

PREGNANT AND PARENTING WOMEN (PPW) SPECIALIZATION* ENHANCED RATES ¹

Effective 7/1/21

LOC ^{2,8,9}	HCPCS	Description	Perinatal/PPW (HD) Modifier	Unit ^{4,5,6}	Treatment Standard ^{4,5,6}
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INCENTIVE PAYMENTS TERM: December 2017-June 2022^A

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

Documentation of Existing Benefits or Program Participation in CalOMS/LACPRS^{A,B,C,D}

LOC	HCPCS	Description	Unit	Treatment Standard	
All	Ex-AB	AB 109 Case or PB Number	\$5.00	Flat Rate	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		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^{A,B,D,E,F}

LOC	HCPCS	Description	Unit	Treatment Standard	
All	H0006-MC	Medi-Cal Enrollment	\$30.00	Flat Rate	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		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^{A,B,E,G}

LOC	HCPCS	Description	Unit	Treatment Standard	
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		Full CalOMS/LACPRS Discharge Data Set completed on the day of last service

SCREENINGS REFERRAL TO TREATMENT

All	H0049	Screening Non-Admitted ⁷	\$30.00	15-Minute Increment	Maximum One Unit Per Patient Per Day Per Provider Agency Residential and Withdrawal Management - Not billable for same day of admission
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^A See Provider Manual and Bulletin 18-06 for more information on what information is required in CalOMS/LACPRS and Financial Eligibility Form within Sage to substantiate claims.

^B Incentives cannot be claimed for patients 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"

^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 ^{2,8,9}	HCPCS	Description	Perinatal/PPW (HD) Modifier	Unit ^{4,5,6}	Treatment Standard ^{4,5,6}	
ASAM 1.0-AR: Outpatient for At-Risk Youth & Young Adults 12-20 Only						
ASAM 1.0-AR Outpatient for At-Risk Youth and Young Adults 12-20 Only Refer to SAPC At-Risk Youth Memo 6-9-21 for billing	H0049	Screening ⁷		\$30.00	15-Minute Increment	Maximum One Unit Per Patient Per Day Per Provider Agency
	H0001	Intake/Assessment		\$40.73	15-Minute Increment	<u>Combined Services^{4,5,6}</u> Age 12-20 (Modifier HA); Pregnant/Perinatal (Modifier HD) No more than 40 units or 10 hours per 60-days and up to 2 episodes per calendar year ^{8,9}
	T1007	Treatment Plan		\$40.73	15-Minute Increment	
	H0005	Group Counseling		\$40.73	15-Minute Increment (min 60, max 90)	
				\$2.72	Per Minute	
	T1012	Patient Education		\$40.73	15-Minute Increment (min 60, max 90)	
				\$2.72	Per Minute	
	H0004	Individual Counseling		\$40.73	15-Minute Increment	
	90846	Family Therapy ¹⁶		\$40.73	15-Minute Increment	
H0006	Case Management		\$40.76	15-Minute Increment	Use population modifier as appropriate	
ASAM 1.0: Outpatient						
ASAM 1.0 Code: U7 Outpatient	H0049	Screening ⁷		\$30.00	15-Minute Increment	Maximum One Unit Per Patient Per Day Per Provider Agency
	H0001	Assessment/Intake		\$40.73	15-Minute Increment	<u>Combined Services^{4,5,6}</u> Age 12-17 (Modifier HA); Pregnant/Perinatal (Modifier HD) Minimum 2 hours per month and no less or more than 0-24 units per week or 0-6 hours per week ^{8,9}
	T1007	Treatment Plan		\$40.73	15-Minute Increment	
	H0005	Group Counseling		\$40.73	15-Minute Increment (min 60, max 90)	
				\$2.72	Per Minute	
	T1012	Patient Education		\$40.73	15-Minute Increment (min 60, max 90)	
				\$2.72	Per Minute	
	H0004	Individual Counseling		\$40.73	15-Minute Increment	
	H2011	Crisis Intervention		\$40.73	15-Minute Increment	
	90846	Family Therapy ¹⁶		\$40.73	15-Minute Increment	
	T1006	Collateral Services		\$40.73	15-Minute Increment	Age 18-20 (Modifier HA); Pregnant/Perinatal (Modifier HD) Age 21+ (Modifier N/A); Pregnant/Perinatal (Modifier HD) Minimum 2 hours per month and no less or more than 0-36 units per week or 0-9 hours per week ^{8,9}
	H2010	Medication Services (Non-MAT)		\$40.73	15-Minute Increment	
	MATSvc	Medication Services (MAT) ¹⁶		\$40.73	15-Minute Increment	
	D0001	Discharge Services		\$40.73	15-Minute Increment	
H0048	Alcohol/Drug Testing		\$0.00	UA Test – 1 Unit		
H0006	Case Management		\$40.76	15-Minute Increment	Use population modifier as appropriate	

