

PREGNANT AND PARENTING WOMEN (PPW) SPECIALIZATION* ENHANCED RATES AND STAFFING MODIFIERS¹

Effective 7/1/20

LOC ^{2,8,9}	HCPCS	Description	Perinatal/PPW (HD) Modifier Base Rate Registered SUD Counselor/Other Provider	Perinatal Staff ³			Unit ^{4,5,6}	Treatment Standard ^{4,5,6}
				Certified SUD Counselor (C)	Licensed Eligible - LPHA (LE)	Licensed LPHA (L)		

INCENTIVE PAYMENTS TERM: December 2017-June 2021^A

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

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

All	Ex-AB	AB 109 Case or PB Number	\$5.00	\$5.00	\$5.00	\$5.00	Flat Rate	Entry of the accurate and valid number in CalOMS/LACPRS
All	Ex-PB	Probation PDJ Number	\$5.00	\$5.00	\$5.00	\$5.00		Entry of the accurate and valid number in CalOMS/LACPRS
All	Ex-CW	CalWORKs Case Number	\$5.00	\$5.00	\$5.00	\$5.00		Entry of the accurate and valid number in CalOMS/LACPRS
All	Ex-GR	General Relief Case Number	\$5.00	\$5.00	\$5.00	\$5.00		Entry of the accurate and valid number in CalOMS/LACPRS
All	Ex-PF	PSSF-TLRF Case Number	\$5.00	\$5.00	\$5.00	\$5.00		Entry of the accurate and valid number in CalOMS/LACPRS

Documentation of Newly Acquired Benefits and Program Participation in CalOMS/LACPRS^{A,B,D,E,F}

All	H0006-MC	Medi-Cal Enrollment	\$30.00	\$30.00	\$30.00	\$30.00	Flat Rate	Application must be processed and approved by the Department of Public Social Services (DPSS)
All	H0006-CW	CalWORKs Enrollment	\$20.00	\$20.00	\$20.00	\$20.00		Application must be processed and approved by the Department of Public Social Services (DPSS)
All	H0006-GR	General Relief Enrollment	\$20.00	\$20.00	\$20.00	\$20.00		Application must be processed and approved by the Department of Public Social Services (DPSS)
All	H0006-CF	CalFresh Enrollment	\$5.00	\$5.00	\$5.00	\$5.00		Application must be processed and approved by the Department of Public Social Services (DPSS)
All	H0006-LA	My Health LA Enrollment	\$30.00	\$30.00	\$30.00	\$30.00		Application must be processed and approved by the Los Angeles County Department of Health Services (DHS)

Sage Data Entry and Accuracy^{A,B,E,G}

All	D-AD	Admission Data – 7 Days	\$10.00	\$10.00	\$10.00	\$10.00	Flat Rate	Full CalOMS/LACPRS Admission Data Set completed within 7 days of admission date
All	D-DC	Discharge Data – Same Day	\$10.00	\$10.00	\$10.00	\$10.00		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	\$30.00	\$30.00	\$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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TELEHEALTH SERVICES

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 required.

^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" 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.

