (Modifier HA) or Age 21+ (Modifier None)
e Out	90846	Family Therapy ¹³			\$41.49	\$43.30	15-Minute Increment	No less or more than* 36-76 units per week or 9-19 hours per week
Intensive Outpat	T1006	Collateral Services	\$36.08	\$38.24	\$41.49	\$43.30	15-Minute Increment	Age 18+ and Pregnant/Perinatal (Also Add Modifier HD)
브	H2010	Medication Services (Non-MAT)	\$36.08	\$38.24	\$41.49	\$43.30	15-Minute Increment	No less or more than* 36-120 units per week or 9-30 hours per week ^{8.9}
	MATSvc	Medication Services (MAT) ¹³			\$41.49	\$43.30	15-Minute Increment	1
	D0001	Discharge Services	\$36.08	\$38.24	\$41.49	\$43.30	15-Minute Increment	*If the minimum hours of service are not met, reimbursement will be reduced to the ASAM 1.0 fee/rate. If minimum service units are not met for 4 or more weeks the patient needs to step down to a lower LOC and further
	H0048	Alcohol/Drug Testing	\$0.00	\$0.00	\$0.00	\$0.00	UA Test – 1 Unit	reimbursement will be disallowed.
	H0006	Case Management	\$36.52	\$38.71	\$42.00	\$43.82	15-Minute Increment	Up to 10 hours or 40 units per month

			YOUTH SPECIALIZ	ZATION EN	HANCED RA	TES AND S	TAFFING MODIFIERS ¹	Effective: 7/1/20	
			Youth (HA) Modifier		Youth Staff ³	ſ			
LOC ^{2,8,9}	HCPCS	Description	Base Rate Registered SUD Counselor/Other Provider	Certified SUD Counselor (C)	Licensed Eligible - LPHA (LE)	Licensed LPHA (L)	Unit ^{4,5,6}	Treatment Standard ^{4,5,6}	
ASAM 3.1: Lo	w Intensity Reside	ential							
ASAM 3.1	H0019	Clinical Day Rate					Day Rate	Pre-Authorization by County Required ¹⁰	
	H0049	Screening ⁷						Residential & Withdrawal Management - Screening not billable for same day of admission	
Code U1	H0001	Assessment/Intake						Combined Services ^{4,5,6*} .	
	T1007	Treatment Plan						Age 12-17 (Modifier HA); Pregnant/Perinatal (Modifier HD)	
	H0005	Group Counseling						80+ units per week or 20+ hours per week ^{8,9}	
	T1012	Patient Education					* 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					service are provided per week, for more than 2 (age 12-20) or 3 (age 21+) weeks	any ASAM residential LOC unless medically necessary.	
-	H2011	Crisis Intervention	\$178.42	\$189.09	\$205.08	\$213.97	the patient needs to step down to a lower LOC and further reimbursement will be	Age 18-20 (Modifier HA); Pregnant/Perinatal (Modifier HD)	
Low Intensity Residential	90846	Family Therapy ¹³					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 met.	80+ units per week or 20+ hours per week ^{8,9}	
y Res	T1006	Collateral Services						2 noncontiguous 90-day stays with one 30-day extension per year for	
tensit	H2010	Safeguarding Medications						any ASAM residential LOC unless medically necessary.	
nl wo.	MATSvc	Medication Services (MAT) ¹³						Age 21+ (Modifier N/A); Pregnant/Perinatal (Modifier HD)	
	T2001	Non-Emergency Transport						80+ units per week or 20+ hours per week ^{8,9}	
	H0048	Alcohol/Drug Testing						2 noncontiguous 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	\$25.00	\$25.00	\$25.00	\$25.00	Day Rate	Same as Above	
	H0006	Case Management	\$36.52	\$38.71	\$42.00	\$43.82	15-Minute Increment	Up to 10 hours or 40 units per month	
ASAM 3.3: Hig	h Intensity Resid	ential Population Specific	I I						
ASAM 3.3	H0019	Clinical Day Rate	_				Day Rate	Pre-Authorization by County Required ¹⁰	
	H0049	Screening ⁷	_					Residential & Withdrawal Management - Screening not billable for same day of admission	
Code: U2	H0001	Assessment/Intake							
	T1007	Treatment Plan						Combined Services ^{4,5,6} :	
	H0005	Group Counseling							
lic	T1012	Patient Education					* If less than 12 hours or 48 units of	Age 18-20 (Modifier HA); Pregnant/Perinatal (Modifier HD)	
Specific	H0004	Individual Counseling					service are provided per week, for more 3 (age 18+) weeks the patient needs to step	96+ units per week or 24+ hours per week ^{8,9}	
5	H2011	Crisis Intervention	\$223.93	\$237.33	\$257.42	\$268.58	down to a lower LOC and further reimbursement will be disallowed. When	2 noncontiguous 90-day stays with one 30-day extension per year for	
pindoc	90846	Family Therapy ¹³					services provided are less than the minimum, it must be clinically necessary	any ASAM residential LOC unless medically necessary.	
ntial F	T1006	Collateral Services					(e.g., hospitalized, on pass) and		
High Intensity Residential Populati	H2010	Safeguarding Medications					documented in the progress notes. Alerts will be sent via Sage if service unit minimums are not met.	Age 21+ (Modifier N/A); Pregnant/Perinatal (Modifier HD)	
sity F	MATSvc	Medication Services (MAT) ¹³					minimums are not met.	96+ units per week or 24+ hours per week ^{8,9}	
1 Inter	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	\$25.00	\$25.00	\$25.00	\$25.00	Day Rate	Same as Above	
	H0006	Case Management	\$36.52	\$38.71	\$42.00	\$43.82	15-Minute Increment	Up to 10 hours or 40 units per month	