LOC ^{2,8,9}	HCPCS	Description	Perinatal/PPW (HD) Modifier	Unit ^{4,5,6}	Treatment Standard ^{4,5,6}
ASAM 2.1: Intensive Outpatient					
ASAM 2.1 Code: U8 Intensive Outpatient	H0049	Screening ⁷	\$30.00	15-Minute Increment	Maximum One Unit Per Patient Per Day Per Provider Agency
	H0001	Assessment/Intake	\$43.57	15-Minute Increment	Combined Services^{4,5,6}:
	T1007	Treatment Plan	\$43.57	15-Minute Increment	
	H0005	Group Counseling	\$43.57	15-Minute Increment (min 60, max 90)	Age 12-17 (Modifier HA)
			\$2.90	Per Minute	No less or more than* 24-76 units per week or 6-19 hours per week ^{8,9}
	T1012	Patient Education	\$43.57	15-Minute Increment (min 60, max 90)	Age 12-17 and Pregnant/Perinatal (Also Add Modifier HD)
			\$2.90	Per Minute	No less or more than* 24-120 units per week or 6-30 hours per week ^{8,9}
	H0004	Individual Counseling	\$43.57	15-Minute Increment	
	H2011	Crisis Intervention	\$43.57	15-Minute Increment	Age 18-20 (Modifier HA) or Age 21+ (Modifier None)
	90846	Family Therapy ¹⁶	\$43.57	15-Minute Increment	No less or more than* 36-76 units per week or 9-19 hours per week ^{8,9}
	T1006	Collateral Services	\$43.57	15-Minute Increment	Age 18+ and Pregnant/Perinatal (Also Add Modifier HD)
	H2010	Medication Services (Non-MAT)	\$43.57	15-Minute Increment	No less or more than* 36-120 units per week or 9-30 hours per week ^{8,9}
	MATSvc	Medication Services (MAT) ¹⁶	\$43.57	15-Minute Increment	
	D0001	Discharge Services	\$43.57	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	\$40.76	15-Minute Increment	Use population modifier as appropriate	