PREGNANT AND PARENTING WOMEN (PPW) SPECIALIZATION* ENHANCED RATES AND STAFFING MODIFIERS¹

Effective 7/1/20

LOC ^{2,8,9}	HCPCS	Description	Perinatal/PPW (HD) Modifier Base Rate Registered SUD Counselor/Other Provider	Perinatal Staff ³			Unit ^{4,5,6}	Treatment Standard ^{4,5,6}
				Certified SUD Counselor (C)	Licensed Eligible - LPHA (LE)	Licensed LPHA (L)		
ASAM 1.0 AR HAS BEEN SUNSET AS OF APRIL 1, 2021								
ASAM 1.0: Outpatient								
ASAM 1.0 Code: U7 Outpatient	H0049	Screening ⁷	\$30.00	\$30.00	\$30.00	\$30.00	15-Minute Increment	Maximum One Unit Per Patient Per Day Per Provider Agency
	H0001	Assessment/Intake	\$35.24	\$37.35	\$40.53	\$42.29	15-Minute Increment	<u>Combined Services^{4,5,6}</u> Age 12-17 (Modifier HA); Pregnant/Perinatal (Modifier HD) and Parenting Auth Groups Minimum 2 hours per month and no less or more than 0-24 units per week or 0-6 hours per week ^{8,9} Age 18-20 (Modifier HA); Pregnant/Perinatal (Modifier HD) and Parenting Auth Groups Age 21+ (Modifier NA); Pregnant/Perinatal (Modifier HD) and Parenting Auth Groups Minimum 2 hours per month and no less or more than 0-36 units per week or 0-9 hours per week ^{8,9}
	T1007	Treatment Plan	\$35.24	\$37.35	\$40.53	\$42.29	15-Minute Increment	
	H0005	Group Counseling	\$35.24	\$37.35	\$40.53	\$42.29	15-Minute Increment (min 60, max 90)	
			\$2.35	\$2.49	\$2.70	\$2.82	Per Minute	
	T1012	Patient Education	\$35.24	\$37.35	\$40.53	\$42.29	15-Minute Increment (min 60, max 90)	
			\$2.35	\$2.49	\$2.70	\$2.82	Per Minute	
	H0004	Individual Counseling	\$35.24	\$37.35	\$40.53	\$42.29	15-Minute Increment	
	H2011	Crisis Intervention	\$35.24	\$37.35	\$40.53	\$42.29	15-Minute Increment	
	90846	Family Therapy ¹⁶			\$40.53	\$42.29	15-Minute Increment	
	T1006	Collateral Services	\$35.24	\$37.35	\$40.53	\$42.29	15-Minute Increment	
	H2010	Medication Services (Non-MAT)	\$35.24	\$37.35	\$40.53	\$42.29	15-Minute Increment	
	MATSvc	Medication Services (MAT) ¹⁶			\$40.53	\$42.29	15-Minute Increment	
	D0001	Discharge Services	\$35.24	\$37.35	\$40.53	\$42.29	15-Minute Increment	
H0048	Alcohol/Drug Testing	\$0.00	\$0.00	\$0.00	\$0.00	UA Test – 1 Unit		
H0006	Case Management	\$38.54	\$40.85	\$44.32	\$46.25	15-Minute Increment	Up to 10 hours or 40 units per month	
ASAM 2.1: Intensive Outpatient								
ASAM 2.1 Code: U8 Intensive Outpatient	H0049	Screening ⁷	\$30.00	\$30.00	\$30.00	\$30.00	15-Minute Increment	Maximum One Unit Per Patient Per Day Per Provider Agency
	H0001	Assessment/Intake	\$38.08	\$40.36	\$43.79	\$45.70	15-Minute Increment	<u>Combined Services^{4,5,6}</u> Age 12-17 (Modifier HA) No less or more than* 24-76 units per week or 6-19 hours per week ^{8,9} Age 12-17 and Pregnant/Perinatal (Also Add Modifier HD) and Parenting Auth Groups No less or more than* 24-120 units per week or 6-30 hours per week ^{8,9} Age 18-20 (Modifier HA) or Age 21+ (Modifier None) No less or more than* 36-76 units per week or 9-19 hours per week ^{8,9} Age 18+ and Pregnant/Perinatal (Also Add Modifier HD) and Parenting Auth Groups No less or more than* 36-120 units per week or 9-30 hours per week ^{8,9}
	T1007	Treatment Plan	\$38.08	\$40.36	\$43.79	\$45.70	15-Minute Increment	
	H0005	Group Counseling	\$38.08	\$40.36	\$43.79	\$45.70	15-Minute Increment (min 60, max 90)	
			\$2.54	\$2.69	\$2.92	\$3.05	Per Minute	
	T1012	Patient Education	\$38.08	\$40.36	\$43.79	\$45.70	15-Minute Increment (min 60, max 90)	
			\$2.54	\$2.69	\$2.92	\$3.05	Per Minute	
	H0004	Individual Counseling	\$38.08	\$40.36	\$43.79	\$45.70	15-Minute Increment	
	H2011	Crisis Intervention	\$38.08	\$40.36	\$43.79	\$45.70	15-Minute Increment	
	90846	Family Therapy ¹⁶			\$43.79	\$45.70	15-Minute Increment	
	T1006	Collateral Services	\$38.08	\$40.36	\$43.79	\$45.70	15-Minute Increment	
	H2010	Medication Services (Non-MAT)	\$38.08	\$40.36	\$43.79	\$45.70	15-Minute Increment	
	MATSvc	Medication Services (MAT) ¹⁶			\$43.79	\$45.70	15-Minute Increment	
	D0001	Discharge Services	\$38.08	\$40.36	\$43.79	\$45.70	15-Minute Increment	
H0048	Alcohol/Drug Testing	\$0.00	\$0.00	\$0.00	\$0.00	UA Test – 1 Unit		
H0006	Case Management	\$38.54	\$40.85	\$44.32	\$46.25	15-Minute Increment	Up to 10 hours or 40 units per month	

