

Provider Services Guide



NOTE: This document is subject to ongoing review and revision at the discretion of the County of San Diego HHSA Behavioral Health Services.

TABLE OF CONTENTS	i
A. INTRODUCTION	
Introduction	A.1
B. BILLING STATUS	
Description Of Sanwits Encounter Billing Status/Note Types.....	B.1
C. SERVICES	
Residential Bed Day	C.1
Residential Withdrawal Management	C.1
Case Management (CM)	C.2
Individual Counseling	C.3
Group Counseling	C.3
Patient Education - Intensive Oupatient Services (IOS)	C.4
Physician Consultation	C.4
Delayed Admission	C.5
Transitional Care Services (TCS) – Individual	C.6
Transitional Care Services (TCS) – Case Management (CM)	C.6
Methadone Dosing	C.7
Courtesy Dosing.....	C.7
Medication (MAT) Services – Prescribing Only.....	C.8
Medication Services (MAT) Generic Drug.....	C.9
Medication Services (MAT) Brand Name Drug	C.9
D. DISALLOWED SERVICES	
Disallowed Services.....	D.1
E. DEFINITIONS	
Definitions.....	E.1

A. INTRODUCTION

The goal of this guide is to provide an understanding of the various services that are provided in SUD programs as part of the Drug MediCal Organized Delivery System (DMC-ODS). This understanding will assist when claiming for DMC-ODS services.

This guide identifies, lists, and defines the following:

- SanWITS Encounter Note Types as it relates to the billing status of each DMC-ODS service
- DMC-ODS and County billable services and related visit types
- Provider types based on ASAM Level of Care eligible to provide each DMC-ODS service
- Staff eligible to provide each DMC-ODS service
- Contact Type allowed for each DMC-ODS service
- Disallowed services

B. DESCRIPTION OF SANWITS ENCOUNTER BILLING STATUS/NOTE TYPES

In SanWITS, a Note Type must be selected for each service encounter entry to indicate if the service is DMC Billable, County Billable, or Non-Billable.

- **DMC Billable:**

A client service that has been delivered and documented as being medically necessary within a treatment episode billable to DMC-ODS, such as OS, IOS, OTP, Residential Services, Withdrawal Management (WM), Case Management (CM), Recovery Services, etc.

- **County Billable:**

A client service that has been delivered and documented within a treatment episode that is not billable to DMC, such as, clients not Medi-Cal eligible but within the target population, justice over-ride clients, or medically necessary and authorized residential treatment days that exceed DMC-ODS benefits. Refer to the SUDPOH for more information about the eligible target population.

- **Non-Billable:**

A client service that has been delivered and documented within a treatment episode that is not DMC or County billable, such as, clinical group with more than 12 clients, self-help groups, UA's. Non-billable encounters may be used as part of the billing corrections or payment recovery process. See the BHS Drug Medi-Cal Organized Delivery System Providers Billing Manual for more details. No-show encounters will default to non-billable but excluded from disallowance data as these are not considered a disallowed service.

NOTE: Services that are considered Never Billable should be reflected by creating a MISC NOTE versus an encounter. Examples of never billable: leaving/receiving voicemails; attendance related calls such as cancellations or rescheduling; self-help groups; groups by outside organizations.

C. SERVICES

SERVICE NAME	Residential Bed Day		
DEFINITION	Residential Treatment Services are non-institutional, 24-hour non-medical, short-term services to support clients in their efforts to restore, maintain, and apply interpersonal and independent living skills, and access community support systems. The components of Residential Treatment Services shall include intake/admission, treatment planning, individual and group counseling, family therapy, patient education, safeguarding medications, collateral services, crisis intervention services, transportation services, and discharge services. Note: perinatal residential programs offer additional enhanced services, as described in the DHCS Perinatal Practice Guidelines. Physical examinations, laboratory tests, medical direction, body specimen screens, medication services may also be included when a residential program has Incidental Medical Services (IMS) designation. Services are provided with available trained personnel, per the specifics of the program's Statement of Work (SOW). Note: Residential Treatment Services must be authorized by Optum.		
PROVIDER TYPE	<ul style="list-style-type: none"> ASAM Level 3.1: Residential ASAM Level 3.3: Residential ASAM Level 3.5: Residential 		
STAFF	<ul style="list-style-type: none"> LPHA Counselor 	VISIT TYPE	<ul style="list-style-type: none"> Bed Day - Residential
CONTACT TYPE	<ul style="list-style-type: none"> Face-to-Face 		

