Effective: 7/1/20

BASE RATES AND STAFFING MODIFIERS

LOC ^{2,8,9}	HCPCS		Base Rate Registered SUD Counselor/Other Provider	Certified SUD Counselor (C)	Staff Modifier ³ Licensed Eligible - LPHA (LE)	Licensed LPHA (L)	Unit ^{4,5,6}	Treatment Standard ^{4,5,8}
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INCENTIVE PAYMENTS TERM: December 2017-June 2021A

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 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 ΑII Ex-CW CalWORKs Case Number \$5.00 \$5.00 Flat Rate Entry of the accurate and valid number in CalOMS/LACPRS \$5.00 \$5.00 All Ex-GR General Relief Case Number \$5.00 \$5.00 Entry of the accurate and valid number in CalOMS/LACPRS \$5.00 \$5.00 All Fx-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/LACPRSABDEF All H0006-MC Medi-Cal Enrollment \$30.00 \$30.00 \$30.00 \$30.00 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) General Relief Enrollment Flat Rate Application must be processed and approved by the Department of Public Social Services (DPSS) All H0006-GR \$20.00 \$20.00 \$20.00 \$20.00 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 Full CalOMS/LACPRS Admission Data Set completed within 7 days of admission date Flat Rate ΔII 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 Maximum One Unit Per Patient Per Day Per Provider Agency H0049-N \$30.00 \$30.00 All Screening Non-Admitted7 \$30.00 \$30.00 15-Minute Increment Residential & Withdrawal Management - Not billable for same day of admission

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 claims. 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.

Funcentives 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.

				BAS	SE RATES A	ND STAFFIN	G MODIFIERS 1	Effective: 7/1/20
			Base Rate Registered SUD		Staff Modifier ³			
LOC ^{2,8,9}	HCPCS	Description	Counselor/Other Provider	Certified SUD Counselor (C)	Licensed Eligible - LPHA (LE)	Licensed LPHA (L)	Unit ^{4,5,6}	Treatment Standard ^{4,5,6}
**************			TTOTIGET	(0)	ASA	M 1.0 AR HAS BEI	EN SUNSET AS OF APRIL 1, 202	1
ASAM 1.0: Out	tpatient				1			
ASAM 1.0	H0049	Screening ⁷	\$30.00	\$30.00	\$30.00	\$30.00	15-Minute Increment	Maximum of One Unit of Service Per Patient Per Day Per Provider Agency
	H0001	Assessment/Intake	\$32.69	\$34.65	\$37.59	\$39.23	15-Minute Increment	
Code: U7	T1007	Treatment Plan	\$32.69	\$34.65	\$37.59	\$39.23	15-Minute Increment	Combined Services ^{4,5,6} .
	H0005	Group Counseling	\$32.69	\$34.65	\$37.59	\$39.23	15-Minute Increment (min 60, max 90)	Age 12-17 (Modifier HA); Pregnant/Perinatal (Modifier HD)
	110003	Group Counseling	\$2.18	\$2.31	\$2.51	\$2.62	Per Minute	
	T1012	Patient Education	\$32.69	\$34.65	\$37.59	\$39.23	15-Minute Increment (min 60, max 90)	Minimum 2 hours per month and no less or more than
	11012	Patient Education	\$2.18	\$2.31	\$2.51	\$2.62	Per Minute	
	H0004	Individual Counseling	\$32.69	\$34.65	\$37.59	\$39.23	15-Minute Increment	0-24 units per week or 0-6 hours per week ^{8,9}
=	H2011	Crisis Intervention	\$32.69	\$34.65	\$37.59	\$39.23	15-Minute Increment	
Outpatient	90846	Family Therapy ¹³			\$37.59	\$39.23	15-Minute Increment	Age 18-20 (Modifier HA); Pregnant/Perinatal (Modifier HD)
ð	T1006	Collateral Services	\$32.69	\$34.65	\$37.59	\$39.23	15-Minute Increment	Age 21+ (Modifier N/A); Pregnant/Perinatal (Modifier HD)
	H2010	Medication Services (Non-MAT)	\$32.69	\$34.65	\$37.59	\$39.23	15-Minute Increment	
	MATSvc	Medication Services (MAT) 13			\$37.59	\$39.23	15-Minute Increment	Minimum 2 hours per month and no less or more than
	D0001	Discharge Services	\$32.69	\$34.65	\$37.59	\$39.23	15-Minute Increment	0-36 units per week or 0-9 hours per week ^{8,9}
	H0048	Alcohol/Drug Testing	\$0.00	\$0.00	\$0.00	\$0.00	UA Test – 1 Unit	
	H0006	Case Management	\$35.75	\$37.90	\$41.11	\$42.90	15-Minute Increment	Up to 10 hours or 40 units per month
ASAM 2.1: Inte	ensive Outpatient		1		ı			
ASAM 2.1	H0049	Screening ⁷	\$30.00	\$30.00	\$30.00	\$30.00	15-Minute Increment	Maximum of One Unit of Service Per Patient Per Day Per Provider Agency
	H0001	Assessment/Intake	\$35.32	\$37.44	\$40.62	\$42.38	15-Minute Increment	Combined Services ^{4,5,6} .
Code: U8	T1007	Treatment Plan	\$35.32	\$37.44	\$40.62	\$42.38	15-Minute Increment	Age 12-17 (Modifier HA)
	H0005	Group Counseling	\$35.32	\$37.44	\$40.62	\$42.38	15-Minute Increment (min 60, max 90)	No less or more than* 24-76 units per week or 6-19 hours per week ^{8,9}
	110000	Group Countering	\$2.35	\$2.50	\$2.71	\$2.83	Per Minute	
	T1012	Patient Education	\$35.32	\$37.44	\$40.62	\$42.38	15-Minute Increment (min 60, max 90)	Age 12-17 and Pregnant/Perinatal (Also Add Modifier HD)
	11012	Falletti Education	\$2.35	\$2.50	\$2.71	\$2.83	Per Minute	
#	H0004	Individual Counseling	\$35.32	\$37.44	\$40.62	\$42.38	15-Minute Increment	No less or more than* 24-120 units per week or 6-30 hours per week ^{8,9}
patier	H2011	Crisis Intervention	\$35.32	\$37.44	\$40.62	\$42.38	15-Minute Increment	Age 18-20 (Modifier HA) or Age 21+ (Modifier None)
e Out	90846	Family Therapy ¹³			\$40.62	\$42.38	15-Minute Increment	No less or more than* 36-76 units per week or 9-19 hours per week ^{8,9}
Intensive Outpatient	T1006	Collateral Services	\$35.32	\$37.44	\$40.62	\$42.38	15-Minute Increment	Age 18+ <u>and</u> Pregnant/Perinatal (Also Add Modifier HD)
<u>=</u>	H2010	Medication Services (Non-MAT)	\$35.32	\$37.44	\$40.62	\$42.38	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) 13			\$40.62	\$42.38	15-Minute Increment	
	D0001	Discharge Services	\$35.32	\$37.44	\$40.62	\$42.38	15-Minute Increment	*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.
	H0048	Alcohol/Drug Testing	\$0.00	\$0.00	\$0.00	\$0.00	UA Test – 1 Unit	
	H0006	Case Management	\$35.75	\$37.90	\$41.11	\$42.90	15-Minute Increment	Up to 10 hours or 40 units per month

