# YOUTH SPECIALIZATION ENHANCED RATES AND STAFFING MODIFIERS<sup>1</sup>

			TOUTH SPECIALI	ZATION EN	HANCED KA	IE2 AND 21	AFFING MODIFIERS	Effective: 7/1/20		
			Youth (HA) Modifier		Youth Staff <sup>3</sup>					
LOC <sup>2,8,9</sup>	HCPCS	Description	Base Rate Registered SUD Counselor/Other Provider	Certified SUD Counselor ( C )	Licensed Eligible - LPHA (LE)	Licensed LPHA (L)	Unit <sup>4,5,6</sup>	Treatment Standard <sup>4,5,6</sup>		
INCENTIVE	PAYMENTS TER	M: December 2017-June 2021 <sup>A</sup>								
							ple aim" of improving the patient experien be launched that target other performance	ce, improving population health, and reducing the per capita cost of care. While SAPC's incentives are designed to be expectations.		
Documentation	Documentation of Existing Benefits or Program Participation in CalOMS/LACPRS <sup>AB.C.D</sup>									
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		
All	Ex-CW	CalWORKs Case Number	\$5.00	\$5.00	\$5.00	\$5.00	Flat Rate	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	on in CalOMS/LACPRS <sup>A,B,D</sup>	,E,F						
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)		
All	H0006-GR	General Relief Enrollment	\$20.00	\$20.00	\$20.00	\$20.00	Flat Rate	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 Entr	y and Accuracy <sup>A,B,E</sup>	,c								
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	Flat Rate	Full CalOMS/LACPRS Discharge Data Set completed on the day of last service		
SCREENING	SCREENINGS REFERRAL TO TREATMENT									

# **TELEHEALTH SERVICES**

H0049-N

All

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.

\$30.00

\$30.00

\$30.00

Screening Non-Admitted7

\$30.00

15-Minute Increment

Maximum One Unit Per Patient Per Day Per Provider Agency

Residential & Withdrawal Management - Not billable for same day of admission

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.

<sup>&</sup>lt;sup>B</sup> 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 submitted (see "H0006" 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.

Fincentives 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.

			YOUTH SPECIALIZ	ZATION EN	HANCED RA	TES AND ST	AFFING MODIFIERS <sup>1</sup>	Effective: 7/1/20
000			Youth (HA) Modifier  Base Rate	0. 475. 1.0110	Youth Staff <sup>3</sup>		450	
LOC <sup>2,8,9</sup>	HCPCS	Description	Registered SUD Counselor/Other Provider	Certified SUD Counselor ( C )	Licensed Eligible - LPHA (LE)	Licensed LPHA (L)	Unit <sup>4,5,6</sup>	Treatment Standard <sup>4,5,6</sup>
				` '	ASAM 1.0 AR I	HAS BEEN SUNSE	T AS OF APRIL 1, 2021	
ASAM 1.0: Out	•	_	Ī		1	 		
ASAM 1.0	H0049	Screening <sup>7</sup>	\$30.00	\$30.00	\$30.00	\$30.00	15-Minute Increment	Maximum One Unit Per Patient Per Day Per Provider Agency
	H0001	Assessment/Intake	\$33.39	\$35.39	\$38.40	\$40.07	15-Minute Increment	
Code: U7	T1007	Treatment Plan	\$33.39	\$35.39	\$38.40	\$40.07	15-Minute Increment	Combined Services 4.5.6.
	H0005	Group Counseling	\$33.39	\$35.39	\$38.40	\$40.07	15-Minute Increment (min 60, max 90)	Age 12-17 (Modifier HA); Pregnant/Perinatal (Modifier HD)
			\$2.23	\$2.36	\$2.56	\$2.67	Per Minute	
	T1012	Patient Education	\$33.39	\$35.39	\$38.40	\$40.07	15-Minute Increment (min 60, max 90)	Minimum 2 hours per month and no less or more than
	11012	T dione Education	\$2.23	\$2.36	\$2.56	\$2.67	Per Minute	
	H0004	Individual Counseling	\$33.39	\$35.39	\$38.40	\$40.07	15-Minute Increment	0-24 units per week or 0-6 hours per week <sup>8,9</sup>
aut.	H2011	Crisis Intervention	\$33.39	\$35.39	\$38.40	\$40.07	15-Minute Increment	
Outpatient	9084+B71	Family Therapy 13			\$38.40	\$40.07	15-Minute Increment	Age 18-20 (Modifier HA); Pregnant/Perinatal (Modifier HD)
ō	T1006	Collateral Services	\$33.39	\$35.39	\$38.40	\$40.07	15-Minute Increment	Age 21+ (Modifier N/A); Pregnant/Perinatal (Modifier HD)
	H2010	Medication Services (Non-MAT)	\$33.39	\$35.39	\$38.40	\$40.07	15-Minute Increment	
	MATSvc	Medication Services (MAT) <sup>13</sup>			\$38.40	\$40.07	15-Minute Increment	Minimum 2 hours per month and no less or more than
	D0001	Discharge Services	\$33.39	\$35.39	\$38.40	\$40.07	15-Minute Increment	0-36 units per week or 0-9 hours per week <sup>8,9</sup>
	H0048	Alcohol/Drug Testing	\$0.00	\$0.00	\$0.00	\$0.00	UA Test – 1 Unit	
	H0006	Case Management	\$36.52	\$38.71	\$42.00	\$43.82	15-Minute Increment	Up to 10 hours or 40 units per month
ASAM 2.1: Inte	ensive Outpatient							
ASAM 2.1	H0049	Screening <sup>7</sup>	\$30.00	\$30.00	\$30.00	\$30.00	15-Minute Increment	Maximum One Unit Per Patient Per Day Per Provider Agency
	H0001	Assessment/Intake	\$36.08	\$38.24	\$41.49	\$43.30	15-Minute Increment	Combined Services <sup>4,5,6</sup> .
Code: U8	T1007	Treatment Plan	\$36.08	\$38.24	\$41.49	\$43.30	15-Minute Increment	Age 12-17 (Modifier HA)
	H0005	Croup Coupading	\$36.08	\$38.24	\$41.49	\$43.30	15-Minute Increment (min 60, max 90)	No less or more than* 24-76 units per week or 6-19 hours per week <sup>8,9</sup>
	поос	Group Counseling	\$2.41	\$2.55	\$2.77	\$2.89	Per Minute	
	T4040	Definit Education	\$36.08	\$38.24	\$41.49	\$43.30	15-Minute Increment (min 60, max 90)	Age 12-17 <u>and</u> Pregnant/Perinatal (Also Add Modifier HD)
	T1012	Patient Education	\$2.41	\$2.55	\$2.77	\$2.89	Per Minute	
+	H0004	Individual Counseling	\$36.08	\$38.24	\$41.49	\$43.30	15-Minute Increment	No less or more than* 24-120 units per week or 6-30 hours per week <sup>8,9</sup>
oatient	H2011	Crisis Intervention	\$36.08	\$38.24	\$41.49	\$43.30	15-Minute Increment	Age 18-20 (Modifier HA) or Age 21+ (Modifier None)
Intensive Outpati	90846	Family Therapy <sup>13</sup>			\$41.49	\$43.30	15-Minute Increment	No less or more than* 36-76 units per week or 9-19 hours per week
ensiv	T1006	Collateral Services	\$36.08	\$38.24	\$41.49	\$43.30	15-Minute Increment	Age 18+ <u>and</u> Pregnant/Perinatal (Also Add Modifier HD)
重	H2010	Medication Services (Non-MAT)	\$36.08	\$38.24	\$41.49	\$43.30	15-Minute Increment	No less or more than* 36-120 units per week or 9-30 hours per week <sup>8,9</sup>
	MATSvc	Medication Services (MAT) <sup>13</sup>			\$41.49	\$43.30	15-Minute Increment	1
	D0001	Discharge Services	\$36.08	\$38.24	\$41.49	\$43.30	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
	H0048	Alcohol/Drug Testing	\$0.00	\$0.00	\$0.00	\$0.00	UA Test – 1 Unit	reimbursement will be disallowed.
	H0006	Case Management	\$36.52	\$38.71	\$42.00	\$43.82	15-Minute Increment	Up to 10 hours or 40 units per month
		1		•				· · · · · ·