			YOUTH SPECIALI	ZATION EN	HANCED RA	TES AND S	TAFFING MODIFIERS ¹	Effective: 7/1/20
289		D	Youth (HA) Modifier Base Rate	Certified SUD	Youth Staff ³			456
LOC ^{2,8,9}	HCPCS	Description	Registered SUD Counselor/Other Provider	Counselor (C)	Licensed Eligible - LPHA (LE)	Licensed LPHA (L)	Unit ^{4,5,6}	Treatment Standard ^{4,5,6}
ASAM 3.5 Hig	h Intensity Reside	ntial Non-Population Specific			1			
ASAM 3.5	H0019	Clinical Day Rate					Day Rate	Pre-Authorization by County Required ¹⁰
	H0049	Screening ⁷						Residential & Withdrawal Management - Screening not billable for same day of admission
Code: U3	H0001	Assessment/Intake						Combined Services ^{4,5,6} ':
	T1007	Treatment Plan						Age 12-17 (Modifier HA); Pregnant/Perinatal (Modifier HD)
	H0005	Group Counseling						88+ units per week or 22+ hours per week ^{8,9}
	T1012	Patient Education						2 noncontiguous 30-day stays with one 30-day extension per year for
	H0004	Individual Counseling					* If 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	any ASAM residential LOC unless medically necessary.
	H2011	Crisis Intervention	\$203.09	\$215.24	\$233.45	\$243.57		Age 18-20 (Modifier HA); Pregnant/Perinatal (Modifier HD)
dentia	90846	Family Therapy ¹³					reimbursement will be disallowed. When services provided are less than the minimum, it	88+ units per week or 22+ hours per week ^{8,9}
r Resid	T1006	Collateral Services				on pass) and documented in	must be clinically necessary (e.g., hospitalized, on pass) and documented in the progress	2 noncontiguous 90-day stays with one 30-day extension per year for
tensity	H2010	H2010 Safeguarding Medications				notes. Alerts will be sent via Sage if service unit minimums are not met.	any ASAM residential LOC unless medically necessary.	
High Intensity Residential Non-Population Specific	MATSvc	Medication Services (MAT) ¹³						Age 21+ (Modifier N/A); Pregnant/Perinatal (Modifier HD)
T –	T2001	Non-Emergency Transport						88+ units per week or 22+ hours per week ^{8,9}
	H0048	Alcohol/Drug Testing						2 noncontiguous 90-day stays with one 30-day extension per year at for any ASAM residential LOC unless medically necessary.
	D0001	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	\$25.00	\$25.00	\$25.00	\$25.00	Day Rate	Same as Above
	H0006	Case Management	\$36.52	\$38.71	\$42.00	\$43.82	15-Minute Increment	Up to 10 hours or 40 units per month
ASAM 1-WM:	Ambulatory Withd	Irawal Management without Ext	ended On-Site Monitorin	ng				
ASAM 1-WM	H0014-1	Ambulatory Detox						Combined Services ^{4,5,6} :
	H0049	Screening ⁷						Residential & Withdrawal Management - Screening not billable for same day of admission
Code: U4	H0001	Assessment/Intake						Age 12-17 (Modifier HA); Pregnant/Perinatal (Modifier HD)
+ U7 or U8	T1007	Treatment Plan						(Authorized Service)
	H0005	Group Counseling						
	T1012	Patient Education						Age 18-20 (Modifier HA); Pregnant/Perinatal (Modifier HD)
ring	H0004	Individual Counseling	\$230.10	\$230.10	\$230.10	\$230.10	Day Rate	
Anagen	H2011	Crisis Intervention						Age 21+ (Modifier N/A); Pregnant/Perinatal (Modifier HD)
n-Site	90846	Family Therapy ¹³						
/ Withdl	T1006	Collateral Services						*If 1-WM services do not occur at a standalone site,
Ambulatory Withdrawal Management Without Extended On-Site Monitoring	H2010	Medication Services (Non-MAT)						add the "U Code" for the primary outpatient LOC as well:
Amt With	MATSvc	Medication Services (MAT) ¹³						U7 – ASAM 1.0 and 1.0; U8 – ASAM 2.1.
	H0048	Alcohol/Drug Testing						Maximum 14-days of service per episode ^{8,9}
	D0001	Discharge Services		¢20.74	¢40.00	¢40.00	45 Minute In second	Lie to 10 hours or 10 write and write
	H0006	Case Management*	\$36.52	\$38.71	\$42.00	\$43.82	15-Minute Increment	Up to 10 hours or 40 units per month