LOC ^{2,8,9}	HCPCS	Description	Perinatal/PPW (HD) Modifier	Unit ^{4,5,6}	Treatment Standard ^{4,5,6}
ASAM 3.1: Low Intensity Residential					
ASAM 3.1 Code U1 Low Intensity Residential	H0019	Clinical Day Rate	\$204.22	Day Rate	Pre-Authorization by County Required ¹⁰ Residential & Withdrawal Management- Screening not billable for same day of admission <u>Combined Services^{4,5,6*}</u> : Age 12-17 (Modifier HA); Pregnant/Perinatal (Modifier HD) 80+ units per week or 20+ hours per week ^{8,9} Age 18-20 (Modifier HA); Pregnant/Perinatal (Modifier HD) 80+ units per week or 20+ hours per week ^{8,9} Age 21+ (Modifier N/A); Pregnant/Perinatal (Modifier HD) 80+ units per week or 20+ hours per week ^{8,9}
	H0049	Screening ⁷			
	H0001	Assessment/Intake			
	T1007	Treatment Plan			
	H0005	Group Counseling			
	T1012	Patient Education			
	H0004	Individual Counseling			
	H2011	Crisis Intervention			
	90846	Family Therapy ¹⁶			
	T1006	Collateral Services			
	H2010	Safeguarding Medications			
	MATSvc	Medication Services (MAT) ¹⁶			
	T2001	Non-Emergency Transport			
	H0048	Alcohol/Drug Testing			
	D0001	Discharge Services			
S9976	Room and Board	\$25.00	Day Rate	-	
H0006	Case Management	\$40.76	15-Minute Increment	Use population modifier as appropriate	
ASAM 3.3: High Intensity Residential Population Specific					
ASAM 3.3 Code: U2 High Intensity Residential Population Specific	H0019	Clinical Day Rate	\$256.31	Day Rate	Pre-Authorization by County Required ¹⁰ Residential & Withdrawal Management- Screening not billable for same day of admission <u>Combined Services^{4,5,6*}</u> : Age 18-20 (Modifier HA); Pregnant/Perinatal (Modifier HD) 96+ units per week or 24+ hours per week ^{8,9} Age 21+ (Modifier N/A); Pregnant/Perinatal (Modifier HD) 96+ units per week or 24+ hours per week ^{8,9}
	H0049	Screening ⁷			
	H0001	Assessment/Intake			
	T1007	Treatment Plan			
	H0005	Group Counseling			
	T1012	Patient Education			
	H0004	Individual Counseling			
	H2011	Crisis Intervention			
	90846	Family Therapy ¹⁶			
	T1006	Collateral Services			
	H2010	Safeguarding Medications			
	MATSvc	Medication Services (MAT) ¹⁶			
	T2001	Non-Emergency Transport			
	H0048	Alcohol/Drug Testing			
	D0001	Discharge Services			
S9976	Room and Board	\$25.00	Day Rate	-	
H0006	Case Management	\$40.76	15-Minute Increment	Use population modifier as appropriate	

LOC ^{2,8,9}	HCPCS	Description	Perinatal/PPW (HD) Modifier	Unit ^{4,5,6}	Treatment Standard ^{4,5,6}
ASAM 3.5 High Intensity Residential Non-Population Specific					
ASAM 3.5 Code: U3 High Intensity Residential Non-Population Specific	H0019	Clinical Day Rate	\$232.46	Day Rate * 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 may need to step down to a lower LOC and further reimbursement may be disallowed. When services provided are less than the minimum, it must be clinically necessary (e.g., hospitalized, on pass) and documented in the progress notes.	Pre-Authorization by County Required ¹⁰ Residential & Withdrawal Management- Screening not billable for same day of admission Combined Services^{4,5,6}: Age 12-17 (Modifier HA); Pregnant/Perinatal (Modifier HD) 88+ units per week or 22+ hours per week ^{8,9} Age 18-20 (Modifier HA); Pregnant/Perinatal (Modifier HD) 88+ units per week or 22+ hours per week ^{8,9} Age 21+ (Modifier N/A); Pregnant/Perinatal (Modifier HD) 88+ units per week or 22+ hours per week ^{8,9}
	H0049	Screening ⁷			
	H0001	Assessment/Intake			
	T1007	Treatment Plan			
	H0005	Group Counseling			
	T1012	Patient Education			
	H0004	Individual Counseling			
	H2011	Crisis Intervention			
	90846	Family Therapy ¹⁶			
	T1006	Collateral Services			
	H2010	Safeguarding Medications			
	MATSvc	Medication Services (MAT) ¹⁶			
	T2001	Non-Emergency Transport			
	H0048	Alcohol/Drug Testing			
D0001	Discharge Services				
S9976	Room and Board	\$25.00	Day Rate	-	
H0006	Case Management	\$40.76	15-Minute Increment	Use population modifier as appropriate	
ASAM 1-WM: Ambulatory Withdrawal Management without Extended On-Site Monitoring					
ASAM 1-WM Code: U4 + U7 or U8 Ambulatory Withdrawal Management Without Extended On-Site Monitoring	H0014-1	Ambulatory Detox	\$235.39	Day Rate	Residential & Withdrawal Management- Screening not billable for same day of admission Combined Services^{4,5,6}: 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) *If 1-WM services do not occur at a standalone site, add the "U Code" for the primary outpatient LOC as well: U7 – ASAM 1.0 and 1.0; U8 – ASAM 2.1. Maximum 14-days of service per episode. ^{8,9}
	H0049	Screening ⁷			
	H0001	Assessment/Intake			
	T1007	Treatment Plan			
	H0005	Group Counseling			
	T1012	Patient Education			
	H0004	Individual Counseling			
	H2011	Crisis Intervention			
	90846	Family Therapy ¹⁶			
	T1006	Collateral Services			
	H2010	Medication Services (Non-MAT)			
	MATSvc	Medication Services (MAT) ¹⁶			
	H0048	Alcohol/Drug Testing			
	D0001	Discharge Services			
H0006	Case Management*	\$40.76	15-Minute Increment	Use population modifier as appropriate	

