# Department of Public Health, Substance Abuse Prevention and Control (SAPC) Substance Use Disorder (SUD) Rates and Standards Matrix - Fiscal Year 2021-2022

## YOUTH SPECIALIZATION ENHANCED RATES<sup>1</sup>

LOC<sup>2,8,9</sup> HCPCS Description Youth (HA) Modifier Unit<sup>4,5,6</sup> Treatment Standard<sup>4,5,6</sup>

Effective: 7/1/21

#### INCENTIVE PAYMENTS TERM: December 2017-June 2022<sup>A</sup>

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

Documentation	of Existing Benefit	s or Program Participation in CalON	IS/LACPRS <sup>A,B,C,D</sup>		
All	Ex-AB	AB 109 Case or PB Number	\$5.00		Entry of the accurate and valid number in CalOMS/LACPRS
All	Ex-PB	Probation PDJ Number	\$5.00		Entry of the accurate and valid number in CalOMS/LACPRS
All	Ex-CW	CalWORKs Case Number	\$5.00	Flat Rate	Entry of the accurate and valid number in CalOMS/LACPRS
All	Ex-GR	General Relief Case Number	\$5.00		Entry of the accurate and valid number in CalOMS/LACPRS
All	Ex-PF	PSSF-TLRF Case Number	\$5.00		Entry of the accurate and valid number in CalOMS/LACPRS
Documentation	of Newly Acquired	Benefits and Program Participation	in CalOMS/LACPRS <sup>A,B,D,E</sup>	,F	
All	H0006-MC	Medi-Cal Enrollment	\$30.00		Application must be processed and approved by the Department of Public Social Services (DPSS)
All	H0006-CW	CalWORKs Enrollment	\$20.00		Application must be processed and approved by the Department of Public Social Services (DPSS)
All	H0006-GR	General Relief Enrollment	\$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		Application must be processed and approved by the Department of Public Social Services (DPSS)
All	H0006-LA	My Health LA Enrollment	\$30.00		Application must be processed and approved by the Los Angeles County Department of Health Services (DHS)
Sage Data Entry	and Accuracy <sup>A,B,E,</sup>	G			
All	D-AD	Admission Data – 7 Days	\$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	i iai ivaie	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 <sup>7</sup>	\$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
TELEHEALT	H SERVICES				

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.

required.

Service providers delivering telehealth services are reimbursed the service rate for the level of care delivered. Documentation within the progress note and indicating that the service as a telehealth service under the place of service field in Sage is

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

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

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

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

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

LOC <sup>2,8,9</sup>	HCPCS	Description	Youth (HA) Modifier	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	0 Only		
ASAM 1.0-AR	H0049	Screening <sup>7</sup>	\$30.00	15-Minute Increment	Maximum One Unit Per Patient Per Day Per Provider Agency
	H0001	Intake/Assessment	\$38.59	15-Minute Increment	
billing	T1007	Treatment Plan	\$38.59	15-Minute Increment	Combined Services <sup>4,5,6</sup> :
0 Only 9-21 for	LIOOOF	Casus Courselles	\$38.59	15-Minute Increment (min 60, max 90)	Age 12-20 (Modifier HA); Pregnant/Perinatal (Modifier HD)
1t-Risk Its 12-21 Iemo 6-	H0005	Group Counseling	\$2.57	Per Minute	No more than 40 units or 10 hours per 60-days
Outpatient for AkRisk Youth and Young Adults 12-20 Only Refer to SAPC At-Risk Youth Memo 6-9-21 for billing	T1012	Patient Education	\$38.59	15-Minute Increment (min 60, max 90)	and up to 2 episodes per calendar year <sup>8,9</sup>
Outpai and Yo At-Risk			\$2.57	Per Minute	
Youth	H0004	Individual Counseling	\$38.59	15-Minute Increment	
Refer to	90846	Family Therapy <sup>13</sup>	\$38.59	15-Minute Increment	
	H0006	Case Management	\$38.62	15-Minute Increment	Use population modifier as appropriate
ASAM 1.0: Out	patient				
ASAM 1.0	H0049	Screening <sup>7</sup>	\$30.00	15-Minute Increment	Maximum One Unit Per Patient Per Day Per Provider Agency
	H0001	Assessment/Intake	\$38.59	15-Minute Increment	
Code: U7	T1007	Treatment Plan	\$38.59	15-Minute Increment	Combined Services <sup>4,5,6</sup> :
	H0005	Group Counseling	\$38.59	15-Minute Increment (min 60, max 90)	
		and a second	\$2.57	Per Minute	Age 12-17 (Modifier HA); Pregnant/Perinatal (Modifier HD)
	T1012	Patient Education	\$38.59	15-Minute Increment (min 60, max 90)	Minimum 2 hours per month and no less or more than
	11012	i alient Eddealon	\$2.57	Per Minute	0-24 units per week or 0-6 hours per week <sup>8,9</sup>
	H0004	Individual Counseling	\$38.59	15-Minute Increment	
ŧ	H2011	Crisis Intervention	\$38.59	15-Minute Increment	
Outpatient	9084+B71	Family Therapy <sup>13</sup>	\$38.59	15-Minute Increment	Age 18-20 (Modifier HA); Pregnant/Perinatal (Modifier HD)
ŏ	T1006	Collateral Services	\$38.59	15-Minute Increment	Age 21+ (Modifier N/A); Pregnant/Perinatal (Modifier HD)
	H2010	Medication Services (Non-MAT)	\$38.59	15-Minute Increment	Minimum 2 hours per month and no less or more than
	MATSvc	Medication Services (MAT) <sup>13</sup>	\$38.59	15-Minute Increment	0-36 units per week or 0-9 hours per week <sup>8,9</sup>
	D0001	Discharge Services	\$38.59	15-Minute Increment	
	H0048	Alcohol/Drug Testing	\$0.00	UA Test – 1 Unit	
	H0006	Case Management	\$38.62	15-Minute Increment	Use population modifier as appropriate

