

Department of Public Health, Substance Abuse Prevention and Control (SAPC)
 Substance Use Disorder (SUD) Rates and Standards Matrix - Fiscal Year 2022-2023

PREGNANT AND PARENTING WOMEN (PPW) SPECIALIZATION* ENHANCED RATES¹

Effective 7/1/22

LOC ^{2,8,9}	HCPCS	Description	Perinatal/PPW (HD) Modifier	Unit ^{4,5,6}	Treatment Standard ^{4,5,6}
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INCENTIVE PAYMENTS TERM: December 2017-June 2023^A

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	Flat Rate	Entry of the accurate and valid number in CalOMS/LACPRS
All	Ex-PB	Probation PDJ Number	\$5.00		Entry of the accurate and valid number in CalOMS/LACPRS
All	Ex-CW	CalWORKs Case Number	\$5.00		Entry of the accurate and valid number in CalOMS/LACPRS
All	Ex-GR	General Relief Case Number	\$5.00		Entry of the accurate and valid number in CalOMS/LACPRS
All	Ex-PF	PSSF-TLRF Case Number	\$5.00		Entry of the accurate and valid number in CalOMS/LACPRS

Documentation of Newly Acquired Benefits and Program Participation in CalOMS/LACPRS^{A,B,D,E,F}

All	H0006-MC	Medi-Cal Enrollment	\$30.00	Flat Rate	Application must be processed and approved by the Department of Public Social Services (DPSS)
All	H0006-CW	CalWORKs Enrollment	\$20.00		Application must be processed and approved by the Department of Public Social Services (DPSS)
All	H0006-GR	General Relief Enrollment	\$20.00		Application must be processed and approved by the Department of Public Social Services (DPSS)
All	H0006-CF	CalFresh Enrollment	\$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		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	Flat Rate	Full CalOMS/LACPRS Admission Data Set completed within 7 days of admission date
All	D-DC	Discharge Data – Same Day	\$10.00		Full CalOMS/LACPRS Discharge Data Set completed on the day of last service

SCREENINGS REFERRAL TO TREATMENT

All	H0049	Screening Non-Admitted ⁷	\$30.00	15-Minute Increment	Maximum One Unit Per Patient Per Day Per Provider Agency Residential and Withdrawal Management - Not billable for same day of admission
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^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 claim. 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.

^F Incentives 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 care coordination.

^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.

LOC ^{2,8,9}	HCPCS	Description	Perinatal/PPW (HD) Modifier	Unit ^{4,5,6}	Treatment Standard ^{4,5,6}
ASAM 0.5: Early Intervention Services					
ASAM 0.5 Code: U7 Early Intervention Services	H0049	Screening ⁷	\$30.00	15-Minute Increment	Maximum One Unit Per Patient Per Day Per Provider Agency
	H0001	Assessment/Intake	\$49.17	15-Minute Increment	<p>Combined Services^{4,5,6}.</p> <p>Age 12-17 (Modifier HA); Pregnant/Perinatal (Modifier HD) and Parenting (Modifier PG)</p> <p>Minimum 2 hours per month and no less or more than 0-24 units per week or 0-6 hours per week^{8,9}</p> <p>Age 18-20 (Modifier HA); Pregnant/Perinatal (Modifier HD) and Parenting (Modifier PG)</p> <p>Minimum 2 hours per month and no less or more than 0-36 units per week or 0-9 hours per week^{8,9}</p> <p>Use population modifier as appropriate</p>
	T1007	Treatment Plan	\$49.17	15-Minute Increment	
	H0005	Group Counseling	\$3.28	Per Minute (min 60, max 90)	
	T1012	Patient Education	\$3.28	Per Minute (min 60, max 90)	
	H0004	Individual Counseling	\$49.17	15-Minute Increment	
	H2011	Crisis Intervention	\$49.17	15-Minute Increment	
	90846	Family Therapy ¹⁶	\$49.17	15-Minute Increment	
	T1006	Collateral Services	\$49.17	15-Minute Increment	
	H2010	Medication Services (Non-MAT)	\$49.17	15-Minute Increment	
	MATSvc	Medication Services (MAT) ¹⁶	\$87.00	15-Minute Increment	
	D0001	Discharge Services	\$49.17	15-Minute Increment	
	H0048	Alcohol/Drug Testing	\$0.00	UA Test – 1 Unit	
	H0006	Care Coordination	\$47.27	15-Minute Increment	
ASAM 1.0: Outpatient					
ASAM 1.0 Code: U7 Outpatient	H0049	Screening ⁷	\$30.00	15-Minute Increment	Maximum One Unit Per Patient Per Day Per Provider Agency
	H0001	Assessment/Intake	\$49.17	15-Minute Increment	<p>Combined Services^{4,5,6}.</p> <p>Age 12-17 (Modifier HA); Pregnant/Perinatal (Modifier HD) and Parenting (Modifier PG)</p> <p>Minimum 2 hours per month and no less or more than 0-24 units per week or 0-6 hours per week^{8,9}</p> <p>Age 18-20 (Modifier HA); Pregnant/Perinatal (Modifier HD) and Parenting (Modifier PG)</p> <p>Age 21+ (Modifier N/A); Pregnant/Perinatal (Modifier HD) and Parenting (Modifier PG)</p> <p>Minimum 2 hours per month and no less or more than 0-36 units per week or 0-9 hours per week^{8,9}</p> <p>Use population modifier as appropriate</p>
	T1007	Treatment Plan	\$49.17	15-Minute Increment	
	H0005	Group Counseling	\$3.28	Per Minute (min 60, max 90)	
	T1012	Patient Education	\$3.28	Per Minute (min 60, max 90)	
	H0004	Individual Counseling	\$49.17	15-Minute Increment	
	H2011	Crisis Intervention	\$49.17	15-Minute Increment	
	90846	Family Therapy ¹⁶	\$49.17	15-Minute Increment	
	T1006	Collateral Services	\$49.17	15-Minute Increment	
	H2010	Medication Services (Non-MAT)	\$49.17	15-Minute Increment	
	MATSvc	Medication Services (MAT) ¹⁶	\$87.00	15-Minute Increment	
	D0001	Discharge Services	\$49.17	15-Minute Increment	
	H0048	Alcohol/Drug Testing	\$0.00	UA Test – 1 Unit	
	H0006	Care Coordination	\$47.27	15-Minute Increment	