LOC ^{2,8,9}	HCPCS	Description	Perinatal/PPW (HD) Modifier	Unit ^{4,5,6}	Treatment Standard ^{4,5,6}
ASAM 2-WM: Ambulatory Withdrawal Management with Extended On-Site Monitoring					
ASAM 2-WM Code: U5 + U7 or U8 Ambulatory Withdrawal Management with Extended On-Site Monitoring	H0014-1	Ambulatory Detox	\$276.24	Day Rate	Residential & Withdrawal Management- Screening not billable for same day of admission <u>Combined Services^{4,5,6}</u> : 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) *if 2-WM services do not occur at a standalone site, add the "U Code" for the primary outpatient LOC as well: U7 – ASAM 1.0 and 1.0; U8 – ASAM 2.1. Maximum 14-day stay per episode. ^{8,9}
	H0049	Screening ⁷			
	H0001	Assessment/Intake			
	T1007	Treatment Plan			
	H0005	Group Counseling			
	T1012	Patient Education			
	H0004	Individual Counseling			
	H2011	Crisis Intervention			
	90846	Family Therapy ¹⁶			
	T1006	Collateral Services			
	H2010	Medication Services (Non-MAT)			
	MATSvc	Medication Services (MAT) ¹⁶			
	H0048	Alcohol/Drug Testing			
	D0001	Discharge Services			
H0006	Case Management	\$40.76	15-Minute Increment	Use population modifier as appropriate	
ASAM 3.2-WM: Residential Withdrawal Management - Clinically Managed					
ASAM 3.2-WM Code: U9 Residential Withdrawal Management Clinically Managed	H0012	Subacute Detox Residential	\$345.78	Day Rate	Residential & Withdrawal Management- Screening not billable for same day of admission <u>Combined Services^{4,5,6}</u> : 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}
	H0049	Screening ⁷			
	H0001	Assessment/Intake			
	T1007	Treatment Plan			
	H0005	Group Counseling			
	T1012	Patient Education			
	H0004	Individual Counseling			
	H2011	Crisis Intervention			
	90846	Family Therapy ¹⁶			
	T1006	Collateral Services			
	H2010	Medication Services (Non-MAT)			
	MATSvc	Medication Services (MAT) ¹⁶			
	H0048	Alcohol/Drug Testing			
	D0001	Discharge Services			
S9976	Room and Board	\$25.00	Day Rate	Maximum 14-day stay per episode ^{8,9}	
H0006	Case Management	\$40.76	15-Minute Increment	Use population modifier as appropriate	