*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.

PREGNANT AND PARENTING WOMEN (PPW) SPECIALIZATION* ENHANCED RATES AND STAFFING MODIFIERS¹

Effective 7/1/20

LOC ^{2,8,9}	HCPCS	Description	Perinatal/PPW (HD) Modifier Base Rate Registered SUD Counselor/Other Provider	Perinatal Staff ³			Unit ^{4,5,6}	Treatment Standard ^{4,5,6}
				Certified SUD Counselor (C)	Licensed Eligible - LPHA (LE)	Licensed LPHA (L)		
ASAM 3.1: Low Intensity Residential								
ASAM 3.1 Code U1 Low Intensity Residential	H0019	Clinical Day Rate	\$188.28	\$199.54	\$216.42	\$225.80	Day Rate	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) and Parenting Auth Groups 80+ units per week or 20+ hours per week ^{8,9} 2 noncontiguous 30-day stays with one 30-day extension per year for any ASAM residential LOC unless medically necessary. Age 18-20 (Modifier HA); Pregnant/Perinatal (Modifier HD) and Parenting Auth Groups 80+ units per week or 20+ hours per week ^{8,9} 2 noncontiguous 90-day stays with one 30-day extension per year for any ASAM residential LOC unless medically necessary. Age 21+ (Modifier NA); Pregnant/Perinatal (Modifier HD) and Parenting Auth Groups 80+ units per week or 20+ hours per week ^{8,9} 2 noncontiguous 90-day stays with one 30-day extension per year for any ASAM residential LOC unless medically necessary. <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>
	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	\$25.00	\$25.00	\$25.00	Day Rate	Same as Above	
H0006	Case Management	\$38.54	\$40.85	\$44.32	\$46.25	15-Minute Increment	Up to 10 hours or 40 units per month	
ASAM 3.3: High Intensity Residential Population Specific								
ASAM 3.3 Code U2 High Intensity Residential Population Specific	H0019	Clinical Day Rate	\$236.31	\$250.45	\$271.66	\$283.44	Day Rate	Pre-Authorization by County Required ¹⁰ Residential & Withdrawal Management- Screening not billable for same day of admission Combined Services^{4,5,6}: Age 18-20 (Modifier HA); Pregnant/Perinatal (Modifier HD) and Parenting Auth Groups 96+ units per week or 24+ hours per week ^{8,9} 2 noncontiguous 90-day stays with one 30-day extension per year for any ASAM residential LOC unless medically necessary. Age 21+ (Modifier NA); Pregnant/Perinatal (Modifier HD) and Parenting Auth Groups 96+ units per week or 24+ hours per week ^{8,9} 2 noncontiguous 90-day stays with one 30-day extension per year for any ASAM residential LOC unless medically necessary. <i>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.</i>
	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	\$25.00	\$25.00	\$25.00	Day Rate	Same as Above	
H0006	Case Management	\$38.54	\$40.85	\$44.32	\$46.25	15-Minute Increment	Up to 10 hours or 40 units per month	