LOC ^{2,8,9}	HCPCS	Description	Perinatal/PPW (HD) Modifier	Unit ^{4,5,6}	Treatment Standard ^{4,5,6}	
ASAM 2.1: Intensive Outpatient						
Intensive Outpatient	ASAM 2.1	H0049	Screening ⁷	\$30.00	15-Minute Increment	Maximum One Unit Per Patient Per Day Per Provider Agency
	Code: U8	H0001	Assessment/Intake	\$52.60	15-Minute Increment	<u>Combined Services</u> ^{4,5,6} .
		T1007	Treatment Plan	\$52.60	15-Minute Increment	
		H0005	Group Counseling	\$3.51	Per Minute (min 60, max 90)	Age 12-17 (Modifier HA) No less or more than* 24-76 units per week or 6-19 hours per week ^{8,9}
		T1012	Patient Education	\$3.51	Per Minute (min 60, max 90)	Age 12-17 and Pregnant/Perinatal (Also Add Modifier HD) and Parenting (Modifier PG) No less or more than* 24-120 units per week or 6-30 hours per week ^{8,9}
		H0004	Individual Counseling	\$52.60	15-Minute Increment	
		H2011	Crisis Intervention	\$52.60	15-Minute Increment	Age 18-20 (Modifier HA) or Age 21+ (Modifier None)
		90846	Family Therapy ¹⁶	\$52.60	15-Minute Increment	No less or more than* 36-76 units per week or 9-19 hours per week ^{8,9}
		T1006	Collateral Services	\$52.60	15-Minute Increment	Age 18+ and Pregnant/Perinatal (Also Add Modifier HD) and Parenting (Modifier PG)
		H2010	Medication Services (Non-MAT)	\$52.60	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) ¹⁶	\$87.00	15-Minute Increment	
		D0001	Discharge Services	\$52.60	15-Minute Increment	*If the minimum hours of service are not met, reimbursement may be reduced to the ASAM 1.0 fee/rate. If minimum service units are not met for 4 or more weeks the patient may need to step down to a lower LOC and further reimbursement may be disallowed.
		H0048	Alcohol/Drug Testing	\$0.00	UA Test – 1 Unit	
		H0006	Care Coordination	\$47.27	15-Minute Increment	Use population modifier as appropriate

LOC ^{2,8,9}	HCPCS	Description	Perinatal/PPW (HD) Modifier	Unit ^{4,5,6}	Treatment Standard ^{4,5,6}
ASAM 3.5 High Intensity Residential Non-Population Specific					
ASAM 3.5 Code: U3 High Intensity Residential Non-Population Specific	H0019	Clinical Day Rate	\$239.67	Day Rate	Pre-Authorization by County Required ¹⁰ Residential & Withdrawal Management- Screening not billable for same day of admission Combined Services^{4,5,6}: Age 12-17 (Modifier HA); Pregnant/Perinatal (Modifier HD) and Parenting (Modifier PG) 88+ units per week or 22+ hours per week ^{8,9} Age 18-20 (Modifier HA); Pregnant/Perinatal (Modifier HD) and Parenting (Modifier PG) 88+ units per week or 22+ hours per week ^{8,9} Age 21+ (Modifier N/A); Pregnant/Perinatal (Modifier HD) and Parenting (Modifier PG) 88+ units per week or 22+ hours per week ^{8,9}
	H0049	Screening ⁷			
	H0001	Assessment/Intake			
	T1007	Treatment Plan			
	H0005	Group Counseling			
	T1012	Patient Education			
	H0004	Individual Counseling			
	H2011	Crisis Intervention			
	90846	Family Therapy ¹⁶			
	T1006	Collateral Services			
	T2001	Non-Emergency Transport			
	H0048	Alcohol/Drug Testing			
	D0001	Discharge Services			
	H2010	Safeguarding Medications			
	S9976	Room and Board	\$25.00		
MATSvc	Medication Services (MAT) ¹⁶	\$87.00	15-Minute Increment	Use population modifier as appropriate	
H0006	Care Coordination	\$47.27	15-Minute Increment		
ASAM 1-WM: Ambulatory Withdrawal Management without Extended On-Site Monitoring					
ASAM 1-WM Code: U4 + U7 or U8 Ambulatory Withdrawal Management Without Extended On-Site Monitoring	H0014-1	Ambulatory Detox	\$242.69	Day Rate	Residential & Withdrawal Management- Screening not billable for same day of admission Combined Services^{4,5,6}: 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) *If 1-WM services do not occur at a standalone site, add the "U Code" for the primary outpatient LOC as well: U7 – ASAM 1.0 and 1.0; U8 – ASAM 2.1. Maximum 14-days of service per episode. ^{8,9}
	H0049	Screening ⁷			
	H0001	Assessment/Intake			
	T1007	Treatment Plan			
	H0005	Group Counseling			
	T1012	Patient Education			
	H0004	Individual Counseling			
	H2011	Crisis Intervention			
	90846	Family Therapy ¹⁶			
	T1006	Collateral Services			
	H0048	Alcohol/Drug Testing			
	D0001	Discharge Services			
	H2010	Medication Services (Non-MAT)			
	MATSvc	Medication Services (MAT) ¹⁶			
	H0006	Care Coordination*	\$47.27	15-Minute Increment	

LOC ^{2,8,9}	HCPCS	Description	Perinatal/PPW (HD) Modifier	Unit ^{4,5,6}	Treatment Standard ^{4,5,6}
ASAM 2-WM: Ambulatory Withdrawal Management with Extended On-Site Monitoring					
ASAM 2-WM Code: U5 + U7 or U8 Ambulatory Withdrawal Management with Extended On-Site Monitoring	H0014-1	Ambulatory Detox	\$284.80	Day Rate	Residential & Withdrawal Management- Screening not billable for same day of admission <u>Combined Services^{4,5,6}</u> 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) *If 2-WM services do not occur at a standalone site, add the "U Code" for the primary outpatient LOC as well: U7 – ASAM 1.0 and 1.0; U8 – ASAM 2.1. Maximum 14-day stay per episode. ^{8,9}
	H0049	Screening ⁷			
	H0001	Assessment/Intake			
	T1007	Treatment Plan			
	H0005	Group Counseling			
	T1012	Patient Education			
	H0004	Individual Counseling			
	H2011	Crisis Intervention			
	90846	Family Therapy ¹⁶			
	T1006	Collateral Services			
	H0048	Alcohol/Drug Testing			
	D0001	Discharge Services			
	H2010	Medication Services (Non-MAT)			
	MATSvc	Medication Services (MAT) ¹⁶			
H0006	Care Coordination	\$47.27	15-Minute Increment		
ASAM 3.2-WM: Residential Withdrawal Management - Clinically Managed					
ASAM 3.2-WM Code: U9 Residential Withdrawal Management Clinically Managed	H0012	Subacute Detox Residential	\$356.50	Day Rate	Residential & Withdrawal Management- Screening not billable for same day of admission <u>Combined Services^{4,5,6}</u> 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) Maximum 14-day stay per episode. ^{8,9}
	H0049	Screening ⁷			
	H0001	Assessment/Intake			
	T1007	Treatment Plan			
	H0005	Group Counseling			
	T1012	Patient Education			
	H0004	Individual Counseling			
	H2011	Crisis Intervention			
	90846	Family Therapy ¹⁶			
	T1006	Collateral Services			
	H0048	Alcohol/Drug Testing			
	D0001	Discharge Services			
	H2010	Medication Services (Non-MAT)			
	S9976	Room and Board			
MATSvc	Medication Services (MAT) ¹⁶	\$87.00	15-Minute Increment	Use population modifier as appropriate	
H0006	Care Coordination	\$47.27	15-Minute Increment		

