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September 20, 2018

**SAPC BULLETIN NO. 18-12**  
*Supersedes Bulletin 17-07-START Issued on  
March 15, 2018*

**TO:** Los Angeles County Substance Use Disorder  
Contracted Treatment Providers

**FROM:** John M. Connolly, Ph.D., M.S.Ed., Interim Division Director  
Substance Abuse Prevention and Control

**SUBJECT: REVISED: SYSTEM TRANSFORMATION TO ADVANCE  
RECOVERY AND TREATMENT – ORGANIZED DELIVERY  
SYSTEM (START-ODS) SERVICE REIMBURSEMENT RATES**

Under the delegated authority issued to Substance Abuse Prevention and Control (SAPC) on May 17, 2017 to amend contracts via bulletins, this bulletin serves to amend all substance use disorder treatment contracts by replacing Exhibit C of those contracts, with the attached Exhibit C-1 START-ODS Rates. Effective July 1, 2017 all treatment contracts must bill under these rates and under the treatment parameters described.

To avoid errors in billing submission and disallowances, providers are instructed to review all the components of the attached Exhibit, specifically:

- Treatment Standards that describe minimum and maximum parameters for services provided under each level of care (LOC).
- Group counseling calculations:  
 Formula: (# minutes in the group divided by # of participants in the group) times (LOC group rate divided by 15 to get per minute rate) = amount claimed per person.  
 Standard: Minimum group duration is 60 minutes and maximum 90 minutes.  
 Minimum 2 persons and maximum 12 persons per group.  
 Documentation: Strict guidelines on allowable reimbursement for documentation.

SUD Contracted Treatment Providers

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- 30-day alerts and 45-day patient administrative discharge for non-activity.
- Requirements and restrictions on concurrent enrollment in levels of care.
- Admitting a residential patient without preauthorization may result in financial loss, if authorization is ultimately denied.

Providers should refer to the SAPC Provider Manual for more information on the treatment requirements and billing for services. Please see the following link for the Provider Manual: <http://publichealth.lacounty.gov/sapc/NetworkProviders.htm>.

If you have any questions or need additional information, please contact the Finance Division at (626) 299-4590.

Attachment

JMC:dd

**Department of Public Health, Substance Abuse Prevention and Control (SAPC)  
Substance Use Disorder (SUD) Rates and Standards Matrix - Fiscal Year 2018-2019**

Last Updated: 9/6/18

LOC <sup>1</sup>	HCPCS	Description	Rate	Unit	Treatment Standard <sup>1</sup>
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**INCENTIVE PAYMENTS TERM: December 2017-June 2019<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 Benefits or Program Participation in CalOMS/LACPRS<sup>A,B,C,D</sup>**

LOC	HCPCS	Description	Rate	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<sup>A,B,D,E,F</sup>**

LOC	HCPCS	Description	Rate	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-LA	My Health LA Enrollment	\$30.00		Application must be processed and approved by the Los Angeles County Department of Health Services (DHS)
All	H0006-CW	CalWORKs Enrollment	\$20.00		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)

**Sage Data Entry and Accuracy<sup>A,B,E,G</sup>**

LOC	HCPCS	Description	Rate	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

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

<sup>B</sup> Incentives cannot be claimed for patients admitted between December 1, 2017 and March 31, 2018, and who were discharged before the claim was entered.

<sup>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).

<sup>D</sup> “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.

<sup>E</sup> 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.

<sup>F</sup> 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.