PREGNANT AND PARENTING WOMEN (PPW) SPECIALIZATION* ENHANCED RATES AND STAFFING MODIFIERS¹

Effective 7/1/20

LOC ^{2,8,9}	HCPCS	Description	Perinatal/PPW (HD) Modifier Base Rate Registered SUD Counselor/Other Provider	Perinatal Staff ³			Unit ^{4,5,6}	Treatment Standard ^{4,5,6}
				Certified SUD Counselor (C)	Licensed Eligible - LPHA (LE)	Licensed LPHA (L)		
ASAM 3.5 High Intensity Residential Non-Population Specific								
ASAM 3.5 Code: U3 High Intensity Residential Non-Population Specific	H0019	Clinical Day Rate	\$214.32	\$227.14	\$246.37	\$257.05	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) and Parenting Auth Groups 88+ units per week or 22+ hours per week ^{8,9} 2 noncontiguous 30-day stays with one 30-day extension per year for any ASAM residential LOC unless medically necessary. Age 18-20 (Modifier HA); Pregnant/Perinatal (Modifier HD) and Parenting Auth Groups 88+ units per week or 22+ hours per week ^{8,9} 2 noncontiguous 90-day stays with one 30-day extension per year for any ASAM residential LOC unless medically necessary. Age 21+ (Modifier NA); Pregnant/Perinatal (Modifier HD) and Parenting Auth Groups 88+ units per week or 22+ hours per week ^{8,9} 2 noncontiguous 90-day stays with one 30-day extension per year at for any ASAM residential LOC unless medically necessary. <i>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.</i>
	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	\$25.00	\$25.00	\$25.00	Day Rate	Same as Above	
H0006	Case Management	\$38.54	\$40.85	\$44.32	\$46.25	15-Minute Increment	Up to 10 hours or 40 units per month	
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	\$230.10	\$230.10	\$230.10	\$230.10	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 NA); 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*						

PREGNANT AND PARENTING WOMEN (PW) SPECIALIZATION* ENHANCED RATES AND STAFFING MODIFIERS¹

Effective 7/1/20

LOC ^{2,8,9}	HCPCS	Description	Perinatal/PPW (HD) Modifier Base Rate Registered SUD Counselor/Other Provider	Perinatal Staff ³			Unit ^{4,5,6}	Treatment Standard ^{4,5,6}
				Certified SUD Counselor (C)	Licensed Eligible - LPHA (LE)	Licensed LPHA (L)		
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	\$270.03	\$270.03	\$270.03	\$270.03	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	\$38.54	\$40.85	\$44.32	\$46.25	15-Minute Increment	Up to 10 hours or 40 units per month	
ASAM 3.2-WM: Residential Withdrawal Management - Clinically Managed								
ASAM 3.2-WM Code: U9 Residential Withdrawal Management Clinically Managed	H0012	Subacute Detox Residential	\$338.01	\$338.01	\$338.01	\$338.01	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	\$25.00	\$25.00	\$25.00	Day Rate	Same as Above	
H0006	Case Management	\$38.54	\$40.85	\$44.32	\$46.25	15-Minute Increment	Up to 10 hours or 40 units per month	

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				Certified SUD Counselor (C)	Licensed Eligible - LPHA (LE)	Licensed LPHA (L)			
ASAM 3.7-WM: Inpatient Withdrawal Management - Medically Monitored									
ASAM 3.7-WM	Inpatient Withdrawal Management Medically Monitored	Refer to 8371 Companion Guide for Configuration p.21 Room and Board p.34 Billing Combination	Subacute Detox Residential	\$739.23	\$739.23	\$739.23	\$739.23	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}
			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						
			Room and Board	\$25.00	\$25.00	\$25.00	\$25.00	Day Rate	Same as Above
Case Management	\$38.54	\$40.85	\$44.32	\$46.25	15-Minute Increment	Up to 10 hours or 40 units per month			
ASAM 4-WM: Inpatient Withdrawal Management - Medically Managed									
ASAM 4-WM	Inpatient Withdrawal Management Medically Managed	Refer to 8371 Companion Guide for Configuration p.21 Room and Board p.34 Billing Combination	Acute Detox Residential	\$785.43	\$785.43	\$785.43	\$785.43	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}
			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						
			Room and Board	\$25.00	\$25.00	\$25.00	\$25.00	Day Rate	Same as Above
Case Management	\$38.54	\$40.85	\$44.32	\$46.25	15-Minute Increment	Up to 10 hours or 40 units per month			

