

SUD Support Newsletter

QUALITY MANAGEMENT SERVICES

May/June/July 2023

SUD Support Team

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UPDATES

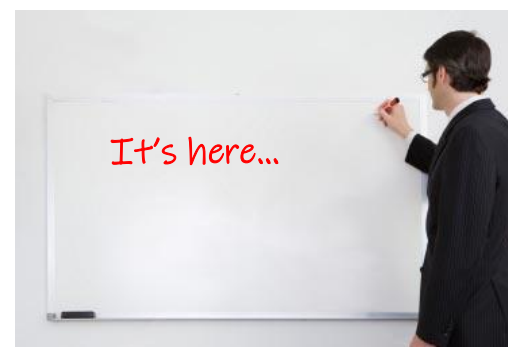
The **SUD Treatment Plan Development and Modification** (70899-125) code was previously identified as a new care coordination service. However, this is incorrect. The State instead considers this a discharge service. Discharge services are locked out at the 24-hour services levels of care. This means that this code is NOT available for use at the Residential and Withdrawal Management levels of care. Treatment planning is

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WHAT'S NEW?

Welcome to our new team member, Caroline Roberts! She will be in the role of Quality Improvement and Compliance Consultant. Some of you have already met Caroline as she is the assigned consultant to some of the programs and will be conducting clinical chart reviews with the rest of the SUD Support Team (SST) consultants. Here is a little bit about Caroline:

"I am a Licensed Marriage and Family Therapist. I previously worked in Private Practice specializing in Perinatal Mood and Anxiety Disorders. I also have experience working with youth in non-public schools and as a TBS supervisor. I obtained my B.A. in Psychology and minor in Women Studies from Cal- State Fullerton. I received my Masters in Counseling Psychology from California Baptist University. When I am not working, I enjoy spending time with my daughter and my husband. I also love to travel, go to museums, and trying new restaurants. I look forward to starting my new journey here at the County of Orange!"



SUD Documentation Training

The SUD Documentation Training that addresses the CalAIM changes is now available online here:

http://www.ohealthinfo.com/bhs/about/aqis/dmc_ods/providers

Be sure to retain a copy of the certificate of completion for your records!

SUD Documentation Manual

This is your "go-to" reference tool that includes all of the information discussed in the online Documentation Training. Access it here:

<https://www.ohealthinfo.com/sites/healthcare/files/2023-02/DMC-ODS%20CalAIM%20Doc%20Manual.pdf>

UPDATES (continued)

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considered part of the daily bundle of services. There is no change or impact to the Outpatient and NTP levels of care. The SUD Treatment Plan Development and Modification code is appropriate for claiming activities throughout the treatment episode that are related to the development or modification of the treatment plan and/or problem list.

According to the updated DHCS DMC-ODS Billing Manual, there is **clarification regarding the NTP level of care:** *“The NTP dosing bundled rates include costs for physical exam; drug screening; intake assessment; medical director supervision; TB, syphilis, HIV and Hepatitis C tests; drug screening; dosing; and ingredient costs” (pg. 128).”*

Previously, we had identified the new assessment CPT codes (i.e., Psychiatric Diagnostic Evaluation with Medical Services and the SUD Structured Assessment codes) as available for use to claim the time for providing a physical evaluation by the physician at the time of a patient’s admission as well as for the non-LPHA’s time spent on conducting the ASAM Assessment. However, this new information now means that there is no additional billing allowed for assessment activities because it is part of the dosing service. In those very rare cases where a physical evaluation and/or the ASAM Assessment of a patient at NTP does not result in a dosing service on the same day, the assessment codes may be used to claim for the time spent.

Please be sure to check out the **DMC-ODS Payment Reform CPT Guide!** It is available for all providers and includes information about who, when, and where the billing codes can be used. Here are a few key general reminders:

- All billing (except for NTP, withdrawal management, and residential day rates) will be held until September/October
- Billing codes are to be selected based on the provider’s credentials, the type of service, and the duration of time of the encounter
- Not all billing codes are available at all levels of care – be sure to check what is applicable for your program

Access the CPT Guide here-

<https://www.ohealthinfo.com/sites/healthcare/files/2023-06/DMC-ODS%20Payment%20Reform%202023%20CPT%20Guide%206.19.23.pdf>

DHCS DMC-ODS Billing Manual -

<https://www.dhcs.ca.gov/Documents/DMC-ODS-Billing-Manual-v-1-4.pdf>



Documentation

FAQ

1. Is the SUD Documentation Training required?

The SST’s SUD Documentation Training is a County requirement that is part of each program’s contract. However, this does not mean that a provider cannot provide and bill for services without having taken the training. The expectation is that providers will have an understanding of the documentation and billing requirements to be able to deliver and bill for compliant services once they begin providing services to clients. In order to achieve this and mitigate the risk of deficient documentation and billing, the SUD Documentation Training is strongly encouraged.