<sup>G</sup> 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>1</sup>	HCPCS	Description	Rate	Unit	Treatment Standard <sup>1</sup>
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### SERVICE RATES BY LEVEL OF CARE

<b>ASAM 1.0-AR</b> Code: U7  Outpatient for At-Risk Youth & Young Adults 12-20 Only	H0049	Screening	\$00.00	15-Minute Increment	<b>COMBINED SERVICES:</b> Age 12-20 (Modifier HA); Pregnant/Perinatal (Modifier HD) Intake Services: No more than 8 units or 2 hours per 60-days <sup>3</sup>
	H0001	Intake/Assessment	\$29.63	15-Minute Increment	
	T1007	Treatment Plan	\$29.63	15-Minute Increment	
	H0005	Group Counseling	\$29.63	\$1.98 minute (min 60, max 90) <sup>2</sup>	<b>COMBINED SERVICES:</b> Age 12-20 (Modifier HA); Pregnant/Perinatal (Modifier HD) Direct Services No more than 16 units or 4 hours per 60-days <sup>3,4</sup> including Intake Services, and up to 2 episodes per calendar year
	T1012	Patient Education	\$29.63	\$1.98 minute (min 60, max 90) <sup>2</sup>	
	H0004	Individual Counseling	\$29.63	15-Minute Increment	
	H0006	Case Management	\$33.83	15-Minute Increment	
<b>ASAM 1.0</b> Code: U7  Outpatient	H0049	Screening	\$00.00	Screen	<b>COMBINED SERVICES:</b> 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 <sup>3,4</sup>  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 <sup>3,4</sup>
	H0001	Assessment/Intake	\$29.63	15-Minute Increment	
	T1007	Treatment Plan	\$29.63	15-Minute Increment	
	H0005	Group Counseling	\$29.63	\$1.98 minute (min 60, max 90) <sup>2</sup>	
	T1012	Patient Education	\$29.63	\$1.98 minute (min 60, max 90) <sup>2</sup>	
	H0004	Individual Counseling	\$29.63	15-Minute Increment	
	H2011	Crisis Intervention	\$29.63	15-Minute Increment	
	90846	Family Therapy	\$29.63	15-Minute Increment	
	T1006	Collateral Services	\$29.63	15-Minute Increment	
	H2010	Medication Services (Non-MAT)	\$29.63	15-Minute Increment	
	MAT-SVC	Medication Services (MAT)	\$29.63	15-Minute Increment	
	D0001	Discharge Services	\$29.63	15-Minute Increment	
	H0048	Alcohol/Drug Testing	\$00.00	UA Test – 1 Unit	
	H0006	Case Management	\$33.83	15-Minute Increment	1-40 Units per month

Department of Public Health, Substance Abuse Prevention and Control (SAPC)  
 Substance Use Disorder (SUD) Rates and Standards Matrix - Fiscal Year 2018-2019