			YOUTH SPECIALI	ZATION EN	HANCED RA	TES AND S	TAFFING MODIFIERS <sup>1</sup>	Effective: 7/1/20
			Youth (HA) Modifier		Youth Staff <sup>3</sup>			
LOC <sup>2,8,9</sup>	HCPCS	Description	Base Rate Registered SUD Counselor/Other Provider	Certified SUD Counselor ( C )	Licensed Eligible - LPHA (LE)	Licensed LPHA (L)	Unit <sup>4,5,6</sup>	Treatment Standard <sup>4,5,6</sup>
ASAM 3.1: Lov	w Intensity Reside	ential		` , ,				
ASAM 3.1	H0019	Clinical Day Rate					Day Rate	Pre-Authorization by County Required 10
	H0049	Screening <sup>7</sup>						Residential & Withdrawal Management - Screening not billable for same day of admission
Code U1	H0001	Assessment/Intake						Combined Services 4,5,6°.
	T1007	Treatment Plan						Age 12-17 (Modifier HA); Pregnant/Perinatal (Modifier HD)
	H0005	Group Counseling						80+ units per week or 20+ hours per week <sup>8,9</sup>
	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 21+) weeks	any ASAM residential LOC unless medically necessary.
_	H2011	Crisis Intervention	\$178.42	\$189.09	\$205.08	\$213.97	the patient needs to step down to a lower LOC and further reimbursement will be	Age 18-20 (Modifier HA); Pregnant/Perinatal (Modifier HD)
Low Intensity Residential	90846	Family Therapy <sup>13</sup>					disallowed. When services provided are less than the minimum, it must be	80+ units per week or 20+ hours per week <sup>8,9</sup>
y Resi	T1006	Collateral Services				clinically necessary (e.g., hospitalized, on	2 noncontiguous 90-day stays with one 30-day extension per year for	
tensity	H2010	Safeguarding Medications				pass) and documented in the progress notes. Alerts will be sent via Sage if	any ASAM residential LOC unless medically necessary.	
o In	MATSvc	Medication Services (MAT) <sup>13</sup>				service unit minimums are not met.	Age 21+ (Modifier N/A); Pregnant/Perinatal (Modifier HD)	
	T2001	Non-Emergency Transport						80+ units per week or 20+ hours per week <sup>8,9</sup>
	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	\$36.52	\$38.71	\$42.00	\$43.82	15-Minute Increment	Up to 10 hours or 40 units per month
ASAM 3.3: Hig	h Intensity Resid	ential Population Specific	1					
ASAM 3.3	H0019	Clinical Day Rate	1				Day Rate	Pre-Authorization by County Required <sup>10</sup>
	H0049	Screening <sup>7</sup>	1					Residential & Withdrawal Management - Screening not billable for same day of admission
Code: U2	H0001	Assessment/Intake	1					
	T1007	Treatment Plan	1					Combined Services 4,5,6°.
	H0005	Group Counseling	1					
<u>:</u>	T1012	Patient Education					* If less than 12 hours or 48 units of	Age 18-20 (Modifier HA); Pregnant/Perinatal (Modifier HD)
tion Specific	H0004	Individual Counseling					service are provided per week, for more 3 (age 18+) weeks the patient needs to step	96+ units per week or 24+ hours per week <sup>8,9</sup>
ation	H2011	Crisis Intervention	\$223.93	\$237.33	\$257.42	\$268.58	down to a lower LOC and further reimbursement will be disallowed. When	2 noncontiguous 90-day stays with one 30-day extension per year for
Popul	90846	Family Therapy <sup>13</sup>					services provided are less than the minimum, it must be clinically necessary	any ASAM residential LOC unless medically necessary.
ential	T1006	Collateral Services					(e.g., hospitalized, on pass) and documented in the progress notes. Alerts	
Reside	H2010	Safeguarding Medications					will be sent via Sage if service unit minimums are not met.	Age 21+ (Modifier N/A); Pregnant/Perinatal (Modifier HD)
High Intensity Residential Populat	MATSvc	Medication Services (MAT) <sup>13</sup>	1				minimumo die not met.	96+ units per week or 24+ hours per week <sup>8,9</sup>
lnter	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	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	\$36.52	\$38.71	\$42.00	\$43.82	15-Minute Increment	Up to 10 hours or 40 units per month