			YOUTH SPECIALI	ZATION EN	HANCED RA	TES AND ST	AFFING MODIFIERS ¹	Effective: 7/1/20
			Youth (HA) Modifier		Youth Staff ³			
LOC ^{2,8,9}	HCPCS	Description	Base Rate Registered SUD Counselor/Other Provider	Certified SUD Counselor (C)	Licensed Eligible - LPHA (LE)	Licensed LPHA (L)	Unit ^{4,5,6}	Treatment Standard ^{4,5,6}
ASAM 2-WM: /	Ambulatory Witho	Irawal Management with Extend	ded On-Site Monitoring		1			
ASAM 2-WM	H0014-1	Ambulatory Detox						Combined Services ^{4,5,6} :
	H0049	Screening ⁷	_					Residential & Withdrawal Management - Screening not billable for same day of admission
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					Day Rate	
-	T1012	Patient Education						Age 18-20 (Modifier HA); Pregnant/Perinatal (Modifier HD)
nt witl	H0004	Individual Counseling	\$270.03	\$270.03	\$270.03	\$270.03		
gemei toring	H2011	Crisis Intervention	\$270.05	\$270.03	\$270.03	\$270.03	Day Rale	Age 21+ (Modifier N/A); Pregnant/Perinatal (Modifier HD)
Mana Monit	90846	Family Therapy ¹³						"If 2-WM services do not occur at a standalone site,
rawal n-Site	T1006	Collateral Services						add the "U Code" for the primary outpatient LOC as well:
Ambulatory Withdrawal Management with Extended On-Site Monitoring	H2010	Medication Services (Non-MAT)						U7 – ASAM 1.0 and 1.0; U8 – ASAM 2.1.
	MATSvc	Medication Services (MAT) ¹³						Maximum 14-day stay per episode ^{8,9}
shudm.	H0048	Alcohol/Drug Testing						
A	D0001	Discharge Services						
	H0006	Case Management	\$36.52	\$38.71	\$42.00	\$43.82	15-Minute Increment	Up to 10 hours or 40 units per month
ASAM 3.2-WM	: Residential With	ndrawal Management - Clinically	y Managed					·
ASAM 3.2-WM	H0012	Subacute Detox Residential						Combined Services ^{4,5,6} :
	H0049	Screening ⁷						Residential & Withdrawal Management - Screening not billable for same day of admission
Code: U9	H0001	Assessment/Intake						
	T1007	Treatment Plan						Age 12-17 (Modifier HA); Pregnant/Perinatal (Modifier HD)
	H0005	Group Counseling						
	T1012	Patient Education						(Authorized Service)
ent	H0004	Individual Counseling	¢220.04	¢220.04	¢220.04	¢220.04	Davidate	
lagem 	H2011	Crisis Intervention	\$338.01	\$338.01	\$338.01	\$338.01	Day Rate	Age 18-20 (Modifier HA); Pregnant/Perinatal (Modifier HD)
al Mar naged	90846	Family Therapy ¹³						
Residential Withdrawal Management Clinically Managed	T1006	Collateral Services						Age 21+ (Modifier N/A); Pregnant/Perinatal (Modifier HD)
al With linical	H2010	Medication Services (Non-MAT)						
dentia C	MATSvc	Medication Services (MAT) ¹³						Maximum 14-day stay per episode ^{8,9}
Resi	H0048	Alcohol/Drug Testing	-					
	D0001	Discharge Services						
F			407.00					
	S9976	Room and Board	\$25.00	\$25.00	\$25.00	\$25.00	Day Rate	Same as Above