				Effective: 7/1/20				
			Base Rate Registered SUD		Staff Modifier ³			
LOC ^{2,8,9}	HCPCS	Description	Counselor/Other Provider	Certified SUD Counselor (C)	Licensed Eligible - LPHA (LE)	Licensed LPHA (L)	Unit ^{4,5,6}	Treatment Standard ^{4,5,6}
ASAM 3.1: Lov	w Intensity Reside	ntial		(0)				
ASAM 3.1	H0019	Clinical Day Rate					Day Rate	Pre-Authorization by County Required ¹⁰
	H0049	Screening ⁷						Residential & Withdrawal Management - Screening not billable for same day of admission
Code U1	H0001	Assessment/Intake						Combined Services 4.56°.
	T1007	Treatment Plan						Age 12-17 (Modifier HA); Pregnant/Perinatal (Modifier HD)
	H0005	Group Counseling						80+ units per week or 20+ hours per week ^{8,9}
	T1012	Patient Education					* If less than 10 hours or 40 units of	2 noncontiguous 30-day stays with one 30-day extension per year for
	H0004	Individual Counseling					service are provided per week, for more than 2 (age 12-20) or 3 (age	any ASAM residential LOC unless medically necessary.
-	H2011	Crisis Intervention	\$174.69	\$185.13	\$200.79	\$209.49	21+) weeks the patient needs to step down to a lower LOC and further	Age 18-20 (Modifier HA); Pregnant/Perinatal (Modifier HD)
dentik	90846	Family Therapy ¹³					reimbursement will be disallowed. When services provided are less than	80+ units per week or 20+ hours per week ^{8,9}
Resi	T1006	Collateral Services					the minimum, it must be clinically	2 noncontiguous 90-day stays with one 30-day extension per year for
nsity	H2010	Safeguarding Medications					necessary (e.g., hospitalized, on pass) and documented in the progress	any ASAM residential LOC unless medically necessary.
Low Intensity Residential	MATSvc	Medication Services (MAT) ¹³					notes. Alerts will be sent via Sage if service unit minimums are not met.	Age 21+ (Modifier N/A); Pregnant/Perinatal (Modifier HD)
ت	T2001	Non-Emergency Transport						80+ units per week or 20+ hours per week ^{8,9}
	H0048	Alcohol/Drug Testing						2 noncontiguous 90-day stays with one 30-day extension per year for any ASAM residential LOC unless medically necessary.
	D0001	Discharge Services						Perinatal clients 60-days post-partum under DMC; criminal justice transition to other payers if medically necessary and allowable for days 91-180.
	S9976	Room and Board	\$25.00	\$25.00	\$25.00	\$25.00	Day Rate	Same as Above
	H0006	Case Management	\$35.75	\$37.90	\$41.11	\$42.90	15-Minute Increment	Up to 10 hours or 40 units per month
ASAM 3.3: Hig	h Intensity Reside	ential Population Specific	, ,		, ,			
ASAM 3.3	H0019	Clinical Day Rate					Day Rate	Pre-Authorization by County Required 10
	H0049	Screening ⁷						Residential & Withdrawal Management - Screening not billable for same day of admission
Code: U2	H0001	Assessment/Intake						
	T1007	Treatment Plan						Combined Services 4,5,6°.
	H0005	Group Counseling						
္ည	T1012	Patient Education	-				* If less than 12 hours or 48 units of service are provided per week, for	Age 18-20 (Modifier HA); Pregnant/Perinatal (Modifier HD)
ial Population Specific	H0004	Individual Counseling	_				more 3 (age 18+) weeks the patient	96+ units per week or 24+ hours per week ^{8,9}
tion (H2011	Crisis Intervention	\$219.24	\$232.35	\$252.03	\$262.95	needs to step down to a lower LOC and further reimbursement will be	2 noncontiguous 90-day stays with one 30-day extension per year for
opula	90846	Family Therapy ¹³	-				disallowed. When services provided are less than the minimum, it must be	any ASAM residential LOC unless medically necessary.
	T1006	Collateral Services	-				clinically necessary (e.g., hospitalized, on pass) and documented in the	
siden	H2010	Safeguarding Medications	-				progress notes. Alerts will be sent via Sage if service unit minimums are not	Age 21+ (Modifier N/A); Pregnant/Perinatal (Modifier HD)
High Intensity Resident	MATSvc	Medication Services (MAT) ¹³					sage if service unit minimums are not met.	96+ units per week or 24+ hours per week ^{8,9}
ntens	T2001	Non-Emergency Transport						2 noncontiguous 90-day stays with one 30-day extension per year for any ASAM residential LOC unless medically necessary.
High I	H0048	Alcohol/Drug Testing						
-	D0001	Discharge Services						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.
	S9976	Room and Board	\$25.00	\$25.00	\$25.00	\$25.00	Day Rate	Same as Above
	H0006	Case Management	\$35.75	\$37.90	\$41.11	\$42.90	15-Minute Increment	Up to 10 hours or 40 units per month