			YOUTH SPECIALI	ZATION EN	HANCED RA	TES AND S	Effective: 7/1/20	
200			Youth (HA) Modifier  Base Rate	Certified SUD	Youth Staff <sup>3</sup>		450	450
LOC <sup>2,8,9</sup>	HCPCS	Description	Registered SUD Counselor/Other Provider	Counselor (C)	Licensed Eligible - LPHA (LE)	Licensed LPHA (L)	Unit <sup>4,5,6</sup>	Treatment Standard <sup>4,5,6</sup>
ASAM 3.5 Hig	h Intensity Reside	ential Non-Population Specific		` /				
ASAM 3.5	H0019	Clinical Day Rate					Day Rate	Pre-Authorization by County Required 10
	H0049	Screening <sup>7</sup>						Residential & Withdrawal Management - Screening not billable for same day of admission
Code: U3	H0001	Assessment/Intake						Combined Services <sup>4,5,6*</sup> :
	T1007	Treatment Plan						Age 12-17 (Modifier HA); Pregnant/Perinatal (Modifier HD)
	H0005	Group Counseling						88+ units per week or 22+ hours per week <sup>8,9</sup>
	T1012	Patient Education						2 noncontiguous 30-day stays with one 30-day extension per year for
	H0004	Individual Counseling					* If less than 11 hours or 44 units of service are provided per week, for more than 2 (age	any ASAM residential LOC unless medically necessary.
	H2011	Crisis Intervention	\$203.09	\$215.24	\$233.45	\$243.57	12-20) or 3 (age 21+) weeks the patient needs to step down to a lower LOC and further	Age 18-20 (Modifier HA); Pregnant/Perinatal (Modifier HD)
dential	90846	Family Therapy <sup>13</sup>					reimbursement will be disallowed. When services provided are less than the minimum, it	88+ units per week or 22+ hours per week <sup>8,9</sup>
/ Resid	T1006	Collateral Services					must be clinically necessary (e.g., hospitalized, on pass) and documented in the progress	2 noncontiguous 90-day stays with one 30-day extension per year for
High Intensity Residential Non-Population Specific	H2010	Safeguarding Medications					notes. Alerts will be sent via Sage if service unit minimums are not met.	any ASAM residential LOC unless medically necessary.
High In Non-P	MATSvc	ATSvc Medication Services (MAT) <sup>13</sup>			Age 21+ (Modifier N/A); Pregnant/Perinatal (Modifier HD)			
	T2001	Non-Emergency Transport						88+ units per week or 22+ hours per week <sup>8,9</sup>
	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	\$36.52	\$38.71	\$42.00	\$43.82	15-Minute Increment	Up to 10 hours or 40 units per month
ASAM 1-WM:	Ambulatory Witho	drawal Management without Ex	tended On-Site Monitori	ng				
ASAM 1-WM	H0014-1	Ambulatory Detox						Combined Services 4.5.6:
	H0049	Screening <sup>7</sup>						Residential & Withdrawal Management - Screening not billable for same day of admission
Code: U4	H0001	Assessment/Intake						Age 12-17 (Modifier HA); Pregnant/Perinatal (Modifier HD)
+ U7 or U8	T1007	Treatment Plan						(Authorized Service)
	H0005	Group Counseling						
	T1012	Patient Education						Age 18-20 (Modifier HA); Pregnant/Perinatal (Modifier HD)
# D	H0004	Individual Counseling	2000 40	0000.40	0000.40	0000.40	D D 1	
agemer	H2011	Crisis Intervention	\$230.10	\$230.10	\$230.10	\$230.10	Day Rate	Age 21+ (Modifier N/A); Pregnant/Perinatal (Modifier HD)
val Man -Site M	90846	Family Therapy <sup>13</sup>						
ithdrav ded On	T1006	Collateral Services						*If 1-WM services do not occur at a standalone site,
Ambulatory Withdrawal Management Without Extended On-Site Monitoring	H2010	Medication Services (Non-MAT)						add the "U Code" for the primary outpatient LOC as well:
Ambul.	MATSvc	Medication Services (MAT) <sup>13</sup>						U7 – ASAM 1.0 and 1.0; U8 – ASAM 2.1.
	H0048	Alcohol/Drug Testing	-					Maximum 14-days of service per episode <sup>8,9</sup>
	D0001	Discharge Services						
	H0006	Case Management*	\$36.52	\$38.71	\$42.00	\$43.82	15-Minute Increment	Up to 10 hours or 40 units per month