Last Updated: 9/6/18

LOC <sup>1</sup>	HCPCS	Description	Rate	Unit	Treatment Standard <sup>1</sup>
ASAM 2.1 Code: U8	H0049	Screening	\$00.00	Screen	<p><b>COMBINED SERVICES:</b></p> <p><b>Age 12-17 (Modifier HA)</b>                      No less or more than* 24-76 units per week or 6-19 hours per week<sup>3,4</sup></p> <p><b>Age 12-17 and Pregnant/Perinatal (Also Add Modifier HD)</b>                      No less or more than* 24-120 units per week or 6-30 hours per week<sup>3,4</sup></p> <p><b>Age 18-20 (Modifier HA) or Age 21+ (Modifier None)</b>                      No less or more than* 36-76 units per week or 9-19 hours per week<sup>3,4</sup></p> <p><b>Age 18+ and Pregnant/Perinatal (Also Add Modifier HD)</b>                      No less or more than* 36-120 units per week or 9-30 hours per week<sup>3,4</sup></p> <p>*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 reimbursement will be disallowed.</p>
	H0001	Assessment/Intake	\$32.01	15-Minute Increment	
	T1007	Treatment Plan	\$32.01	15-Minute Increment	
	H0005	Group Counseling	\$32.01	\$2.13 minute (min 60, max 90) <sup>2</sup>	
	T1012	Patient Education	\$32.01	\$2.13 minute (min 60, max 90) <sup>2</sup>	
	H0004	Individual Counseling	\$32.01	15-Minute Increment	
	H2011	Crisis Intervention	\$32.01	15-Minute Increment	
	90846	Family Therapy	\$32.01	15-Minute Increment	
	T1006	Collateral Services	\$32.01	15-Minute Increment	
	H2010	Medication Services (Non-MAT)	\$32.01	15-Minute Increment	
	MAT-SVC	Medication Services (MAT)	\$32.01	15-Minute Increment	
	D0001	Discharge Services	\$32.01	15-Minute Increment	
	H0048	Alcohol/Drug Testing	\$00.00	Test – 1 Unit	
	H0006	Case Management	\$33.83	15-Minute Increment	
1-40 Units per month					
ASAM 3.1 Code H0019, U1	H0049	Screening	\$109.28	Day Rate	<p>Pre-Authorization by County Required<sup>5</sup></p> <p><b>COMBINED SERVICES*:</b></p> <p><b>Age 12-17 (Modifier HA); Pregnant/Perinatal (Modifier HD)</b>                      80+ units per week or 20+ hours per week<sup>3,4</sup>                      2 noncontiguous 30-day stays with one 30-day extension per year for any ASAM residential LOC unless medically necessary.</p> <p><b>Age 18-20 (Modifier HA); Pregnant/Perinatal (Modifier HD)</b>                      80+ units per week or 20+ hours per week<sup>3,4</sup>                      2 noncontiguous 90-day stays with one 30-day extension per year for any ASAM residential LOC unless medically necessary.</p> <p><b>Age 21+ (Modifier N/A); Pregnant/Perinatal (Modifier HD)</b>                      80+ units per week or 20+ hours per week<sup>3,4</sup>                      2 noncontiguous 90-day stays with one 30-day extension per year for any ASAM residential LOC unless medically necessary.</p> <p><i>Perinatal clients 60-days post-partum under DMC; criminal justice transition to other payers if medically necessary and allowable for days 91-180.</i></p>
	H0001	Assessment/Intake			
	T1007	Treatment Plan			
	H0005	Group Counseling			
	T1012	Patient Education			
	H0004	Individual Counseling			
	H2011	Crisis Intervention			
	90846	Family Therapy			
	T1006	Collateral Services			
	H2010	Safeguarding Medications			
	MAT-SVC	Medication Services (MAT)			
	T2001	Non-Emergency Transport			
	H0048	Alcohol/Drug Testing			
	D0001	Discharge Services			
* If less than 10 hours or 40 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 reimbursement will be disallowed. When services provided are less than the minimum, it must be clinically necessary (e.g., hospitalized, on pass) and documented in the progress notes. Alerts will be sent via Sage if service unit minimums are not met.					
			\$51.66	Day Rate	Same as Above
			\$33.83	15-Minute Increment	1-40 Units per month

Department of Public Health, Substance Abuse Prevention and Control (SAPC)  
 Substance Use Disorder (SUD) Rates and Standards Matrix - Fiscal Year 2018-2019