LOC <sup>2,8,9</sup>	HCPCS	Description	Youth (HA) Modifier	Unit <sup>4,5,6</sup>	Treatment Standard <sup>4,5,6</sup>
ASAM 2.1: Inte	ensive Outpatient				
ASAM 2.1	H0049	Screening <sup>7</sup>	\$30.00	15-Minute Increment	Maximum One Unit Per Patient Per Day Per Provider Agency
	H0001	Assessment/Intake	\$41.28	15-Minute Increment	Combined Services <sup>4,5,6</sup> :
Code: U8	T1007	Treatment Plan	\$41.28	15-Minute Increment	
			\$41.28	15-Minute Increment (min 60, max 90)	Age 12-17 (Modifier HA)
	H0005	Group Counseling	\$2.75	Per Minute	No less or more than* 24-76 units per week or 6-19 hours per week <sup>8,9</sup>
			\$41.28	15-Minute Increment (min 60, max 90)	Age 12-17 <u>and</u> Pregnant/Perinatal (Also Add Modifier HD)
	T1012	Patient Education	\$2.75	Per Minute	No less or more than* 24-120 units per week or 6-30 hours per week <sup>8,9</sup>
	H0004	Individual Counseling	\$41.28	15-Minute Increment	
lient	H2011	Crisis Intervention	\$41.28	15-Minute Increment	Age 18-20 (Modifier HA) or Age 21+ (Modifier None)
Intensive Outpatient	90846	Family Therapy <sup>13</sup>	\$41.28	15-Minute Increment	No less or more than* 36-76 units per week or 9-19 hours per week
Intens	T1006	Collateral Services	\$41.28	15-Minute Increment	Age 18+ <u>and</u> Pregnant/Perinatal (Also Add Modifier HD)
	H2010	Medication Services (Non-MAT)	\$41.28	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>	\$41.28	15-Minute Increment	
	D0001	Discharge Services	\$41.28	15-Minute Increment	*If the minimum hours of service are not met, reimbursement may be reduced to the ASAM 1.0 fee/rate. If minimum service units are not met for 4 or more weeks the patient may need to step down to a lower LOC and further reimbursement may be disallowed.
	H0048	Alcohol/Drug Testing	\$0.00	UA Test – 1 Unit	
	H0006	Case Management	\$38.62	15-Minute Increment	Use population modifier as appropriate