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Effective 7/1/20

LOC ^{2,8,9}	HCPCS	Description	Perinatal/PPW (HD) Modifier Base Rate Registered SUD Counselor/Other Provider	Perinatal Staff ³			Unit ^{4,5,6}	Treatment Standard ^{4,5,6}
				Certified SUD Counselor (C)	Licensed Eligible - LPHA (LE)	Licensed LPHA (L)		
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		\$16.65 \$23.84 perinatal			10-Minute Increment	<p>Combined Services^{4,5,6} Age 12-17 (Modifier HA); Pregnant/Perinatal (Modifier HD) (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) Age 21+ (Modifier N/A); Pregnant/Perinatal (Modifier HD) No less than 5 units or 50-minutes, and no more than 20 units or 200 minutes unless medically necessary, per month^{8,9} Alerts will be sent via Sage if service units' minimums are not met.</p>
	T1007	Treatment Plan		\$16.65 \$23.84 perinatal			10-Minute Increment	
	H0005	Group Counseling		\$3.80 \$6.09 perinatal			10-Minute Increment	
	T1012	Patient Education		\$3.80 \$6.09 perinatal			10-Minute Increment	
	H0004	Individual Counseling		\$16.65 \$23.84 perinatal			10-Minute Increment	
	H2011	Crisis Intervention		\$16.65 \$23.84 perinatal			10-Minute Increment	
	90846	Medical Psychotherapy ¹⁶		\$16.65 \$23.84 perinatal			10-Minute Increment	
	T1006	Collateral Services		\$16.65 \$23.84 perinatal			10-Minute Increment	
	H2010	Medication Services (Non-MAT)		\$16.65 \$23.84 perinatal			10-Minute Increment	
	MATSvc	Medication Services (MAT) ¹⁶		\$16.65 \$23.84 perinatal			10-Minute Increment	
	H0048	Alcohol/Drug Testing		\$0.00			per Test	
	G9228	Syphilis Test		\$0.00			per Test	
	G9359	Tuberculosis (TB) Test		\$0.00			per Test	
	G0432	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		\$16.65 \$23.84 perinatal			10-Minute Increment	
H0006	Case Management		\$38.54	\$40.85	\$44.32	\$46.25	15-Minute Increment	

PREGNANT AND PARENTING WOMEN (PPW) SPECIALIZATION* ENHANCED RATES AND STAFFING MODIFIERS¹

Effective 7/1/20

LOC ^{2,8,9}	HCPCS	Description	Perinatal/PPW (HD) Modifier Base Rate Registered SUD Counselor/Other Provider	Perinatal Staff ³			Unit ^{4,5,6}	Treatment Standard ^{4,5,6}			
				Certified SUD Counselor (C)	Licensed Eligible - LPHA (LE)	Licensed LPHA (L)					
MEDICATIONS FOR ADDICTION TREATMENT – OTP SETTING^{4,5,6}											
METHADONE¹⁸											
	H0020	Methadone		\$14.20	Per Day	Age 12-21 (Modifier HA); Pregnant/Perinatal (Modifier HD)					
				\$15.29 perinatal							
				LABEL NAME					NATIONAL DRUG CODE (NDC)	DOSAGE/FORM	
				N/A					N/A	N/A	
NALTREXONE GENERIC⁸											
	S5000A	Naltrexone Generic Name		\$19.06	Face-to-Face	Age 12-21 (Modifier HA); Pregnant/Perinatal (Modifier HD)					
				\$19.06 perinatal							
				LABEL NAME					NATIONAL DRUG CODE (NDC)	DOSAGE/FORM	
				Vivitrol					65757030001	380 MG VIAL + DILUENT	
NALTREXONE INJECTABLE⁸											
	S5000A	Naltrexone Injectable		\$1,986.64	Monthly	Age 12-21 (Modifier HA); Pregnant/Perinatal (Modifier HD)					
				\$1986.64 perinatal							
				LABEL NAME					NATIONAL DRUG CODE (NDC)	DOSAGE/FORM	
				Vivitrol					65757030001	380 MG VIAL + DILUENT	
BUPRENORPHINE HCL (MONO) GENERIC¹⁷											
	S5000B	Buprenorphine HCL (Mono) Generic		\$29.27	Per Day	Age 12-21 (Modifier HA); Pregnant/Perinatal (Modifier HD)					
				\$34.58 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					