			TOOTH OF LOIALI	ZATION EN	HANCED KA	TE2 AND 21	AFFING MODIFIERS <sup>1</sup>	Effective: 7/1/20
200			Youth (HA) Modifier  Base Rate	0. 455. 4.0110	Youth Staff <sup>3</sup>		450	
LOC <sup>2,8,9</sup>	HCPCS	Description	Registered SUD Counselor/Other Provider	Certified SUD Counselor ( C )	Licensed Eligible - LPHA (LE)	Licensed LPHA (L)	Unit <sup>4,5,6</sup>	Treatment Standard <sup>4,5,6</sup>
ASAM 2-WM: A	Ambulatory Witho	drawal Management with Extend	ded On-Site Monitoring					
ASAM 2-WM	H0014-1	Ambulatory Detox						Combined Services 4.5.6:
	H0049	Screening <sup>7</sup>						Residential & Withdrawal Management - Screening not billable for same day of admission
Code: U5	H0001	Assessment/Intake						Age 12-17 (Modifier HA); Pregnant/Perinatal (Modifier HD)
+ U7 or U8	T1007	Treatment Plan						(Authorized Service)
	H0005	Group Counseling						
ے	T1012	Patient Education						Age 18-20 (Modifier HA); Pregnant/Perinatal (Modifier HD)
nt wit	H0004	Individual Counseling	\$270.03	\$270.03	\$270.03	\$270.03	Day Rate	
geme	H2011	Crisis Intervention	φ2/0.03	φ210.03	φ210.03	φ210.03	Day Nate	Age 21+ (Modifier N/A); Pregnant/Perinatal (Modifier HD)
Mana Moni	90846	Family Therapy <sup>13</sup>						*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	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) <sup>13</sup>						Maximum 14-day stay per episode <sup>8,9</sup>
Hinger Hinger	H0048	Alcohol/Drug Testing						
⋖	D0001 Discharge Services							
	H0006	Case Management	\$36.52	\$38.71	\$42.00	\$43.82	15-Minute Increment	Up to 10 hours or 40 units per month
ASAM 3.2-WM	: Residential With	ndrawal Management - Clinicall	y Managed					
ASAM 3.2-WM	H0012							
		Subacute Detox Residential						Combined Services <sup>4,5,6</sup> :
	H0049	Subacute Detox Residential  Screening <sup>7</sup>						Combined Services <sup>4,5,6</sup> :  Residential & Withdrawal Management - Screening not billable for same day of admission
Code: U9								
Code: U9	H0049	Screening <sup>7</sup>						
Code: U9	H0049 H0001	Screening <sup>7</sup> Assessment/Intake						Residential & Withdrawal Management - Screening not billable for same day of admission
Code: U9	H0049 H0001 T1007	Screening <sup>7</sup> Assessment/Intake Treatment Plan						Residential & Withdrawal Management - Screening not billable for same day of admission
	H0049 H0001 T1007 H0005	Screening <sup>7</sup> Assessment/Intake Treatment Plan Group Counseling	6000.04	6220.04	e220.04	6220.04	Day Date	Residential & Withdrawal Management - Screening not billable for same day of admission  Age 12-17 (Modifier HA); Pregnant/Perinatal (Modifier HD)
	H0049 H0001 T1007 H0005 T1012	Screening <sup>7</sup> Assessment/Intake  Treatment Plan  Group Counseling  Patient Education	- \$338.01	\$338.01	\$338.01	\$338.01	Day Rate	Residential & Withdrawal Management - Screening not billable for same day of admission  Age 12-17 (Modifier HA); Pregnant/Perinatal (Modifier HD)
	H0049 H0001 T1007 H0005 T1012 H0004	Screening <sup>7</sup> Assessment/Intake Treatment Plan Group Counseling Patient Education Individual Counseling	\$338.01	\$338.01	\$338.01	\$338.01	Day Rate	Residential & Withdrawal Management - Screening not billable for same day of admission  Age 12-17 (Modifier HA); Pregnant/Perinatal (Modifier HD)  (Authorized Service)
	H0049 H0001 T1007 H0005 T1012 H0004 H2011	Screening <sup>7</sup> Assessment/Intake  Treatment Plan  Group Counseling  Patient Education  Individual Counseling  Crisis Intervention	\$338.01	\$338.01	\$338.01	\$338.01	Day Rate	Residential & Withdrawal Management - Screening not billable for same day of admission  Age 12-17 (Modifier HA); Pregnant/Perinatal (Modifier HD)  (Authorized Service)
	H0049 H0001 T1007 H0005 T1012 H0004 H2011 90846	Screening <sup>7</sup> Assessment/Intake  Treatment Plan  Group Counseling  Patient Education  Individual Counseling  Crisis Intervention  Family Therapy <sup>13</sup>	\$338.01	\$338.01	\$338.01	\$338.01	Day Rate	Residential & Withdrawal Management - Screening not billable for same day of admission  Age 12-17 (Modifier HA); Pregnant/Perinatal (Modifier HD)  (Authorized Service)  Age 18-20 (Modifier HA); Pregnant/Perinatal (Modifier HD)
	H0049 H0001 T1007 H0005 T1012 H0004 H2011 90846 T1006	Screening <sup>7</sup> Assessment/Intake  Treatment Plan  Group Counseling  Patient Education  Individual Counseling  Crisis Intervention  Family Therapy <sup>13</sup> Collateral Services	\$338.01	\$338.01	\$338.01	\$338.01	Day Rate	Residential & Withdrawal Management - Screening not billable for same day of admission  Age 12-17 (Modifier HA); Pregnant/Perinatal (Modifier HD)  (Authorized Service)  Age 18-20 (Modifier HA); Pregnant/Perinatal (Modifier HD)
Residential Withdrawal Management Clinically Managed 6f.	H0049 H0001 T1007 H0005 T1012 H0004 H2011 90846 T1006 H2010	Screening <sup>7</sup> Assessment/Intake  Treatment Plan  Group Counseling  Patient Education  Individual Counseling  Crisis Intervention  Family Therapy <sup>13</sup> Collateral Services  Medication Services (Non-MAT)	\$338.01	\$338.01	\$338.01	\$338.01	Day Rate	Residential & Withdrawal Management - Screening not billable for same day of admission  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)
	H0049 H0001 T1007 H0005 T1012 H0004 H2011 90846 T1006 H2010 MATSvc	Screening <sup>7</sup> Assessment/Intake  Treatment Plan  Group Counseling  Patient Education  Individual Counseling  Crisis Intervention  Family Therapy <sup>13</sup> Collateral Services  Medication Services (Non-MAT)  Medication Services (MAT) <sup>13</sup>	\$338.01	\$338.01	\$338.01	\$338.01	Day Rate	Residential & Withdrawal Management - Screening not billable for same day of admission  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)
	H0049 H0001 T1007 H0005 T1012 H0004 H2011 90846 T1006 H2010 MATSvc H0048	Screening <sup>7</sup> Assessment/Intake  Treatment Plan  Group Counseling  Patient Education  Individual Counseling  Crisis Intervention  Family Therapy <sup>13</sup> Collateral Services  Medication Services (Non-MAT)  Medication Services (MAT) <sup>13</sup> Alcohol/Drug Testing	\$338.01	\$338.01 \$25.00	\$338.01 \$25.00	\$338.01 \$25.00	Day Rate  Day Rate	Residential & Withdrawal Management - Screening not billable for same day of admission  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)