Last Updated: 9/6/18

LOC <sup>1</sup>	HCPCS	Description	Rate	Unit	Treatment Standard <sup>1</sup>
ASAM 3.3 Code: H0019, U2	H0049	Screening	\$140.89	Day Rate	Pre-Authorization by County Required <sup>5</sup>  <b>COMBINED SERVICES*:</b>  <b>Age 18-20 (Modifier HA); Pregnant/Perinatal (Modifier HD)</b> 96+ units per week or 24+ hours per week <sup>3,4</sup> 2 noncontiguous 90-day stays with one 30-day extension per year for any ASAM residential LOC unless medically necessary.  <b>Age 21+ (Modifier N/A); Pregnant/Perinatal (Modifier HD)</b> 96+ units per week or 24+ hours per week <sup>3,4</sup> 2 noncontiguous 90-day stays with one 30-day extension per year for any ASAM residential LOC unless medically necessary.  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.
	H0001	Assessment/Intake			
	T1007	Treatment Plan			
	H0005	Group Counseling			
	T1012	Patient Education			
	H0004	Individual Counseling			
	H2011	Crisis Intervention			
	90846	Family Therapy			
	T1006	Collateral Services			
	H2010	Safeguarding Medications			
	MAT-SVC	Medication Services (MAT)			
	T2001	Non-Emergency Transport			
	H0048	Alcohol/Drug Testing			
	D0001	Discharge Services			
S9976	Room and Board	\$51.66	Day Rate	Same as Above	
H0006	Case Management	\$33.83	15-Minute Increment	1-40 Units per month	
ASAM 3.5 Code: H0019, U3	H0049	Screening	\$125.23	Day Rate	Pre-Authorization by County Required <sup>5</sup>  <b>COMBINED SERVICES*:</b>  <b>Age 12-17 (Modifier HA); Pregnant/Perinatal (Modifier HD)</b> 88+ units per week or 22+ hours per week <sup>3,4</sup> 2 noncontiguous 30-day stays with one 30-day extension per year for any ASAM residential LOC unless medically necessary.  <b>Age 18-20 (Modifier HA); Pregnant/Perinatal (Modifier HD)</b> 88+ units per week or 22+ hours per week <sup>3,4</sup> 2 noncontiguous 90-day stays with one 30-day extension per year for any ASAM residential LOC unless medically necessary.  <b>Age 21+ (Modifier N/A); Pregnant/Perinatal (Modifier HD)</b> 88+ units per week or 22+ hours per week <sup>3,4</sup> 2 noncontiguous 90-day stays with one 30-day extension per year for any ASAM residential LOC unless medically necessary.  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.
	H0001	Assessment/Intake			
	T1007	Treatment Plan			
	H0005	Group Counseling			
	T1012	Patient Education			
	H0004	Individual Counseling			
	H2011	Crisis Intervention			
	90846	Family Therapy			
	T1006	Collateral Services			
	H2010	Safeguarding Medications			
	MAT-SVC	Medication Services (MAT)			
	T2001	Non-Emergency Transport			
	H0048	Alcohol/Drug Testing			
	D0001	Discharge Services			
S9976	Room and Board	\$51.66	Day Rate	Same as Above	
H0006	Case Management	\$33.83	15-Minute Increment	1-40 Units per month	

High Intensity Residential  
Population Specific

High Intensity Residential  
Non-Population Specific

Department of Public Health, Substance Abuse Prevention and Control (SAPC)  
 Substance Use Disorder (SUD) Rates and Standards Matrix - Fiscal Year 2018-2019

Last Updated: 9/6/18

LOC <sup>1</sup>	HCPCS	Description	Rate	Unit	Treatment Standard <sup>1</sup>
ASAM 1-WM Code: U4 + U7 or U8  Ambulatory Withdrawal Management Without Extended On-Site Monitoring	H0014-1	Ambulatory Detox	\$210.46	Day Rate	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. <sup>3,4</sup>
	H0049	Screening			
	H0001	Assessment/Intake			
	T1007	Treatment Plan			
	H0005	Group Counseling			
	T1012	Patient Education			
	H0004	Individual Counseling			
	H2011	Crisis Intervention			
	90846	Family Therapy			
	T1006	Collateral Services			
	H2010	Medication Services (Non-MAT)			
	MAT-SVC	Medication Services (MAT)			
	H0048	Alcohol/Drug Testing			
	D0001	Discharge Services			
H0006	Case Management*	\$33.83	15-Minute Increment	1-40 Units per month	
ASAM 3.2-WM Code: U9  Residential Withdrawal Management Clinically Managed	H0012	Subacute Detox Residential	\$286.03	Day Rate	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. <sup>3,4</sup>
	H0049	Screening			
	H0001	Assessment/Intake			
	T1007	Treatment Plan			
	H0005	Group Counseling			
	T1012	Patient Education			
	H0004	Individual Counseling			
	H2011	Crisis Intervention			
	90846	Family Therapy			
	T1006	Collateral Services			
	H2010	Medication Services (Non-MAT)			
	MAT-SVC	Medication Services (MAT)			
	H0048	Alcohol/Drug Testing			
	D0001	Discharge Services			
	S9976	Room and Board	\$95.34	Day Rate	Same as Above
H0006	Case Management	\$33.83	15-Minute Increment	1-40 Units per month	