LOC <sup>2,8,9</sup>	HCPCS	Description	Youth (HA) Modifier	Unit <sup>4,5,6</sup>	Treatment Standard <sup>4,5,6</sup>
ASAM 3.1: Low	Intensity Reside	ential			
ASAM 3.1	H0019	Clinical Day Rate		Day Rate	Pre-Authorization by County Required <sup>10</sup>
	H0049	Screening <sup>7</sup>			Residential & Withdrawal Management - Screening not billable for same day of admission
Code U1	H0001	Assessment/Intake	]		Combined Services <sup>4,5,6*</sup> :
	T1007	Treatment Plan			
	H0005	Group Counseling			Age 12-17 (Modifier HA); Pregnant/Perinatal (Modifier HD)
	T1012	Patient Education		* If less than 10 hours or 40 units of service are provided per week, for	80+ units per week or 20+ hours per week <sup>8,9</sup>
	H0004	Individual Counseling		more than 2 (age 12-20) or 3 (age	
tial	H2011	Crisis Intervention	\$193.49	21+) weeks the patient may need to step down to a lower LOC and further	Age 18-20 (Modifier HA); Pregnant/Perinatal (Modifier HD)
Low Intensity Residential	90846	Family Therapy <sup>13</sup>		reimbursement may be disallowed.	80+ units per week or 20+ hours per week <sup>8,9</sup>
/ Res	T1006	Collateral Services		When services provided are less than the minimum, it must be clinically	
ensity	H2010	Safeguarding Medications		necessary (e.g., hospitalized, on	Age 21+ (Modifier N/A); Pregnant/Perinatal (Modifier HD)
v Inte	MATSvc	Medication Services (MAT) <sup>13</sup>		pass) and documented in the progress notes.	80+ units per week or 20+ hours per week <sup>8,9</sup>
Lo	T2001	Non-Emergency Transport			
	H0048	Alcohol/Drug Testing			
	D0001	Discharge Services			
	S9976	Room and Board	\$25.00	Day Rate	-
	H0006	Case Management	\$38.62	15-Minute Increment	Use population modifier as appropriate
ASAM 3.3: High	Intensity Resid	ential Population Specific			
ASAM 3.3	H0019	Clinical Day Rate		Day Rate	Pre-Authorization by County Required <sup>10</sup>
	H0049	Screening <sup>7</sup>			Residential & Withdrawal Management - Screening not billable for same day of admission
Code: U2	H0001	Assessment/Intake			
	T1007	Treatment Plan			Combined Services <sup>4,5,6*</sup> :
	H0005	Group Counseling			
cific	T1012	Patient Education		* If less than 12 hours or 48 units of	Age 18-20 (Modifier HA); Pregnant/Perinatal (Modifier HD)
Spec	H0004	Individual Counseling		service are provided per week, for more 3 (age 18+) weeks the patient	96+ units per week or 24+ hours per week <sup>8,9</sup>
ation	H2011	Crisis Intervention	\$242.84	may need to step down to a lower	
ando	90846	Family Therapy <sup>13</sup>		LOC and further reimbursement may be disallowed. When services	Age 21+ (Modifier N/A); Pregnant/Perinatal (Modifier HD)
tial P	T1006	Collateral Services		provided are less than the minimum, it	96+ units per week or 24+ hours per week <sup>8,9</sup>
iden	H2010	Safeguarding Medications		must be clinically necessary (e.g., hospitalized, on pass) and	
High Intensity Residential Population Specific	MATSvc	Medication Services (MAT) <sup>13</sup>		documented in the progress notes.	
ensity	T2001	Non-Emergency Transport	]		
i i	H0048	Alcohol/Drug Testing	]		
Hig	D0001	Discharge Services			
	S9976	Room and Board	\$25.00	Day Rate	•
	H0006	Case Management	\$38.62	15-Minute Increment	Use population modifier as appropriate