			YOUTH SPECIALIZ	ZATION EN	HANCED RA	TES AND ST	AFFING MODIFIERS ¹	Effective: 7/1/20
			Youth (HA) Modifier Base Rate	Certified SUD	Youth Staff ³			
LOC ^{2,8,9}	HCPCS	Description	Base Rate Registered SUD Counselor/Other Provider	Certified SUD Counselor (C)	Licensed Eligible - LPHA (LE)	Licensed LPHA (L)	Unit ^{4,5,6}	Treatment Standard ^{4,5,0}
ASAM 3.7-WM	: Inpatient Withdr	awal Management - Medically I	Monitored					
ASAM 3.7-WM		Subacute Detox Residential						Combined Services ^{4,5,6} :
		Screening ⁷						Residential & Withdrawal Management - Screening not billable for same day of admission
		Assessment/Intake						
		Treatment Plan						Age 12-17 (Modifier HA); Pregnant/Perinatal (Modifier HD)
	ation	Group Counseling						Treatment Standard ^{4,5,6} Combined Services ^{4,5,6} : Residential & Withdrawal Management - Screening not billable for same day of admission Age 12-17 (Modifier HA); Pregnant/Perinatal (Modifier HD) (Authorized Service) Age 18-20 (Modifier HA); Pregnant/Perinatal (Modifier HD) Age 21+ (Modifier N/A); Pregnant/Perinatal (Modifier HD) Maximum 14-day stay per episode ^{8,9} Same as Above
	mfigur mbina	Patient Education						
ement	ng Co	Individual Counseling	-					Age 18-20 (Modifier HA); Pregnant/Perinatal (Modifier HD)
Manag tored	Guide 4 Billi	Crisis Intervention	\$739.23	\$739.23	\$739.23	\$739.23	Day Rate	
'awal I y Moni	nion (ard p.3	Family Therapy ¹³	+					Age 21+ (Modifier N/A); Pregnant/Perinatal (Modifier HD)
Inpatient Withdrawal Management Medically Monitored	Compa nd Bos	Collateral Services	-					
atient	837I (oom al	Medication Services (Non-MAT)	-					
<u>d</u>	Refer to 8371 Companion Guide for Configuration p.21 Room and Board p.34 Billing Combination	Medication Services (MAT) ¹³	-					Maximum 14-day stay per episode ^{8,9}
	~ -	Alcohol/Drug Testing	-					
	-	Discharge Services	-					
		Room and Board	\$25.00	\$25.00	\$25.00	\$25.00	Day Rate	Same as Above
		Case Management	\$36.52	\$38.71	\$42.00	\$43.82	15-Minute Increment	
ASAM 4-WM: I	Inpatient Withdrav	val Management - Medically Ma		φ 00 .7 T	ψ42.00	ψ 1 0.02		
ASAM 4-WM		Acute Detox Residential						
		Screening ⁷	1					Residential & Withdrawal Management - Screening not billable for same day of admission
		Assessment/Intake						Combined Services ^{4,5,6} :
	_	Treatment Plan						
	uration	Group Counseling						Age 12-17 (Modifier HA); Pregnant/Perinatal (Modifier HD)
ŧ	r Configuration g Combination	Patient Education						(Authorized Service)
nagement ed	le for (illing (Individual Counseling	-					
al Man anage	n Guic p.34 Bi	Crisis Intervention	\$785.43	\$785.43	\$785.43	\$785.43	Day Rate	Age 18-20 (Modifier HA); Pregnant/Perinatal (Modifier HD)
ndraw; ally M:	panio Soard p	Family Therapy ¹³	†					
nt With Medic	rl Com and B	Collateral Services	†					Age 21+ (Modifier N/A); Pregnant/Perinatal (Modifier HD)
Inpatient Withdrawal Man Medically Manage	Refer to 837/ Companion Guide for p.21 Room and Board p.34 Billing	Medication Services (Non-MAT)	1					Maximum 14-day stay per episode ^{8,9}
=	Refer p.21	Medication Services (MAT) ¹³	1					
		Alcohol/Drug Testing	╡					
		Discharge Services	†					
		Room and Board	\$25.00	\$25.00	\$25.00	\$25.00	Day Rate	Same as Above
		Case Management	\$36.52	\$38.71	\$42.00	\$43.82	15-Minute Increment	Up to 10 hours or 40 units per month