	BASE RATES AND STAFFING MODIFIERS 1 Effective:									
LOC ^{2,8,9}	HCPCS	Description	Base Rate Registered SUD		Staff Modifier ³		Unit ^{4,5,6}	Treatment Standard ^{4,5,6}		
LOC	погоз	Description	Counselor/Other Provider	Certified SUD Counselor (C)	Licensed Eligible - LPHA (LE)	Licensed LPHA (L)	Unit ***	reatment Standard		
ASAM 3.5 High	n Intensity Reside	ntial Non-Population Specific								
ASAM 3.5	H0019	Clinical Day Rate					Day Rate	Pre-Authorization by County Required ¹⁰		
	H0049	Screening ⁷						Residential & Withdrawal Management - Screening not billable for same day of admission		
Code: U3	H0001	Assessment/Intake						Combined Services ^{4,5,6*} :		
	T1007	Treatment Plan						Age 12-17 (Modifier HA); Pregnant/Perinatal (Modifier HD)		
	H0005	Group Counseling						88+ units per week or 22+ hours per week ^{8,9}		
	T1012	Patient Education						2 noncontiguous 30-day stays with one 30-day extension per year for		
	H0004	Individual Counseling		\$210.73			* If less than 11 hours or 44 units of service are provided per week, for more than 2	any ASAM residential LOC unless medically necessary.		
<u></u>	H2011	Crisis Intervention	\$198.84		\$228.57	\$238.47	(age 12-20) or 3 (age 21+) weeks the patient needs to step down to a lower LOC and further reimbursement will be	Age 18-20 (Modifier HA); Pregnant/Perinatal (Modifier HD)		
identia	90846	Family Therapy ¹³					disallowed. When services provided are less than the minimum, it must be clinically	88+ units per week or 22+ hours per week ^{8,9}		
ly Res	T1006	Collateral Services					necessary (e.g., hospitalized, on pass) and documented in the progress notes. Alerts	2 noncontiguous 90-day stays with one 30-day extension per year for		
High Intensity Residential Non-Population Specific	H2010	Safeguarding Medications					will be sent via Sage if service unit minimums are not met.	any ASAM residential LOC unless medically necessary.		
Non-F	MATSvc	Medication Services (MAT) 13						Age 21+ (Modifier N/A); Pregnant/Perinatal (Modifier HD)		
_	T2001	Non-Emergency Transport						88+ units per week or 22+ hours per week ^{8,9}		
	H0048	Alcohol/Drug Testing						2 noncontiguous 90-day stays with one 30-day extension per year at for any ASAM residential LOC unless medically necessary.		
	D0001	Discharge Services						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.		
	S9976	Room and Board	\$25.00	\$25.00	\$25.00	\$25.00	Day Rate	Same as Above		
	H0006	Case Management	\$35.75	\$37.90	\$41.11	\$42.90	15-Minute Increment	Up to 10 hours or 40 units per month		
ASAM 1-WM:	Ambulatory Withd	rawal Management without Ext	tended On-Site M	Monitoring						
ASAM 1-WM	H0014-1	Ambulatory Detox								
	H0049	Screening ⁷						Residential & Withdrawal Management - Screening not billable for same day of admission		
Code: U4	H0001	Assessment/Intake						Combined Services ^{4,5,6} :		
+ U7 or U8	T1007	Treatment Plan						Age 12-17 (Modifier HA); Pregnant/Perinatal (Modifier HD)		
	H0005	Group Counseling						(Authorized Service)		
	T1012	Patient Education						Age 18-20 (Modifier HA); Pregnant/Perinatal (Modifier HD)		
	H0004	Individual Counseling	\$230.10	\$230.10	\$230.10	\$230.10	Day Rate			
Ambulatory Withdrawal Management Without Extended On-Site Monitoring	H2011	Crisis Intervention	φ230.10	φ230.10	\$230.10	φ230.10	Day Rate	Age 21+ (Modifier N/A); Pregnant/Perinatal (Modifier HD)		
al Mana Site Mo	90846	Family Therapy ¹³								
thdraw:	T1006	Collateral Services						*If 1-WM services do not occur at a standalone site,		
fory Wi	H2010	Medication Services (Non-MAT)						add the "U Code" for the primary outpatient LOC as well:		
Ambula	MATSvc	Medication Services (MAT) ¹³						U7 – ASAM 1.0 and 1.0; U8 – ASAM 2.1.		
	H0048	Alcohol/Drug Testing	1					Maximum 14-days of service per episode ^{8,9}		
	D0001	Discharge Services								
	H0006	Case Management*	\$35.75	\$37.90	\$41.11	\$42.90	15-Minute Increment	Up to 10 hours or 40 units per month		