SERVICE NAME	Residential Withdrawal Management 3.2-WM		
DEFINITION	Detoxification services provided in a residential setting consistent with the ASAM level of care criteria to DMC ODS beneficiaries. The components of Withdrawal Management services include intake, observation, medication services, care coordination, and discharge services.		
PROVIDER TYPE	<ul style="list-style-type: none"> ASAM Level 3.2-WM: Withdrawal Management 		
STAFF	<ul style="list-style-type: none"> LPHA LVN Counselor 	VISIT TYPE	<ul style="list-style-type: none"> Bed Day – Residential
CONTACT TYPE	<ul style="list-style-type: none"> Face-to-Face 		

SUD Provider Services Guide

SERVICES

SERVICE NAME	Case Management		
DEFINITION	<p>A service to assist a client to access needed medical, educational, social, prevocational, vocational, rehabilitative, or other community services. Case management services should focus on coordination of SUD care, integration around primary care especially for clients with a chronic substance use disorder, and interaction with the criminal justice system, if needed. Such services may be provided face-to-face, by telephone, or by telehealth with or without the client present anywhere in the community.</p> <p>*Case management is billed separately from a residential bed-day service.</p>		
PROVIDER TYPE	<ul style="list-style-type: none"> • OTP: Opioid Treatment Programs (OTP) • ASAM Level 1: Outpatient Services (OS) • ASAM Level 2.1: Intensive Outpatient Services (IOS) • ASAM Level 3.2-WM: Withdrawal Management • ASAM Level 3.1: Residential • ASAM Level 3.3: Residential • ASAM Level 3.5: Residential • Recovery Services 		
STAFF	<ul style="list-style-type: none"> • LPHA • Counselor 	VISIT TYPE	<ul style="list-style-type: none"> • Case Management
CONTACT TYPE	<ul style="list-style-type: none"> • Face-to-Face • Telephone • Telehealth • In the Community • No Contact 		

SUD Provider Services Guide

SERVICES

SERVICE NAME	Individual Counseling		
DEFINITION	Contact between a client and a therapist or counselor and provided in-person, by telephone or by telehealth qualify as reimbursable units of service. Individual counseling limitations that existed prior to implementation of the DMC-ODS on July 1, 2018 are no longer in effect, and Individual Counseling may be provided as medically necessary (and claimed when consistent with the DHCS Same Day Billing Matrix).		
PROVIDER TYPE	<ul style="list-style-type: none"> • OTP: Opioid Treatment Programs (OTP) • ASAM Level 1: Outpatient Services (OS) • ASAM Level 2.1: Intensive Outpatient Services (IOS) • Recovery Services 		
STAFF	<ul style="list-style-type: none"> • LPHA • Counselor 	VISIT TYPE	<ul style="list-style-type: none"> • Assessment • Crisis Intervention • Collateral Services • Treatment Planning • Discharge Planning • Family Therapy • Other Individual • Patient Education** <p>**Separate services for IOS; not available for Recovery Services.</p>
CONTACT TYPE	<ul style="list-style-type: none"> • Face-to-Face • Telephone • Telehealth • In the Community • No Contact 		

SERVICE NAME	Group Counseling		
DEFINITION	Face-to-face contact between therapist or counselor and two to twelve clients. Groups focus on short-term personal, family, job/school, and other problems and their relationship to substance abuse. Clients 17 years of age or younger shall not participate in group counseling with participants 18 years of age or older except when counseling is at a provider certified school site. Recovery Services groups shall not be mixed with treatment groups. Group Counseling and Patient education done in a group setting are different services.		
PROVIDER TYPE	<ul style="list-style-type: none"> • OTP: Opioid Treatment Programs (OTP) • ASAM Level 1: Outpatient Services (OS) • ASAM Level 2.1: Intensive Outpatient Services (IOS) • Recovery Services 		
STAFF	<ul style="list-style-type: none"> • LPHA • Counselor 	TYPE OF SERVICE	<ul style="list-style-type: none"> • Group • Group in the Community • Patient Education** <p>**Separate services for IOS; not available for Recovery Services.</p>
CONTACT TYPE	<ul style="list-style-type: none"> • Face-to-Face • Telephone • Telehealth • In the Community 		