LOC ^{2,8,9}	HCPCS	Description	Perinatal/PPW (HD) Modifier	Unit ^{4,5,6}	Treatment Standard ^{4,5,6}	
ASAM 3.7-WM: Inpatient Withdrawal Management - Medically Monitored						
ASAM 3.7-WM	Inpatient Withdrawal Management Medically Monitored	Refer to 837I Companion Guide for Configuration p. 21 Room and Board p.34 Billing Combination	Subacute Detox Residential	\$831.85	Day Rate	Residential & Withdrawal Management - Screening not billable for same day of admission Combined Services^{4,5,6}: (Authorized Service) Maximum 14-day stay per episode ^{8,9}
			Screening ⁷			
			Assessment/Intake			
			Treatment Plan			
			Group Counseling			
			Patient Education			
			Individual Counseling			
			Crisis Intervention			
			Family Therapy ¹⁶			
			Collateral Services			
			Medication Services (Non-MAT)			
			Medication Services (MAT) ¹⁶			
			Alcohol/Drug Testing			
			Discharge Services			
Case Management	\$25.00	Day Rate	Case Management is now incorporated into the day rate and is not a separate billable service			
Room and Board			Maximum 14-day stay per episode ^{8,9}			
ASAM 4-WM: Inpatient Withdrawal Management - Medically Managed						
ASAM 4-WM	Inpatient Withdrawal Management Medically Managed	Refer to 837I Companion Guide for Configuration p. 21 Room and Board p.34 Billing Combination	Acute Detox Residential	\$879.11	Day Rate	Residential & Withdrawal Management - Screening not billable for same day of admission Combined Services^{4,5,6}: (Authorized Service) Maximum 14-day stay per episode ^{8,9}
			Screening ⁷			
			Assessment/Intake			
			Treatment Plan			
			Group Counseling			
			Patient Education			
			Individual Counseling			
			Crisis Intervention			
			Family Therapy ¹⁶			
			Collateral Services			
			Medication Services (Non-MAT)			
			Medication Services (MAT) ¹⁶			
			Alcohol/Drug Testing			
			Discharge Services			
Case Management	\$25.00	Day Rate	Case Management is now incorporated into the day rate and is not a separate billable service			
Room and Board			Maximum 14-day stay per episode ^{8,9}			

LOC ^{2,8,9}	HCPCS	Description	Perinatal/PPW (HD) Modifier	Unit ^{4,5,6}	Treatment Standard ^{4,5,6}
ASAM 1-OTP: Opioid Treatment Program¹⁸					
ASAM 1-OTP Code: UA, HG Opioid Treatment Programs If two rates – the higher rate is for perinatal Authorization by County Required for Minors	H0049	Screening ⁷	\$15.00	10-Minute Increment	Maximum Two Units Per Patient Per Day Per Provider Agency
	H0001	Assessment/Intake	\$17.18	10-Minute Increment	<p>Combined Services^{4,5,6}:</p> <p>Age 12-17 (Modifier HA); Pregnant/Perinatal (Modifier HD)</p> <p>(Authorized Service)</p> <p>County authorization, and for methadone: parental consent and 2 unsuccessful detoxification attempts or drug free treatment episodes within a 12 month period.</p> <p>Age 18-20 (Modifier HA); Pregnant/Perinatal (Modifier HD)</p> <p>Age 21+ (Modifier N/A); Pregnant/Perinatal (Modifier HD)</p> <p>No less than 5 units or 50-minutes, and no more than 20 units or 200 minutes unless medically necessary, per month^{8,9}</p>
			\$24.60 perinatal		
	T1007	Treatment Plan	\$17.18	10-Minute Increment	
			\$24.60 perinatal		
	H0005	Group Counseling	\$4.06	10-Minute Increment	
			\$8.22 perinatal		
	T1012	Patient Education	\$4.06	10-Minute Increment	
			\$8.22 perinatal		
	H0004	Individual Counseling	\$17.18	10-Minute Increment	
			\$24.60 perinatal		
	H2011	Crisis Intervention	\$17.18	10-Minute Increment	
			\$24.60 perinatal		
	90846	Medical Psychotherapy ¹⁶	\$17.18	10-Minute Increment	
			\$24.60 perinatal		
	T1006	Collateral Services	\$17.18	10-Minute Increment	
			\$24.60 perinatal		
	H2010	Medication Services (Non-MAT)	\$17.18	10-Minute Increment	
			\$24.60 perinatal		
	MATSvc	Medication Services (MAT) ¹⁶	\$17.18	10-Minute Increment	
			\$17.18		
	H0048	Alcohol/Drug Testing	\$0.00	per Test	
	G9228	Syphilis Test	\$0.00	per Test	
G9359	Tuberculosis (TB) Test	\$0.00	per Test		
G0432	Human Immunodeficiency Virus (HIV) Test	\$0.00	per Test		
G0433					
G0435					
G0475					
G0472	Hepatitis C Virus (HCV) Test	\$0.00	per Test		
D0001	Discharge Services	\$17.18	10-Minute Increment		
		\$24.60 perinatal			
H0006	Case Management	\$40.76	15-Minute Increment	Use population modifier as appropriate	