LOC ^{2,8,9}	HCPCS	Description	Perinatal/PPW (HD) Modifier	Unit ^{4,5,6}	Treatment Standard ^{4,5,6}
ASAM 3.7-WM: Inpatient Withdrawal Management - Medically Monitored					
ASAM 3.7-WM Inpatient Withdrawal Management Medically Monitored	Refer to 837I Companion Guide for Configuration p. 21 Room and Board p.34 Billing Combination	Subacute Detox Residential	\$949.14	Day Rate	Residential & Withdrawal Management - Screening not billable for same day of admission <u>Combined Services^{4,5,6}:</u> (Authorized Service) Maximum 14-day stay per episode ^{8,9}
		Screening ⁷			
		Assessment/Intake			
		Treatment Plan			
		Group Counseling			
		Patient Education			
		Individual Counseling			
		Crisis Intervention			
		Family Therapy ¹⁶			
		Collateral Services			
		Medication Services (Non-MAT)			
		Medication Services (MAT) ¹⁶			
		Alcohol/Drug Testing			
		Discharge Services			
		Care Coordination			
Room and Board	\$25.00			Care Coordination and Additional MAT Services are now incorporated into the day rate and is not a separate billable service	
ASAM 4-WM: Inpatient Withdrawal Management - Medically Managed					
ASAM 4-WM Inpatient Withdrawal Management Medically Managed	Refer to 837I Companion Guide for Configuration p. 21 Room and Board p.34 Billing Combination	Acute Detox Residential	\$997.86	Day Rate	Residential & Withdrawal Management - Screening not billable for same day of admission <u>Combined Services^{4,5,6}:</u> (Authorized Service) Maximum 14-day stay per episode ^{8,9}
		Screening ⁷			
		Assessment/Intake			
		Treatment Plan			
		Group Counseling			
		Patient Education			
		Individual Counseling			
		Crisis Intervention			
		Family Therapy ¹⁶			
		Collateral Services			
		Medication Services (Non-MAT)			
		Medication Services (MAT) ¹⁶			
		Alcohol/Drug Testing			
		Discharge Services			
		Care Coordination			
Room and Board	\$25.00			Care Coordination and Additional MAT Services are now incorporated into the day rate and is not a separate billable service	

LOC ^{2,8,9}	HCPCS	Description	Perinatal/PPW (HD) Modifier	Unit ^{4,5,6}	Treatment Standard ^{4,5,6}
ASAM 1-OTP: Opioid Treatment Program¹⁸					
ASAM 1-OTP Code: UA, HG Opioid Treatment Programs If two rates – the higher rate is for perinatal Authorization by County Required for Minors	H0049	Screening ⁷	\$15.00	10-Minute Increment	Maximum Two Units Per Patient Per Day Per Provider Agency
	H0001	Assessment/Intake	\$19.01	10-Minute Increment	<p>Combined Services^{4,5,6}:</p> <p>Age 12-17 (Modifier HA); Pregnant/Perinatal (Modifier HD)</p> <p>(Authorized Service)</p> <p>County authorization, and for methadone: parental consent and 2 unsuccessful detoxification attempts or drug free treatment episodes within a 12 month period.</p> <p>Age 18-20 (Modifier HA); Pregnant/Perinatal (Modifier HD)</p> <p>Age 21+ (Modifier N/A); Pregnant/Perinatal (Modifier HD)</p> <p>No less than</p> <p>5 units or 50-minutes, and no more than 20 units or 200 minutes unless medically necessary, per month^{8,9}</p>
			\$27.21 perinatal		
	T1007	Treatment Plan	\$19.01	10-Minute Increment	
			\$27.21 perinatal		
	H0005	Group Counseling	\$4.49	10-Minute Increment	
			\$9.09 perinatal		
	T1012	Patient Education	\$4.49	10-Minute Increment	
			\$9.09 perinatal		
	H0004	Individual Counseling	\$19.01	10-Minute Increment	
			\$27.21 perinatal		
	H2011	Crisis Intervention	\$19.01	10-Minute Increment	
			\$27.21 perinatal		
	90846	Medical Psychotherapy ¹⁶	\$19.01	10-Minute Increment	
			\$27.21 perinatal		
	T1006	Collateral Services	\$19.01	10-Minute Increment	
			\$27.21 perinatal		
	H2010	Medication Services (Non-MAT)	\$19.01	10-Minute Increment	
			\$27.21 perinatal		
	MATSvc	Medication Services (MAT) ¹⁶	\$19.01	10-Minute Increment	
\$27.21 perinatal					
H0048	Alcohol/Drug Testing	\$0.00	per Test		
G9228	Syphilis Test	\$0.00	per Test		
G9359	Tuberculosis (TB) Test	\$0.00	per Test		
G0432	Human Immunodeficiency Virus (HIV) Test	\$0.00	per Test		
G0433					
G0435					
G0475					
G0472	Hepatitis C Virus (HCV) Test	\$0.00	per Test		
D0001	Discharge Services	\$19.01	10-Minute Increment		
		\$27.21 perinatal			
H0006	Care Coordination	\$47.27	15-Minute Increment	Use population modifier as appropriate	

LOC ^{2,8,9}	HCPCS	Description	Perinatal/PPW (HD) Modifier	Unit ^{4,5,6}	Treatment Standard ^{4,5,6}				
MEDICATIONS FOR ADDICTION TREATMENT – OTP SETTING^{4,5,6}									
METHADONE¹⁴									
	H0020	Methadone	\$16.20	Per Day	Age 12-20 (Modifier HA); Pregnant/Perinatal (Modifier HD)				
			\$17.45 perinatal						
			LABEL NAME	Effective From Date	Effective To Date	NATIONAL DRUG CODE (NDC)	DOSAGE/FORM		
			N/A	N/A	N/A	N/A	N/A		
NALTREXONE¹⁴									
	S5001A	Naltrexone Brand Name	\$19.06	Face-to-Face Visit	Age 12-20 (Modifier HA); Pregnant/Perinatal (Modifier HD)				
			\$19.06 perinatal						
			LABEL NAME	Effective From Date	Effective To Date	NATIONAL DRUG CODE (NDC)	DOSAGE/FORM		
			Vivitrol	5/1/2009	12/31/2020	65757030001	VIVITROL 380 MG VIAL + DILUENT		
NALTREXONE INJECTABLE¹⁴									
	S5001AB	Naltrexone Injectable	\$2,151.97	Monthly	Age 12-20 (Modifier HA); Pregnant/Perinatal (Modifier HD)				
			\$2,151.97 perinatal						
			LABEL NAME	Effective From Date	Effective To Date	NATIONAL DRUG CODE (NDC)	DOSAGE/FORM		
			Naltrexone Long Acting Injection	6/13/2016	NULL	65757030001	KIT		

LOC ^{2,8,9}	HCPCS	Description	Perinatal/PPW (HD) Modifier	Unit ^{4,5,6}	Treatment Standard ^{4,5,6}		
BUPRENORPHINE							
	S5000B	Buprenorphine Generic	\$31.32	Per Day	Age 12-20 (Modifier HA); Pregnant/Perinatal (Modifier HD)		
			\$42.38 perinatal				
			LABEL NAME	Effective From Date	Effective To Date	NATIONAL DRUG CODE (NDC)	DOSAGE/Form
			BUPRENORPHINE HCL	6/1/2015	12/31/2069	00054017613	BUPRENORPHINE 2 MG TABLET SL
			BUPRENORPHINE HCL	6/1/2015	12/31/2069	00054017713	BUPRENORPHINE 8 MG TABLET SL
			BUPRENORPHINE HCL	6/1/2015	6/4/2020	00093537856	BUPRENORPHINE 2 MG TABLET SL
			BUPRENORPHINE HCL	6/1/2015	6/4/2020	00093537956	BUPRENORPHINE 8 MG TABLET SL
	S5000B	Buprenorphine Generic	BUPRENORPHINE HCL	6/1/2015	12/31/2069	00228315303	BUPRENORPHINE 8 MG TABLET SL
			BUPRENORPHINE HCL	6/1/2015	12/31/2069	00228315603	BUPRENORPHINE 2 MG TABLET SL
			BUPRENORPHINE HCL	6/1/2015	10/31/2019	00378092393	BUPRENORPHINE 2 MG TABLET SL
			BUPRENORPHINE HCL	6/1/2015	10/31/2019	00378092493	BUPRENORPHINE 8 MG TABLET SL
			BUPRENORPHINE HCL	10/25/2017	NULL	42858050103	BUPRENORPHINE 2 MG TABLET SL
			BUPRENORPHINE HCL	10/25/2017	NULL	42858050203	BUPRENORPHINE 8 MG TABLET SL
			BUPRENORPHINE HCL	9/24/2010	NULL	50383092493	BUPRENORPHINE 2 MG TABLET SL
			BUPRENORPHINE HCL	9/24/2010	NULL	50383093093	BUPRENORPHINE 8 MG TABLET SL
			BUPRENORPHINE HCL	2/7/2016	NULL	62756045983	BUPRENORPHINE 2 MG TABLET SL
			BUPRENORPHINE HCL	2/7/2016	NULL	62756046083	BUPRENORPHINE 8 MG TABLET SL

