

# Clinical Services Division: Utilization Management & Quality Improvement Updates

Los Angeles County Department of Public Health  
All Provider Meeting March 18, 2025  
Substance Abuse Prevention & Control



# Agenda



Addiction Medicine Services



Billing H2010 N/M/S Codes



Withdrawal Management Service Standards



Reminder: Appeal/Grievances Process for Denials of Authorization

# Addiction Medicine Services



# Receipt of Medication Services based on Claims by OUD/AUD Diagnosis

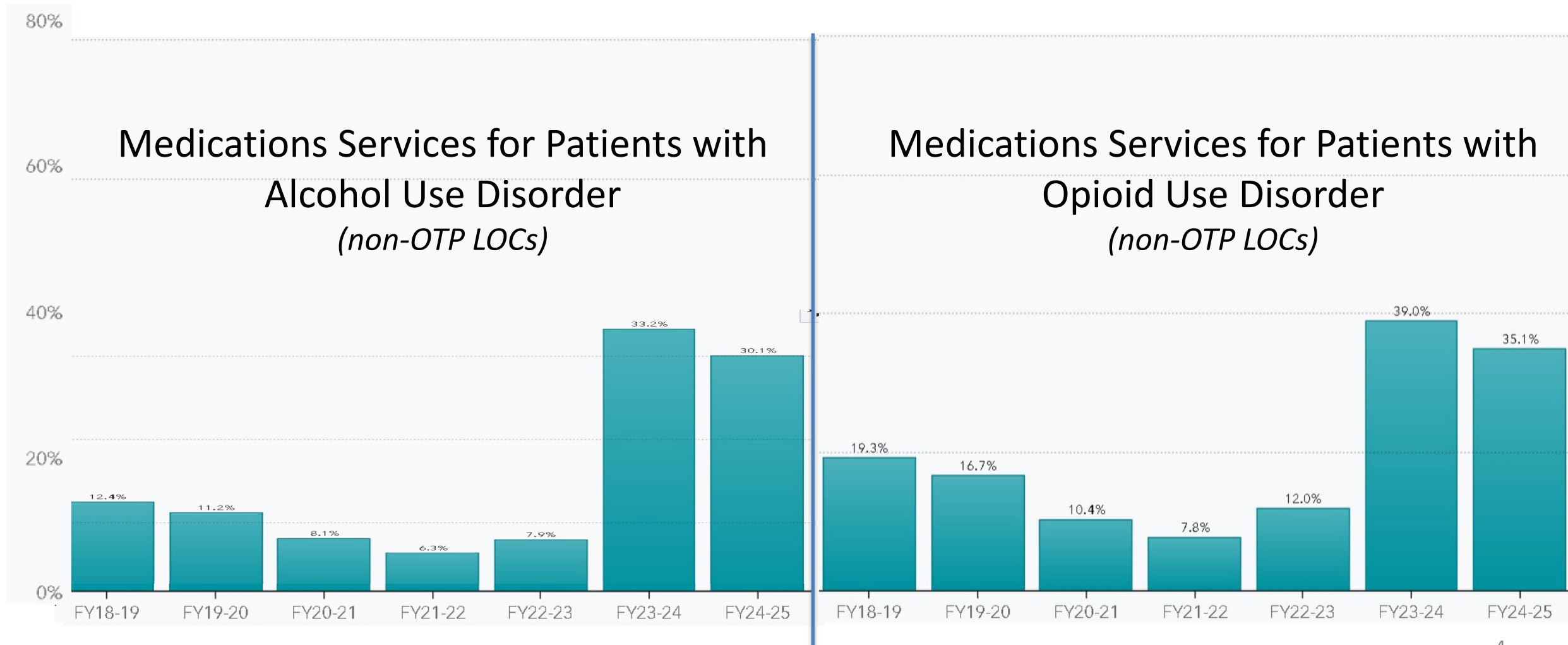


Chart Reviews	FY 22-23 Q4	FY23-24 Q2	FY 23-24 Q4
% of admissions for patients with <u>ODU</u> (n=163) a MAT discussion, education, or referral	79% (68% OTP excluded)	70% (60% OTP excluded)	89% (84% OTP excluded)
% of patients with <u>ODU</u> , MAT for OUD (n=163) started or continued with MAT	67% (40% OTP excluded)	57% (38% OTP excluded)	69% (44% OTP excluded)
% of admissions for patients with <u>AUD</u> (n=216) a MAT discussion, education, or referral	68%	70%	86%
% of patients with <u>AUD</u> , MAT for AUD (n=216) started or continued with MAT	20%	22%	25%
% of admissions for patients with <u>TUD</u> (n=40) a MAT discussion, education, or referral	27%	30%	63%
% of patients with <u>TUD</u> (n=40) MAT for TUD started or continued with MAT	16%	21%	25%

## ***Reminder:*** Addiction Medication Prescribing Clinician Funding Opportunity

- Start-up funding is available to all SAPC-contracted treatment agencies
- Cap has been removed and additional funding can be requested in a ratio of \$200,000 (per 40 hours/week, regardless of Tier), **with no maximum amount**
- Designed to be combined / matched with local agency funds, and sustained beyond two years through SAPC billing for medication services

## Funding Schedule

- Ratio of \$200,000 **per** 40 hours/week of medical clinician time
- **Example 1:** \$200,000 **of** one-time start up funding across 2 years:
  - \$150,000 **per** 40 hours/week during Year 1 (FY24-25)
  - \$50,000 **per** 40 hours/week during Year 2 (FY25-26)
- **Example 2:** \$400,000 **of** one-time start up funding across 2 years