	YOUTH SPECIALIZATION ENHANCED RATES AND STAFFING MODIFIERS <sup>1</sup> Effective: 7/1/20										
LOC <sup>2,8,9</sup>	HCPCS	Decembrish	Youth (HA) Modifier  Base Rate	Certified SUD	Youth Staff <sup>3</sup>		456	7 4 66 4 456			
LOC	нсгоз	Description	Registered SUD Counselor/Other Provider	Counselor (C)	Licensed Eligible - LPHA (LE)	Licensed LPHA (L)	Unit <sup>4,5,6</sup>	Treatment Standard <sup>4,5,6</sup>			
ASAM 3.7-WM:	Inpatient Withdra	awal Management - Medically N	Monitored								
ASAM 3.7-WM		Subacute Detox Residential						Combined Services 4.5.6:			
		Screening <sup>7</sup>						Residential & Withdrawal Management - Screening not billable for same day of admission			
		Assessment/Intake									
		Treatment Plan						Age 12-17 (Modifier HA); Pregnant/Perinatal (Modifier HD)			
	ation	Group Counseling						(Authorized Service)			
	r Configuration g Combination	Patient Education									
Jemen	for Co ing Co	Individual Counseling	4					Age 18-20 (Modifier HA); Pregnant/Perinatal (Modifier HD)			
Manaç iitored	Medication Services (Mart) 13  We dication Services (Mart) 13  Medication Services (Mart) 13  Medication Services (Mart) 13  Medication Services (Mart) 13										
rawal Iy Mon						Age 21+ (Modifier N/A); Pregnant/Perinatal (Modifier HD)					
Withd											
oatient M											
Ξ		Medication Services (MAT) <sup>13</sup>						Maximum 14-day stay per episode <sup>8,9</sup>			
	_	Alcohol/Drug Testing									
		Discharge Services									
		Room and Board	\$25.00	\$25.00	\$25.00	\$25.00	Day Rate	Same as Above			
		Case Management	\$36.52	\$38.71	\$42.00	\$43.82	15-Minute Increment	Up to 10 hours or 40 units per month			
ASAM 4-WM: In	npatient Withdraw	al Management - Medically Ma	naged								
ASAM 4-WM		Acute Detox Residential									
		Screening <sup>7</sup>						Residential & Withdrawal Management - Screening not billable for same day of admission			
		Assessment/Intake						Combined Services 4.5.6.			
	5 -	Treatment Plan									
	guratic	Group Counseling						Age 12-17 (Modifier HA); Pregnant/Perinatal (Modifier HD)			
e nt	r Configuration g Combination	Patient Education						(Authorized Service)			
nanagement aged	iide for Billing	Individual Counseling	\$785.43	\$785.43	\$785.43	\$785.43	Day Rate				
ral Maı Aanage		Crisis Intervention	ψ100.40	ψ100. <del>4</del> 0	ψ100. <del>4</del> 0	ψ100. <del>4</del> 0	Day Nate	Age 18-20 (Modifier HA); Pregnant/Perinatal (Modifier HD)			
hdraw cally N	npanic Board	Family Therapy <sup>13</sup>									
ent Wif Medi	71 Cor n and	Collateral Services						Age 21+ (Modifier N/A); Pregnant/Perinatal (Modifier HD)			
Inpatient Withdrawal M Medically Mana	Refer to 837l Companion Gu p.21 Room and Board p.34	Medication Services (Non-MAT)						Maximum 14-day stay per episode <sup>8,9</sup>			
	Refe p.2°	Medication Services (MAT) <sup>13</sup>									
		Alcohol/Drug Testing									
		Discharge Services									
		Room and Board	\$25.00	\$25.00	\$25.00	\$25.00	Day Rate	Same as Above			
		Case Management	\$36.52	\$38.71	\$42.00	\$43.82	15-Minute Increment	Up to 10 hours or 40 units per month			