Department of Public Health, Substance Abuse Prevention and Control (SAPC)  
 Substance Use Disorder (SUD) Rates and Standards Matrix - Fiscal Year 2018-2019

Last Updated: 9/6/18

LOC <sup>1</sup>	HCPCS	Description	Rate	Unit	Treatment Standard <sup>1</sup>
ASAM 3.7-WM Code: None  Inpatient Withdrawal Management Medically Monitored	H0010	Subacute Detox Residential	\$324.15	Day Rate  One year pilot project. Maximum 150 bed days per month (average five beds daily) at BHS and 150 bed days per month (average five beds daily) at TTC at any given time for combined ASAM 3.7, 3.7-WM, 4.0, 4.0-WM. <sup>2,3</sup>	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. <sup>3,4</sup>
	H0049	Screening			
	H0001	Assessment/Intake			
	T1007	Treatment Plan			
	H0005	Group Counseling			
	T1012	Patient Education			
	H0004	Individual Counseling			
	H2011	Crisis Intervention			
	90846	Family Therapy			
	T1006	Collateral Services			
	H2010	Medication Services (Non-MAT)			
	MAT-SVC	Medication Services (MAT)			
	H0048	Alcohol/Drug Testing			
	D0001	Discharge Services			
S9976	Room and Board	\$95.34	Day Rate	Same as Above	
H0006	Case Management	\$33.83	15-Minute Increment	1-40 Units per month	
ASAM 4.0-WM Code: None  Inpatient Withdrawal Management Medically Managed	H0011	Acute Detox Residential	\$324.15	Day Rate  One year pilot project. Maximum 150 bed days per month (average five beds daily) at BHS and 150 bed days per month (average five beds daily) at TTC at any given time for combined ASAM 3.7, 3.7-WM, 4.0, 4.0-WM. <sup>2,3</sup>	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. <sup>3,4</sup>
	H0049	Screening			
	H0001	Assessment/Intake			
	T1007	Treatment Plan			
	H0005	Group Counseling			
	T1012	Patient Education			
	H0004	Individual Counseling			
	H2011	Crisis Intervention			
	90846	Family Therapy			
	T1006	Collateral Services			
	H2010	Medication Services (Non-MAT)			
	MAT-SVC	Medication Services (MAT)			
	H0048	Alcohol/Drug Testing			
	D0001	Discharge Services			
S9976	Room and Board	\$95.34	Day Rate	Same as Above	
H0006	Case Management	\$33.83	15-Minute Increment	1-40 Units per month	

Department of Public Health, Substance Abuse Prevention and Control (SAPC)  
 Substance Use Disorder (SUD) Rates and Standards Matrix - Fiscal Year 2018-2019