LOC <sup>2,8,9</sup>	HCPCS	Description	Youth (HA) Modifier	Unit <sup>4,5,6</sup>	Treatment Standard <sup>4,5,6</sup>
ASAM 3.5 High	Intensity Reside	ntial Non-Population Specific			
ASAM 3.5	H0019	Clinical Day Rate		Day Rate	Pre-Authorization by County Required <sup>10</sup>
	H0049	Screening <sup>7</sup>			Residential & Withdrawal Management - Screening not billable for same day of admission
Code: U3	H0001	Assessment/Intake			Combined Services <sup>4,5,6*</sup> :
	T1007	Treatment Plan			
	H0005	Group Counseling			Age 12-17 (Modifier HA); Pregnant/Perinatal (Modifier HD)
	T1012	Patient Education		* If less than 11 hours or 44 units of service are provided per week, for	88+ units per week or 22+ hours per week <sup>8,9</sup>
	H0004	Individual Counseling		more than 2 (age 12-20) or 3 (age	
اد تقا	H2011	Crisis Intervention	\$220.24	21+) weeks the patient may need to step down to a lower LOC and further	Age 18-20 (Modifier HA); Pregnant/Perinatal (Modifier HD)
High Intensity Residential Non-Population Specific	90846	Family Therapy <sup>13</sup>		reimbursement may be disallowed.	88+ units per week or 22+ hours per week <sup>8,9</sup>
y Res	T1006	Collateral Services		When services provided are less than the minimum, it must be clinically	
ensity	H2010	Safeguarding Medications		necessary (e.g., hospitalized, on	Age 21+ (Modifier N/A); Pregnant/Perinatal (Modifier HD)
th Int	MATSvc	Medication Services (MAT) <sup>13</sup>		pass) and documented in the progress notes.	88+ units per week or 22+ hours per week <sup>8,9</sup>
<u> </u>	T2001	Non-Emergency Transport			
	H0048	Alcohol/Drug Testing			
	D0001	Discharge Services			
	S9976	Room and Board	\$25.00	Day Rate	-
	H0006	Case Management	\$38.62	15-Minute Increment	Use population modifier as appropriate
ASAM 1-WM: A	mbulatory Withd	rawal Management without Exte	nded On-Site Monitorin		
ASAM 1-WM	H0014-1	Ambulatory Detox			Combined Services 4.5.6.
	H0049	Screening <sup>7</sup>			Residential & Withdrawal Management - Screening not billable for same day of admission
Code: U4	H0001	Assessment/Intake			
+ U7 or U8	T1007	Treatment Plan			Age 12-17 (Modifier HA); Pregnant/Perinatal (Modifier HD)
	H0005	Group Counseling			(Authorized Service)
a +	T1012	Patient Education			
ement iitoring	H0004	Individual Counseling	\$235.39	Day Pata	Age 18-20 (Modifier HA); Pregnant/Perinatal (Modifier HD)
anage Moni	H2011	Crisis Intervention	φ233.39	Day Rate	Age 21+ (Modifier N/A); Pregnant/Perinatal (Modifier HD)
val Ma	90846	Family Therapy <sup>13</sup>			
hdrav id On	T1006 Collateral Services		*If 1-WM services do not occur at a standalone site,		
y Witl	H2010	Medication Services (Non-MAT)			add the "U Code" for the primary outpatient LOC as well:
Ambulatory Withdrawal Manag Without Extended On-Site Mon	MATSvc Medication Servi	Medication Services (MAT) <sup>13</sup>			U7 - ASAM 1.0 and 1.0; U8 - ASAM 2.1.
Ambu	H0048	Alcohol/Drug Testing			Maximum 14-days of service per episode <sup>8,9</sup>
* >	D0001	Discharge Services			
	H0006	Case Management	\$38.62	15-Minute Increment	Use population modifier as appropriate