				BAS	SE RATES A	ND STAFFIN	G MODIFIERS 1	Effective: 7/1/20
			Base Rate Registered SUD		Staff Modifier ³			
LOC ^{2,8,9}	HCPCS	Description	Counselor/Other Provider	Certified SUD Counselor (C)	Licensed Eligible - LPHA (LE)	Licensed LPHA (L)	Unit ^{4,5,6}	Treatment Standard ^{4,5,6}
ASAM 2-WM: A	Ambulatory Witho	drawal Management with Extend						
ASAM 2-WM	H0014-1	Ambulatory Detox						
	H0049	Screening ⁷						Residential & Withdrawal Management - Screening not billable for same day of admission
Code: U5	H0001	Assessment/Intake						Combined Services ^{4,5,6} :
+ U7 or U8	T1007	Treatment Plan						Age 12-17 (Modifier HA); Pregnant/Perinatal (Modifier HD)
	H0005	Group Counseling						(Authorized Service)
	T1012	Patient Education]					Age 18-20 (Modifier HA); Pregnant/Perinatal (Modifier HD)
t with	H0004	Individual Counseling	\$270.03	\$270.03	\$270.03	\$270.03	Day Bata	
gemer	H2011	Crisis Intervention	\$270.03		\$270.03	φ210.03	Day Rate	Age 21+ (Modifier N/A); Pregnant/Perinatal (Modifier HD)
Mana Moni	90846	Family Therapy ¹³						*If 2-WM services do not occur at a standalone site,
rawal n-Site	T1006	Collateral Services						add the "U Code" for the primary outpatient LOC as well:
Withd ded O	H2010	Medication Services (Non-MAT)						U7 – ASAM 1.0 and 1.0; U8 – ASAM 2.1.
Ambulatory Withdrawal Management with Extended On-Site Monitoring	MATSvc	Medication Services (MAT) ¹³						Maximum 14-day stay per episode ^{8,9}
lmqm\	H0048	Alcohol/Drug Testing						
`	D0001	Discharge Services						
	H0006	Case Management	\$35.75	\$37.90	\$41.11	\$42.90	15-Minute Increment	Up to 10 hours or 40 units per month
ASAM 3.2-WM:	Residential With	ndrawal Management - Clinically	y Managed					
ASAM 3.2-WM	H0012	Subacute Detox Residential						
	H0049	Screening ⁷						Residential & Withdrawal Management - Screening not billable for same day of admission
Code: U9	H0001	Assessment/Intake						Combined Services ^{4,5,6} :
	T1007	Treatment Plan						Age 12-17 (Modifier HA); Pregnant/Perinatal (Modifier HD)
	H0005	Group Counseling						
	T1012	Patient Education						(Authorized Service)
nent	H0004	Individual Counseling	\$338.01	\$338.01	\$338.01	\$338.01	Day Rate	
Residential Withdrawal Management Clinically Managed	H2011	Crisis Intervention	\$000.01	φοσο.σ τ	\$000.01	ψουσ.σ τ	bay nato	Age 18-20 (Modifier HA); Pregnant/Perinatal (Modifier HD)
val Ma anage	90846	Family Therapy ¹³						
thdrav ally Ma	T1006	Collateral Services						Age 21+ (Modifier N/A); Pregnant/Perinatal (Modifier HD)
ial Wit	H2010	Medication Services (Non-MAT)						
identi	MATSvc	Medication Services (MAT) 13						Maximum 14-day stay per episode ^{8,9}
Res	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	\$35.75	\$37.90	\$41.11	\$42.90	15-Minute Increment	Up to 10 hours or 40 units per month