Last Updated: 9/6/18

LOC <sup>1</sup>	HCPCS	Description	Rate	Unit	Treatment Standard <sup>1</sup>
ASAM 1-OTP Code: UA, HG	H0049	Screening	\$00.00	10-Minute Increment	<p><b>COMBINED SERVICES:</b></p> <p><b>Age 12-17 (Modifier HA); Pregnant/Perinatal (Modifier HD)</b>                      (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><b>Age 18-20 (Modifier HA); Pregnant/Perinatal (Modifier HD)</b>  <b>Age 21+ (Modifier N/A); Pregnant/Perinatal (Modifier HD)</b>                      No less than                      5 units or 50-minutes, and no more than 20 units or 200 minutes unless medically necessary, per month<sup>3,4</sup></p> <p>Alerts will be sent via Sage if service units' minimums are not met.</p>
			\$00.00		
Opioid Treatment Programs If two rates – the higher rate is for perinatal Authorization by County Required for Minors	H0001	Assessment/Intake	\$15.88	10-Minute Increment	
			\$16.39		
	T1007	Treatment Plan	\$15.88	10-Minute Increment	
			\$16.39		
	H0005	Group Counseling	\$3.43	10-Minute Increment	
			\$4.28		
	T1012	Patient Education	\$3.43	10-Minute Increment	
			\$4.28		
	H0004	Individual Counseling	\$15.88	10-Minute Increment	
			\$16.39		
	H2011	Crisis Intervention	\$15.88	10-Minute Increment	
			\$16.39		
	90846	Medical Psychotherapy	\$15.88	10-Minute Increment	
			\$16.39		
	T1006	Collateral Services	\$15.88	10-Minute Increment	
			\$16.39		
	H2010	Medication Services (Non-MAT)	\$15.88	10-Minute Increment	
			\$16.39		
	MAT-SVC	Medication Services (MAT)	\$15.88	10-Minute Increment	
			\$16.39		
H0048	Alcohol/Drug Testing	\$00.00	per Test		
G9228	Syphilis Test	\$00.00	per Test		
G9359	Tuberculosis (TB) Test	\$00.00	per Test		
D0001	Discharge Services	\$15.88	10-Minute Increment		
		\$16.39			
H0020	Methadone	\$13.54	per Day		
		\$14.58			
S5000A	Naltrexone - Generic	\$19.06	per Face to Face Visit		
S5000B	Buprenorphine – (Mono) Generic	\$16.91	per Day		
		\$20.15			
S5000BN		\$20.10	per Day		

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LOC <sup>1</sup>	HCPCS	Description	Rate	Unit	Treatment Standard <sup>1</sup>
		Buprenorphine – (Naloxone Combination) Generic	\$23.34		
	S5000C	Disulfiram - Generic	\$7.36 \$7.59	Per Day	Age 12-21 (Modifier HA); Pregnant/Perinatal (Modifier HD)
	S5000D	Naloxone	\$144.60	per 2 Units	Age 12-21 (Modifier HA); Pregnant/Perinatal (Modifier HD)
	H0006	Case Management	\$33.83	15-Minute Increment	1-40 Units per month
<b>Recovery Bridge Housing (RBH)</b>					
Recovery Bridge Housing (RBH)  Code: None	H2034	Recovery Bridge Housing	\$38.50 \$41.80 perinatal	Day Rate	<p><b>Authorization by County Required</b></p> <p>Age 12-17: 0 days – Not Available</p> <p>Age 18 and Older: 180 days per calendar year noncontiguous<sup>3,6</sup></p> <p>Pregnant/Post-Partum (Modifier HD)</p> <p>Length of pregnancy and post-partum period, last day of the month when the 60<sup>th</sup> day after the end of pregnancy occurs<sup>3,6</sup></p>
<b>POST-DISCHARGE</b>					
Recovery Support Services (RSS)  Code: U6 + U Code for Last Level of Care See Above (except OTP use "UA")	H0004	Individual Counseling	\$29.63	15-Minute Increment	<p style="text-align: center;"><b><u>COMBINED SERVICES*</u></b></p> <p>Age 12-17 (Modifier HA); Pregnant/Perinatal (Modifier HD) Between 1-24 units or up to 6 hours per month<sup>3,4</sup></p> <p>Age 18-20 (Modifier HA); Pregnant/Perinatal (Modifier HD) Age 21+ (Modifier N/A); Pregnant/Perinatal (Modifier HD) Between 1-28 units or up to 7 hours per month<sup>3,4</sup></p>
	H0005	Group Counseling	\$29.63	\$1.98 minute (min 60, max 90) <sup>2</sup>	
	H0038-R	Recovery Monitoring	\$20.89	15-Minute Increment	
	H0038-S	Substance Abuse Assistance	\$20.89	15-Minute Increment	
	H0006	Case Management	\$33.83	15-Minute Increment	