LOC <sup>2,8,9</sup>	HCPCS	Description	Youth (HA) Modifier Unit <sup>4,5,6</sup>		Treatment Standard <sup>4,5,6</sup>
ASAM 2-WM: A	mbulatory Witho	Irawal Management with Extende	ed On-Site Monitoring		
ASAM 2-WM	H0014-1	Ambulatory Detox			Combined Services <sup>4,5,6</sup> :
	H0049	Screening <sup>7</sup>			Residential & Withdrawal Management - Screening not billable for same day of admission
Code: U5	H0001	Assessment/Intake			
+ U7 or U8	T1007	Treatment Plan			Age 12-17 (Modifier HA); Pregnant/Perinatal (Modifier HD)
	H0005	Group Counseling			(Authorized Service)
ŧ	T1012	Patient Education			
Ambulatory Withdrawal Management with Extended On-Site Monitoring	H0004	Individual Counseling	\$276.24	Day Rate	Age 18-20 (Modifier HA); Pregnant/Perinatal (Modifier HD)
ageme	H2011	Crisis Intervention	- φ270.24	Day Rate	Age 21+ (Modifier N/A); Pregnant/Perinatal (Modifier HD)
Mana Mon	90846	Family Therapy <sup>13</sup>			
rawal n-Site	T1006	Collateral Services			*If 2-WM services do not occur at a standalone site,
Vithdied Or	H2010	Medication Services (Non-MAT)			add the "U Code" for the primary outpatient LOC as well:
tory V xtend	MATSvc	Medication Services (MAT) <sup>13</sup>			U7 - ASAM 1.0 and 1.0; U8 - ASAM 2.1.
nbula E	H0048	Alcohol/Drug Testing			Maximum 14-day stay per episode <sup>8,9</sup>
An	D0001	Discharge Services			
	H0006	Case Management	\$38.62	15-Minute Increment	Use population modifier as appropriate
ASAM 3.2-WM:	Residential With	ndrawal Management - Clinically	Managed		
ASAM 3.2-WM	H0012	Subacute Detox Residential			Combined Services <sup>4,5,6</sup> :
	H0049	Screening <sup>7</sup>			Residential & Withdrawal Management - Screening not billable for same day of admission
Code: U9	H0001	Assessment/Intake			
	T1007	Treatment Plan			
	H0005	Group Counseling			Age 12-17 (Modifier HA); Pregnant/Perinatal (Modifier HD)
	T1012	Patient Education			(Authorized Service)
ment	H0004	Individual Counseling	\$345.78	Day Rate	
nage d	H2011	Crisis Intervention	- φ343.76	Day Rate	Age 18-20 (Modifier HA); Pregnant/Perinatal (Modifier HD)
al Ma anage	90846	Family Therapy <sup>13</sup>			
ndraw Ily Ma	T1006	Collateral Services			Age 21+ (Modifier N/A); Pregnant/Perinatal (Modifier HD)
l With	H2010	Medication Services (Non-MAT)			
Residential Withdrawal Management Clinically Managed	MATSvc	Medication Services (MAT) <sup>13</sup>	]		Maximum 14-day stay per episode <sup>8,9</sup>
Resic	H0048	Alcohol/Drug Testing	]		
	D0001	Discharge Services	]		
	S9976	Room and Board	\$25.00	Day Rate	Maximum 14-day stay per episode <sup>8,9</sup>
	H0006	Case Management	\$38.62	15-Minute Increment	Use population modifier as appropriate

LOC <sup>2,8,9</sup>	HCPCS	Description	Youth (HA) Modifier	Unit <sup>4,5,6</sup>	Treatment Standard <sup>4,5,6</sup>
ASAM 3.7-WM:	Inpatient Withdr	awal Management - Medically Mo	onitored		
ASAM 3.7-WM		Subacute Detox Residential			
		Screening <sup>7</sup>			Residential & Withdrawal Management - Screening not billable for same day of admission
		Assessment/Intake			Combined Services <sup>4,5,6</sup> :
	Refer to 837I Companion Guide for Configuration p. 21 Room and Board p.34 Billing Combination	Treatment Plan	-		
	nfigur mbi na	Group Counseling			
nent	io Co ig Co	Patient Education			(Authorized Service)
Inpatient Withdrawal Management Medically Monitored	ide fo Billin	Individual Counseling			
al Ma	on Gu p.34	Crisis Intervention	\$831.85	Day Rate	
draw.	panic	Family Therapy <sup>13</sup>			
With	Com and E	Collateral Services			
atient	837I	Medication Services (Non-MAT)			
lups	fer to 21 R	Medication Services (MAT) <sup>13</sup>			Maximum 14-day stay per episode <sup>8,9</sup>
	Rei p.	Alcohol/Drug Testing	-		
		Discharge Services			
		Case Management			Case Management is now incorporated into the day rate and is not a separate billable service
		Room and Board	\$25.00		Maximum 14-day stay per episode <sup>8,9</sup>
ASAM 4-WM: Ir	npatient Withdra	wal Management - Medically Man	aged		
ASAM 4-WM		Acute Detox Residential			
		Screening <sup>7</sup>			Residential & Withdrawal Management - Screening not billable for same day of admission
	_	Assessment/Intake			Combined Services <sup>4,5,6</sup> :
	ation	Treatment Plan			
	nfigur nbina	Group Counseling			
ment	a Cor g Cor	Patient Education			(Authorized Service)
Inpatient Withdrawal Management Medically Managed	Refer to 837I Companion Guide for Configuration p. 21 Room and Board p.34 Billing Combination	Individual Counseling			
al Ma anag	n Gu p.34	Crisis Intervention	\$879.11	Day Rate	
drawa IIIy M	oard	Family Therapy <sup>13</sup>	-	,	
With	Com ind B	Collateral Services			
atient M	837I 30m a	Medication Services (Non-MAT)			
lnpa	fer to 21 Rc	Medication Services (MAT) <sup>13</sup>			Maximum 14-day stay per episode <sup>8,9</sup>
	P. G	Alcohol/Drug Testing			
		Discharge Services			
		Case Management			Case Management is now incorporated into the day rate and is not a separate billable service
		Room and Board	\$25.00		Maximum 14-day stay per episode <sup>8,9</sup>