  - \$300,000 **per** 80 hours/week during Year 1 (FY24-25)
  - \$100,000 **per** 80 hours/week during Year 2 (FY25-26)

# Workforce Development

SAPC Home / Providers / Payment Reform / Workforce Development

<http://publichealth.lacounty.gov/sapc/providers/payment-reform/workforce-development.htm>

## Capacity-Building

### MEDICATION FOR ADDICTION TREATMENT (MAT) PRESCRIBING CLINICIAN

#### Approved Implementation Plan/Addendum (1-G)

Cost sharing opportunity to recruit, retain, and utilize medical clinicians, as members of the agency treatment team to provide medication services- also known as medication for addiction treatment (MAT)- directly to patients served by SAPC contracted agencies and paid via claims to SAPC. Providers without an implementation plan approved prior to 9/1/24 should submit an initial implementation plan; Providers with an approved implementation plan prior to 9/1/24 who are ready to expand the number of prescribing clinician hours beyond the original approval plan should submit an addendum. Submissions for either the plan or addendum with invoice required by 3/31/25.

- Invoice -Workforce Development	Due 03/31/25
- Instructions for MAT Prescribing Clinician Start Up Cost Sharing (1-G)	
- Implementation Plan MAT Prescribing Clinician Start Up Cost Sharing non-OTP (1-G)	Due 03/31/25
- Implementation MAT Prescribing Clinician Start Up Cost Sharing non-OTP-Addendum (1-G)	Due 03/31/25
- Implementation Plan MAT Prescribing Clinician Start Up Cost Sharing OTP Only (1-G)	Due 03/31/25
- Implementation for MAT Prescribing Clinician Start Up Cost Sharing OTP Only-Addendum (1-G)	Due 03/31/25



# MAT Prescribing Clinician Start-Up Funding Program

## SAPC-Contracted Treatment Agencies

- **Wave 1: 27 Agencies**
  - 3 Opioid Treatment Programs (OTP)
  - 24 Non-OTP
    - 11 Residential
      - 1 seeking IMS
      - 3 pending IMS
      - 7 established IMS
    - 13 Non-Residential

Progress During Q1 2024-2025			
	July 2024	Aug 2024	Sept 2024
Avg Hours/Wk	50	40	50
Patients Served	3,624	3,414	3,654

Total # Prescribing Clinicians	% Patients Served by Participating Agencies
48	63%

