



Department of Behavioral Health

Drug Medi-Cal ODS Chart Documentation and Coding Overview – CalAIM Payment Reform – SUDRS -

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California Advancing and Innovating Medi-Cal (CalAIM)

CalAIM is a multi-year California Department of Health Care Services initiative to improve the quality of life and health outcomes by implementing broad delivery system, program and payment reform across the Medi-Cal program. See CalAIM [webpage](#) for more information.

CalAIM Payment Reform includes **provider billing transitions** by implementing CPT/HCPCs coding transition. Goals include to improve reporting and support data-driven decision making by disaggregating data on Drug Medi-Cal-Organized Delivery System (DMC-ODS). Align with other healthcare delivery systems and comply with Centers for Medicare & Medicaid Services (CMS) requirements for all state Medicaid programs to adopt CPT codes where appropriate.

G2011 (Assessment 5-14 minutes ASAM Criteria)

- Alcohol and/or substance (other than tobacco) abuse structured assessment 5-14 min. (Note: use codes G2011 and G0396, and G0397 to determine the ASAM criteria)
- Alcohol and/or substance (other than tobacco) misuse structured assessment (e.g., audit, dast), and brief intervention, 5-14 minutes. Assessment and brief intervention services lasting five to 14 minutes are directed at alcohol and substance misuse. Substance abuse screenings, utilizing instruments such as AUDIT and DAST, are used to determine the patient's opinion related to behavior change and provide input on a plan to change behavior with appropriate actions and motivation.

G0396 (Assessment 15 – 30 mins ASAM Criteria)

- Alcohol and/or substance (other than tobacco) abuse structured assessment. 15-30 minutes. (Note: use codes G2011, G0396, and G0397 to determine the ASAM criteria).
- Alcohol and/or substance (other than tobacco) misuse structured assessment (e.g., audit, dast), and brief intervention 15 to 30 minutes. Alcohol and substance misuse may be assessed by several different methods, including a drug abuse screening test (DAST) and an alcohol use disorder identification test (AUDIT).

G0397 (Assessment 30+ minutes ASAM Criteria) (maximum time 1440 minutes)

- Alcohol and/or substance (other than tobacco) abuse structured assessment. 30+minutes. (Note: use codes G2011, G0396 and G0397 to determine the ASAM criteria).
- Alcohol and/or substance (other than tobacco) misuse structured assessment (e.g., audit, DAST), and intervention, greater than 30 minutes. Alcohol and substance misuse may be assessed by several different methods, including a drug abuse screening test (DAST) and an alcohol use disorder identification test (AUDIT).

H0001 Alcohol and/or drug assessment, 15 minutes (ASAM Screening)

- Alcohol and/or drug assessment. (note: use this code for screening to determine the appropriate delivery system for beneficiaries seeking services)
- Alcohol and/or drug assessment. This code reports provision of alcohol and/or drug assessment services. A psychiatrist, clinical psychologist, or other specialized health care professional or team of professionals generally provides drug and/or alcohol assessments. Protocols vary, but an assessment is systematic and thorough and addresses all aspects of a patient's encounters with alcohol and/or drugs. A detailed family, social, and legal history is usually solicited, and components may be verified independent of the patient interview. Quantity and frequency of alcohol and/or drug use is documented. Physical manifestations associated with alcohol or drug use, or abuse may be noted if present, such as depression, mania, anxiety, etc. A physical medical examination may be a component of the assessment. Questionnaires and tests may be used as components of the assessment. A report is generally issued that characterizes the patient's contact with alcohol and/or drugs as casual, dependent, abusive, addictive, etc. Should alcohol or drug use be determined to have caused adverse effects in the life of the patient or others, a report is issued documenting abuse. In addition to a diagnostic status, an assessment of abuse can have legal repercussions. This assessment should be used to devise a plan of care in treating the patient effectively.

H0003 Alcohol and/or drug screening. Laboratory analysis of specimens for presence of alcohol/drugs, 15 minutes

- Alcohol and/or drug screening; laboratory analysis of specimens for presence of alcohol and/or drugs. Alcohol and/or drug screening is performed through laboratory analysis of urine, blood, or hair specimens to determine the presence of alcohol and/or drugs in the patient's system.

H0049 Alcohol and/or drug screening, 15 minutes

- Alcohol and/or drug screening. Patient screening is performed, annually or biannually, to identify possible high-risk behaviors such as alcohol and substance abuse. Standardized assessment tools, such as the World Health Organization's Alcohol Use Disorders Identification Test (AUDIT) and the Drug Abuse Screening Test (DAST), are used to identify the high-risk behavior and determine the appropriate intervention or treatment needed. Screening services do not include intervention, treatment, or therapeutic intervention, such as medication therapy or a combination of medication and counseling. This code is not widely used.