				BAS	SE RATES A	ND STAFFIN	G MODIFIERS 1	Effective: 7/1/20
289	Hanaa	5	Base Rate Registered SUD		Staff Modifier ³		456	
LOC ^{2,8,9}	HCPCS	Description	Counselor/Other Provider	Certified SUD Counselor (C)	Licensed Eligible - LPHA (LE)	Licensed LPHA (L)	Unit ^{4,5,6}	Treatment Standard ^{4,5,6}
ASAM 3.7-WM	: Inpatient Withdr	awal Management - Medically I	Monitored					
ASAM 3.7-WM		Subacute Detox Residential						
		Screening ⁷						Residential & Withdrawal Management - Screening not billable for same day of admission
		Assessment/Intake						Combined Services ^{4,5,6} :
	_	Treatment Plan						Age 12-17 (Modifier HA); Pregnant/Perinatal (Modifier HD)
	r Configuration Combination	Group Counseling						(Authorized Service)
Έ	configu	Patient Education						
age me	e for C	Individual Counseling	\$739.23	\$739.23	\$739.23	\$739.23	Day Rate	Age 18-20 (Modifier HA); Pregnant/Perinatal (Modifier HD)
I Mana	Guid	Crisis Intervention	ψ103.20	φ139.23	ψ133.23	ψ1 33.23	Day Nate	
Inpatient Withdrawal Management Medically Monitored	Refer to 837l Companion Guide for p.21 Room and Board p.34 Billing	Family Therapy ¹³						Age 21+ (Modifier N/A); Pregnant/Perinatal (Modifier HD)
t With	Comp and B	Collateral Services						
patien N	o 8371 Room	Medication Services (Non-MAT)						
=	Refer t p.21 F	Medication Services (MAT) 13						Maximum 14-day stay per episode ^{8,9}
		Alcohol/Drug Testing						
		Discharge Services						
		Room and Board	\$25.00	\$25.00	\$25.00	\$25.00	Day Rate	Same as Above
		Case Management	\$35.75	\$37.90	\$41.11	\$42.90	15-Minute Increment	Up to 10 hours or 40 units per month
ASAM 4-WM: I	npatient Withdrav	val Management - Medically Ma	anaged					
ASAM 4-WM		Acute Detox Residential						
		Screening ⁷						Residential & Withdrawal Management - Screening not billable for same day of admission
		Assessment/Intake						Combined Services ^{4,5,6} :
	_	Treatment Plan						
	uration nation	Group Counseling						Age 12-17 (Modifier HA); Pregnant/Perinatal (Modifier HD)
ŧ	r Configuration j Combination	Patient Education						(Authorized Service)
ageme	e for C	Individual Counseling	\$785.43	\$785.43	\$785.43	\$785.43	Day Rate	
Inpatient Withdrawal Management Medically Managed	Refer to 837l Companion Guide for p.21 Room and Board p.34 Billing	Crisis Intervention	ψ100.40	ψ100.40	ψ100.40	ψ100.40	bay Nate	Age 18-20 (Modifier HA); Pregnant/Perinatal (Modifier HD)
idrawa aliy Ma	panior oard p	Family Therapy ¹³						
nt With Medica	I Com	Collateral Services						Age 21+ (Modifier N/A); Pregnant/Perinatal (Modifier HD)
patier	to 837 Room	Medication Services (Non-MAT)						Maximum 14-day stay per episode ^{8,9}
트	Refer 1 p.21 I	Medication Services (MAT) 13						
	_	Alcohol/Drug Testing						
		Discharge Services						
		Room and Board	\$25.00	\$25.00	\$25.00	\$25.00	Day Rate	Same as Above
		Case Management	\$35.75	\$37.90	\$41.11	\$42.90	15-Minute Increment	Up to 10 hours or 40 units per month

