



State of California—Health and Human Services Agency
Department of Health Care Services



EDMUND G. BROWN JR.
GOVERNOR

DATE: January 24, 2017

MHSUDS INFORMATION NOTICE NO.: 17-002

TO: COUNTY BEHAVIORAL HEALTH DIRECTORS
COUNTY DRUG & ALCOHOL ADMINISTRATORS
COUNTY BEHAVIORAL HEALTH DIRECTORS ASSOCIATION OF CALIFORNIA
CALIFORNIA COUNCIL OF COMMUNITY BEHAVIORAL HEALTH AGENCIES
COALITION OF ALCOHOL AND DRUG ASSOCIATIONS
CALIFORNIA ASSOCIATION OF ALCOHOL & DRUG PROGRAM EXECUTIVES, INC.
CALIFORNIA ALLIANCE OF CHILD AND FAMILY SERVICES

SUBJECT: DRUG MEDI-CAL ORGANIZED DELIVERY SYSTEM
HEALTHCARE COMMON PROCEDURE CODING SYSTEM (HCPCS) AND MODIFIERS

SUPERCEDES: [MHSUDS Information Notice 16-057](#)

PURPOSE

The purpose of this document is to inform the county of the required Healthcare Common Procedure Coding System (HCPCS) codes to use when claiming on the [ANSI ASC X12N 837P](#) electronic claim file.

DISCUSSION

The current practice for claiming Drug Medi-Cal (DMC) to Short Doyle Medi-Cal (SDMC) through the Information Technology Web Services portal will be continued for claiming DMC Organized Delivery System (ODS) claims. There are, however, a variety of additional codes and modifiers needed to distinguish between the various ODS services that will now be available.

Currently, DMC uses a set of eight HCPCS codes for the State Plan services (H0004, H0005, H0015, H0018, H0019, H0020, S5000, and S5001). DMC also uses HCPCS modifiers to distinguish perinatal services from non-perinatal services (HD = perinatal), and to distinguish Narcotic Treatment Program (NTP) from non-NTP services (HG = NTP). Additionally, in any case where a multiple claim of service on the same date was

appropriate, there were three modifiers used (59 - Distinct Procedural Service, 76 - Repeat Procedure by Same person, 77 - Repeat Procedure by Different person).

Once a county has opted in to the DMC ODS Pilot, the old codes and modifiers will not be sufficient to get the claim approved in the SDMC system. New combinations of HCPCS codes and modifiers need to be submitted on the 837P claim file. The following chart includes all of the codes and modifiers that are needed to submit claims to SDMC for the DMC ODS services.

DMC ODS HCPC Codes and Modifiers

ODS ODF			
H0004	Individual Counseling	U7	
H0005	Group Counseling	U7	
H0006	Case Management	U7	
G9008	Physician Consultation	U7	
H0014	Ambulatory Withdrawal Management 1-WM	U7	U4
H0014	Ambulatory Withdrawal Management 2-WM	U7	U5
H2010	Medication Assisted Treatment (MAT)	U7	
S5000	Medication Assisted Treatment (MAT) generic drug	U7	
S5001	Medication Assisted Treatment (MAT) brand name drug	U7	
H0004	Recovery Services - Individual Counseling	U6	U7
H0005	Recovery Services - Group Counseling	U6	U7
H0006	Recovery Services - Case Management	U6	U7
T1012	Recovery Services – Recovery Monitoring/Substance Abuse Assistance	U6	U7
ODS IOT			
H0015	Intensive Outpatient Treatment	U8	
H0006	Case Management	U8	
G9008	Physician Consultation	U8	
H0014	Ambulatory Withdrawal Management 1-WM	U8	U4
H0014	Ambulatory Withdrawal Management 2-WM	U8	U5
H2010	Medication Assisted Treatment (MAT)	U8	
S5000	Medication Assisted Treatment (MAT) generic drug	U8	
S5001	Medication Assisted Treatment (MAT) brand name drug	U8	
H0004	Recovery Services - Individual Counseling	U6	U8
H0005	Recovery Services - Group Counseling	U6	U8
H0006	Recovery Services - Case Management	U6	U8
T1012	Recovery Services – Recovery Monitoring/Substance Abuse Assistance	U6	U8

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ODS PH			
S0201	Partial Hospitalization	UB	
H0006	Case Management	UB	
G9008	Physician Consultation	UB	
H0014	Ambulatory Withdrawal Management 1-WM	UB	U4
H0014	Ambulatory Withdrawal Management 2-WM	UB	U5
H2010	Medication Assisted Treatment (MAT)	UB	
S5000	Medication Assisted Treatment (MAT) generic drug	UB	
S5001	Medication Assisted Treatment (MAT) brand name drug	UB	
H0004	Recovery Services - Individual Counseling	U6	UB
H0005	Recovery Services - Group Counseling	U6	UB
H0006	Recovery Services - Case Management	U6	UB
T1012	Recovery Services – Recovery Monitoring/Substance Abuse Assistance	U6	UB
ODS OTP/NTP			
H0004	Individual Counseling	UA	HG
H0005	Group Counseling	UA	HG
H0006	Case Management	UA	HG
G9008	Physician Consultation	UA	HG
H0020	Methadone Dosing	UA	HG
S5000	Medication Assisted Treatment (MAT) generic drug	UA	HG
S5001	Medication Assisted Treatment (MAT) brand name drug	UA	HG
H0004	Recovery Services - Individual Counseling	U6	UA
H0005	Recovery Services - Group Counseling	U6	UA
H0006	Recovery Services - Case Management	U6	UA
T1012	Recovery Services – Recovery Monitoring/Substance Abuse Assistance	U6	UA
ODS 3.1 RES			
H0019	Residential	U1	
H0006	Case Management	U1	
G9008	Physician Consultation	U1	
H2010	Medication Assisted Treatment (MAT)	U1	
S5000	Medication Assisted Treatment (MAT) generic drug	U1	
S5001	Medication Assisted Treatment (MAT) brand name drug	U1	
H0004	Recovery Services - Individual Counseling	U6	U1
H0005	Recovery Services - Group Counseling	U6	U1
H0006	Recovery Services - Case Management	U6	U1
T1012	Recovery Services – Recovery Monitoring/Substance Abuse Assistance	U6	U1