LOC <sup>2,8,9</sup>	HCPCS	Description	Youth (HA) Modifier	Unit <sup>4,5,6</sup>	Treatment Standard <sup>4,5,6</sup>
ASAM 1-OTP: 0	Opioid Treatmen	t Program <sup>15</sup>			
ASAM 1-OTP	H0049	Screening <sup>7</sup>	\$15.00	10-Minute Increment	Maximum Two Units Per Patient Per Day Per Provider Agency
	110004		\$17.18	40.15	
Code: UA, HG	H0001	Assessment/Intake	\$24.60 perinatal	10-Minute Increment	
	T1007	Treatment Plan	\$17.18	10-Minute Increment	
	11007	Treatment Plan	\$24.60 perinatal	To-ivillule increment	
	H0005	Group Counseling	\$4.06	10-Minute Increment	
	110003	Group Counselling	\$8.22 perinatal	To-ivillate increment	
	T1012	Patient Education	\$4.06	10-Minute Increment	Combined Services <sup>4,5,6</sup> .
	11012	T ditont Eddoditon	\$8.22 perinatal	TO-MINUTE INCIGINGING	Age 12-17 (Modifier HA); Pregnant/Perinatal (Modifier HD)
	H0004	Individual Counseling	\$17.18	10-Minute Increment	(Authorized Service)
	110001	marriada odinosing	\$24.60 perinatal	To minute more money	
	H2011	Crisis Intervention	\$17.18	10-Minute Increment	
			\$24.60 perinatal		County authorization, and for methadone: parental consent and 2 unsuccessful detoxification attempts of drug free treatment episodes within a 12 month period.
tal	90846	Medical Psychotherapy <sup>13</sup>	\$17.18	10-Minute Increment	
Opioid Treatment Programs If two rates – the higher rate is for perinatal Authorization by County Required for Minors			\$24.60 perinatal		Age 18-20 (Modifier HA); Pregnant/Perinatal (Modifier HD)
ogramis for princed for	T1006	T1006 Collateral Services	\$17.18	10-Minute Increment	Age 21+ (Modifier N/A); Pregnant/Perinatal (Modifier HD)
nt Pro			\$24.60 perinatal		
atme higher	H2010	H2010 Medication Services (Non-MAT)	\$17.18	10-Minute Increment	No less than 5 units or 50-minutes, and no more than 20 units or 200
id Tre		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	\$24.60 perinatal		minutes unless medically necessary, per month <sup>8,9</sup>
<b>Opio</b> l rates zatior	MATSvc	Medication Services (MAT) <sup>13</sup>	\$17.18	10-Minute Increment	
f two .		modication convicts (that)	\$24.60 perinatal		
- 4	H0048	Alcohol/Drug Testing	\$0.00	per Test	
	G9228	Syphilis Test	\$0.00	per Test	
	G9359	Tuberculosis (TB) Test	\$0.00	per Test	
	G0432	_			
	G0433	Human Immunodeficiency Virus	\$0.00	per Test	
	G0435	(HIV) Test	,,,,,,	F 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	
	G0475				
	G0472	Hepatitis C Virus (HCV) Test	\$0.00	per Test	
	D0001	Discharge Services	\$17.18	10-Minute Increment	
	D0001	-	\$24.60 perinatal	10-Millate Hickinent	
	H0006	Case Management	\$38.62	15-Minute Increment	Use population modifier as appropriate