			YOUTH SPECIALI	ZATION EN	HANCED RA	ATES AND ST	TAFFING MODIFIERS <sup>1</sup>	Effective: 7/1/20
289	Hopon	Describetion	Youth (HA) Modifier  Base Rate	Certified SUD	Youth Staff <sup>3</sup>		456	- 456
LOC <sup>2,8,9</sup>	HCPCS	Description	Registered SUD Counselor/Other Provider	Counselor (C)	Licensed Eligible - LPHA (LE)	Licensed LPHA (L)	Unit <sup>4,5,6</sup>	Treatment Standard <sup>4,5,6</sup>
ASAM 1-OTP:	Opioid Treatment	t Program <sup>15</sup>						
ASAM 1-OTP	H0049	Screening <sup>7</sup>		\$15.00			10-Minute Increment	Maximum Two Units Per Patient Per Day Per Provider Agency
Code: UA, HG	H0001	Assessment/Intake		\$16.65			10-Minute Increment	
	110001	Assessmentimake		\$23.84 perir	natal		10-Minute increment	
	T4007	Transferred Diag		\$16.65			40 Marta la consent	
	T1007	Treatment Plan		\$23.84 perir	natal		10-Minute Increment	
	110005	Occurs Occurs alians		\$3.80			40 Marta la consent	
	H0005	Group Counseling		\$6.09 perin	atal		10-Minute Increment	
	71010			\$3.80			40.00	Combined Services <sup>4,5,6</sup> :
	T1012	Patient Education		\$6.09 perin	atal		10-Minute Increment	Age 12-17 (Modifier HA); Pregnant/Perinatal (Modifier HD)
				\$16.65				(Authorized Service)
	H0004	Individual Counseling		\$23.84 perir	natal		10-Minute Increment	
				\$16.65			40.00	
	H2011	Crisis Intervention		\$23.84 perir	natal		10-Minute Increment	County authorization, and for methadone: parental consent and 2 unsuccessful detoxification attempts or drug free treatment episodes within a 12 month period.
		12			\$10	6.65	40.00	
inatal Ainors	90846	Medical Psychotherapy <sup>13</sup>			\$23.84	perinatal	10-Minute Increment	Age 18-20 (Modifier HA); Pregnant/Perinatal (Modifier HD)
rams for per	T1000			\$16.65			40.00	Age 21+ (Modifier N/A); Pregnant/Perinatal (Modifier HD)
t Prog rate is Require	T1006	Collateral Services		\$23.84 perir	natal	10-Minute Increment		No less than
atmen higher ounty I	110040	Madiation Continue to the		\$16.65			40 Marta la consent	5 units or 50-minutes, and no more than 20 units or 200
oid Tre	H2010	Medication Services (Non-MAT)		\$23.84 perir	natal		10-Minute Increment	minutes unless medically necessary, per month <sup>8,9</sup>
Opioid Treatment Programs If two rates – the higher rate is for perinatal Authorization by County Required for Minors					\$10	6.65	40.15	Alerts will be sent via Sage if service units' minimums are not met.
If tw Auth	MATSvc	Medication Services (MAT) <sup>13</sup>			\$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							
	G0433	Human Immunodeficiency		\$0.00			per Test	
	G0435	Virus (HIV) Test		φυ.υυ			per rest	
	G0475							
	G0472	Hepatitis C Virus (HCV) Test		\$0.00			per Test	
	D0004	Discharge Services		\$16.65			10 Minuto Ingrament	
	D0001	Discharge Services		\$23.84 perir	natal		10-Minute Increment	
	H0006	Case Management	\$36.52	\$38.71	\$42.00	\$43.82	15-Minute Increment	Up to 10 hours or 40 units per month