			YOUTH SPECIALI	ZATION ENI	HANCED RA	ATES AND ST	TAFFING MODIFIERS ¹	Effective: 7/1/20
LOC ^{2,8,9}	HCPCS	Description	Youth (HA) Modifier Base Rate	Certified SUD	Youth Staff ³	I	Unit ^{4,5,6}	Treatment Standard ^{4,5,6}
		•	Registered SUD Counselor/Other Provider	Counselor (C)	Licensed Eligible LPHA (LE)	- Licensed LPHA (L)	Unit	
ASAM 1-OTP: (Opioid Treatment	t Program ¹⁵	T					
ASAM 1-OTP	H0049	Screening ⁷		\$15.00			10-Minute Increment	Maximum Two Units Per Patient Per Day Per Provider Agency
Code: UA, HG	H0001	Assessment/Intake		\$16.65			10-Minute Increment	
				\$23.84 perir	natal			
	T1007	Treatment Plan		\$16.65			10-Minute Increment	
	11007	ricament nam		\$23.84 perir	natal			
	H0005	Group Counseling		\$3.80			10-Minute Increment	
	10005	Group Coursening		\$6.09 perina	atal			
	T1012	Patient Education		\$3.80			10-Minute Increment	Combined Services ^{4,5,6} .
	11012			\$6.09 perina	atal		ro-minute increment	Age 12-17 (Modifier HA); Pregnant/Perinatal (Modifier HD)
	110004	Individual Coursesline		\$16.65			10 Minute Incoment	(Authorized Service)
	H0004	Individual Counseling		\$23.84 perir	natal		10-Minute Increment	
	H2011	Crisis Intervention		\$16.65			10-Minute Increment	
	H2011	Crisis intervention		\$23.84 perir	natal		ro-minute increment	County authorization, and for methadone: parental consent and 2 unsuccessful detoxification attempts or drug free treatment episodes within a 12 month period.
	00946	M. I. I. D. I. I. 13			\$1	16.65	10-Minute Increment	
rinatal Minors	90846 Medical Psychotherapy ¹³		\$23.84 perinatal				ro-minute increment	Age 18-20 (Modifier HA); Pregnant/Perinatal (Modifier HD)
for per ed for	T1006	Collateral Services	\$16.65				10-Minute Increment	Age 21+ (Modifier N/A); Pregnant/Perinatal (Modifier HD)
it Proç rate is Requir	11000	Collateral Services		\$23.84 perir	natal			No less than
eatme। higher County	H2010	Medication Services (Non-MAT)		\$16.65			10-Minute Increment	5 units or 50-minutes, and no more than 20 units or 200
oid Tr s – the on by (112010			\$23.84 perir	natal			minutes unless medically necessary, per month ^{8,9}
Opioid Treatment Programs If two rates – the higher rate is for perinatal Authorization by County Required for Minors	MATSvc	Medication Services (MAT) ¹³			\$1	16.65	10-Minute Increment	Alerts will be sent via Sage if service units' minimums are not met.
If tw Auth	WIA 15VC	Medication Services (MAT)			\$23.84	perinatal		
	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			per Test	
	G0435	Virus (HIV) Test		<i>40.00</i>			F	
	G0475							
	G0472	Hepatitis C Virus (HCV) Test		\$0.00			per Test	
	D0001	Discharge Services	\$16.65				10-Minute Increment	
			\$23.84 perinatal					
	H0006	Case Management	\$36.52	\$38.71	\$42.00	\$43.82	15-Minute Increment	Up to 10 hours or 40 units per month