SUD Provider Services Guide

SERVICES

SERVICE NAME	Patient Education - Intensive Outpatient Services (IOS)		
DEFINITION	Research-based education on addiction, treatment, recovery and associated health risks.		
PROVIDER TYPE	<ul style="list-style-type: none"> ASAM Level 2.1: Intensive Outpatient Services (IOS) 		
STAFF	<ul style="list-style-type: none"> LPHA Counselor 	VISIT TYPE	<ul style="list-style-type: none"> Individual – PE Group Counseling - PE
CONTACT TYPE	<ul style="list-style-type: none"> Face-to-Face Telephone Telehealth In the Community 		

SERVICE NAME	Physician Consultation – County Billable		
DEFINITION	Services support for DMC physicians with complex cases and may include medication selection, dosing, side effect management, adherence, drug-drug interactions, or level of care considerations. Note: When medication services are provided at residential level of care, the program must have an Incidental Medical Services (IMS) designation. Physician consultation is not billable to Drug Medi-Cal but is a County billable service. Please refer to SUDPOH Section A: County of San Diego DMC-ODS, for more information on Physician Consultation.		
SANWITS	<ul style="list-style-type: none"> OTP: Opioid Treatment Programs (OTP) ASAM Level 1: Outpatient Services (OS) ASAM Level 1-OTP: Opioid Treatment Programs (OTP) ASAM Level 2.1: Intensive Outpatient Services (IOS) ASAM Level 3.2-WM: Withdrawal Management ASAM Level 3.1: Residential ASAM Level 3.3: Residential ASAM Level 3.5: Residential 		
STAFF	<ul style="list-style-type: none"> Physician 	VISIT TYPE	<ul style="list-style-type: none"> Physician consultation
CONTACT TYPE	<ul style="list-style-type: none"> Telephone Telehealth 		

SUD Provider Services Guide

SERVICES

SERVICE NAME	Delayed Admission – County Billable		
DEFINITION	Planned Admissions are potentially billable to the County under the guidelines of Case Management. SanWITS entry is required along with progress note documentation of the case management activities with the referring entity. (Note: leaving messages for the referring entity is never a billable service) The County is only reimbursing up to 4 units/1 hour of service per client. If case management activities continue after 4 units/1 hour, document the time spent on each client prior to admission by completing additional encounters as non-billable. See Delayed Admission memo on the Optum site for more information.		
PROVIDER TYPES	<ul style="list-style-type: none"> • ASAM Level 1: Outpatient Services (OS) • ASAM Level 2.1: Intensive Outpatient Services (IOS) • ASAM Level 3.2-WM: Withdrawal Management • ASAM Level 3.1: Residential • ASAM Level 3.3: Residential • ASAM Level 3.5: Residential 		
STAFF	<ul style="list-style-type: none"> • LPHA • Counselor 	VISIT TYPE	<ul style="list-style-type: none"> • Case Management
CONTACT TYPE	<ul style="list-style-type: none"> • Face-to-Face • Telephone • Telehealth • In the Community • No Contact 		

SUD Provider Services Guide

SERVICES

SERVICE NAME	Individual – Transitional Care Services (TCS)		
DEFINITION	Services that assist clients in successfully navigating transitions in care, prior to admission or post-discharge from a level of care.		
PROVIDER TYPES	<ul style="list-style-type: none"> • OTP: Opioid Treatment Programs (OTP) • ASAM Level 1: Outpatient Services (OS) • ASAM Level 2.1: Intensive Outpatient Services (IOS) 		
STAFF	<ul style="list-style-type: none"> • LPHA • Counselor 	VISIT TYPE	<ul style="list-style-type: none"> • Assessment • Crisis Intervention • Collateral
CONTACT TYPE	<ul style="list-style-type: none"> • Face-to-Face • Telephone • Telehealth • No Contact 		