			YOUTH SPECIALIZ	ZATION EN	HANCED RATES AND ST	AFFING MODIFIERS <sup>1</sup>		Effective: 7/1/20			
LOC <sup>2,8,9</sup>	HCPCS	Description	Youth (HA) Modifier  Base Rate  Registered SUD Counselor/Other  Provider	Certified SUD Counselor ( C )	Youth Staff <sup>3</sup> Licensed Eligible - Licensed LPHA (LE) (L)	Unit <sup>4,5,6</sup>		Treatment Standard <sup>4,5,6</sup>			
					NS FOR ADDICTION TREA	ATMENT – OTP SETTING	G <sup>4,5,6, 11</sup>				
					METHADOI						
					\$14.20						
					\$15.29 perinatal	Per Day	Age 12-21 (	Age 12-21 (Modifier HA); Pregnant/Perinatal (Modifier HD)			
	H0020	Methadone			\$10.29 permatai						
					LABEL NAME		NATIONAL DRUG CODE (NDC)	DOSAGE/FORM			
					N/A		N/A	N/A			
					NALTREXONE G	ENERIC <sup>15</sup>					
					\$19.06						
	S5000A	Naltrexone Generic Name			\$19.06 perinatal	Face-to-Face	Age 12-21 (	Modifier HA); Pregnant/Perinatal (Modifier HD)			
	000071				LABEL NAME		NATIONAL DRUG CODE (NDC)	DOSAGE/FORM			
					Vivitrol		65757030001	380 MG VIAL + DILUENT			
NALTREXONE INJECTABLE <sup>15</sup>											
		Naltrexone Injectable			\$1,986.64						
	S5000A		Naltrexone Injectable		\$1986.64 perinatal	Monthly	Age 12-21 (	Modifier HA); Pregnant/Perinatal (Modifier HD)			
					LABEL NAME		NATIONAL DRUG CODE (NDC)	DOSAGE/FORM			
					Vivitrol		65757030001	380 MG VIAL + DILUENT			
					BUPRENORPHINE HCL (M	MONO) GENERIC <sup>14</sup>					
					\$29.27	Per Day	Age 12-21 (Modifier HA); Pregnant/Perinatal (Modifier HD)				
					\$34.58 perinatal	. 5. 54		,,			
					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			
	S5000B	Buprenorphine HCL (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			
					Buprenorphine		62756046083	8 MG TABLET SL			

			YOUTH SPECIALIZATION ENHANCED RATES AND ST	TAFFING MODIFIERS <sup>1</sup>		Effective: 7/1/20		
LOC <sup>2,8,9</sup>	HCPCS	Description	Youth (HA) Modifier Base Rate Registered SUD Counselor/Other Provider  (C)  Conselor (C)  Licensed Eligible - Licensed LPHA (L)	Unit <sup>4,5,6</sup>		Treatment Standard <sup>4,5,6</sup>		
			MEDICATIONS FOR ADDICTION TRE	ATMENT - OTP SETTING	3 <sup>4,5,6,11</sup>			
			BUPRENORPHINE - NALOXONE (	COMBINATION - GENERI	C <sup>14</sup>			
			\$31.03 \$36.33 perinatal	Per Day	Age 12-21	(Modifier HA); Pregnant/Perinatal (Modifier HD)		
			LABEL NAME		NATIONAL DRUG CODE (NDC)	DOSAGE/FORM		
			Buprenorphin-Naloxon		00054018913	8-2 MG SL		
			Buprenorphin-Naloxon		00228315573	8-2 MG SL		
			Buprenorphin-Naloxon		00406192403	8-2 MG SL		
			Buprenorphin-Naloxon		00406802003	8-2 MG SL		
			Buprenorphin-Naloxon		50383028793	8-2 MG SL		
			Buprenorphin-Naloxon		62175045832	8-2 MG SL		
			Buprenorphin-Naloxon		62756097083	8-2 MG SL		
			Buprenorphin-Naloxon		65162041503	8-2 MG SL		
			Buprenorph-Naloxn		00054018813	2-0.5 MG SL		
	S5000BN	Buprenorphine – (Naloxone Combination) Generic	Buprenorph-Naloxn		00228315473	2-0.5 MG SL		
			Buprenorph-Naloxn		00406192303	2-0.5 MG SL		
			Buprenorph-Naloxn		00406800503	2-0.5 MG SL		
			Buprenorph-Naloxn		50383029493	2-0.5 MG SL		
			Buprenorph-Naloxn		62175045232	2-0.5 MG SL		
			Buprenorph-Naloxn		62756096983	2-0.5 MG SL		
			Buprenorph-Naloxn		65162041603	2-0.5 MG SL		
			Zubsolv		54123011430	11.4-2.9 MG TABLET SL		
			Zubsolv		54123090730	0.7-0.18 MG TABLET SL		
			Zubsolv		54123091430	1.4-0.36 MG TABLET SL		
			Zubsolv		54123092930	2.9-0.71 MG TABLET SL		
			Zubsolv	Zubsolv 54123095730 5.7-1.4 Mc				
			Zubsolv		54123098630	8.6-2.1 MG TABLET SL		

			YOUTH SPECIALIZATION EN	HANCED RATES AND ST	TAFFING MODIFIERS <sup>1</sup>		Effective: 7/1/20				
LOC <sup>2,8,9</sup>	HCPCS	Description	Youth (HA) Modifier  Base Rate  Registered SUD Counselor/Other  Provider  ( C )	Youth Staff <sup>3</sup> Licensed Eligible - Licensed LPHA LPHA (LE) (L)	Unit <sup>4,5,6</sup>	Treatment Standard <sup>4,5,6</sup>					
			MEDICATION	ONS FOR ADDICTION TR	REATMENT - OTP SETTIN	NG <sup>11</sup>					
	BUPRENORPHINE - NALOXONE FILM <sup>14</sup>										
				\$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				
	S5000BF	Buprenorphine – Naloxone 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				
				NJECTABLE <sup>14</sup>							
	05000011			\$1,670.12							
	S5000BN	Buprenorphine Injectable		\$1,670.12 perinatal	Monthly	Age 12-21 (	Modifier HA); Pregnant/Perinatal (Modifier HD)				