LOC ^{2,8,9}	HCPCS	Description	Perinatal/PPW (HD) Modifier	Unit ^{4,5,6}	Treatment Standard ^{4,5,6}	
MEDICATIONS FOR ADDICTION TREATMENT – OTP SETTING^{4,5,6}						
METHADONE¹⁸						
	H0020	Methadone	\$14.65	Per Day	Age 12-21 (Modifier HA); Pregnant/Perinatal (Modifier HD)	
			\$15.78 perinatal			
			LABEL NAME		NATIONAL DRUG CODE (NDC)	DOSAGE/FORM
			N/A		N/A	N/A
NALTREXONE GENERIC¹⁸						
	S5000A	Naltrexone Generic	\$19.06	per Face to Face Visit	Age 12-21 (Modifier HA); Pregnant/Perinatal (Modifier HD)	
			LABEL NAME		NATIONAL DRUG CODE (NDC)	DOSAGE/FORM
			Vivitrol		65757030001	380 MG VIAL + DILUENT
BUPRENORPHINE HCL (MONO) GENERIC¹⁷						
	S5000B	Buprenorphine HCL (Mono) Generic	\$30.02	Per Day	Age 12-21 (Modifier HA); Pregnant/Perinatal (Modifier HD)	
			\$35.20 perinatal			
			LABEL NAME		NATIONAL DRUG CODE (NDC)	DOSAGE/FORM
			Buprenorphine		00054017613	2 MG TABLET SL
			Buprenorphine		00228315603	2 MG TABLET SL
			Buprenorphine		00378092393	2 MG TABLET SL
			Buprenorphine		42858050103	2 MG TABLET SL
			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			

LOC ^{2,8,9}	HCPCS	Description	Perinatal/PPW (HD) Modifier	Unit ^{4,5,6}	Treatment Standard ^{4,5,6}
MEDICATIONS FOR ADDICTION TREATMENT – OTP SETTING¹¹					
BUPRENORPHINE - NALOXONE COMBINATION - GENERIC¹⁷					
	S5000BN	Buprenorphine – (Naloxone Combination) Generic	\$30.81	Per Day	Age 12-21 (Modifier HA); Pregnant/Perinatal (Modifier HD)
			\$35.98 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
			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
			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			

LOC ^{2,8,9}	HCPCS	Description	Perinatal/PPW (HD) Modifier	Unit ^{4,5,6}	Treatment Standard ^{4,5,6}	
MEDICATIONS FOR ADDICTION TREATMENT – OTP SETTING¹¹						
DISULFIRAM - GENERIC¹⁷						
	S5000C	Disulfiram - Generic	\$10.88	Per Day	Age 12-21 (Modifier HA); Pregnant/Perinatal (Modifier HD)	
			\$11.05 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		00054035625	250 MG TABLET
			Disulfiram		00093503501	250 MG TABLET
			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 HCL¹⁷						
	S5000D	Naloxone HCL	\$144.66	per 2 Units	Age 12-21 (Modifier HA); Pregnant/Perinatal (Modifier HD)	
			LABEL NAME			NATIONAL DRUG CODE (NDC)
			Narcan		69547035302	4 MG NASAL SPRAY