				BAS	SE RATES A	ND STAFFIN	IG MODIFIERS 1	Effective: 7/1/20
LOC ^{2,8,9}	HCPCS	Description	Base Rate Registered SUD Counselor/Other Provider	Certified SUD Counselor (C)	Staff Modifier ³ Licensed Eligible - LPHA (LE)	Licensed LPHA (L)	Unit ^{4,5,6}	Treatment Standard ^{4,5,6}
ASAM 1-OTP:	Opioid Treatment	t Program ¹⁵						
ASAM 1-OTP	H0049	Screening ⁷		\$15	5.00		10-Minute Increment	Maximum of Two Units of Service Per Patient Per Day Per Provider Agency
Code: UA, HG	H0001	Assessment/Intake	\$16.65				10-Minute Increment	
	110001	Assessmentintake		\$23.84	perinatal		To Williate Indeficit	
	T1007	Treatment Plan		\$16	6.65		10-Minute Increment	
	11007	Treatment Flair		\$23.84	perinatal		To Williate Indeficit	
	H0005	Group Counseling		\$3	3.80		10-Minute Increment	
	110000	Group Counseling		\$6.09 p	perinatal		To Williate Indement	
	T1012	Patient Education		\$3	3.80		10-Minute Increment	Combined Services 4,5,6:
	11012	Tation Education	\$6.09 perinatal				To windle indement	Age 12-17 (Modifier HA); Pregnant/Perinatal (Modifier HD)
	H0004	Individual Counseling		\$16	6.65		10-Minute Increment	(Authorized Service)
	110004	mariada oodniseling		\$23.84	perinatal		To windle indement	
	H2011	Crisis Intervention		\$16	6.65		10-Minute Increment	
	112011	Short morvention		\$23.84	perinatal		To Mindto Moomon	County authorization, and for methadone: parental consent and 2 unsuccessful detoxification attempts or drug free treatment episodes within a 12 month period.
	90846	Medical Psychotherapy ¹³			\$16	6.65	10-Minute Increment	
atal		modean dyonomorapy			\$23.84	perinatal		Age 18-20 (Modifier HA); Pregnant/Perinatal (Modifier HD)
Opioid Treatment Programs If two rates – the higher rate is for perinatal Authorization by County Required for Minors	T1006	Collateral Services		\$16	6.65		10-Minute Increment	Age 21+ (Modifier N/A); Pregnant/Perinatal (Modifier HD)
rogra te is fo				\$23.84	perinatal			No less than
ment I gher ra inty Re	H2010	Medication Services (Non-MAT)		\$16	6.65		10-Minute Increment	5 units or 50-minutes, and no more than 20 units or 200
d Treat the hig by Cou		,		\$23.84	perinatal			minutes unless medically necessary, per month ^{8,9}
Opioic rates – zation	MATSvc	Medication Services (MAT) ¹³			\$16	6.65	10-Minute Increment	Alerts will be sent via Sage if service units' minimums are not met.
If two					\$23.84	perinatal		
	H0048	Alcohol/Drug Testing		\$0	0.00		per Test	
	G9228	Syphilis Test		\$0	0.00		per Test	
	G9359	Tuberculosis (TB) Test		\$0	0.00		per Test	
	G0432							
	G0433	Human Immunodeficiency		\$0	0.00		per Test	
	G0435	Virus (HIV) Test						
	G0475							
	G0472 Hepatitis C Virus (HCV) Test \$0.00			per Test				
	D0001	Discharge Services		\$16.65			10-Minute Increment	
	\$23.84 perinatal H0006 Case Management \$35.75 \$37.90 \$41.11 \$42.90					\$42.00	15-Minute Increment	Lie to 10 hours or 40 units nor month
	пиии	Case Management	დაა./ ნ	φ31.90	Ψ 41.11	φ42.9U	ro-ivimule increment	Up to 10 hours or 40 units per month

				BASE RATES AND STAFFIN	G MODIFIERS 1		Effective: 7/1/20	
LOC ^{2,8,9}	HCPCS	Description	Counselor/Other Cou	Staff Modifier ³ iied SUD unselor C) Licensed Eligible - LPHA (LE) (L)	Unit ^{4,5,6}		Treatment Standard ^{4,5,6}	
				MEDICATIONS FOR ADDICT	ION TREATMENT - OTI	P SETTING ^{4,5,6}		
				ME.	THADONE ¹⁵			
				\$14.20		Age 12-21 (Modifier HA); Pregnant/Perinatal (Modifier HD)		
				\$15.29 perinatal	Per Day			
	H0020	Methadone		LABEL NAME	LABEL NAME		DOSAGE/FORM	
				N/A		N/A	N/A	
				NALTRE)	KONE GENERIC ¹⁵			
				\$19.06				
				·	Face-to-Face	A	ge 12-21 (Modifier HA); Pregnant/Perinatal (Modifier HD)	
	S5000A	Naltrexone Generic Name		\$19.06 perinatal				
				LABEL NAME		NATIONAL DRUG CODE (NDC)	DOSAGE/FORM	
				Vivitrol		65757030001	380 MG VIAL + DILUENT	
	•			NALTREXC	ONE INJECTABLE ¹⁵			
				\$1,986.64				
	050004	Naltrexone Injectable		\$1986.64 perinatal	Monthly	A	ge 12-21 (Modifier HA); Pregnant/Perinatal (Modifier HD)	
	S5000A			LABEL NAME		NATIONAL DRUG CODE (NDC)	DOSAGE/FORM	
				Vivitrol		65757030001	380 MG VIAL + DILUENT	
				BUPRENORPHINE	HCL (MONO) GENERI	C ¹⁴		
				\$29.27	Per Day	A	ge 12-21 (Modifier HA); Pregnant/Perinatal (Modifier HD)	
				\$34.58 perinatal	,			
				LABEL NAME		NATIONAL DRUG CODE (NDC)		
				Buprenorphine		00054017613	2 MG TABLET SL	
				Buprenorphine		00228315603	2 MG TABLET SL	
				Buprenorphine		00378092393	2 MG TABLET SL	
		Buprenorphine HCL		Buprenorphine		42858050103	2 MG TABLET SL	
	S5000B	(Mono) Generic		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	
			1	Buprenorphine		62756046083	8 MG TABLET SL	