LOC ^{2,8,9}	HCPCS	Description	Perinatal/PPW (HD) Modifier	Unit ^{4,5,6}	Treatment Standard ^{4,5,6}		
BUPRENORPHINE COMBINATION							
			\$31.80	Per Day	Age 12-20 (Modifier HA); Pregnant/Perinatal (Modifier HD)		
			\$42.85 perinatal				
			LABEL NAME	Effective From Date	Effective To Date	NATIONAL DRUG CODE (NDC)	DOSAGE/Form
			BUPRENORPHINE HCL	10/8/2009	NULL	00054017713	BUPRENORPHINE 8 MG TABLET SL
			BUPRENORPHINE HCL/NALOXONE HCL	6/27/2014	NULL	00054018813	BUPRENORPHIN-NALOXN 2-0.5 MG SL
			BUPRENORPHINE HCL/NALOXONE HCL	6/27/2014	NULL	00054018913	BUPRENORPHIN-NALOXON 8-2 MG SL
			BUPRENORPHINE HCL	5/25/2010	1/17/2019	00093537856	BUPRENORPHINE 2 MG TABLET SL
			BUPRENORPHINE HCL	5/25/2010	1/17/2019	00093537956	BUPRENORPHINE 8 MG TABLET SL
			BUPRENORPHINE HCL/NALOXONE HCL	6/1/2015	10/31/2018	00093572056	BUPRENORPHIN-NALOXN 2-0.5 MG SL
			BUPRENORPHINE HCL/NALOXONE HCL	6/1/2015	5/31/2018	00093572156	BUPRENORPHIN-NALOXON 8-2 MG SL
			BUPRENORPHINE HCL	2/19/2015	NULL	00228315303	BUPRENORPHINE 8 MG TABLET SL
	S5000BN	Buprenorphine Combo Generic	BUPRENORPHINE HCL/NALOXONE HCL	3/4/2013	NULL	00228315403	BUPRENORPHINE-NALOX 2-0.5MG TB
			BUPRENORPHINE HCL/NALOXONE HCL	4/4/2013	1/7/2021	00228315473	BUPRENORPHIN-NALOXN 2-0.5 MG SL
			BUPRENORPHINE HCL/NALOXONE HCL	3/4/2013	NULL	00228315503	BUPRENORPHINE-NALOX 8-2 MG TAB
			BUPRENORPHINE HCL/NALOXONE HCL	3/1/2013	2/13/2022	00228315567	BUPRENORPHIN-NALOXON 8-2 MG SL
			BUPRENORPHINE HCL/NALOXONE HCL	3/4/2013	3/4/2021	00228315573	BUPRENORPHIN-NALOXON 8-2 MG SL
			BUPRENORPHINE HCL	2/19/2015	NULL	00228315603	BUPRENORPHINE 2 MG TABLET SL
			BUPRENORPHINE HCL	3/6/2015	10/30/2019	00378092393	BUPRENORPHINE 2 MG TABLET SL
			BUPRENORPHINE HCL	3/6/2015	10/30/2019	00378092493	BUPRENORPHINE 8 MG TABLET SL
			BUPRENORPHINE HCL/NALOXONE HCL	4/17/2020	12/31/2069	00378876593	BUPRENO-NALOX 2-0.5 MG SL FILM
			BUPRENORPHINE HCL/NALOXONE HCL	4/17/2020	12/31/2069	00378876693	BUPRENORP-NALOX 4-1 MG SL FILM
			BUPRENORPHINE HCL/NALOXONE HCL	2/1/2019	12/31/2069	00378876793	BUPRENORP-NALOX 8-2 MG SL FILM
			BUPRENORPHINE HCL/NALOXONE HCL	2/1/2019	12/31/2069	00378876893	BUPRENOR-NALOX 12-3 MG SL FILM

LOC ^{2,8,9}	HCPCS	Description	Perinatal/PPW (HD) Modifier	Unit ^{4,5,6}	Treatment Standard ^{4,5,6}		
			BUPRENORPHINE HCL/NALOXONE HCL	2/22/2013	2/27/2021	00406192303	BUPRENORPHN-NALOXN 2-0.5 MG SL
			BUPRENORPHINE HCL/NALOXONE HCL	6/1/2015	3/1/2020	00406192403	BUPRENORPHIN-NALOXON 8-2 MG SL
			BUPRENORPHINE HCL/NALOXONE HCL	12/13/2017	NULL	00406800503	BUPRENORPHN-NALOXN 2-0.5 MG SL
			BUPRENORPHINE HCL/NALOXONE HCL	12/13/2017	NULL	00406802003	BUPRENORPHIN-NALOXON 8-2 MG SL
			BUPRENORPHINE HCL/NALOXONE HCL	2/1/2019	4/30/2021	00781721664	BUPRENO-NALOX 2-0.5 MG SL FILM
			BUPRENORPHINE HCL/NALOXONE HCL	2/1/2019	1/31/2021	00781722764	BUPRENORP-NALOX 4-1 MG SL FILM
			BUPRENORPHINE HCL/NALOXONE HCL	2/1/2019	4/30/2021	00781723864	BUPRENORP-NALOX 8-2 MG SL FILM
			BUPRENORPHINE HCL/NALOXONE HCL	2/1/2019	2/28/2021	00781724964	BUPRENOR-NALOX 12-3 MG SL FILM
			BUPRENORPHINE HCL/NALOXONE HCL	6/27/2014	NULL	00904700906	BUPRENORPHINE-NALOX 2-0.5MG TB
			BUPRENORPHINE HCL/NALOXONE HCL	6/27/2014	NULL	00904701006	BUPRENORPHINE-NALOX 8-2 MG TAB
	S5000BN	Buprenorphine Combo Generic	BUPRENORPHINE HCL/NALOXONE HCL	1/22/2021	NULL	16729054910	BUPRENORPHINE-NALOX 2-0.5MG TB
			BUPRENORPHINE HCL/NALOXONE HCL	1/22/2021	NULL	16729055010	BUPRENORPHINE-NALOX 8-2 MG TAB
			BUPRENORPHINE HCL/NALOXONE HCL	4/13/2020	NULL	42858060103	BUPRENORPHINE-NALOX 2-0.5MG TB
			BUPRENORPHINE HCL/NALOXONE HCL	4/13/2020	NULL	42858060203	BUPRENORPHINE-NALOX 8-2 MG TAB
			BUPRENORPHINE HCL/NALOXONE HCL	2/1/2019	12/31/2069	43598057930	BUPRENO-NALOX 2-0.5 MG SL FILM
			BUPRENORPHINE HCL/NALOXONE HCL	2/1/2019	12/31/2069	43598058030	BUPRENORP-NALOX 4-1 MG SL FILM
			BUPRENORPHINE HCL/NALOXONE HCL	2/1/2019	12/31/2069	43598058130	BUPRENOR-NALOX 12-3 MG SL FILM
			BUPRENORPHINE HCL/NALOXONE HCL	6/1/2018	7/27/2020	43598058230	BUPRENORP-NALOX 8-2 MG SL FILM
			BUPRENORPHINE HCL/NALOXONE HCL	2/1/2019	2/28/2019	47781035503	BUPRENO-NALOX 2-0.5 MG SL FILM
			BUPRENORPHINE HCL/NALOXONE HCL	2/1/2019	2/28/2019	47781035603	BUPRENORP-NALOX 4-1 MG SL FILM