2. Do I need to do a treatment plan or problem list or both?

This depends on the regulations that your program or agency must abide by. If your program is required to follow the AOD Certification Standards, SABG (including residential programs), Adolescent SUD Best Practices Guide (formerly Youth Treatment Guidelines), or Perinatal Treatment Guidelines, please continue with the treatment plan. Likewise, if any other accrediting bodies are monitoring your program, you will need to continue to abide by those requirements. Since CalAIM now requires a problem list, this means that based on your other regulatory obligations, you may need to complete both a treatment plan and a problem list. Follow the timelines of the regulations pertinent to treatment plans while also adhering to the requirements for a problem list. The State does not dictate how the problem list needs to look or be formatted. Thus, until we receive further clarification from the State, it is permissible to have one document that fulfills both the treatment plan and problem list requirements to meet your specific program’s needs.

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Documentation FAQ (continued)

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3. What are the billing codes I should use as an LPHA completing the entire assessment process?

The recommendation at this time is for LPHAs to use the SUD Structured Assessment, 15-30/30/5-14 Min (70899-100/70899-101/70899-102) codes to conduct assessment sessions with clients as well as in the work of synthesizing information for the ASAM based assessment (this can include the diagnosis and case formulation). Use the code that corresponds with the amount of service time. When the service exceeds the 30 minutes, the SUD Screening (70899-105) code can be claimed instead. As a reminder, these codes are not available for use at the residential and withdrawal management levels of care as assessments are bundled into the treatment day. Assessments are also now part of the dosing services at the NTPs.

4. I am a non-LPHA and will be completing the intake with a new client and only briefly starting the ASAM based assessment. What assessment code should I use?

The SUD Screening (70899-105) code should be used for the intake session at the outpatient levels of care. This code is not available for use at the withdrawal management and residential levels of care. Most commonly, the intake sessions consist of the majority of the time being spent reviewing and discussing intake paperwork with the client with a brief portion devoted to assessment. If, on the other hand, the bulk of the session is spent on the ASAM based assessment, the recommendation is to split the amount of time spent on the intake paperwork from the assessment to capture more than the maximum of 30 minutes the SUD Structured Assessment codes allow for. For example, if the intake session was 67 minutes, 37 minutes can be claimed for the intake portion using the SUD Screening code while the remaining 30 minutes can be claimed as the SUD Structured Assessment to account for the time spent gathering information for the ASAM.

REMINDER: CARE COORDINATION ACTIVITIES

We continue to see a great deal of non-billable care coordination activities being claimed. Although there are some new CPT codes associated with care coordination, there are no changes to how care coordination is defined and what is reimbursable. Some non-billable care coordination activities to pay particular attention to include...

- Time spent waiting or simply observing a client
- Allowing the client to use office equipment such as telephone, computer, office space, etc.
- Escorting a client from one location to another (in or outside the facility)
- Helping the client to access the facility nurse or providing medical supplies
- Data entry (such as entering CalOMS)
- Writing an NOABD

For a full list, see the SUD Documentation Manual!!

Important: There must be a clinical need tied to the client's substance use disorder in order for a service to be billable. This is true for all services, including care coordination activities! Be sure it is clear **WHY** you needed to provide the intervention. In most cases, if it can be done by someone who does not have your credentials/license, it is probably not billable!



We understand that there are numerous changes and many aspects to be mindful of – it will take time to adjust! Please know that we are more than happy to help answer questions and provide as much support as possible!

For assistance with the codes and IRIS, contact the Front Office Coordination team at bhsirisfrontofficesupport@ochca.com

For assistance on documentation and CPT codes, contact the aqissudsupport@ochca.com

