



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



EDMUND G. BROWN JR.
GOVERNOR

DATE: July 15, 2016

MHSUDS INFORMATION NOTICE NO.: 16-035

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

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

PURPOSE

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

DISCUSSION

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

Currently, DMC uses a set of eight HCPCS codes for the State Plan services (H0004, H0005, H0015, H0018, H0019, H0020, S5000, and S5001). DMC also uses HCPCS modifiers to distinguish perinatal services from non-perinatal services (HD = perinatal); and to distinguish NTP from non-NTP services (HG = NTP). Additionally, in any case where a multiple claim of service on the same date was appropriate, there were three modifiers used (59 - Distinct Procedural Service, 76 - Repeat Procedure by Same person, 77 - Repeat Procedure by Different person).

Once a county has opted in to the DMC ODS Pilot, the old codes and modifiers will not be sufficient to get the claim approved in the SDMC system. New combinations of

HCPCS codes and modifiers will need to be submitted on the 837P claim file. The following chart includes all of the codes and modifiers that will be needed to submit claims to SDMC for the DMC ODS services.

DMC ODS HCPC Codes and Modifiers

HCPCS	DMC ODS Service	HCPCS Description
G9008	Physician Consultation	Coordinated care fee, physician coordinated care oversight services
H0004	Individual Counseling	Behavioral health counseling and therapy, per 15 minutes
H0005	Group Counseling	Alcohol and/or drug services; group counseling by a clinician
H0006	Case Management	Alcohol and/or drug services; case management
H0012	Residential Withdrawal Management	Alcohol and/or drug services; sub-acute detoxification (residential addiction program outpatient)
H0014	Ambulatory Withdrawal Management	Alcohol and/or drug services; ambulatory detoxification
H0015	Intensive Outpatient Treatment	Alcohol and/or drug services; intensive outpatient (treatment program that operates at least 3 hours/day and at least 3 days/week and is based on an individualized treatment plan), including assessment, counseling; crisis intervention, and activity therapies or education
H0019	Residential	Behavioral health; long-term residential (non-medical, non-acute care in a residential treatment program where stay is typically longer than 30 days), without room and board, per diem
H0020	Methadone Dosing	Alcohol and/or drug services; methadone administration and/or service (provision of the drug by a licensed program)
H2010	MAT (non-NTP)	Comprehensive medication services, per 15 minutes
H2012	Partial Hospitalization	Partial hospitalization services, less than 24 hours, per diem
S5000	MAT (NTP)	Prescription drug, generic
T1012	Recovery Services – Recovery Monitoring/Substance Abuse Assistance	Alcohol and/or substance abuse services, skills development

Modifiers	Types of Service/Level of Care	Long Description
HA	Youth Services	Child/adolescent program
HD	Perinatal Services	Pregnant/parenting women's program
HG	ASAM OTP/Narcotic Treatment Program (NTP)	Opioid addiction treatment program
U1	ASAM 3.1 Residential	Medicaid level of care 1, as defined by each state
U2	ASAM 3.3 Residential	Medicaid level of care 2, as defined by each state
U3	ASAM 3.5 Residential	Medicaid level of care 3, as defined by each state
U4	ASAM 1-Withdrawal Management	Medicaid level of care 4, as defined by each state
U5	ASAM 2-Withdrawal Management	Medicaid level of care 5, as defined by each state
U6	ODS Recovery Services	Medicaid level of care 6, as defined by each state
U7	ODS ASAM 1 Outpatient Drug Free	Medicaid level of care 7, as defined by each state
U8	ODS ASAM 2.0 Intensive Outpatient Treatment	Medicaid level of care 8, as defined by each state
U9	ODS Residential Withdrawal Management	Medicaid level of care 9, as defined by each state
UA	ODS ASAM OTP/NTP	Medicaid level of care 10, as defined by each state
UB	ODS ASAM 2.5 Partial Hospitalization	Medicaid level of care 11, as defined by each state
NDC	MAT (NTP)	National Drug Code

Each claim will include one of the HCPCS codes that are listed depending on the facility and service claimed. Additionally, the modifiers will need to establish the level of care (U codes) and also distinguish between NTP and non-NTP (HG = NTP), between youth and adult (HA = youth), and between perinatal and non-perinatal (HD = perinatal). The

Medication Assisted Treatment (MAT) claims will also need to include the National Drug Code (NDC) for the medications that are administered in the NTP setting (buprenorphine, disulfiram, and naloxone).

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

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

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

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

The combination of HCPCS codes and modifiers will be highly structured and will be required for approval and reimbursement for all DMC ODS claims. The SDMC claims adjudication process will be programmed to evaluate the combinations of codes to ensure the correct combinations for each service. For example, if a youth services claim is submitted with the “HA” modifier, the system will validate if the beneficiary was under the age of 21 on the date of service. Most of the current validations for DMC claims will remain in place, for example any pregnant or post-partum beneficiary would need to have the pregnancy indicator on the claim for perinatal services.

We anticipate the publication of a DMC ODS specific billing manual and companion guide. Until these documents are available, this initial document establishes the HCPCS

codes and modifiers that will be required for claiming DMC ODS claims to SDMC using the 837P electronic file.

QUESTIONS/MAINTENANCE

Questions regarding this Informational Notice should be addressed to Marco Zolow, Health Program Specialist, Program, Policy, and Fiscal Division at (916) 327-2730.

Sincerely,

Original signed by

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