LOC ^{2,8,9}	HCPCS	Description	Perinatal/PPW (HD) Modifier	Unit ^{4,5,6}	Treatment Standard ^{4,5,6}		
			BUPRENORPHINE HCL/NALOXONE HCL	2/1/2019	2/28/2019	47781035703	BUPRENORP-NALOX 8-2 MG SL FILM
			BUPRENORPHINE HCL/NALOXONE HCL	2/1/2019	2/28/2019	47781035803	BUPRENOR-NALOX 12-3 MG SL FILM
			BUPRENORPHINE HCL/NALOXONE HCL	1/7/2016	NULL	50383028793	BUPRENORPHIN-NALOXON 8-2 MG SL
			BUPRENORPHINE HCL/NALOXONE HCL	1/7/2016	NULL	50383029493	BUPRENORPHN-NALOXN 2-0.5 MG SL
			BUPRENORPHINE HCL/NALOXONE HCL	5/28/2021	7/15/2021	51862060830	BUPRENORPHINE-NALOX 8-2 MG TAB
	S5000BN	Buprenorphine Combo Generic	BUPRENORPHINE HCL/NALOXONE HCL	9/19/2016	NULL	62175045232	BUPRENORPHN-NALOXN 2-0.5 MG SL
			BUPRENORPHINE HCL/NALOXONE HCL	9/19/2016	NULL	62175045832	BUPRENORPHIN-NALOXON 8-2 MG SL
			BUPRENORPHINE HCL/NALOXONE HCL	7/18/2017	NULL	62756096983	BUPRENORPHN-NALOXN 2-0.5 MG SL
			BUPRENORPHINE HCL/NALOXONE HCL	7/18/2017	NULL	62756097083	BUPRENORPHIN-NALOXON 8-2 MG SL
			BUPRENORPHINE HCL/NALOXONE HCL	2/22/2013	NULL	65162041503	BUPRENORPHIN-NALOXON 8-2 MG SL
			BUPRENORPHINE HCL/NALOXONE HCL	2/22/2013	NULL	65162041603	BUPRENORPHN-NALOXN 2-0.5 MG SL

LOC ^{2,8,9}	HCPCS	Description	Perinatal/PPW (HD) Modifier	Unit ^{4,5,6}	Treatment Standard ^{4,5,6}		
			\$31.80	Per Day	Age 12-20 (Modifier HA); Pregnant/Perinatal (Modifier HD)		
			\$42.85 perinatal				
			LABEL NAME	Effective From Date	Effective To Date	NATIONAL DRUG CODE (NDC)	DOSAGE/FORM
			BUPRENORPHINE HCL/NALOXONE HCL	6/1/2015	12/31/2069	12496120201	SUBOXONE 2 MG-0.5 MG SL FILM
			BUPRENORPHINE HCL/NALOXONE HCL	6/1/2015	12/31/2069	12496120203	SUBOXONE 2 MG-0.5 MG SL FILM
			BUPRENORPHINE HCL/NALOXONE HCL	6/1/2015	12/31/2069	12496120401	SUBOXONE 4 MG-1 MG SL FILM
			BUPRENORPHINE HCL/NALOXONE HCL	6/1/2015	12/31/2069	12496120403	SUBOXONE 4 MG-1 MG SL FILM
			BUPRENORPHINE HCL/NALOXONE HCL	6/1/2015	12/31/2069	12496120801	SUBOXONE 8 MG-2 MG SL FILM
			BUPRENORPHINE HCL/NALOXONE HCL	6/1/2015	12/31/2069	12496120803	SUBOXONE 8 MG-2 MG SL FILM
			BUPRENORPHINE HCL/NALOXONE HCL	6/1/2015	12/31/2069	12496121201	SUBOXONE 12 MG-3 MG SL FILM
			BUPRENORPHINE HCL/NALOXONE HCL	6/1/2015	12/31/2069	12496121203	SUBOXONE 12 MG-3 MG SL FILM
			BUPRENORPHINE HCL	3/31/2003	NULL	12496127802	SUBUTEX 2 MG TABLET SL
			BUPRENORPHINE HCL	3/31/2003	NULL	12496131002	SUBUTEX 8 MG TABLET SL
			BUPRENORPHINE HCL/NALOXONE HCL	5/1/2019	12/31/2020	52427069203	BUCCAL; SUBLINGUAL FILM 2 mg/1, .5 mg/1
	S5001BN	Buprenorphine Combo Brand Name	BUPRENORPHINE HCL/NALOXONE HCL	5/1/2019	12/31/2020	52427069403	BUCCAL; SUBLINGUAL FILM 4 mg/1, 1 mg/1
			BUPRENORPHINE HCL/NALOXONE HCL	5/1/2019	12/31/2020	52427069803	BUCCAL; SUBLINGUAL FILM 8 mg/1, 2 mg/1
			BUPRENORPHINE HCL/NALOXONE HCL	5/1/2019	12/31/2020	52427071203	BUCCAL; SUBLINGUAL FILM 2 mg/1, .5 mg/1
			BUPRENORPHINE HCL/NALOXONE HCL	12/11/2014	NULL	54123011430	ZUBSOLV 11.4-2.9 MG TABLET SL
			BUPRENORPHINE HCL/NALOXONE HCL	7/4/2013	NULL	54123090730	ZUBSOLV 0.7-0.18 MG TABLET SL
			BUPRENORPHINE HCL/NALOXONE HCL	7/4/2013	NULL	54123091430	ZUBSOLV 1.4-0.36 MG TABLET SL
			BUPRENORPHINE HCL/NALOXONE HCL	7/4/2013	NULL	54123092930	ZUBSOLV 2.9-0.71 MG TABLET SL
			BUPRENORPHINE HCL/NALOXONE HCL	7/4/2013	NULL	54123095730	ZUBSOLV 5.7-1.4 MG TABLET SL
			BUPRENORPHINE HCL/NALOXONE HCL	12/11/2014	NULL	54123098630	ZUBSOLV 8.6-2.1 MG TABLET SL
			BUPRENORPHINE HCL/NALOXONE HCL	9/1/2015	4/30/2019	59385001201	BUNAVAIL 2.1-0.3 MG FILM
			BUPRENORPHINE HCL/NALOXONE HCL	9/1/2015	4/30/2019	59385001230	BUNAVAIL 2.1-0.3 MG FILM
			BUPRENORPHINE HCL/NALOXONE HCL	9/1/2015	4/30/2019	59385001401	BUNAVAIL 4.2-0.7 MG FILM
			BUPRENORPHINE HCL/NALOXONE HCL	9/1/2015	4/30/2019	59385001430	BUNAVAIL 4.2-0.7 MG FILM
			BUPRENORPHINE HCL/NALOXONE HCL	9/1/2015	4/30/2019	59385001601	BUNAVAIL 6.3-1 MG FILM
			BUPRENORPHINE HCL/NALOXONE HCL	9/1/2015	4/30/2019	59385001630	BUNAVAIL 6.3-1 MG FILM