## Billing H2010 N/M/S Codes



## Reminder About Medication Services Codes

- The following are locked out (denied) *during a residential admission*:
  - Psychiatric diagnostic evaluation with medical services: 90792
  - E&M Initial Eval: 99202, 99203, 99204, 99205
  - E&M Follow-Up: 99212, 99213, 99214, 99215
  - Extended Service Codes: 99416, 99418
  - Drug and Alcohol Screening: H0049-N
  - Health risk assessment instrument administration: 96160
- The codes are allowable *during a residential admission*:
  - H0033 Oral Medication Administration, Direct Observation, 15 Minutes
  - **H0034** Medication Training and Support, per 15 Minutes

## H2010 N/M/S Codes

- H2010N: Zero dollar code, billed alongside other applicable codes when naloxone is offered, distributed, care coordinated and/or prescribed
- H010M: Zero dollar code, billed alongside other applicable codes when addiction medication (MAT) services are discussed or addiction medication (MAT) education is provided
- H2010S: Revenue-associated code accessible by counselors to bill for residential medication handling/safeguarding activities when patients self-administer medications.

## H2010N & H2010M: Scenarios

- 90 minutes of individual counseling where 30 minutes was specific to naloxone:
  - Bill H0004 for **six** units (90 minutes of counseling)
  - Bill H2010N for **two** units (30 min specific to naloxone)
- 90 minutes of individual counseling where 30 minutes was specific to addiction medication education:
  - Bill H0004 for **six** units (90 minutes of counseling)
  - Bill H2010M for **two** units (30 min specific to addiction medications)
- 90 minutes of individual counseling where 15 minutes included naloxone and 15 min included addiction medication education:
  - Bill H0004 for **six** units (90 minutes of counseling)
  - Bill H2010N for **one** unit (15 min for naloxone)
  - Bill H2010M for **one** unit (15 min for addiction medications)

## H2010N & H2010M: Documentation

- A separate clinical note specific to naloxone and/or addiction medication services (where H2010N and/or H2010M are claimed alongside the billable claim code) is **not** necessary when the counseling (or other applicable service) note includes that naloxone and/or addiction medication services were part of the visit.
- A standalone naloxone and/or addiction medication service note is *permissible*, but not required
- For primary providers who are relying on the Progress Note Status Report for billing, agency staff may file a separate naloxone “tracker note” to assist billing staff with visibility on naloxone distribution at a counseling session. However, this is not required for H2010N to be claimed and agencies can operationalize an alternative workflow for the purposes of claiming H2010N or H2010M.

# Example Sage Progress Notes Populating PCNX Progress Note Status Report: H2010N & H2010M

Billable & H2010N in one record:

**Service Type \***

Naloxone Handling/Distribution

**Procedure Codes (CPT/HCPCS)**

Behavioral health counseling and therapy, 15 minutes.(H0004)

Standalone naloxone note:

**Service Type \***

Naloxone Handling/Distribution

**Procedure Codes (CPT/HCPCS)**

Naloxone Handling/Distribution (H2010N)

Standalone MAT education:

**Service Type \***

MAT Education

**Procedure Codes (CPT/HCPCS)**

MAT Education(H2010M)

	Code Type	Sage Service Code Description	Code	Code + LOC U Code	Medical Assistant	Licensed Psychiatric Technician/ Clinical Trainee	Licensed Vocational Nurse/ Clinical Trainee	Peer Support Specialist	Registered Alcohol and Drug Counselor	Certified Alcohol and Drug Counselor
1										
643	MAT Services	Medication Handling/Safeguarding	H2010S	H2010S:U1	\$ 17.55	\$ 17.55	\$ 17.55	NA	\$ 17.55	\$ 17.55



- **Reminder:** H2010S will **not** be continued past 6/30/2025 and agencies should consider transitioning to using H0033 for eligible medical staff administering medications to patients for services 7/1/2025 and onward.
- Billable for handling medications for patient self-administration, documenting medication information in a medication log, securing medication, locking storage cabinets, securing climate-controlled environments, distributing medications (allowed for any legitimately prescribed medications not restricted to addiction medications)
- **Allowable LOCs:** Applicable ONLY for residential levels of care
- **Rate:** Flat rate per service delivered to the patient. This is billable per service (handling episode) regardless of the number of medications involved per episode.
  - To illustrate: If an eligible practitioner handles 2 medications for Patient A and 10 medications for Patient B during a morning pill-call, there would be one H2010S service billed for each patient. If that same practitioner handles an evening pill-call service for these same patients, there would be an additional H2010S service billed for each patient.