SERVICE NAME	Case Management – Transitional Care Services (TCS)		
DEFINITION	Services that assist clients in successfully navigating transitions in care, prior to admission or post-discharge from a level of care.		
PROVIDER TYPES	<ul style="list-style-type: none"> • OTP: Opioid Treatment Programs (OTP) • ASAM Level 1: Outpatient Services (OS) • ASAM Level 2.1: Intensive Outpatient Services (IOS) • ASAM Level 3.2-WM: Withdrawal Management • ASAM Level 3.1: Residential • ASAM Level 3.3: Residential • ASAM Level 3.5: Residential 		
STAFF	<ul style="list-style-type: none"> • LPHA • Counselor 	VISIT TYPE	<ul style="list-style-type: none"> • Case Management
CONTACT TYPE	<ul style="list-style-type: none"> • Face-to-Face • Telephone • Telehealth • In the Community • No Contact 		

SUD Provider Services Guide

SERVICES

SERVICE NAME	Methadone Dosing		
DEFINITION	A two-phase physician-managed process that includes induction phase to attenuate withdrawal symptoms as quickly as medically appropriate and stabilization phase to establish a daily dose that is efficacious, safe and time appropriate.		
PROVIDER TYPE	<ul style="list-style-type: none"> • OTP: Opioid Treatment Programs (OTP) 		
STAFF	<ul style="list-style-type: none"> • Physician • NP • RN 	VISIT TYPE	<ul style="list-style-type: none"> • Methadone Dosing
CONTACT TYPE	<ul style="list-style-type: none"> • Face-to-Face 	NATIONAL DRUG CODE (NDC)	<ul style="list-style-type: none"> • Not required

SERVICE NAME	Courtesy Dosing		
DEFINITION	Replacement narcotic therapy to visiting clients approved to receive services on a temporary basis (less than 30 days).		
PROVIDER TYPE	<ul style="list-style-type: none"> • OTP: Opioid Treatment Programs (OTP) 		
STAFF	<ul style="list-style-type: none"> • Physician • NP • RN 	VISIT TYPE	<ul style="list-style-type: none"> • Methadone Dosing
CONTACT TYPE	<ul style="list-style-type: none"> • Face-to-Face 	NATIONAL DRUG CODE (NDC)	<ul style="list-style-type: none"> • Not required

SUD Provider Services Guide

SERVICES

SERVICE NAME	Medication Assisted Treatment (MAT) Prescribing		
DEFINITION	<p>Additional MAT services may include the ordering, prescribing, administering, and monitoring of all medications for substance use disorders. Medically necessary services are provided in accordance with an individualized treatment plan determined by a licensed physician or licensed prescriber.</p> <p>**Administering is excluded from this service.</p>		
PROVIDER TYPE	<ul style="list-style-type: none"> • ASAM Level 1: Outpatient Services (OS) • ASAM Level 2.1: Intensive Outpatient Services (IOS) • ASAM Level 3.2-WM: Withdrawal Management • ASAM Level 3.1: Residential • ASAM Level 3.3: Residential • ASAM Level 3.5: Residential <p>**Must be contracted to provide additional MAT services. Additional MAT is only available to active treatment clients where additional MAT services are available unless contracted to provide the service to outside clients.</p>		
STAFF	<ul style="list-style-type: none"> • Physician • NP • RN 	VISIT TYPE	<ul style="list-style-type: none"> • Medication Service
CONTACT TYPE	<ul style="list-style-type: none"> • Face-to-Face 	NATIONAL DRUG CODE (NDC)	<ul style="list-style-type: none"> • Not required

SUD Provider Services Guide

SERVICES

SERVICE NAME	Medication Services (MAT) Generic Drug		
DEFINITION	Medication Services including MAT discussed and offered as a concurrent treatment option for alcohol- and/or opioid- related SUD condition. The prescription or administration of MAT, and the assessment of side effects and/or impact of these medications, conducted by staff lawfully authorized to provide such services within their scope of practice and licensure.		
SANWITS	<ul style="list-style-type: none"> • OTP: Opioid Treatment Programs (OTP) 		
STAFF	<ul style="list-style-type: none"> • Physician • NP • RN 	VISIT TYPE	<ul style="list-style-type: none"> • MAT-Dosing
CONTACT TYPE	<ul style="list-style-type: none"> • Face-to-Face 	NATIONAL DRUG CODE (NDC)	<ul style="list-style-type: none"> • Required