			YOUTH SPECIALIZATIO	ON ENHANCED RATES AND ST	AFFING MODIFIERS ¹		Effective: 7/1/20				
LOC ^{2,8,9}	HCPCS	Description	Registered SUD Counselor/Other Course	Youth Staff ³ ed SUD nselor C) LPHA (LE) (L)	Unit ^{4,5,6}		Treatment Standard ^{4,5,6}				
				ATIONS FOR ADDICTION TREA	ATMENT – OTP SETTING	G ^{4,5,6, 11}					
				METHADO	NE ¹⁵						
				\$14.20		Age 12-21 (Modifier HA); Pregnant/Perinatal (Modifier HD)					
				\$15.29 perinatal	Per Day						
	H0020	Methadone									
				LABEL NAME		NATIONAL DRUG CODE (NDC) DOSAG					
				N/A		N/A	N/A				
	L			NALTREXONE G	ENERIC ¹⁵						
				\$19.06							
	S5000A	Naltrexone Generic Name		\$19.06 perinatal	Face-to-Face	Age 12-21	(Modifier HA); Pregnant/Perinatal (Modifier HD)				
				LABEL NAME		NATIONAL DRUG CODE (NDC)	DOSAGE/FORM				
				Vivitrol		65757030001	380 MG VIAL + DILUENT				
NALTREXONE INJECTABLE ¹⁵											
				\$1,986.64							
	S5000A	100A Naltrexone Injectable		\$1986.64 perinatal	Monthly	Age 12-21	(Modifier HA); Pregnant/Perinatal (Modifier HD)				
	33000A			LABEL NAME		NATIONAL DRUG CODE (NDC)	DOSAGE/FORM				
				Vivitrol		65757030001	380 MG VIAL + DILUENT				
	I			BUPRENORPHINE HCL (M	IONO) GENERIC ¹⁴						
				\$29.27		Ano 12 21 (Madifier UA): Descent Reviewed (Madifier UD)					
				\$34.58 perinatal	Per Day	Age 12-21	-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 SPECIALI	ZATION EN	HANCED RATES AND ST	TAFFING MODIFIERS ¹		Effective: 7/1/20	
			Youth (HA) Modifier		Youth Staff ³				
LOC ^{2,8,9}	HCPCS	Description	Base Rate Registered SUD Counselor/Other Provider	Certified SUD Counselor (C)	Licensed Eligible - Licensed LPHA LPHA (LE) (L)	Unit ^{4,5,6}	Treatment Standard ^{4,5,6}		
				MEDICATIC	ONS FOR ADDICTION TRE	EATMENT - OTP SETTING	3 ^{4,5,6,11}		
				BUPREN	ORPHINE - NALOXONE	COMBINATION - GENERI	C ¹⁴		
					\$31.03				
					\$36.33 perinatal	Per Day	Age 12-21	(Modifier HA); Pregnant/Perinatal (Modifier HD)	
					LABEL NAME	I	NATIONAL DRUG CODE (NDC)	DOSAGE/FORM	
					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	
	S5000BN	Buprenorphine – (Naloxone Combination) Generic			Buprenorph-Naloxn		00228315473	2-0.5 MG SL	
					Buprenorph-Naloxn		00406192303	2-0.5 MG SL	
					Buprenorph-Naloxn		00406800503	2-0.5 MG SL	
					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	
					Zubsolv		54123011430	11.4-2.9 MG TABLET SL	
					Zubsolv		54123090730	0.7-0.18 MG TABLET SL	
				Zubsolv 54123091430 1.4-0.				1.4-0.36 MG TABLET SL	
				Zubsolv 54123092930 2.9				2.9-0.71 MG TABLET SL	
					Zubsolv 54123095730 5.7-1.4 MG TABLET				
					Zubsolv		54123098630	8.6-2.1 MG TABLET SL	