PREGNANT AND PARENTING WOMEN (PPW) SPECIALIZATION* ENHANCED RATES AND STAFFING MODIFIERS¹

Effective 7/1/20

LOC ^{2,8,9}	HCPCS	Description	Perinatal/PPW (HD) Modifier Base Rate Registered SUD Counselor/Other Provider	Perinatal Staff ³			Unit ^{4,5,6}	Treatment Standard ^{4,5,6}					
				Certified SUD Counselor (C)	Licensed Eligible - LPHA (LE)	Licensed LPHA (L)							
MEDICATIONS FOR ADDICTION TREATMENT – OTP SETTING¹¹													
BUPRENORPHINE - NALOXONE FILM¹⁷													
	S5000BF	Buprenorphine – Naloxone Film	[REDACTED]	\$22.36	Per Day	Age 12-21 (Modifier HA); Pregnant/Perinatal (Modifier HD)							
				\$27.14 perinatal									
				LABEL NAME					NATIONAL DRUG CODE (NDC)		DOSAGE/FORM		
				Buprenorp-Nalox					43598058230		8-2 MG SL FILM		
				Bunavail					59385001630		6.3-1 MG FILM		
				Bunavail					59385001230		2.1-0.3 MG FILM		
				Bunavail					59385001430		4.2-0.7 MG 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		
BUPRENORPHINE -INJECTABLE¹⁷													
	S5000BI	Buprenorphine Injectable	[REDACTED]	\$1,670.12	Monthly	Age 12-21 (Modifier HA); Pregnant/Perinatal (Modifier HD)							
				\$1,670.12 perinatal									
LABEL NAME			NATIONAL DRUG CODE (NDC)		DOSAGE/FORM								

PREGNANT AND PARENTING WOMEN (PPW) SPECIALIZATION* ENHANCED RATES AND STAFFING MODIFIERS¹

Effective 7/1/20

LOC ^{2,8,9}	HCPCS	Description	Perinatal/PPW (HD) Modifier Base Rate Registered SUD Counselor/Other Provider	Perinatal Staff ³			Unit ^{4,5,6}	Treatment Standard ^{4,5,6}			
				Certified SUD Counselor (C)	Licensed Eligible - LPHA (LE)	Licensed LPHA (L)					
DISULFIRAM - GENERIC¹⁷											
	S5000C	Disulfiram - Generic		\$10.22	Per Day	Age 12-21 (Modifier HA); Pregnant/Perinatal (Modifier HD)					
				\$10.37 perinatal							
			LABEL NAME					NATIONAL DRUG CODE (NDC)		DOSAGE/FORM	
			Antabuse					51285052302		250 MG TABLET	
			Antabuse					51285052402		500 MG TABLET	
			Disulfiram					00054035613		250 MG TABLET	
			Disulfiram					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	

PREGNANT AND PARENTING WOMEN (PPW) SPECIALIZATION* ENHANCED RATES AND STAFFING MODIFIERS¹

Effective 7/1/20

LOC ^{2,8,9}	HCPCS	Description	Perinatal/PPW (HD) Modifier Base Rate Registered SUD Counselor/Other Provider	Perinatal Staff ³			Unit ^{4,5,6}	Treatment Standard ^{4,5,6}
				Certified SUD Counselor (C)	Licensed Eligible - LPHA (LE)	Licensed LPHA (L)		
RECOVERY SUPPORT SERVICES^{1,5,6}								
Recovery Support Services (RSS)	H0049	Screening	\$30.00	\$30.00	\$30.00	\$30.00	15-Minute Increment	Limit One Unit Per Patient Per Day Per Episode Per Provider Agency
	H0004	Individual Counseling	\$32.69	\$32.69	\$32.69	\$32.69	15-Minute Increment	Age 12-17 (Modifier HA); Pregnant/Perinatal (Modifier HD)
	H0005	Group Counseling	\$32.69	\$32.69	\$32.69	\$32.69	15-Minute Increment (min 60, max 90)	Between 1-24 units or up to 6 hours per month
			\$2.18	\$2.18	\$2.18	\$2.18	per minute	Age 18-20 (Modifier HA); Pregnant/Perinatal (Modifier HD)
Code: U6 + U Code for Last Level of Care See Above (except OTP use "UA")	H0038-R	Recovery Monitoring	\$24.40	\$24.40	\$24.40	\$24.40	15-Minute Increment	Age 21+ (Modifier N/A); Pregnant/Perinatal (Modifier HD)
	H0038-S	Substance Abuse Assistance	\$24.40	\$24.40	\$24.40	\$24.40	15-Minute Increment	Between 1-28 units or up to 7 hours per month
	H0006	Case Management	\$35.75	\$35.75	\$35.75	\$35.75	15-Minute Increment	Up to 10 hours or 40 units per month
RECOVERY BRIDGE HOUSING¹²								
Recovery Bridge Housing (RBH)	H2034	Recovery Bridge Housing	\$55.00 perinatal	\$55.00 perinatal	\$55.00 perinatal	\$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
Code: None								
CLIENT ENGAGEMENT AND NAVIGATION SERVICE (CENS)								
CENS	-	Co-located patient navigation and connection to treatment	\$73.70	\$73.70	\$73.70	\$73.70	Per Staff Hour	Salary and allowable costs (specifically supervisor; clerical/support staff; data-entry clerk; CENS area office space; equipment such as laptops and internet access; supplies) associated with one (1) full-time equivalent Substance Use Disorder (SUD) counselor.