H0004 Behavioral health counseling and therapy, 15 minutes (SUD 1:1CSL)

- Behavioral Health Counseling and Therapy, 15 Minutes.
- Behavioral health counseling and therapy, per 15 minutes. This code reports provision of behavioral health counseling and therapy services. Behavioral health counseling and therapy provides individual counseling by a clinician for a patient in a private setting and is billed in 15-minute increments.

H0005 Alcohol and/or drug services; group counseling by a clinician, 15 minutes (SUD Group Counseling)

- Alcohol and/or drug services; group counseling by a clinician. Alcohol and/or drug group counseling by a clinician provides the patient support in a group setting (two or more individuals) in abstaining from substance abuse and assisting the patient with sobriety maintenance. Group counseling focuses on cognitive or behavioral approaches that typically address triggers and relapse prevention, self-evaluation, the process of recovery, and issues pertaining to changes in lifestyle. Group sizes and treatment plans may vary according to the needs of the individual. ****Number of clients should be listed on progress notes.**

H0050 Alcohol and/or drug services, brief intervention, 15 minutes (Recovery Incentives Services)

- Alcohol and/or drug services, brief intervention, per 15 minutes. A brief intervention for a patient in a drug and/or alcohol treatment program is performed. Professionally trained interventionists who are experts in chemical dependency meet briefly with the patient and/or family members to discuss a current treatment issue. The service may be initiated by the patient or the interventionist in response to a specific issue. The purpose of the intervention is to provide support and feedback related to chemical dependency issues that are currently affecting the patient and/or family members. This code is reported per 15-minute time increments spent in the intervention service. This code is not widely used.

T1006 Alcohol and/or substance abuse services, family/couple counseling, 15 minutes (SUD Family/Couple Counseling)

- Alcohol and/or substance abuse services, family/couple counseling. This code represents family or couples counseling in relation to alcohol and/or substance abuse services.

H0007 Alcohol and/or drug services; crisis intervention (outpatient), 15 minutes (SUD Crisis Intervention)

- Alcohol and/or drug services; crisis intervention (outpatient.) Crisis intervention for alcohol and/or drug services is an emergency response by a clinician to provide immediate face-to-face support for an individual.

H1000 Preparation of report of patient's psychiatric status, history, treatment, or progress for other individuals, agencies, or insurance carriers, 15 minutes

- Prenatal care, at risk assessment.
- Prenatal care, at-risk assessment. A pregnancy is considered high risk when there are conditions that could affect the baby, the mother, or the baby and mother. Examples of risk factors for a high-risk pregnancy include the age of the mother (younger than 17 or older than 35 years of age when the baby is due); pre-pregnancy medical conditions such as STDs, diabetes, HIV, or other chronic infection; family history of genetic disorders; and a history of miscarriages. Medical conditions may occur during the pregnancy, including gestational diabetes and preeclampsia. Other pregnancy-related issues can classify a patient as high risk, including placenta previa, fetal problems, multiple births, and premature labor. Report this code for the at-risk assessment. This is usually done during the first trimester but may be done later if problems develop later in the pregnancy.

* Only programs allowed to claim for this code are IVRS (Inland Valley Recovery Services); High Desert Child, Adolescent & Family Services, Center, Inc.; Inland Behavioral & Health Services (IHBS)

T1017 Targeted case management, 15 minutes

- Targeted case management, each 15 minutes. Case management is an effort to improve care and to contain costs by having one party manage or coordinate all care delivered to a patient that usually has certain complex illnesses or injuries, including mental and behavioral health issues. Case management may include, but is not limited to, the evaluation of a condition, the development and implementation of a plan of care, the coordination of medical resources, and the appropriate communication to all parties. Targeted case management is targeted to a specific population subgroup.

H2014 Skills training and development, 15 minutes (Patient education services)

- Skills training and development, per 15 minutes. Skills training and development provides the patient with necessary abilities that will enable the individual to live independently and manage his/her illness and treatment. Training focuses on skills for daily living and community integration for patients with functional limitations due to psychiatric disorders, per 15 minutes.

H2021 Community based wrap around service

- Refers to coordination of care between providers in the Drug Medi-Cal system and providers who are outside the Drug Medi-Cal system. Code can only be used to show that a delivery system coordination of care has occurred.

Recovery Services – (Definition from DMC-ODS Billing Manual Version 1.5) designed to support recovery and prevent relapse with the objective of restoring the beneficiary to their best possible functional level. Emphasize the beneficiary's central role in managing their health, use of effective self-management support strategies, and organize internal and community resources to provide ongoing self-management support to beneficiaries.