LOC ^{2,8,9}	HCPCS	Description	Perinatal/PPW (HD) Modifier	Unit ^{4,5,6}	Treatment Standard ^{4,5,6}
RECOVERY SUPPORT SERVICES^{4,5,6}					
Recovery Support Services (RSS) Code: U6 + Last Level of Care U Code DMC Site Certification	H0049	Screening	\$30.00	15-Minute Increment	Limit One Unit Per Patient Per Day Per Episode Per Provider Agency
	H0004	Individual Counseling	\$32.45	15-Minute Increment	Age 12-17 (Modifier HA); Pregnant/Perinatal (Modifier HD)
	H0005	Group Counseling	\$32.45	15-Minute Increment (min 60, max 90)	Between 0-24 units per week or 0-6 hours per week ^{8,9}
			\$2.16	per minute	Age 18-20 (Modifier HA); Pregnant/Perinatal (Modifier HD)
	H0038-R	Recovery Monitoring	\$32.45	15-Minute Increment	Age 21+ (Modifier N/A); Pregnant/Perinatal (Modifier HD)
	H0038-S	Substance Abuse Assistance	\$32.45	15-Minute Increment	0-36 units per week or 0-9 hours per week ^{8,9}
	H0006	Case Management	\$37.81	15-Minute Increment	Use population modifier as appropriate
RECOVERY BRIDGE HOUSING¹²					
Recovery Bridge Housing (RBH) Code: None	H2034	Recovery Bridge Housing	\$55.00 perinatal	Day Rate	Authorization by County Required Age 12-17: 0 days – Not Available Age 18 and Older: 180 days per calendar year noncontiguous Pregnant/Post-Partum (Modifier HD) Length of pregnancy and post-partum period, last day of the month when the 60th day after the end of pregnancy occurs
TELEHEALTH AND TELEPHONE SERVICES¹⁹					
	Modifier	Place of Service Code		Standard	
Telehealth and Telephone Services	GT	02 -Telehealth		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 02 or telephone service 02 under the place of service field in Sage is required. Claims must include modifier GT for Telehealth or SC for Telephone. In instances where adding the Telehealth/Telephone modifier would exceed the 4 modifier max drop the "HA" Youth Modifier for the Telehealth/Telephone Modifier.	
	SC	02 - Telephone			
CLIENT ENGAGEMENT AND NAVIGATION 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.

LOC ^{2,8,9}	HCPCS	Description	Perinatal/PPW (HD) Modifier	Unit ^{4,5,6}	Treatment Standard ^{4,5,6}
PREGNANT AND PARENTING WOMEN (PPW) SERVICES – DMC PERINATAL DESIGNATED SITES ONLY¹³ <i>Provided Documentation of Delivered Services</i>					
Supplemental Perinatal Services	H0006-C	Child Case Management ¹⁴	\$40.76	15-Minute Increment (per child)	Up to 4 (four) 15-minute increments (1 hour) per child 0-16 years of age, per month For arrangement, coordination, and monitoring of services for children: primary medical care, primary pediatric care, gender-specific treatment, and therapeutic interventions.
	T1009	Cooperative (Co-Op) Child Care ¹⁵	\$1.66	15-Minute Increment (per child) See PPW Bulletin 18-11 or Provider Manual for additional caregiver to child ratio and service criteria.	Total Annual Cap per Child: \$3260.24 or 1964 units; including weekly limits as follows and based on mother's SUD level of care: <u>ASAM 1.0 and 1.0 OTP:</u> Up to 9 hours per week for each child 0-14
					<u>ASAM 2.1:</u> Up to 19 hours (if non-pregnant or post-partum mom) or up to 30 hours (if pregnant or post-partum [60-days after delivery] mom) per week for each child 0-14
					<u>ASAM 3.1:</u> Up to 20 hours per week for each child 0-14
					<u>ASAM 3.3:</u> Up to 24 hours per week for each child 0-14
					<u>ASAM 3.5:</u> Up to 22 hours per week for each child 0-14
					Note: A child may receive either T1009 or T2027 not both in a 1-year period
	T2027	Licensed-Like Child Care ¹⁵	\$3.10	15-Minute Increment (per child) See PPW Bulletin 18-11 or Provider Manual for additional caregiver to child ratio and service criteria.	Total Annual Cap per Child: \$5025.10 or 1621 units; including weekly limits as follows and based on mother's SUD level of care: <u>ASAM 1.0 and 1.0 OTP:</u> Up to 9 hours per week for each child 0-14
					<u>ASAM 2.1:</u> Up to 19 hours (if non-pregnant or post-partum mom) or up to 30 hours (if pregnant or post-partum [60-days after delivery] mom) per week for each child 0-14
					<u>ASAM 3.1:</u> Up to 20 hours per week for each child 0-14
<u>ASAM 3.3:</u> Up to 24 hours per week for each child 0-14					
<u>ASAM 3.5:</u> Up to 22 hours per week for each child 0-14					
Note: A child may receive either T1009 or T2027 not both in a 1-year period					
A0080	Transportation (non-residential providers)	\$0.56	Per Mile <small>(If using an agency owned/operated vehicle to ensure access to primary medical care, primary pediatric care, gender-specific treatment, and/or therapeutic services for children).</small>	Up to 80 miles or \$44.80 per month, per beneficiary family unit (mother and child[ren] 0-16 years of age) with concurrent participation in a non-residential program and when not leveraging transportation services funded by other programs for which the beneficiary qualifies (e.g., CalWORKs, DCFS).	
S9976-C	Residential (RS) ASAM 3.1, 3.3 or 3.5 - Room and Board	\$55.00	Day Rate	Child (age 0-16) accompanying parent to RS. Contingent on RS participation by pregnant or parenting women. Max of 5 children per patient.	
H2034-C	Recovery Bridge Housing (RBH) - Bed Day	\$55.00	Day Rate	Child (age 0-16) accompanying parent to RBH. Contingent on RBH participation by pregnant or parenting women. Max of 5 children per patient.	