LOC ^{2,8,9}	HCPCS	Description	Perinatal/PPW (HD) Modifier	Unit ^{4,5,6}	Treatment Standard ^{4,5,6}		
BUPRENORPHINE-NALOXONE FILM¹⁴							
			\$28.31	Per Day	Age 12-20 (Modifier HA); Pregnant/Perinatal (Modifier HD)		
			\$39.37 perinatal				
			LABEL NAME	Effective From Date	Effective To Date	NATIONAL DRUG CODE (NDC)	DOSAGE/FORM
			BUPRENORPHINE HCL/NALOXONE HCL	12/10/2014	10/30/2018	00093572056	BUPRENORPHIN-NALOXN 2-0.5 MG SL
			BUPRENORPHINE HCL/NALOXONE HCL	12/10/2014	10/30/2018	00093572156	BUPRENORPHIN-NALOXON 8-2 MG SL
			BUPRENORPHINE HCL/NALOXONE HCL	4/17/2020	NULL	00378876593	BUPRENORPHINE-NALOX 2-0.5MG FM
			BUPRENORPHINE HCL/NALOXONE HCL	4/17/2020	NULL	00378876693	BUPRENORPHINE-NALOX 4-1MG FILM
			BUPRENORPHINE HCL/NALOXONE HCL	2/20/2019	NULL	00378876793	BUPRENORPHINE-NALOX 8-2MG FILM
			BUPRENORPHINE HCL/NALOXONE HCL	2/20/2019	NULL	00378876893	BUPRENORPHINE-NALOX 12-3MG FLM
			BUPRENORPHINE HCL/NALOXONE HCL	2/22/2013	2/27/2021	00406192403	BUPRENORPHIN-NALOXON 8-2 MG SL
			BUPRENORPHINE HCL/NALOXONE HCL	2/19/2019	4/29/2021	00781721664	BUPRENORPHINE-NALOX 2-0.5MG FM
		Buprenorphine-Naloxone Film Generic	BUPRENORPHINE HCL/NALOXONE HCL	2/19/2019	4/29/2021	00781722764	BUPRENORPHINE-NALOX 4-1MG FILM
			BUPRENORPHINE HCL/NALOXONE HCL	2/19/2019	4/29/2021	00781723864	BUPRENORPHINE-NALOX 8-2MG FILM
			BUPRENORPHINE HCL/NALOXONE HCL	2/19/2019	4/29/2021	00781724964	BUPRENORPHINE-NALOX 12-3MG FILM
			BUPRENORPHINE HCL/NALOXONE HCL	6/14/2018	NULL	43598057930	BUPRENORPHINE-NALOX 2-0.5MG FM
			BUPRENORPHINE HCL/NALOXONE HCL	6/14/2018	NULL	43598058030	BUPRENORPHINE-NALOX 4-1MG FILM
			BUPRENORPHINE HCL/NALOXONE HCL	6/14/2018	NULL	43598058130	BUPRENORPHINE-NALOX 12-3MG FLM
			BUPRENORPHINE HCL/NALOXONE HCL	6/14/2018	NULL	43598058230	BUPRENORPHINE-NALOX 8-2MG FILM
			BUPRENORPHINE HCL/NALOXONE HCL	2/11/2019	NULL	47781035503	BUPRENORPHINE-NALOX 2-0.5MG FM
			BUPRENORPHINE HCL/NALOXONE HCL	2/11/2019	NULL	47781035603	BUPRENORPHINE-NALOX 4-1MG FILM
			BUPRENORPHINE HCL/NALOXONE HCL	2/11/2019	NULL	47781035703	BUPRENORPHINE-NALOX 8-2MG FILM
			BUPRENORPHINE HCL/NALOXONE HCL	2/11/2019	NULL	47781035803	BUPRENORPHINE-NALOX 12-3MG FLM

LOC ^{2,8,9}	HCPCS	Description	Perinatal/PPW (HD) Modifier	Unit ^{4,5,6}	Treatment Standard ^{4,5,6}			
			\$28.31	Per Day	Age 12-20 (Modifier HA); Pregnant/Perinatal (Modifier HD)			
			\$39.37 perinatal					
			LABEL NAME	Effective From Date	Effective To Date	NATIONAL DRUG CODE (NDC)	DOSAGE/Form	
		Buprenorphine-Naloxone Film Brand Name	BUPRENORPHINE HCL/NALOXONE HCL	10/15/2010	NULL	12496120201	SUBOXONE 2 MG-0.5 MG SL FILM	
	S5001BF		BUPRENORPHINE HCL/NALOXONE HCL	9/30/2010	NULL	12496120203	SUBOXONE 2 MG-0.5 MG SL FILM	
			BUPRENORPHINE HCL/NALOXONE HCL	8/24/2012	NULL	12496120403	SUBOXONE 4 MG-1 MG SL FILM	
			BUPRENORPHINE HCL/NALOXONE HCL	10/15/2010	NULL	12496120801	SUBOXONE 8 MG-2 MG SL FILM	
			BUPRENORPHINE HCL/NALOXONE HCL	10/13/2010	NULL	12496120803	SUBOXONE 8 MG-2 MG SL FILM	
			BUPRENORPHINE HCL/NALOXONE HCL	8/24/2012	NULL	12496121203	SUBOXONE 12 MG-3 MG SL FILM	
			Buprenorphine-Naloxone: sublingual film	2/11/2019	NULL	52427069203	BUCCAL; SUBLINGUAL FILM 2 mg/1, .5 mg/1	
			Buprenorphine-Naloxone: sublingual film	2/11/2019	NULL	52427069403	BUCCAL; SUBLINGUAL FILM 4 mg/1, 1 mg/1	
			Buprenorphine-Naloxone: sublingual film	2/11/2019	NULL	52427069803	BUCCAL; SUBLINGUAL FILM 8 mg/1, 2 mg/1	
			Buprenorphine-Naloxone: sublingual film	2/11/2019	NULL	52427071203	BUCCAL; SUBLINGUAL FILM 2 mg/1, .5 mg/1	
			BUPRENORPHINE HCL/NALOXONE HCL	9/30/2014	2/27/2021	59385001230	BUNAVAIL 2.1-0.3 MG FILM	
			BUPRENORPHINE HCL/NALOXONE HCL	9/30/2014	10/30/2021	59385001430	BUNAVAIL 4.2-0.7 MG FILM	
			BUPRENORPHINE HCL/NALOXONE HCL	9/30/2014	7/30/2021	59385001630	BUNAVAIL 6.3-1 MG FILM	