ODS 3.3 RES			
H0019	Residential	U2	
H0006	Case Management	U2	
G9008	Physician Consultation	U2	
H2010	Medication Assisted Treatment (MAT)	U2	
S5000	Medication Assisted Treatment (MAT) generic drug	U2	
S5001	Medication Assisted Treatment (MAT) brand name drug	U2	
H0004	Recovery Services - Individual Counseling	U6	U2
H0005	Recovery Services - Group Counseling	U6	U2
H0006	Recovery Services - Case Management	U6	U2
T1012	Recovery Services – Recovery Monitoring/Substance Abuse Assistance	U6	U2
ODS 3.5 RES			
H0019	Residential	U3	
H0006	Case Management	U3	
G9008	Physician Consultation	U3	
H2010	Medication Assisted Treatment (MAT)	U3	
S5000	Medication Assisted Treatment (MAT) generic drug	U3	
S5001	Medication Assisted Treatment (MAT) brand name drug	U3	
H0004	Recovery Services - Individual Counseling	U6	U3
H0005	Recovery Services - Group Counseling	U6	U3
H0006	Recovery Services - Case Management	U6	U3
T1012	Recovery Services – Recovery Monitoring/Substance Abuse Assistance	U6	U3
ODS 3.2 WM			
H0012	Residential Withdrawal Management 3.2-WM	U9	
H0006	Case Management	U9	
G9008	Physician Consultation	U9	
H2010	Medication Assisted Treatment (MAT)	U9	
S5000	Medication Assisted Treatment (MAT) generic drug	U9	
S5001	Medication Assisted Treatment (MAT) brand name drug	U9	

It will be necessary to submit claims for youth (under 21 years old) with the HA modifier. It will also be necessary to submit claims for pregnant and perinatal services using the HD modifier (current practice for DMC billing).

Each claim will include one of the HCPCS codes listed depending on the facility and service claimed. Additionally, the modifiers will need to establish the level of care

(U codes), distinguish between NTP and non-NTP (HG = NTP), between youth and adult (HA = youth), and between perinatal and non-perinatal (HD = perinatal). The MAT claims will also need to include the National Drug Code for the medications administered in the NTP setting (buprenorphine, disulfiram, and naloxone).

Due to changes to same day billing requirements for the DMC ODS ([Information Notice 16-007](#)), there will be no need for multiple billing override codes on these claims.

The use of U codes to distinguish between the different levels of care in DMC ODS will provide the needed data point to allow tracking for the additional services (case management, physician consultation, withdrawal management, and recovery services). It will be very difficult to distinguish these services without the U codes due to the likelihood that a single facility will have multiple levels of care available. For example, DHCS needs to know the difference between case management for the ODF level of care versus for the IOT level of care. Since the case management HCPCS code will be the same at the ODF or the IOT, or for that matter at any level of care, it is necessary to identify where the service took place using the level of care U code.

Here are a few examples for how to combine HCPCS codes and modifiers for claims:

1. If a perinatal adult beneficiary is served in an ODS ODF facility and receives a case management service, the claim would need to include these codes and modifiers – H0006|U7|HD.
2. If a non-perinatal youth beneficiary is served in a level 3.5 residential facility and there is a physician consultation that needs to be claimed, the codes and modifiers would be – G9008|U3|HA.
3. If an adult beneficiary has completed treatment at an IOT facility and has transitioned into recovery services at that same facility, when this beneficiary receives a recovery monitoring service the codes and modifiers would be – T1012|U6|U8.

The combination of HCPCS codes and modifiers will be highly structured and will be required for approval and reimbursement for all DMC ODS claims. The SDMC claims adjudication process is programmed to evaluate the combinations of codes to ensure the correct combinations for each service. For example, if a youth services claim is submitted with the “HA” modifier, the system will validate if the beneficiary was under the age of 18 on the date of service. Most of the current validations for DMC claims will remain in place, for example any pregnant or post-partum beneficiary would need to have the pregnancy indicator on the claim for perinatal services.

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We anticipate the publication of a DMC ODS specific [billing manual](#) and companion guide. Until these documents are available, this initial document establishes the HCPCS codes and modifiers that will be required for claiming DMC ODS claims to SDMC using the 837P electronic file.

QUESTIONS/MAINTENANCE

Questions regarding this Informational Notice should be addressed to Marco Zolow, Health Program Specialist, Program, Policy, and Fiscal Division at marco.zolow@dhcs.ca.gov.

Sincerely,

Original signed by

Karen Baylor, Ph.D., LMFT, Deputy Director
Mental Health & Substance Use Disorder Services