

Ambulatory Withdrawal Management Services are provided to beneficiaries experiencing withdrawal in the following outpatient settings:

- **Level 1-WM:** Ambulatory withdrawal management without extended on-site monitoring (Mild withdrawal with daily or less than daily outpatient supervision)
- **Level 2-WM:** Ambulatory withdrawal management with extended on-site monitoring (Moderate withdrawal with daytime withdrawal management and support and supervision in a nonresidential setting)

INSTRUCTIONS

1. Admission –

- Complete required fields
 - Type of Treatment Service = 1-NonResidential/Outpatient Treatment/Recovery when client will be enrolled in **ODS OS Ambulatory WM**
 - Type of Treatment service = 2-Nonresidential/Outpatient Day Program- Intensive when client will be enrolled in **ODS IOS Ambulatory WM**

2. Program Enrollment –

- Select the **ODS OS Ambulatory WM** Program Enrollment when client will be enrolled in OS Ambulatory WM LOC
- Select the **ODS IOS Ambulatory WM** Program Enrollment when client will be enrolled in IOS Ambulatory WM LOC

3. Encounters/Services –

- Complete required fields on the encounter screen as services are rendered
 - Service – Select the appropriate level of service for Ambulatory Withdrawal Management. i.e. Ambulatory Withdrawal Mgmt 1 or Ambulatory Withdrawal Mgmt 2
 - **Enter the duration time in minutes** – Although the field appears as optional, **it is required for billing purposes**
 - Save and **Release to Billing**

The screenshot shows the SanWITS Encounter screen with the following details:

- Rendering Staff: LPCC
- Note Type: DMC Billable
- ENC ID: 6390362
- Program Name: Main Facility/ODS OS Ambulatory WM - 8/1/2023 -
- Service: Ambulatory Withdrawal Mgmt 1 - OS (highlighted with a red box)
- Start Date: 8/15/2023
- End Date: (empty)
- Start Time: (empty)
- End Time: (empty)
- Duration: 95 Min (highlighted with a red box and a red arrow pointing to it)
- Contact Type: Face To Face
- Emergency: (empty)
- Visit Type: AWM-Ambulatory WM
- Medi-Cal Billable: Yes
- Billable: Yes
- Disallowed: No

IMPORTANT:

4. Claim Item list –

- Before batching the Ambulatory WM claims, **Billing Units must be corrected** based on the service duration entered on the encounter screen – mid-point rule applies to this hourly service. hour = 1 unit with 31minute midpoint increments
 - Go to Claim item list screen, select claim, and click on Claim profile
 - Correct the Billing Units accordingly based on the grid below
- Example: Duration = 95 min – Billing Units should reflect 2

Units	Number of minutes
1	>= 31 minutes through 90 minutes
2	>= 91 minutes through 150 minutes
3	>= 151 minutes through 210 minutes
4	>= 211 minutes through 270 minutes
5	>= 271 minutes through 330 minutes
6	>= 331 minutes through 390 minutes
7	>= 391 minutes through 450 minutes
8	>= 451 minutes through 510 minutes
9	>= 511 minutes through 570 minutes
10	>= 571 minutes through 630 minutes
11	>= 631 minutes through 690 minutes
12	>= 691 minutes through 750 minutes
13	>= 751 minutes through 810 minutes
14	>= 811 minutes through 870 minutes
15	>= 871 minutes through 930 minutes
16	>= 931 minutes through 990 minutes
17	>= 991 minutes through 1050 minutes
18	>= 1051 minutes through 1110 minutes
19	>= 1111 minutes through 1170 minutes
20	>= 1171 minutes through 1230 minutes
21	>= 1231 minutes through 1290 minutes
22	>= 1291 minutes through 1350 minutes
23	>= 1351 minutes through 1410 minutes
24	>= 1411 minutes through 1470 minutes

- Click Save and Finish
- Repeat step 4 for all Ambulatory WM Claims

TIP SHEET: Ambulatory Withdrawal Management Service in SanWITS

Profile for Claim Item # 7034988 for Forms, Janeth, FJ02010186, 1/1/1986,(37 on service date)

ENC ID: 6390362	Delivered Service: H0014/U7/U4
Group Session ID:	
Program: ODS OS Ambulatory WM	Service Start: 8/15/2023 12:00 AM
Diagnoses: F10.20 / /	Service End: 8/15/2023 12:00 AM
Perinatal:	Duration: 95 Min
Status: Awaiting Re	Sessions/Units: # 1
Pregnant/Postpartum: No	, LPCC

needs to be corrected to 2 units based on the duration entered

Service Fee

Billing Units: 1.00	X Rate / Unit: \$309.82	= \$309.82
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FFS Type: Fee for Service

Cost Center: [dropdown]

Billing Note: [text area]

Group Enrollment: Medi-Cal - Non Perinatal [ODS DMC- Non Peri] 1

Encounter Post Date: 12/5/2023

Tier Type: [dropdown]

Created Date: 12/5/2023 4:47 PM

Payor Billing Service: Ambulatory Withdrawal Mgmt 1 - OS: H0014/U7/U4

Service Location: Non-residential Substance Abuse Treatment Faci

Unit Desc: 1 unit = 1 day

Administrative Actions

[Hold](#) [Release](#) [Reject \(Back Out\)](#)

[Cancel](#) [Save](#) [Finish](#)

- When client completes Ambulatory WM, close the ODS OS or ODS IOS Ambulatory WM program enrollment, and complete the CalOMS discharge record
 - Make sure all billing and any corrections are made prior to closing the intake/episode

NOTE: A new intake/episode must be opened and new CalOMS admission completed, if the client is transferring to SUD treatment in either OS level of care **OR** IOS level of care