LOC <sup>1</sup>	HCPCS	Description	Rate	Unit	Treatment Standard <sup>1</sup>
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END OF SERVICE CODES AVAILABLE TO ALL PROVIDERS DELIVERING THE SPECIFIED LEVEL OF CARE

**PREGNANT AND PARENTING WOMEN (PPW) SERVICES – DMC PERINATAL DESIGNATED SITES ONLY <sup>7</sup>**

*Available Beginning July 1, 2017 Provided Documentation of Delivered Services*

Supplemental Perinatal Services					
	H0006-C	Child Case Management	\$33.83	15-Minute Increment	Up to 4 (four) 15-minute increments (1 hour) per child 0-5 years of age, per month
	T1009	Cooperative (Co-Op) Child Care <sup>8</sup>	\$1.38	15-Minute Increment (per child)	Total Annual Cap per Child: \$3240.24 or 2,348 units; including weekly limits as follows and based on mother's SUD level of care: <u>ASAM 1.0:</u> Up to 9 hours per week for each child 0-5 <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 0-5 <u>ASAM 3.1:</u> Up to 20 hours per week for each child 0-5 <u>ASAM 3.3:</u> Up to 24 hours per week for each child 0-5 <u>ASAM 3.5:</u> Up to 22 hours per week for each child 0-5 Note: A child may receive either T1009 or T2027 not both in a 1-year period
	T2027	Licensed-Like Child Care <sup>8</sup>	\$2.14	15-Minute Increment (per child)	Total Annual Cap per Child: \$5025.00 or 2,348 units; including weekly limits as follows and based on mother's SUD level of care: <u>ASAM 1.0:</u> Up to 9 hours per week for each child 0-5 <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 0-5 <u>ASAM 3.1:</u> Up to 20 hours per week for each child 0-5 <u>ASAM 3.3:</u> Up to 24 hours per week for each child 0-5 <u>ASAM 3.5:</u> Up to 22 hours per week for each child 0-5 Note: A child may receive either T1009 or T2027 not both in a 1-year period

**Department of Public Health, Substance Abuse Prevention and Control (SAPC)  
Substance Use Disorder (SUD) Rates and Standards Matrix - Fiscal Year 2018-2019**

Last Updated: 9/6/18

LOC <sup>1</sup>	HCPCS	Description	Rate	Unit	Treatment Standard <sup>1</sup>
	A0080	Transportation	\$0.51	Per Mile	Up to 80 miles or \$40.80 per month, per beneficiary family unit, when agencies are not also leveraging transportation services funded by other programs the beneficiary qualifies for/is participating in (e.g., CalWORKs, DCFS).
	S9976-C	Residential (RS) ASAM 3.1, 3.3 or 3.5 - Room and Board	\$51.66	Day Rate	Child (age 0-16) accompanying parent to RS. Contingent on RS participation by perinatal or parenting women.
	H2034-C	Recovery Bridge Housing (RBH) - Bed Day	\$38.50	Day Rate	Child (age 0-16) accompanying parent to RBH. Contingent on RBH participation by perinatal or parenting women.
<b>CLIENT ENGAGEMENT AND NAVIGATION SERVICE (CENS)</b>					
CENS	-	Co-located patient navigation and connection to treatment	\$67.00	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

<sup>1</sup> Claims submission in Sage is currently configured to require the identification of "U Codes" for the level of care (LOC), and specific modifiers: "HA" – youth under 21 years old and "HD" – pregnant and perinatal services. The "Code" in the "LOC" and/or "Treatment Standard" columns indicate what should be selected in Sage for the associated service or population.