PREGNANT AND PARENTING WOMEN (PPW) SPECIALIZATION* ENHANCED RATES AND STAFFING MODIFIERS¹

Effective 7/1/20

LOC ^{2,8,9}	HCPCS	Description	Perinatal/PPW (HD) Modifier Base Rate Registered SUD Counselor/Other Provider	Perinatal Staff ³			Unit ^{4,5,6}	Treatment Standard ^{4,5,6}
				Certified SUD Counselor (C)	Licensed Eligible - LPHA (LE)	Licensed LPHA (L)		
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	\$38.54	\$40.85	\$44.32	\$46.25	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	\$1.66	\$1.66	\$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	\$3.10	\$3.10	\$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)	\$0.58	\$0.58	\$0.58	\$0.58	Per Mile (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).	Up to 80 miles or \$46.40 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	\$55.00	\$55.00	\$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	\$55.00	\$55.00	\$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.

PREGNANT AND PARENTING WOMEN (PPW) SPECIALIZATION* ENHANCED RATES AND STAFFING MODIFIERS¹

Effective 7/1/20

LOC ^{2,8,9}	HCPCS	Description	Perinatal/PPW (HD) Modifier Base Rate Registered SUD Counselor/Other Provider	Perinatal Staff ³			Unit ^{4,5,6}	Treatment Standard ^{4,5,6}
				Certified SUD Counselor (C)	Licensed Eligible - LPHA (LE)	Licensed LPHA (L)		

CLAIMS INSTRUCTIONS

Perinatal enhanced rates are available to all Pregnant and Perinatal (HD) Beneficiaries and Parenting Auth Groups

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	Outpatient	U7
ASAM 2.1	Intensive Outpatient	U8
ASAM 3.1	Low Intensity Residential	U1
ASAM 3.3	High Intensity Residential, Population Specific	U2
ASAM 3.5	High Intensity Residential Non-Population Specific	U3
ASAM 1-WM	Ambulatory Withdrawal Management w/o Extended Monitoring	U4 + U7 or U8
ASAM 2- WM	Ambulatory WM with Extended On-Site Monitoring	U5 + U7 or U8
ASAM 3.2-WM	Residential Withdrawal Management, Clinically Managed	U9
ASAM 3.7-WM	Inpatient Withdrawal Management, Medically Monitored	
ASAM 4-WM	Inpatient Withdrawal Management, Medically Managed	
ASAM 1-OTP	Opioid Treatment Program	UA, HG
RSS	Recovery Support Services	U6 + last LOC "U Code"
Population and Modifier Crosswalk for Claims Submission		
Youth	Age 12-17	HA
Young Adults	Age 18-20	HA
Pregnant/Perinatal	Length of pregnancy and allowable post-partum	HD

PREGNANT AND PARENTING WOMEN (PPW) SPECIALIZATION* ENHANCED RATES AND STAFFING MODIFIERS¹

Effective 7/1/20

LOC ^{2,8,9}	HCPCS	Description	Perinatal/PPW (HD) Modifier Base Rate Registered SUD Counselor/Other Provider	Perinatal Staff ³			Unit ^{4,5,6}	Treatment Standard ^{4,5,6}
				Certified SUD Counselor (C)	Licensed Eligible - LPHA (LE)	Licensed LPHA (L)		