			YOUTH SPECIALIZ	ATION ENH	ANCED RA	TES AND ST	TAFFING MODIFIERS ¹		Effective: 7/1/20		
LOC ^{2,8,9}	HCPCS	Description	Youth (HA) Modifier Base Rate Registered SUD Counselor/Other Provider	Certified SUD Counselor (C)	Youth Staff ³ .icensed Eligible - LPHA (LE)	Licensed LPHA (L)	Unit ^{4,5,6}		Treatment Standard ^{4,5,6}		
				NG ¹¹							
	BUPRENORPHINE - NALOXONE FILM ¹⁴										
					\$22						
					\$27.14 p	perinatal	Per Day	Age 12-21 (Modifier HA); Pregnant/Perinatal (Modifier HD)			
					Buprenorp-N	Nalox		43598058230	8-2 MG SL FILM		
					Bunava	il		59385001630	6.3-1 MG FILM		
					Bunava	il		59385001230	2.1-0.3 MG FILM		
	S5000BF	Buprenorphine – Naloxone Film			Bunava	il		59385001430	4.2-0.7 MG FILM		
				Suboxone					4 MG-1 MG SL FILM		
					Suboxon	ne		12496121203	12 MG-3 MG SL FILM		
					Suboxon	ne		12496120201	2 MG-0.5 MG SL FILM		
					Suboxor	ne		12496120203	2 MG-0.5 MG SL FILM		
					Suboxor	ne		12496120803	8 MG-2 MG SL FILM		
					Suboxor	ne		12496120801	8 MG-2 MG SL FILM		
		Buprenorphine Injectable			\$1,67	70.12					
	S5000BN			\$1,670.12	2 perinatal	Monthly	Age 12-21	(Modifier HA); Pregnant/Perinatal (Modifier HD)			

			YOUTH SPECIALI	ZATION ENH	ANCED RATES AND ST	TAFFING MODIFIERS ¹		Effective: 7/1/20		
LOC ^{2,8,9}	HCPCS	Description	Youth (HA) Modifier Base Rate Registered SUD Counselor/Other Provider	Certified SUD Counselor (C)	Youth Staff ³ Licensed Eligible - LPHA (LE) (L)	Unit ^{4,5,6}		Treatment Standard ^{4,5,6}		
		L	Trovide.	(0)	DISULFIRAM - O	SENERIC ¹⁴				
					\$10.22	Per Day	Age 12-21 (Modifier HA); Pregnant/Perinatal (Modifier HD)			
					\$10.37 perinatal					
					LABEL NAME		NATIONAL DRUG CODE (NDC)	DOSAGE/FORM		
					Antabuse		51285052302	250 MG TABLET		
					Antabuse		51285052402	500 MG TABLET		
					Disulfiram		00054035613	250 MG TABLET		
				Disulfiram 0005403		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		
	1			HCL ¹⁴						
				\$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 EN	HANCED RA	TES AND ST	AFFING MODIFIERS ¹	Effective: 7/1/20
LOC ^{2,8,9}	HCPCS	Description	Youth (HA) Modifier Base Rate Registered SUD Counselor/Other Provider	Certified SUD Counselor (C)	Youth Staff ³ Licensed Eligible - LPHA (LE)	Licensed LPHA (L)	Unit ^{4,5,6}	Treatment Standard ^{45,6}
RECOVERY S	UPPORT SERVICE	ES ^{4,5,6}						
Recovery	H0049	Screening	\$30.00	\$30.00	\$30.00	\$30.00	15-Minute Increment	Maximum One Unit Per Patient Per Day Per Provider Agency
Support Services (RSS)	H0004	Individual Counseling	\$32.69	\$32.69	\$32.69	\$32.69	15-Minute Increment	Age 12-17 (Modifier HA); Pregnant/Perinatal (Modifier HD)
	H0005	Group Counseling	\$32.69	\$32.69	\$32.69	\$32.69	15-Minute Increment (min 60, max 90)	Between 1-24 units or up to 6 hours per month ^{8,9}
			\$2.18	\$2.18	\$2.18	\$2.18	per minute	Age 18-20 (Modifier HA); Pregnant/Perinatal (Modifier HD)
	H0038-R	Recovery Monitoring	\$24.40	\$24.40	\$24.40	\$24.40	15-Minute Increment	Age 21+ (Modifier N/A); Pregnant/Perinatal (Modifier HD)
Code: U6 + U Code for Last Level of Care See Above (except OTP use "UA")	H0038-S	Substance Abuse Assistance	\$24.40	\$24.40	\$24.40	\$24.40	15-Minute Increment	Between 1-28 units or up to 7 hours per month ^{8,9}
	H0006	Case Management	\$35.75	\$35.75	\$35.75	\$35.75	15-Minute Increment	Up to 10 hours or 40 units per month
RECOVERY B	RIDGE HOUSING ¹	2						
Recovery Bridge Housing (RBH) Code: None	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 ⁸ 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 ⁸
CLIENT ENG	GAGEMENT AN	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							AFFING MODIFIERS ¹	Effective: 7/1/20
LOC ^{2,8,9}	HCPCS	Description	Youth (HA) Modifier Base Rate Registered SUD Counselor/Other Provider	Certified SUD Counselor (C)	Youth Staff ³ Licensed Eligible - LPHA (LE)	Licensed LPHA (L)	Unit ^{4,5,6}	Treatment Standard ^{4,5,6}
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	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	High Intensity Residential, Non-Population Specific	U3					
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 + U7 or U8					
ASAM 3.2-WM	Residential Withdrawal Management, Clinically Managed	U9					
ASAM 3.7-WM	Inpatient Withdrawal Management, Medically Monitored						
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	HA					
Young Adults	Age 18-20	HA					
Pregnant/Perinatal	Length of pregnancy and allowable post-partum	HD					