H2015 Comprehensive community support services, 15 minutes

- Comprehensive community support services, per 15 minutes. Comprehensive community support services consist of mental health and substance abuse services. These services assist individuals in achieving their recovery and rehabilitation goals. The program aims to reduce psychiatric and addiction symptoms and to assist in developing community living skills. The services may include coordination of services, support during a crisis, development of system monitoring and management skills, monitoring medications, and help in developing independent living skills.
- Must include appropriate level of care modifier

***When claimed as a standalone service for outpatient services, U6 modifier can be used**

H2017 Psychosocial Rehabilitation Services, 15 minutes

- Psychosocial rehabilitation services, per 15 minutes. Psychosocial rehabilitation services are intended to help individuals to compensate for or to eliminate functional deficits and environmental and interpersonal barriers associated with mental illness. The goal of the program is to help individuals achieve the fullest possible integration as an active and productive member of their family and community with the least possible ongoing professional intervention. Activities are done to achieve the goals for the individual. This is a face-to-face intervention, and the services may be provided in a group or an individual setting. Report these codes for psychosocial rehabilitation services in 15-minute increments or a per diem charge

H2035 Alcohol and/or other drug treatment program, per hour

- Alcohol and/or other drug treatment program, per hour. Outpatient services for alcohol and chemical dependency are structured to promote sobriety and independent living and to assist with continued treatment. Outpatient services allow patients to present for prescribed treatments and therapy and to maintain an otherwise routine home life. Code H2035 is for treatment billed per hour; H2036 is for treatment billed per diem.

T1007 Alcohol and/or substance abuse services, treatment plan development and/or modification, 15 minutes (Discharge planning)

- Alcohol and/or substance abuse services, treatment plan development and/or modification. This code represents the development of a treatment plan and/or its modification, in relation to alcohol and/or substance abuse services.

T1013 Sign language or oral interpretive services, 15 minutes

- Sign language or oral interpretive services, per 15 minutes. This code represents the use of an interpreter for sign language or oral interpretive communication services.

****Supplemental Codes cannot be billed in isolation; they must be submitted with a code for a billable service.**

HD Pregnant/parenting women's program

- All claims must have an HD modifier when service is provided to a woman who is pregnant/postpartum (12 months since the last day of pregnancy).

GC This service has been performed in part by a resident under the direction of a teaching physician

- Use this modifier when the service was performed by a physician resident

**If the service was performed by a pre-licensed professional who is not a resident, use modifier HL.*

HL Intern

- Services provided by individuals currently registered with the applicable Board (Associate level staff, not graduate student interns)

HQ Group setting

- This modifier should be used with codes indicated in the service tables when the service was provided in a group setting.

***If a code descriptor is group service, do not use this modifier.*

SC Valid for codes when the service was provided via telephone or audio-only systems

- This modifier only applies to HCPCS codes when telephone services are being provided.
- If using the SC modifier, the place of service must be 02 or 10.
- If the service has the place of service 02 or 10 but does not have the SC modifier, the telehealth service is video/audio.

U1 ASAM 3.1 Residential

- Clinically Managed Low-intensity Residential Services.
- 24-hour structure with available trained personnel; 5 hours of clinical service/week and prepare for outpatient treatment.

U2 ASAM 3.3 Residential

- Clinically Managed Population-Specific High Intensity Residential Services.
- 24-hour care with trained counselors to stabilize multidimensional imminent danger.
- Less intense milieu and group treatment for those with cognitive or other impairments and prepare for outpatient treatment.

U3 ASAM 3.5 Residential

- Clinically Managed High Intensity Residential Services.
- 24-hour care with trained counselors to stabilize multidimensional imminent danger and prepare for outpatient treatment.
- Able to tolerate full milieu/therapeutic community.

U6 Recovery Services

*****This modifier does not represent a level of care. It represents classification of service within one of the levels of care*****

- Used for recovery services that can be provided in all settings.
 - ODF - Outpatient
 - IOT – Intensive Outpatient
 - PH – Partial Hospitalization

- OTP/NTP – Opioid Treatment/Narcotic Treatment Program
- RES 3.1 & 3.3, 3.5 – Residential Treatment with ASAM level (24-hour, non-medical, short-term program)
- 3.2 WM – Withdrawal Management

U7 Outpatient Services (ODF)

- Less than 9 hours of service/week (adults).
- Less than 6 hours of service/week (adolescents) for recovery or motivational enhancement therapies/strategies.

U8 Intensive Outpatient Services (IOD)

- 9 or more hours of service/week (adults)
- 6 or more hours/week (adolescents) to treat multidimensional instability

U9 Residential Withdrawal Management, ASAM 3.2

- Moderate withdrawal but needs 24-hour support to complete withdrawal management and increase likelihood of continuing treatment or recovery.
- Symptoms not manageable in outpatient setting
- Withdrawal management services are urgent and provided on a short-term basis.

HG Opioid Treatment Program (OTP)

- Daily or several times weekly opioid agonist medication and counseling to maintain multidimensional stability for those with severe opioid use disorder.
- All claims must have HG (and UA) modifier when the service is provided in an NTP Setting.



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