					Effective: 7/1/20				
LOC ^{2,8,9}	HCPCS	Description	Base Rate Registered SUD Counselor/Other Provider Counselor				Unit ^{4,5,6}		Treatment Standard ^{4,5,6}
				ME	P SETTING ¹⁴				
				В	UPRENORPI	IINE - NALO	XONE COMBINATION -	GENERIC ¹⁴	
						1.03			
					\$36.33	perinatal	Per Day	Aç	ge 12-21 (Modifier HA); Pregnant/Perinatal (Modifier HD)
					LABEL	NAME		NATIONAL DRUG CODE (NDC)	DOSAGE/FORM
					Buprenorph	nin-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
					Buprenorph	nin-Naloxon		62175045832	8-2 MG SL
					Buprenorph	nin-Naloxon		62756097083	8-2 MG SL
					Buprenorph	nin-Naloxon		65162041503	8-2 MG SL
		Dunnananahina (Nalayana			Buprenor	oh-Naloxn		00054018813	2-0.5 MG SL
	S5000BN	Buprenorphine – (Naloxone Combination) Generic			Buprenor	oh-Naloxn		00228315473	2-0.5 MG SL
					Buprenor	oh-Naloxn		00406192303	2-0.5 MG SL
					Buprenor	oh-Naloxn		00406800503	2-0.5 MG SL
				Buprenorph-Naloxn				50383029493	2-0.5 MG SL
			Buprenorph-Naloxn			oh-Naloxn		62175045232	2-0.5 MG SL
			Buprenorph-Naloxn			oh-Naloxn		62756096983	2-0.5 MG SL
			Buprenorph-Naloxn			oh-Naloxn		65162041603	2-0.5 MG SL
					Zub	solv		54123011430	11.4-2.9 MG TABLET SL
					Zub	solv		54123090730	0.7-0.18 MG TABLET SL
			Zubsolv			solv		54123091430	1.4-0.36 MG TABLET SL
			Zubsolv Zubsolv				54123092930	2.9-0.71 MG TABLET SL	
						solv		54123095730	5.7-1.4 MG TABLET SL
					Zub	solv		54123098630	8.6-2.1 MG TABLET SL

			BASE RATES AND STAFFIN	IG MODIFIERS 1		Effective: 7/1/20	
LOC ^{2,8,9}	HCPCS	Description	Base Rate Registered SUD Counselor/Other Provider Counselor	Unit ^{4,5,6}		Treatment Standard ^{4,5,6}	
			MEDICATIONS FOR ADDIC				
			BUPRENORPHI	NE - NALOXONE FILM ¹	4		
			\$22.36 \$27.14 perinatal	Per Day	Age 12-21 (Modifier HA); Pregnant/Perinatal (Modifier HD)		
			Buprenorp-Nalox		43598058230	8-2 MG SL FILM	
			Bunavail		59385001630	6.3-1 MG FILM	
			Bunavail		59385001230	2.1-0.3 MG FILM	
	CEOOODE	Dunanamhina Malayana Film	Bunavail		59385001430	4.2-0.7 MG FILM	
	S5000BF	Buprenorphine – Naloxone 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	
			BUPRENORI				
			\$1,670.12	THIRD INGEOTY IS EL			
	S5000BI	Buprenorphine Injectable	\$1,670.12 perinatal	Per Day	Age 12-2	11 (Modifier HA); Pregnant/Perinatal (Modifier HD)	
			•	RAM - GENERIC ¹⁴			
			\$10.22				
			\$10.37 perinatal	Per Day	Age 12-2	(1 (Modifier HA); Pregnant/Perinatal (Modifier HD)	
			LABEL NAME		NATIONAL DRUG CODE (NDC)	DOSAGE/FORM	
			Antabuse		51285052302	250 MG TABLET	
			Antabuse		51285052402	500 MG TABLET	
			Disulfiram		00054035613	250 MG TABLET	
			Disulfiram Disulfiram		00054035625	250 MG TABLET 250 MG TABLET	
	S5000C	Disulfiram - Generic	Disulfiram		00093503501 00378414001	250 MG TABLET	
	000000	Blodilla III Gollono	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	14	64980017203	500 MG TABLET	
				DXONE HCL ¹⁴			
			\$144.66	per 2 Units	Age 12-21 (Modifier HA); Pregnant/Perinatal (Modifier HD)		
	S5000D	Naloxone HCL	LABEL NAME		NATIONAL DRUG CODE (NDC)	DOSAGE/FORM	
			Narcan		69547035302	4 MG NASAL SPRAY	