SERVICE NAME	Medication Services (MAT) Brand Name Drug		
DEFINITION	Medication Services including MAT discussed and offered as a concurrent treatment option for alcohol- and/or opioid- related SUD condition. The prescription or administration of MAT, and the assessment of side effects and/or impact of these medications, conducted by staff lawfully authorized to provide such services within their scope of practice and licensure.		
SANWITS	<ul style="list-style-type: none"> • OTP: Opioid Treatment Programs (OTP) 		
STAFF	<ul style="list-style-type: none"> • Physician • NP • RN 	VISIT TYPE	<ul style="list-style-type: none"> • MAT-Dosing
CONTACT TYPE	<ul style="list-style-type: none"> • Face-to-Face 	NATIONAL DRUG CODE (NDC)	<ul style="list-style-type: none"> • Required

D. DISALLOWANCES

A client service that has been delivered and documented within a treatment episode that does not meet DMC standards is considered disallowed or non-billable. Disallowances can be identified during internal DHCS audits such as PSPP reviews; during BHS audits such as Medical Record Reviews (MRR) or QAR; and during internal peer reviews.

Programs are responsible for taking appropriate corrective action when disallowed services are identified. Corrective action could include correcting the encounter in SanWITS or completing the repayment form to submit to the BHS Billing Unit.

Effective 10/1/2020, an additional step is now required for disallowed services. This involves using the “disallowed” indicator in the encounter as well as identifying the reason for disallowance from the new drop-down field. Note: This new step only applies to services rendered in Fiscal Year 2020-21. All services rendered prior to 7/1/2020 are not expected to contain this additional disallowance information.

Refer to the various tip sheets available on the OPTUM website under the SanWITS and Billing tabs for detailed steps for processing disallowed services depending on the program’s level of care.

E. DEFINITIONS

- **Assessment:** Process of gathering information to determine whether a client meets the medical necessity criteria for substance use disorder treatment. Tools to obtain baseline information include American Society of Addiction Medicine Patient Placement Criteria (ASAM) level of care, Addiction Severity Index (ASI), and the Youth Assessment Index (YAI).
- **Collateral:** Face-to-face session with therapist or counselor and significant persons in the client's life that focus on the treatment needs of the client in terms of supporting the achievement of treatment goals. Significant persons are individuals who have a personal, not official or professional relationship with the client.
- **Crisis:** Contact between a therapist or counselor and a client after an actual relapse or an unforeseen event or circumstance presenting an imminent threat of relapse. Crisis intervention services focus on alleviating crisis problems and are limited to stabilizing the client's emergency situation.
- **Discharge Planning:** The process to prepare the client for referral into another level of care, post treatment return or re-entry into the community, and/or the linkage of the individual to essential community treatment, housing and human services.
- **Family Therapy:** Inclusion of a client's family members and loved ones in the treatment process to provide education about factors that are important to the client's recovery as well as their own, social support to beneficiaries, motivate their loved one to remain in treatment, and receive help and support for their own family recovery as well.
- **Group:** Face-to-face contact between one therapist or counselor and two to twelve clients. Groups focus on short-term personal, family, job/school, and other problems and their relationship to substance abuse. Clients 17 years of age or younger shall not participate in group counseling with participants 18 years of age or older except when counseling is at a provider certified school site.
- **Licensed Practitioner Healing Arts (LPHA):** Includes: Physicians, Nurse Practitioners, Physician Assistants, Registered Nurses, Registered Pharmacists, Licensed Clinical Psychologist (LCP), Licensed Clinical Social Worker (LCSW), Licensed Professional Clinical Counselor (LPCC), and Licensed Marriage and Family Therapist (LMFT) and licensed-eligible practitioners working under the supervision of licensed clinicians includes: Physicians, Nurse Practitioners, Physician Assistants, Registered Nurses, Registered Pharmacists, Licensed Clinical Psychologist (LCP), Licensed Clinical Social Worker (LCSW), Licensed Professional Clinical Counselor (LPCC), and Licensed Marriage and Family Therapist (LMFT) and licensed-eligible practitioners working under the supervision of licensed clinicians.
- **No Contact:** Providing services on behalf of the client, without the client present. (Example: Individual-collateral or case management)
- **Patient Education:** Providing research-based education on addiction, treatment, recovery and associated health risks.

- **Telehealth:** Providing services via audio-visual two-way real time communication. See SUDPOH for more information.
- **Treatment Planning:** An individualized written plan prepared by a SUD counselor or LPHA and based upon information obtained during the admission assessment process. The development and update timeframes of treatment plans will depend on the treatment level of care.