			YOUTH SPECIALIZ	ZATION EN	HANCED RATES ANI	STAFFING MODIFIERS <sup>1</sup>		Effective: 7/1/20	
LOC <sup>2,8,9</sup>	HCPCS	Description	Youth (HA) Modifier Base Rate Registered SUD Counselor/Other Provider	Certified SUD Counselor ( C )	Youth Staff <sup>3</sup> Licensed Eligible - Licensed L LPHA (LE) (L)	PHA Unit <sup>4,5,6</sup>		Treatment Standard <sup>4,5,6</sup>	
					DISULFIRAN	I - GENERIC <sup>14</sup>			
					\$10.22	Per Day	Age 12-21 (Modifier HA); Pregnant/Perinatal (Modifier HD)		
				\$10.37 perinatal			Age 12-21 (mounter try), regulator emitical (mounter tro)		
					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	
	S5000C	Disulfiram - Generic			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		
					NE HCL <sup>14</sup>				
				\$144.66	5	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	

			YOUTH SPECIALI	ZATION EN	HANCED RA	TES AND ST	AFFING MODIFIERS <sup>1</sup>	Effective: 7/1/20
LOC <sup>2,8,9</sup>	HCPCS	Description	Youth (HA) Modifier  Base Rate  Registered SUD Counselor/Other  Provider	Certified SUD Counselor (C)	Youth Staff <sup>3</sup> Licensed Eligible - LPHA (LE)	Licensed LPHA (L)	Unit <sup>4,5,6</sup>	Treatment Standard <sup>4,5,6</sup>
RECOVERY SI	UPPORT SERVICE	ES <sup>4,5,6</sup>		· ,				
	H0049	Screening	\$30.00	\$30.00	\$30.00	\$30.00	15-Minute Increment	Maximum One Unit Per Patient Per Day Per Provider Agency
Recovery Support Services (RSS)	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 <sup>8,9</sup>
			\$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 <sup>8,9</sup>
	H0006	Case Management	\$35.75	\$35.75	\$35.75	\$35.75	15-Minute Increment	Up to 10 hours or 40 units per month
RECOVERY BI	RIDGE HOUSING <sup>1</sup>	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 <sup>8</sup> 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 <sup>8</sup>
CLIENT ENG	SAGEMENT 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.

TOUTH OFECIALIZATION ENHANCED RATES AND STAFFING MODIFIERS							Επεςτίνε: 1/1/20	
	HCPCS	Description	Youth (HA) Modifier		Youth Staff <sup>3</sup>		Unit <sup>4,5,6</sup>	Treatment Standard <sup>4,5,8</sup>
LOC <sup>2,8,9</sup>			Base Rate Registered SUD Counselor/Other Provider	Certified SUD Counselor ( C )	Licensed Eligible - LPHA (LE)	Licensed LPHA (L)		

# CLAIMS INSTRUCTIONS

- 1 The Youth Specialization Population Modifier requires the following:
- Experience serving youth (ages 12 through 17) and Young Adults (up to age 21, as clinically appropriate) in 2 of the last 7 years.
- Demonstrated experience using evidence-based practices that are specific to youth and young adults.
- Counselors and/or LPHAs providing direct SUD treatment services to youth, young adults and families have a minimum of 2 years' experience providing youth services, which includes working with youth who are runaways, victims of abuse and pregnant or with children.

VOLTU SPECIALIZATION ENHANCED DATES AND STAFFING MODIFIEDS

- · Policies and procedures for addressing the needs of youth and young adults with SUD, such as ensuring developmentally appropriate services, family involvement, composition of group counseling, etc.
- · Network Provider owner, key staff, and all individuals providing direct services to youths passed a background investigation to the satisfaction of County.
- 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	НА				
Young Adults	Age 18-20	HA				
Pregnant/Perinatal	Length of pregnancy and allowable post-partum	HD				

YOUTH SPECIALIZATION ENHANCED RATES AND STAFFING MODIFIERS Effective: 7/1								Effective: 7/1/20
			Youth (HA) Modifier		Youth Staff <sup>3</sup>			
LOC <sup>2,8,9</sup>	HCPCS	Description	Registered SUD Counselor/Other Counselor	Counselor	Licensed Eligible - LPHA (LE)	Licensed LPHA (L)	LPHA Unit <sup>4,5,6</sup>	Treatment Standard <sup>4,5,6</sup>
Provider (C) EFIFICE (E)								

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; 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 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

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.

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. Standard

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.

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

1 <sup>st</sup> Person.	\$52.32 per person + [10 minutes documentation * (\$2.18 ASAM 1.0)]	=74.12
2 <sup>nd</sup> Person.	\$52.32 per person + [9 minutes documentation * (\$2.18 ASAM 1.0)]	=71.94
3 <sup>rd</sup> Person.	\$52.32 per person + [1 minute documentation * (\$2.18 ASAM 1.0)]	=\$54.50
4 <sup>th</sup> Person.	\$52.32 per person + [8 minutes documentation * (\$2.18 ASAM 1.0)]	=\$69.76
5 <sup>th</sup> 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 approved in the 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 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 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 Filed-Based Service location by the performing provider (e.g., SUD Counselor) up to 30 minutes to and from the approved Filed-Based Service location by the performing provider (e.g., SUD Counselor) up to 30 minutes to and from the approved Filed-Based Service location by the performing provider (e.g., SUD Counselor) up to 30 minutes to and from the approved Filed-Based Service location by the performing provider (e.g., SUD Counselor) up to 30 minutes to another the approved Filed-Based Service location by the performing provider (e.g., SUD Counselor) up to 30 minutes to another the approved Filed-Based Service location by the approv 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
- 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