ASAM Level of Care (LOC) and "U Code" Crosswalk for Claims Submission		
ASAM 1.0-AR	Outpatient At-Risk	U7
ASAM 1.0	Outpatient	U7
ASAM 2.1	Intensive Outpatient	U8
ASAM 3.1	Low Intensity Residential	U1
ASAM 3.3	High Intensity Residential, Population Specific	U2
ASAM 3.5	High Intensity Residential, Non-Population Specific	U3
ASAM 1-WM	Ambulatory Withdrawal Management w/o Extended Monitoring	U4 + U7 or U8
ASAM 3.2-WM	Residential Withdrawal Management, Clinically Managed	U9
ASAM 3.7-WM	Inpatient Withdrawal Management, Medically Monitored	-
ASAM 4.0-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

**2 GROUP COUNSELING AND PATIENT EDUCATION GROUP CALCULATION:**

Formula: (# minutes in the group divided by # of participants in the group) times (LOC group rate divided by 15 to get per minute rate) = amount claimed per person

Standard: Minimum group duration is 60 minutes and maximum 90 minutes. Minimum 2 persons and maximum 12 persons per group (Exception: Patient Education sessions conducted within ASAM 3.1, 3.3, and 3.5 allow for a minimum 2 persons and maximum of 30 persons per session; there is no additional documentation time for persons 13-30).

Examples: (60 minute group ÷ 10 participants) x (\$1.98 ASAM 1.0) = \$11.88 per person or \$118.80 per group (each person claimed separately)  
 (60 minute group ÷ 5 participants) x (\$1.98 ASAM 1.0) = \$23.76 per person or \$118.80 per group (each person claimed separately)  
 (90 minute group ÷ 12 participants) x (\$1.98 ASAM 1.0) = \$14.85 per person or \$178.20 per group (each person claimed separately)  
 (90 minute group ÷ 6 participants) x (\$1.98 ASAM 1.0) = \$29.70 per person or \$178.20 per group (each person claimed separately)

Department of Public Health, Substance Abuse Prevention and Control (SAPC)  
 Substance Use Disorder (SUD) Rates and Standards Matrix - Fiscal Year 2018-2019

Last Updated: 9/6/18

LOC <sup>1</sup>	HCPCS	Description	Rate	Unit	Treatment Standard <sup>1</sup>
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Documentation time is allowable for group sessions but cannot exceed the following standards and must represent actual time documenting notes tailored to each participant: (a) 2-4 participants one 15-minute unit; (b) 5-8 participants up to two 15-minute units; and (c) 9-12 participants up to three 15-minute units. The number of minutes would be added to the total time submitted for the group session but it must be clear what amount of time relates to the time spent conducting the group versus the time spent documenting individualized group session notes.

$([90 \text{ minute group} + 15 \text{ minutes documentation}] \div 4 \text{ participants}) \times (\$1.98 \text{ ASAM } 1.0) = \$51.98 \text{ per person or } \$207.90 \text{ per group (each person claimed separately)}$

$([90 \text{ minute group} + 30 \text{ minutes documentation}] \div 8 \text{ participants}) \times (\$1.98 \text{ ASAM } 1.0) = \$29.70 \text{ per person or } \$237.60 \text{ per group (each person claimed separately)}$

$([90 \text{ minute group} + 45 \text{ minutes documentation}] \div 12 \text{ participants}) \times (\$1.98 \text{ ASAM } 1.0) = \$22.28 \text{ per person or } \$267.30 \text{ per group (each person claimed separately)}$

- 3 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.
- 4 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).
- 5 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.
- 6 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.
- 7 Supplemental Pregnant and Parenting Women (PPW) services are only available to agency sites with approved DMC Perinatal Designation. To be reimbursed, delivered services must comply with the detailed HCPCS standards outlined in the Provider Manual.
- 8 California Department of Education and CalWORKs Program