CLAIMS INSTRUCTIONS

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

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

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

Licensed Eligible "LE" positions are Individuals registered with their respective state board (i.e., California Board of Behavioral Sciences, California Board of Psychology) and authorized to practice under the license of a fully-licensed practitioner with proper supervision and limited to the following: Associate Social Worker; Associate Marriage and Family Therapy; Associate Professional Clinical Counselor; Psychological Assistant, and Registered Psychologist. This is the Base Rate or Base Rate with the Modifier for Youth or Pregnant/Parenting Women plus 15%.

Licensed "L" positions are individuals licensed with their respective state board (i.e., California Board of Behavioral Sciences, California Board of Psychology) and authorized to practice and limited to the following: Physician (MD or DO); Nurse Practitioner; Physician Assistant; Registered Nurse; Registered Pharmacist; Clinical Psychologist; Licensed Clinical Social Worker (LCSW); Licensed Professional Clinical Counselor; and Licensed Marriage and Family Therapist. This is the Base Rate or Base Rate with the Modifier for Youth or Pregnant/Parenting Women plus 20%.

4 Group Counseling and Patient Education Group Calculation:

Formula: $\frac{((\# \text{ minutes in the group plus travel time}) \div \# \text{ of participants in the group}) = \text{Total treatment minutes per beneficiary} + \text{documentation time per beneficiary}$
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: $([90 \text{ minute group} + 30 \text{ minute travel}] \div 5 \text{ participants}) \times (\$2.18 \text{ ASAM } 1.0) = \$52.32 \text{ per person;}$

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

Total group (each person claimed separately) = \$74.12 + \$71.94 + \$54.50 + \$69.76 + \$63.22 = \$333.54

Individual Counseling

One 15 minute unit per patient, per service for any HCPCS code offered within the LOC in one minute units

B. ASAM 1-WM, 2-WM, 3.2-WM, 3.7-WM, 4-WM, 3.1, 3.3, 3.5 Documentation Time: Daily documentation is required. SAPC reserves the right to disallow partial payment for providers who are in noncompliance.

6 Travel time is allowable when providing ASAM 1.0, 1.0 - AR, or 2.1 at a SAPC approved Filed-Based Service location by the performing provider (e.g., SUD Counselor) up to 30 minutes to and from the approved location, unless otherwise approved in the application due to service a remove location within an underserved area (e.g., Antelope Valley, Catalina Island). The Progress or Miscellaneous Note must include the start and end time of the travel each direction.

7 Screening - Any individual who first presents at a Network Provider must be entered in the Referral Connection Log and receive the Youth Screener (ages 12 through 17) or ASAM CO-Triage (18 years of age and older) screener to determine the Provisional LOC prior to receipt of the full ASAM assessment. For payment, the Referral Connection Log must identify no treatment need or a connection to the appropriate level of care is required. Payment for this service begins September 1, 2019. For Non-Admitted or patients referred to other treatment sites bill H0049-N. Providers who received a day rate bill H0049 for screenings that occur on the same

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

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

10 If relapse risk is deemed to be significant without immediate placement in residential care, a residential treatment provider may admit an individual prior to receiving residential preauthorization, with the understanding that preauthorization denials will result in financial loss, whereas preauthorization approvals will be retroactively reimbursed to the date of admission. For example, a residential treatment provider may choose to accept the financial risk of admitting residential cases during the weekend, with the understanding that SAPC will render an authorization decision on the first business day and within 24 hours of receiving the request.

[11 DHCS MHSUDS Information Notice No.: 19-033 National Drug Codes for Medication Assisted Treatment Services in Drug Medi-Cal Organized Delivery System Counties](#)

[12 Recovery Bridge Housing participants must be concurrently enrolled in outpatient \(ASAM 1.0\), intensive outpatient \(ASAM 2.1\), opioid treatment programs \(ASAM 1-OTP\) or ambulatory withdrawal management \(ASAM 1-WM\) services.](#)

[13 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 includes compliance with the most 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](#)