LOC ^{2,8,9}	HCPCS	Description	Perinatal/PPW (HD) Modifier	Unit ^{4,5,6}	Treatment Standard ^{4,5,6}					
BUPRENORPHINE INJECTABLE¹⁴										
	S5000BI	Buprenorphine Injectable Generic	\$1,970.17	Monthly	Age 12-20 (Modifier HA); Pregnant/Perinatal (Modifier HD)					
			\$1,970.17 perinatal							
			LABEL NAME	Effective From Date	Effective To Date	NATIONAL DRUG CODE (NDC)	DOSAGE/FORM			
			Buprenorphine: Long-acting injection	2/26/2018	NULL	12496010001	SUBCUTANEOUS SOLUTION 100 mg/1ml			
			Buprenorphine: Long-acting injection	2/26/2018	NULL	12496030001	SUBCUTANEOUS SOLUTION 300 mg/1ml			
DISULFIRAM¹⁴										
	S5000C	Disulfiram - Generic Name	\$11.30	Per Day	Age 12-20 (Modifier HA); Pregnant/Perinatal (Modifier HD)					
			\$11.47 perinatal							
			LABEL NAME	Effective From Date	Effective To Date	NATIONAL DRUG CODE (NDC)	DOSAGE/FORM			
			DISULFIRAM	11/4/2014	NULL	00054035613	DISULFIRAM 250 MG TABLET			
			DISULFIRAM	11/4/2014	NULL	00054035625	DISULFIRAM 250 MG TABLET			
			DISULFIRAM	11/4/2014	NULL	00054035713	DISULFIRAM 500 MG TABLET			
			DISULFIRAM	11/4/2014	NULL	00054035725	DISULFIRAM 500 MG TABLET			
			DISULFIRAM	3/4/2015	11/29/2019	00378414001	DISULFIRAM 250 MG TABLET			
			DISULFIRAM	3/4/2015	11/29/2019	00378414101	DISULFIRAM 500 MG TABLET			
			DISULFIRAM	12/31/1999	NULL	00904118060	DISULFIRAM 250 MG TABLET			
			DISULFIRAM	8/9/2013	NULL	47781060730	DISULFIRAM 250 MG TABLET			
			DISULFIRAM	12/31/1999	6/29/2020	50111033103	DISULFIRAM 250 MG TABLET			
			DISULFIRAM	4/8/2011	5/2/2019	64980017101	DISULFIRAM 250 MG TABLET			
			DISULFIRAM	4/8/2011	NULL	64980017103	DISULFIRAM 250 MG TABLET			
			DISULFIRAM	4/8/2011	11/29/2018	64980017201	DISULFIRAM 500 MG TABLET			
			DISULFIRAM	4/8/2011	NULL	64980017203	DISULFIRAM 500 MG TABLET			
				S5001C	Disulfiram Brand Name	\$11.30	Per Day	Age 12-20 (Modifier HA); Pregnant/Perinatal (Modifier HD)		
						\$11.47 perinatal				
LABEL NAME	Effective From Date	Effective To Date				NATIONAL DRUG CODE (NDC)	DOSAGE/FORM			
DISULFIRAM	12/1/2000	11/29/2021				51285052302	ANTABUSE 250 MG TABLET			
DISULFIRAM	2/1/2006	9/29/2021				51285052402	ANTABUSE 500 MG TABLET			
NALOXONE HCL¹⁴										
	S5000D	Naloxone HCL Generic Name	\$11.30	per 2 Units	Age 12-20 (Modifier HA); Pregnant/Perinatal (Modifier HD)					
			\$11.47 perinatal							
			LABEL NAME	Effective From Date	Effective To Date	NATIONAL DRUG CODE (NDC)	DOSAGE/FORM			
	S5001D	Naloxone HCL Brand Name	\$144.96	per 2 Units	Age 12-20 (Modifier HA); Pregnant/Perinatal (Modifier HD)					
			\$144.96 perinatal							
			LABEL NAME	Effective From Date	Effective To Date	NATIONAL DRUG CODE (NDC)	DOSAGE/FORM			
			NALOXONE HCL	1/24/2017	NULL	69547035302	NARCAN 4 MG NASAL SPRAY			

LOC ^{2,8,9}	HCPCS	Description	Perinatal/PPW (HD) Modifier	Unit ^{4,5,6}	Treatment Standard ^{4,5,6}
RECOVERY SERVICES^{4,5,6}					
Recovery Services (RSS) Code: U6 + U Code of DMC Site Certification	H0049	Screening	\$30.00	15-Minute Increment	Limit One Unit Per Patient Per Day Per Episode Per Provider Agency Age 12-17 (Modifier HA); Pregnant/Perinatal (Modifier HD) Between 0-24 units per week or 0-6 hours per week ^{8,9} Age 18-20 (Modifier HA); Pregnant/Perinatal (Modifier HD) Age 21+ (Modifier N/A); Pregnant/Perinatal (Modifier HD) 0-36 units per week or 0-9 hours per week ^{8,9} No Longer Reimbursable as of January 1, 2022 Use population modifier as appropriate
	H0001	Assessment/Intake	\$40.52	15-Minute Increment	
	H0004	Individual Counseling	\$40.52	15-Minute Increment	
	H0005	Group Counseling	\$2.70	per minute (min 60, max 90)	
	90846	Family Therapy	\$40.52	15-Minute Increment	
	H0038-R	Recovery Monitoring	\$40.52	15-Minute Increment	
	H0038-P	Relapse Prevention	\$40.52	15-Minute Increment	
	H0038-S	Substance Abuse Assistance	\$40.52	15-Minute Increment	
H0006	Care Coordination	\$43.85	15-Minute Increment		
CONTINGENCY MANAGEMENT					
Contingency Management +U7 or U8	H0050	Contingency Management	\$45.61	15-Minute Increment	Only available to providers in the pilot program. Two weekly visits during week 1-12, one weekly visit during weeks 13-24, ongoing weekly or monthly visits after week 25 to maintain recovery. (HF Modifier) Must be used.
PEER SUPPORT SERVICES					
Peer Support Services U Code of DMC Site Certification	H0025	Behavioral Health Prevention Education Services	\$12.00	15-Minute Increment	Age 12-20 (Modifier HA); Pregnant/Perinatal (Modifier HD) A cap of no more than 96 15- minute units billed for one beneficiary on one day.
	H0038	Self Help/Peer Services	\$12.00	15-Minute Increment	
RECOVERY BRIDGE HOUSING¹²					
Recovery Bridge Housing (RBH) Code: None	H2034	Recovery Bridge Housing	\$55.00 perinatal	Day Rate	Authorization by County Required Age 12-17: 0 days – Not Available Age 18 and Older: 180 days per calendar year noncontiguous 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