	BASE RATES AND STAFFING MODIFIERS Effective: 7/1/20									
200			Base Rate Registered SUD		Staff Modifier ³		450			
LOC ^{2,8,9}	HCPCS	Description	Counselor/Other Provider	Certified SUD Counselor (C)	Licensed Eligible - LPHA (LE)	Licensed LPHA (L)	Unit ^{4,5,6}	Treatment Standard ^{4,5,6}		
RECOVERY SU	JPPORT SERVICE	ES .	11011001	(0)						
Recovery	H0049	Screening	\$30.00	\$30.00	\$30.00	\$30.00	15-Minute Increment	Maximum of One Unit of Service Per Patient Per Day Per Provider Agency		
Support Services (RSS)	H0004	Individual Counseling	\$32.69	\$32.69	\$32.69	\$32.69	15-Minute Increment	Combined Services ^{4,5,6} :		
	110005	Orang Oranga lian	\$32.69	\$32.69	\$32.69	\$32.69	15-Minute Increment (min 60, max 90)	Age 12-17 (Modifier HA); Pregnant/Perinatal (Modifier HD) Between 1-24 units or up to 6 hours per month		
	H0005	Group Counseling	\$2.18	\$2.18	\$2.18	\$2.18	per minute	Age 18-20 (Modifier HA); Pregnant/Perinatal (Modifier HD)		
	H0038-R	Recovery Monitoring	\$24.40	\$24.40	\$24.40	\$24.40	15-Minute Increment	Age 21+ (Modifier N/A); Pregnant/Perinatal (Modifier HD)		
Code: U6 + U Code for Last Level of Care See Above (except OTP use "UA")	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 BE	RIDGE HOUSING ¹	2								
Recovery Bridge Housing (RBH)	H2034	Recovery Bridge Housing	\$50.00	\$50.00	\$50.00	\$50.00	Day Rate	Authorization by County Required Age 12-17: 0 days – Not Available Age 18 and Older: 180 days per calendar year noncontiguous ⁸ 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 occurs3,6		
Code: None										
CLIENT ENG	AGEMENT AN	D 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		

	BASE RATES AND STAFFII	NG MODIFIERS 1	Effective: 7/1/20

	HCPCS		Base Rate Registered SUD	Staff Modifier ³				
LOC ^{2,8,9}			Counselor/Other Provider		Licensed Eligible - LPHA (LE)	Licensed LPHA (L)	Unit ^{4,5,6}	Treatment Standard ^{4,5,5}
CL AIMS INSTE	HICTIONS							

CLAIMS INSTRUCTIONS

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	НА		
Young Adults	Age 18-20	НА		
Pregnant/Perinatal	Length of pregnancy and allowable post-partum	HD		

¹ Population Modifiers are not applicable to base rates - only qualified Youth and Pregnant/Perinatal Providers

BASE RATES AND STAFFING MODIFIERS

	HCPCS		Base Rate Registered SUD	Staff Modifier ³			
LOC ^{2,8,9}			Counselor/Other Provider		Licensed LPHA (L)	Unit ^{4,5,6}	Treatment Standard ^{4,5,6}

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.

Effective: 7/1/20

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 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: {{(# minutes in the group plus travel time) divided by # of participants in the group}= Total treatment minutes per beneficiary}+documentation time per beneficiary

Documentation will most likely be variable.

Standard: Minimum group duration is 60 minutes and maximum 90 minutes. Minimum 2 persons and maximum 12 persons per group (Exception: Patient Education sessions conducted within ASAM 3.1, 3.3, and 3.5 allow for a minimum 2 persons and maximum of 30 persons per session.

5 Documentation Time is allowable and varies by level of care:

A: ASAM 1.0. 2.1:

A: ASAM 1.0. 2.1:

Group Counseling

Documentation time is allowable for group sessions but cannot exceed the following standard and must represent actual time documenting notes tailored to each participant up to 10 minutes per patient. These minutes would be added to each person with the group plus the total time submitted for each beneficiary, but it must be clear what amount of time relates to the time spent conducting the group versus the time spent documenting each patients group session notes.

Example: ([90 minute group + 30 minute travel] ÷ 5 participants) x (\$2.18 ASAM 1.0) = \$52.32 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

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

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 day of admission, otherwise bill H0049-N.

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 Bulletin 19-07 Provider Staffing Guidelines: Only LE LPHA, LPHA, and Approved Staffing Levels can provide HCPC 90846 -Family Therapy and MAT SVC

14 DHCS Bulletin 19-035 Medication Assisted Treatment Reimbursement Rates for Fiscal Year 2019-20

15 DHCS Bulletin 19-036 Drug Medi-Cal Reimbursement Rates for Fiscal Year 2019-20.