## Reminder About Medication Services and Naloxone Capacity Building Incentives

Incentive		Metric	Measure
Medication for Opioid Use Disorder	3a	At least 25% of patients with opioid use disorder (OUD) served in an agency's non-OTP setting either receive MAT education and/or Medication Services that include MAT by 3/31/25. <small>Agencies with only OTP levels of care are ineligible to participate in this incentive.</small>	Numerator is the applicable MAT / Medication Service Code and/or H2010M (MAT Education). Denominator is patients with OUD (F11.*) diagnosis (per HODA Division's analyses and reports available in the monthly Data Quality Report (DQR).
Medication for Alcohol Use Disorder	3b	At least 15% of patients agency-wide alcohol (AUD) use disorder either receive MAT education and/or Medication Services that include MAT by 3/31/25. <small>Agencies with only OTP levels of care should use medications that treat AUD</small>	Numerator is the applicable MAT / Medication Service Code1 and/or H2010M (MAT Education). Denominator is patients with AUD (F10.*) diagnosis (per HODA Division's analyses and reports available in the monthly Data Quality Report (DQR)
Receipts of Naloxone	3c	At least 50% of patients served agencywide receive naloxone by 3/31/25.	Numerator is # of patients that received naloxone (by prescription or via distribution documented in the record) at a given agency and denominator is total # of patients served (per HODA Division's analyses and reports available in the monthly Data Quality Report (DQR)

Applicable Service Codes for non-OTP settings: 90792, 99202 through 99205, 99212 through 99215, 99441 through 99443, H0034, H0033, and H2010M for MAT and H2010N for naloxone.


Applicable codes for OTP settings: S5001AB, S5001C and 90792, H0034 specific to AUD medications.

# Withdrawal Management Standards



# SAPC Information Notice 24-03 - Withdrawal Management Standards

24-03 - Withdrawal Management Standards in the SAPC Treatment Network

 07/02/24



SAPC INFORMATION NOTICE 24-03

July 1, 2024

TO: Substance Use Disorder  
Contracted Treatment Provider Agencies

FROM: Gary Tsai, M.D., Bureau Director *47*  
Substance Abuse Prevention and Control Bureau

SUBJECT: **Withdrawal Management Standards in the SAPC Treatment Network**

<http://publichealth.lacounty.gov/sapc/providers/manuals-bulletins-and-forms.htm?tm#bulletins>

## Withdrawal Management Standards

- Provider agencies are required to offer patients to clinically indicated medications to effectively manage opioid, alcohol, AND sedative withdrawal syndromes at withdrawal management levels of care.
- WM levels of care shall not be focused on only a single withdrawal syndrome
- Must be capable of offering withdrawal management services for all applicable substances that may be contributing to withdrawal.
- Each patient admitted to withdrawal management levels of care shall have a documented plan of care that involves assessment for which clinically effective medication(s) were considered for the patient, offered to the patient, and the monitoring plan for the medications received by the patient in accordance with all existing DPH-SAPC policies governing medication services.

## Withdrawal Management Standards: Medical Necessity Justification

- When it is not documented within the ASAM Assessment or the medical necessity justification note accompanying the request for authorization, care managers may reasonably request more information about the patient's history and about the medical plan of care, which would help support that placing the patient within a withdrawal management level of care is medically necessary.
- For example, if the patient has an intoxication or withdrawal syndrome related to stimulant use (without opioid, alcohol, and/or sedative withdrawal syndrome), the ASAM Criteria doesn't define a withdrawal management level of care placement.
- However, withdrawal management level of care placement for patients impacted by stimulant use *may* be supported by a documented medical plan of care that includes medication management strategies described within the ASAM and AAAP Clinical Practice Guideline referenced within SAPC's withdrawal management information notice. <http://publichealth.lacounty.gov/sapc/providers/manuals-bulletins-and-forms.htm?tm#bulletins>