LOC ^{2,8,9}	HCPCS	Description	Perinatal/PPW (HD) Modifier	Unit ^{4,5,6}	Treatment Standard ^{4,5,6}
TELEHEALTH AND TELEPHONE SERVICES¹⁹					
Modifier		Place of Service Code		Standard	
Telehealth and Telephone Services	GT	02 -Telehealth		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 02 or telephone service 02 under the place of service field in Sage is required. Claims must include modifier GT for Telehealth or SC for Telephone. In instances where adding the Telehealth/Telephone modifier would exceed the 4 modifier max drop the "HA" Youth Modifier for the Telehealth/Telephone Modifier. Telehealth has been configured for all non-residential levels of care (ASAM 0.5, 1.0, 2.1, 1-OTP, 1WM), Peer Support Services (PSS), and Recovery Services (RSS). With ASAM 1 WM ensure level of care modifier U4 precedes U7 or U8.	
	SC	02 - Telephone			
CLIENT ENGAGEMENT AND NAVIGATION SERVICE (CENS)					
CENS	-	Co-located patient navigation and connection to treatment	\$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.
PREGNANT AND PARENTING WOMEN (PPW) SERVICES – DMC PERINATAL DESIGNATED SITES ONLY¹³ <i>Provided Documentation of Delivered Services</i>					
Supplemental Perinatal Services	H0006-C	Care Coordination for Child ¹⁴	\$47.27	15-Minute Increment (per child)	Up to 4 (four) 15-minute increments (1 hour) per child 0-16 years of age, per month For arrangement, coordination, and monitoring of services for children: primary medical care, primary pediatric care, gender-specific treatment, and therapeutic interventions.
	T1009	Cooperative (Co-Op) Child Care ¹⁵	\$2.31	15-Minute Increment (per child) See PPW Bulletin 18-11 or Provider Manual for additional caregiver to child ratio and service criteria.	Total Annual Cap per Child: \$4536.84 or 1964 units; including weekly limits as follows and based on mother's SUD level of care: <u>ASAM 1.0 and 1.0 OTP:</u> Up to 9 hours per week for each child 0-14 <u>ASAM 2.1:</u> Up to 19 hours (if non-pregnant or post-partum mom) or up to 30 hours (if pregnant or post-partum [60-days after delivery] mom) per week for each child 0-14 <u>ASAM 3.1:</u> Up to 20 hours per week for each child 0-14 <u>ASAM 3.3:</u> Up to 24 hours per week for each child 0-14 <u>ASAM 3.5:</u> Up to 22 hours per week for each child 0-14 Note: A child may receive either T1009 or T2027 not both in a 1-year period
	T2027	Licensed-Like Child Care ¹⁵	\$3.12	15-Minute Increment (per child) See PPW Bulletin 18-11 or Provider Manual for additional caregiver to child ratio and service criteria.	Total Annual Cap per Child: \$5057.52 or 1621 units; including weekly limits as follows and based on mother's SUD level of care: <u>ASAM 1.0 and 1.0 OTP:</u> Up to 9 hours per week for each child 0-14 <u>ASAM 2.1:</u> Up to 19 hours (if non-pregnant or post-partum mom) or up to 30 hours (if pregnant or post-partum [60-days after delivery] mom) per week for each child 0-14 <u>ASAM 3.1:</u> Up to 20 hours per week for each child 0-14 <u>ASAM 3.3:</u> Up to 24 hours per week for each child 0-14 <u>ASAM 3.5:</u> Up to 22 hours per week for each child 0-14 Note: A child may receive either T1009 or T2027 not both in a 1-year period
	A0080	Transportation (non-residential providers)	\$0.58	Per Mile <small>(If using an agency owned/operated vehicle to ensure access to primary medical care, primary pediatric care, gender-specific treatment, and/or therapeutic services for children).</small>	Up to 80 miles or \$46.40 per month, per beneficiary family unit (mother and child[ren] 0-16 years of age) with concurrent participation in a non-residential program and when not leveraging transportation services funded by other programs for which the beneficiary qualifies (e.g., CalWORKs, DCFS).
	S9976-C	Residential (RS) ASAM 3.1, 3.3 or 3.5 - Room and Board	\$55.00	Day Rate	Child (age 0-16) accompanying parent to RS. Contingent on RS participation by pregnant or parenting women. Max of 5 children per patient.
	H2034-C	Recovery Bridge Housing (RBH) - Bed Day	\$55.00	Day Rate	Child (age 0-16) accompanying parent to RBH. Contingent on RBH participation by pregnant or parenting women. Max of 5 children per patient.

LOC ^{2,8,9}	HCPCS	Description	Perinatal/PPW (HD) Modifier	Unit ^{4,5,6}	Treatment Standard ^{4,5,6}
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CLAIMS INSTRUCTIONS

Perinatal enhanced rates are available to all Pregnant and Perinatal (HD) Beneficiaries and Parenting (PG)

1 Population Modifiers: Pregnant and Parenting Women Specialization, also known as Perinatal, requires the following:

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 0.5	Early Intervention Services	U7
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 3.5	High Intensity Residential Non-Population Specific	U3
ASAM 1-WM	Ambulatory Withdrawal Management w/o Extended	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	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 Services	U6 + last LOC U Code DMC Site Certification
Population and Modifier Crosswalk for Claims Submission		
Youth	Age 12-17	HA
Young Adults	Age 18-20	HA
Pregnant/Perinatal	Length of pregnancy and allowable post-partum	HD
Telehealth and Telephone Services		
Telehealth	Place of Service Code 02	GT
Telephone	Place of Service Code 02	SC

LOC ^{2,8,9}	HCPCS	Description	Perinatal/PPW (HD) Modifier	Unit ^{4,5,6}	Treatment Standard ^{4,5,6}
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CLAIMS INSTRUCTIONS

4 Group Counseling and Patient Education Group Calculation:

Formula: $\{[(\# \text{ minutes in the group plus travel time}) \div \# \text{ of participants in the group}] = \text{Total treatment minutes per beneficiary}\} + \text{documentation time per beneficiary}$
 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:

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: $([90 \text{ minute group} + 30 \text{ minute travel}] \div 5 \text{ participants}) \times (\$2.52 \text{ ASAM } 1.0) = \$60.48 \text{ per person};$

1st Person. \$60.48 per person + [10 minutes documentation * (\$2.52 ASAM 1.0)]

2nd Person. \$60.48 per person + [9 minutes documentation * (\$2.52 ASAM 1.0)]

3rd Person. \$60.48 per person + [1 minute documentation * (\$2.52 ASAM 1.0)]

4th Person. \$60.48 per person + [8 minutes documentation * (\$2.52 ASAM 1.0)]

5th Person. \$60.48 per person + [5 minutes documentation * (\$2.52 ASAM 1.0)]

Total group (each person claimed separately) = \$85.68 + \$83.16 + \$63 + \$80.64 + \$73.08 = \$385.56

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 0.5, 1.0 or 2.1 at a SAPC approved Field-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

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

8 An individual cannot be concurrently enrolled in two or more levels of care (except OTP, RBH, RSS) or be enrolled by more than one contractor at a time (except OTP, RBH, RSS). 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

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

[11 DHCS UPDATED NDC List \(6/29/2022\)](#)

[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 Supplemental Pregnant and Parenting Women \(PPW\) services are only available to agency sites with approved DMC Perinatal Designation on the DMC Certification. To be reimbursed, delivered services must comply with the detailed HCPCS standards](#)

[14 45 C.F.R. 96 App. A\(2\), 45 C.F.R. 96.124\(e\)\(5\)](#)

[15 California Department of Education Standard Reimbursement Rate](#)

16 Refer to the current version of the Provider Staffing Guideline.

[17 DHCS Bulletin 22-037 Drug Medi-Cal \(DMC\) Reimbursement Rates & Medication Addiction Treatment \(MAT\) Rates for Fiscal Year \(FY\) 2022-23](#)

[18 DHCS BHIN 21-047 Telehealth Guidance](#)