LOC ^{2,8,9}	HCPCS	Description	Perinatal/PPW (HD) Modifier	Unit ^{4,5,6}	Treatment Standard ^{4,5,6}
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CLAIMS INSTRUCTIONS

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

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

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

ASAM Level of Care (LOC) and "U Code" Crosswalk for Claims Submission		
ASAM 1.0-AR	Outpatient At-Risk	
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 3.5	High Intensity Residential Non-Population Specific	U3
ASAM 1-WM	Ambulatory Withdrawal Management w/o Extended	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
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
Telehealth and Telephone Services		
Telehealth	Place of Service Code 02	GT
Telephone	Place of Service Code 02	SC

LOC ^{2,8,9}	HCPCS	Description	Perinatal/PPW (HD) Modifier	Unit ^{4,5,6}	Treatment Standard ^{4,5,6}
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CLAIMS INSTRUCTIONS

4 Group Counseling and Patient Education Group Calculation:

Formula: $\frac{((\# \text{ minutes in the group plus travel time}) \div \# \text{ of participants in the group}) + \text{documentation time per beneficiary}}{\text{total time submitted for each beneficiary}}$, 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.

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: $[(90 \text{ minute group} + 30 \text{ minute travel}) \div 5 \text{ participants}] \times (\$2.52 \text{ ASAM } 1.0) = \$60.48 \text{ per person};$

- 1st Person. \$60.48 per person + [10 minutes documentation * (\$2.52 ASAM 1.0)]
- 2nd Person. \$60.48 per person + [9 minutes documentation * (\$2.52 ASAM 1.0)]
- 3rd Person. \$60.48 per person + [1 minute documentation * (\$2.52 ASAM 1.0)]
- 4th Person. \$60.48 per person + [8 minutes documentation * (\$2.52 ASAM 1.0)]
- 5th 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, 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 remote 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 Supplemental Pregnant and Parenting Women \(PPW\) services are only available to agency sites with approved DMC Perinatal Designation on the DMC Certification. To be reimbursed, delivered services must comply with the detailed HCPCS standards outlined in the Provider Manual. This](#)

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

[15 California Department of Education Standard Reimbursement Rate](#)

[16 Bulletin 19-07 Provider Staffing Guidelines: Only LE LPHA, LPHA, and Approved Staffing Levels can provide HCPC 90846 -Family Therapy and MAT SVC](#)

[17 DHCS Bulletin 19-035 Medication Assisted Treatment Reimbursement Rates for Fiscal Year 2019-20](#)

[18 DHCS Bulletin 19-036 Drug Medi-Cal Reimbursement Rates for Fiscal Year 2019-20](#)

[16 DHCS BHIN 21-047 Telehealth Guidance](#)