# **Appeal/Grievances Available for Denials of Request for Authorization**

[sapc\\_appeal@ph.lacounty.gov](mailto:sapc_appeal@ph.lacounty.gov)



Manuals & Guides

Bulletins

Clinical



**Beneficiary**

Contracts & Compliance

Finance

CRLA

## Beneficiary

Subject	Date
Appeal Form <i>(Updated - October 2024)</i>	 10/31/24
Complaint and Grievance Form <i>(Updated - October 2024)</i>	 10/31/24

**Email:** [sapc\\_appeal@ph.lacounty.gov](mailto:sapc_appeal@ph.lacounty.gov)

**Phone:** (626) 299-4532

**Fax:** (626) 458-6692

**Mail:** Substance Abuse Prevention and Control,  
Contracts and Compliance Branch, 1000 South  
Fremont Avenue, Building A9 East, 3<sup>rd</sup> floor, Box 34,  
Alhambra, California 91803

**If you need this form in alternate format (e.g., large print, braille, or audio), call 888-742-7900 press 7.**

UNIT/BRANCH/CONTACT	EMAIL/Phone Number	Description of when to contact
Sage Help Desk	Phone Number: (855) 346-2392 ServiceNow Portal: <a href="https://netsmart.service-now.com/plexussupport">https://netsmart.service-now.com/plexussupport</a>	All Sage related questions, including billing, denials, medical record modifications, system errors, and technical assistance
Sage Management Branch (SMB)	<a href="mailto:SAGE@ph.lacounty.gov">SAGE@ph.lacounty.gov</a>	Sage process, workflows, general questions about Sage forms and usage
QI and UM	<a href="mailto:SAPC.QI.UM@ph.lacounty.gov">SAPC.QI.UM@ph.lacounty.gov</a> UM (626)299-3531- (No Protected Health Information PHI)	All authorizations related questions, Questions about specific patient/auth, questions for the office of the Medical Director , medical necessity, secondary EHR form approval
Systems of Care	<a href="mailto:SAPC_ASOC@ph.lacounty.gov">SAPC_ASOC@ph.lacounty.gov</a>	Questions about policy, the provider manual, bulletins, and special populations (youth, PPW, criminal justice, homeless)
Contracts	<a href="mailto:SAPCMonitoring@ph.lacounty.gov">SAPCMonitoring@ph.lacounty.gov</a>	Questions about general contract, appeals, complaints, grievances and/or adverse events. Agency specific contract questions should be directed to the agency CPA if known.
Strategic and Network Development	<a href="mailto:SUDTransformation@ph.lacounty.gov">SUDTransformation@ph.lacounty.gov</a>	DHCS policy, DMC-ODS general questions, SBAT
Clinical Standards and Training (CST)	<a href="mailto:SAPC.cst@ph.lacounty.gov">SAPC.cst@ph.lacounty.gov</a>	Clinical training questions, documentation guidelines, requests for trainings
Phone Number to file an appeal	(626) 299-4532	
Grievance and Appeals (G&A)	(626)293-2846	Providers or patients who have questions or concerns after receiving a Grievance and Appeals Resolution Letter or follow up with an appeal.
CalOMS	<a href="mailto:HODA_CalOMS@ph.lacounty.gov">HODA_CalOMS@ph.lacounty.gov</a>	CalOMS Questions
Finance Related Topics	<a href="mailto:SAPC-Finance@ph.lacounty.gov">SAPC-Finance@ph.lacounty.gov</a> (626) 293-2630	For questions regarding Finance related topics that are not related to billing issues
Out of County Provider	Nancy Crosby (ncrosby@ph.lacounty.gov)	Out of county provider requesting assistance in submitting authorization for LA County beneficiary & resident Intercounty Transfer / Medi-cal eligibility (MEDS- acceptable aid codes) / Applying for Medi-cal general questions
SASH	(844) 804-7500	Patients calls requesting for service



# Q&A / Discussion

The secret of change is to focus all of your energy, not on fighting the old, but on building the new.

Socrates