LOC <sup>2,8,9</sup>	HCPCS	Description	Youth (HA) Modifier	Unit <sup>4,5,6</sup>		Treatment Standard <sup>4,5,6</sup>
		N	IEDICATIONS FOR	R ADDICTION TREATMEN	IT – OTP SETTING <sup>4,5,6,11</sup>	
				METHADONE <sup>15</sup>		
			\$14.65	0.0		
	H0020	Methadone	\$15.78 perinatal	Per Day	Age 12-21 (Mo	difier HA); Pregnant/Perinatal (Modifier HD)
	H0020	Methadone	L	ABEL NAME	NATIONAL DRUG CODE (NDC)	DOSAGE/FORM
				N/A	N/A	N/A
				NALTREXONE GENERI	C <sup>15</sup>	
			\$19.06	per Face to Face Visit	Age 12-21 (Mo	difier HA); Pregnant/Perinatal (Modifier HD)
	S5000A	Naltrexone Generic	L	ABEL NAME	NATIONAL DRUG CODE (NDC)	DOSAGE/FORM
				Vivitrol	65757030001	380 MG VIAL + DILUENT
			BUPRE	NORPHINE HCL (MONO)	GENERIC <sup>14</sup>	
			\$30.02	– Per Day	Age 12-21 (Mo	difier HA); Pregnant/Perinatal (Modifier HD)
			\$35.20 perinatal		Age 12-21 (modifier 11A), 1 regulation emitatal (modifier 11D)	
			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	В	uprenorphine	50383092493	2 MG TABLET SL
			В	uprenorphine	62756045983	2 MG TABLET SL
			В	uprenorphine	00054017713	8 MG TABLET SL
			В	uprenorphine	00228315303	8 MG TABLET SL
			В	uprenorphine	00378092493	8 MG TABLET SL
			В	uprenorphine	42858050203	8 MG TABLET SL
			В	uprenorphine	50383093093	8 MG TABLET SL
			В	uprenorphine	62756046083	8 MG TABLET SL

LOC <sup>2,8,9</sup>	HCPCS	Description	Youth (HA) Modifier	Unit <sup>4,5,6</sup>		Treatment Standard <sup>4,5,6</sup>				
		N	MEDICATIONS FOI	R ADDICTION TREATME	NT – OTP SETTING <sup>4,5,6,11</sup>					
				NE - NALOXONE COMBI						
			\$30.81	Per Day		difier HA); Pregnant/Perinatal (Modifier HD)				
			\$35.98 perinatal		7.90	(				
			L	ABEL 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				
			Bupr	enorphin-Naloxon	00054018913	8-2 MG SL				
			Bupr	enorphin-Naloxon	00228315573	8-2 MG SL				
			Bupr	enorphin-Naloxon	00406192403	8-2 MG SL				
			Bupr	enorphin-Naloxon	00406802003	8-2 MG SL				
			Bupr	enorphin-Naloxon	50383028793	8-2 MG SL				
		Buprenorphine – (Naloxone Combination) Generic	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		Вир	prenorph-Naloxn	00406800503	2-0.5 MG SL				
		,	Buprenorph-Naloxn		Buprenorph-Naloxn		50383029493	2-0.5 MG SL		
			Buprenorph-Naloxn		62175045232	2-0.5 MG SL				
			Buprenorph-Naloxn		62756096983	2-0.5 MG SL				
			Вир	orenorph-Naloxn	65162041603	2-0.5 MG SL				
			Ві	uprenorp-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				

LOC <sup>2,8,9</sup>	HCPCS	Description	Youth (HA) Modifier	Unit <sup>4,5,6</sup>		Treatment Standard <sup>4,5,6</sup>		
			MEDICATIONS FO	OR ADDICTION TREATME	ENT – OTP SETTING <sup>11</sup>			
	DISULFIRAM - GENERIC <sup>14</sup>							
			\$10.88	Per Day	Δαρ 12.21 (Mo	difier HA); Pregnant/Perinatal (Modifier HD)		
			\$11.05 perinatal	, or buy	790 12 21 (1110	direct 197), 1 reginanti erinatai (modifici 115)		
			L	ABEL 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		500 MG TABLET		
				NALOXONE HCL <sup>14</sup>				
			\$144.66	per 2 Units	Age 12-21 (Mo	difier HA); Pregnant/Perinatal (Modifier HD)		
	S5000D	Naloxone HCL	L	ABEL NAME	NATIONAL DRUG CODE (NDC)	DOSAGE/FORM		
				Narcan	69547035302	4 MG NASAL SPRAY		