	YOUTH SPECIALIZATION ENHANCED RATES AND STAFFING MODIFIERS ¹ Effective: 7/1/20							
LOC ^{2,8,9}	HCPCS	Description	Youth (HA) Modifier Base Rate Registered SUD Counselor/Other Provider	Certified SUD Counselor (C)	Youth Staff ³ Licensed Eligible - LPHA (LE)	Licensed LPHA (L)	Unit ^{4,5,6}	Treatment Standard ^{4,5,6}

CLAIMS INSTRUCTIONS

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

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

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

Licensed Eligible "LE" positions are Individuals registered with their respective state board (i.e., California Board of Behavioral Sciences, California Board of Psychology) and authorized to practice under the license of a fully-licensed practitioner with proper supervision and limited to the following: Associate Social Worker; Associate Marriage and Family Therapy; Associate Professional Clinical 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 purseling and Patient Education Group Calculation:

4 Group Counseling and Patient Education Group Calculation:

Formula: {[(# minutes in the group plus travel time) divided by # of participants in the group]= Total treatment minutes per beneficiary}+documentation time per beneficiary

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.

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 standard and must represent actual time documenting notes tailored to each participant up to 10 minutes per patient. These minutes would be added to each person with the group plus the total time submitted for each beneficiary, but it must be clear what amount of time relates to the time spent conducting the group versus the time spent documenting each patients group session notes.

Example: ([90 minute group + 30 minute travel] ÷ 5 participants) x (\$2.18 ASAM 1.0) = \$52.32 per person;

1 st Person.	\$52.32 per person + [10 minutes documentation * (\$2.18 ASAM 1.0)]	=74.12			
2 nd Person.	\$52.32 per person + [9 minutes documentation * (\$2.18 ASAM 1.0)]	=71.94			
3 rd Person.	\$52.32 per person + [1 minute documentation * (\$2.18 ASAM 1.0)]	=\$54.50			
4 th Person.	\$52.32 per person + [8 minutes documentation * (\$2.18 ASAM 1.0)]	=\$69.76			
5 th Person.	\$52.32 per person + [5 minutes documentation * (\$2.18 ASAM 1.0)]	=\$63.22			
Total group (each person claimed separately) = \$74.12 + \$71.94 + \$54.50 + \$69.76 + \$63.22 = \$333.54					

l otal group (each person claimed separately) = \$74.12 + \$71.94 + \$54.50 + \$69.76 + \$63.22

Individual Counseling

One 15 minute unit 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: Daily documentation is required. SAPC reserves the right to disallow partial payment for providers who are in noncompliance.

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 start and end time of the travel each direction.

7 Screening - Any individual who first presents at a Network Provider must be entered in the Referral Connection Log and receive the Youth 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 Referral Connection Log must identify no treatment need or a connection to the appropriate level of care is required. Payment for this service begins September 1, 2019. For Non-Admitted or patients referred to other treatment sites bill H0049-N. Providers who received a day rate bill H0049 for screenings that occur on the same day of admission, otherwise bill H0049-N.

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, an 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 19-07 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