LOC <sup>2,8,9</sup>	HCPCS	Description	Youth (HA) Modifier	Unit <sup>4,5,6</sup>	Treatment Standard <sup>4,5,6</sup>
RECOVERY SU	UPPORT SERVICE	S <sup>4,5,6</sup>			
Recovery Support	H0049	Screening	\$30.00	15-Minute Increment	Maximum One Unit Per Patient Per Day Per Provider Agency
Services (RSS)	H0004	Individual Counseling	\$32.45	15-Minute Increment	Age 12-17 (Modifier HA); Pregnant/Perinatal (Modifier HD)
Site	H0005	Group Counseling	\$32.45	15-Minute Increment (min 60, max 90)	Between 0-24 units per week or 0-6 hours per week <sup>8,9</sup>
+ ode DMC	110000	Croup counciling	\$2.16	per minute	Age 18-20 (Modifier HA); Pregnant/Perinatal (Modifier HD)
Code: U6 + of Care U Coo Certification	H0038-R	Recovery Monitoring	\$32.45	15-Minute Increment	Age 21+ (Modifier N/A); Pregnant/Perinatal (Modifier HD)
Code: U6 + Last Level of Care U Code DMC Site Certification	H0038-S	Substance Abuse Assistance	\$32.45	15-Minute Increment	0-36 units per week or 0-9 hours per week <sup>8,9</sup>
Last	H0006	Case Management	\$37.81	15-Minute Increment	Use population modifier as appropriate
RECOVERY BE	RIDGE HOUSING <sup>1</sup>	2			
Recovery Bridge Housing (RBH)	H2034	Recovery Bridge Housing	\$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 ENGA	GEMENT AND NA	VIGATION SERVICE (CENS)			
CENS	-	Co-located patient navigation and connection to treatment	\$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.
	AGEMENT SERVI	CES			
pplement for YES am		Outreach and Engagement	\$30.00	Day Rate	Max of two units of \$30 per youth per day for a total possible of \$60 per youth per day for a maximum of five (5) days per fiscal year
Youth Supplement Services for YES program	-	Transportation Agency Vehicle	\$0.56	Per Mile	Up to 80 miles or \$44.80 per month, per beneficiary, when agencies are not also leveraging transportation services funded by other programs the beneficiary qualifies for/is participating in

LOC <sup>2,8,9</sup>	нсрсѕ	Description	Youth (HA) Modifier	Unit <sup>4,5,6</sup>	Treatment Standard <sup>4,5,6</sup>
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## **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						
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 DMC Site Certification					
Population and Modifier Crosswalk for Claims Submission							
Youth	Age 12-17	НА					
Young Adults Age 18-20		НА					
Pregnant/Perinatal	Length of pregnancy and allowable post-partum	HD					

LOC <sup>2,8,9</sup>	HCPCS	Description	Youth (HA) Modifier	Unit <sup>4,5,6</sup>	Treatment Standard <sup>4,5,6</sup>			
CI AIMC INCTUICTIONS								

#### CLAIMS INSTRUCTIONS

## 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

Documentation will most likely be variable.

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 (\$2.52 ASAM 1.0) = \$60.48 per person;

1<sup>st</sup> Person. \$60.48 per person + [10 minutes documentation \* (\$2.52 ASAM 1.0)]

2<sup>nd</sup> Person \$60.48 per person + [9 minutes documentation \* (\$2.52 ASAM 1.0)]

3<sup>rd</sup> Person. \$60.48 per person + [1 minute documentation \* (\$2.52 ASAM 1.0)]

4<sup>th</sup> Person. \$60.48 per person + [8 minutes documentation \* (\$2.52 ASAM 1.0)]

5<sup>th</sup> Person. \$60.48 per person + [5 minutes documentation \* (\$2.52 ASAM 1.0)]

Total group (each person claimed separately) = \$85.68 + \$83.16 + \$63 + \$80.64 + \$73.08 = \$385.56

#### 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, 3.2-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 or 2.1 at a SAPC approved Field-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, RSS) or be enrolled by more than one contractor at a time (except OTP, RBH, RSS). 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