

## DMC-ODS Service Definitions – CalAIM / Payment Reform

The definitions provided in this document are an overview of the services available in the ACBH SUD treatment network. The actual procedure codes used for claiming for these services are not specified in this document. For specific codes for claiming these services, refer to the ACBH SUD SmartCare procedure code list and in the [DHCS DMC-ODS Billing Manual](#).

Expanded SUD treatment services (e.g., DMC-ODS) are provided in accordance with the [Code of Federal Regulations \(CFR\) 440.130\(d\)](#) to restore the beneficiary to their best possible functional level. All expanded SUD treatment services must be recommended by physicians or other licensed practitioners of the healing arts, within the scope of their practice. Expanded SUD treatment services are provided by Drug Medi-Cal (DMC) certified providers and are based on medical necessity. The following services, per [State Plan Amendment 21-0058](#), are reimbursable under the DMC-ODS Waiver.

### DMC-ODS Service Definitions

#### Assessment

Assessment consists of activities to evaluate or monitor the status of a beneficiary's behavioral health and determine the appropriate level of care and course of treatment for that beneficiary. Assessments shall be conducted in accordance with applicable State and Federal laws, regulations, and standards. Assessment may be initial and periodic and may include contact with family members or other collaterals if the purpose of the collateral's participation is to focus on the treatment needs of the beneficiary. Assessment services may include one or more of the following components:

- Collection of information for assessment used in the evaluation and analysis of the cause or nature of the substance use disorder.
- Diagnosis of substance use disorders utilizing the current DSM and assessment of treatment needs for medically necessary treatment services. This may include a physical examination and laboratory testing (e.g., body specimen screening) necessary for treatment and evaluation conducted by staff lawfully authorized to provide such services and/or order laboratory testing.
- Treatment planning, a service activity that consists of development and updates to documentation needed to plan and address the beneficiary's needs, planned interventions and to address and monitor a beneficiary's progress and restoration of a beneficiary to their best possible functional level.

Refer to **Service Table 1: Assessment Codes** and **Service Table 2: Treatment Planning Codes** from the [DHCS DMC-ODS Billing Manual](#) for specific code information.

#### Care Coordination

Care coordination was previously referred to as "case management" in the DMC-ODS program for the years 2015-2021. Per CMS feedback, DHCS retitled and re-described this benefit as "care coordination."

Care Coordination is covered as a service component of most DMC-ODS levels of care (i.e., outpatient, intensive outpatient, partial hospitalization, residential, inpatient, narcotic treatment program, withdrawal management, MAT, recovery services). Care coordination can be claimed using the dedicated codes in Service Table 8, on the same day as other outpatient, residential, or inpatient services appropriate for the client’s level of care.

Care Coordination is also covered as a standalone DMC-ODS service. When DMC-ODS providers provide Care Coordination services to a beneficiary who is not actively receiving treatment at a level of care (e.g., they are attempting to engage in treatment or the providers are coordinating a referral), the Care Coordination procedure code can be used to claim for Care Coordination.

Care Coordination can be provided in clinical or non-clinical settings and includes one or more of the following components:

- Coordinating with primary care and mental health care providers to monitor and support comorbid health conditions.
- Discharge planning, including coordinating with SUD treatment providers to support transitions between levels of care and to recovery resources, referrals to mental health providers, and referrals to primary/specialty medical providers.
- Ancillary services, including individualized connection, referral, and linkages to community-based services and supports including but not limited to educational, social, prevocational, vocational, housing, nutritional, criminal justice, transportation, childcare, child development, family/marriage education, and mutual aid support groups.

Refer to **Service Table 8: Care Coordination Codes** from the [DHCS DMC-ODS Billing Manual](#) for specific code information.

### **Clinician Consultation**

Clinician consultation replaces and expands the previous “Physician Consultation” service that was used in the DMC-ODS program during the years 2015-2021.

Clinician Consultation consists of DMC-ODS Licensed Practitioners of the Healing Arts (LPHAs) consulting with licensed professionals, such as addiction medicine physicians, addiction psychiatrists, licensed clinicians, or clinical pharmacists, to support the provision of care.

Clinician Consultation is not a direct service provided to DMC-ODS beneficiaries. Rather, Clinician Consultation is designed to support DMC-ODS licensed clinicians with complex cases and may address medication selection, dosing, side effect management, adherence, drug-drug interactions, or level of care considerations. It includes consultations between clinicians designed to assist DMC clinicians with seeking expert advice on treatment needs for specific DMC-ODS beneficiaries.

Only the DMC-ODS providers directly rendering care to the beneficiary can bill for Clinician Consultation. The “consulting” clinician cannot bill clinician Consultation. When a rendering DMC-ODS clinician needs to consult with another clinician to support care delivery, the rendering DMC-ODS provider can use the

Clinician Consultation procedure codes (99367, 99368, or 99451) to claim for the activity. Refer to **Service Table 8: Care Coordination Codes** to see how these codes can be billed. Note that these codes in the Care Coordination table can also be used to claim for clinical consultation.

### **Contingency Management <sup>1</sup>**

The contingency management benefit consists of a series of motivational incentives for meeting treatment goals. The motivational incentives may consist of cash or cash equivalents, e.g., gift cards of low retail value, consistent with evidence-based clinical research for treating a substance use disorder and as described below. These motivational incentives are central to contingency management, based on the best available scientific evidence for treating a substance use disorder and not as an inducement to use other medical services.

The contingency management benefit utilizes an evidence-based approach that recognizes and reinforces individual positive behavior change consistent with non-use or treatment/medication adherence. The contingency management benefit provides motivational incentives for non-use of substances or treatment/medication adherence as evidenced by, for example, negative drug tests.

Refer to **Service Table 6: Individual Counseling Codes** for information on codes (H0050) to be used for contingency management. Additional information about contingency management can be found in DHCS BHINs [22-056](#), [23-001](#), and the [DHCS DMC-ODS Billing Manual](#).

### **Crisis Intervention Services**

Crisis intervention services consists of contacts with a beneficiary in crisis. A crisis means an actual relapse or an unforeseen event or circumstance, which presents to the beneficiary an imminent threat of relapse. Crisis intervention services shall focus on alleviating the crisis problem, be limited to the stabilization of the beneficiary's immediate situation and be provided in the least intensive level of care that is medically necessary to treat the condition.

Refer to **Service Table 2: SUD Crisis Intervention Codes** from the [DHCS DMC-ODS Billing Manual](#) for specific code information.

### **Family Therapy**

Family therapy is a rehabilitative service that includes family members in the treatment process, providing education about factors that are important to the beneficiary's recovery as well as the holistic recovery of the family system. Family members can provide social support to the beneficiary and help motivate their loved one to remain in treatment. There may be times when, based on clinical judgment, the beneficiary is not present during the delivery of this service, but the service is for the direct benefit of the beneficiary.

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<sup>1</sup> ACBH expects to pilot contingency management in FY23-24

Refer to **Service Table 12: Family Therapy Codes** from the [DHCS DMC-ODS Billing Manual](#) for specific code information.

### **Group Counseling**

Group counseling consists of contacts with multiple beneficiaries at the same time. Group Counseling shall focus on the needs of the participants.

Refer to **Service Table 7: Group Counseling Codes** from the [DHCS DMC-ODS Billing Manual](#) for specific code information.

### **Individual Counseling**

Individual counseling consists of contacts with a beneficiary. Individual counseling can include contact with family members or other collaterals if the purpose of the collateral's participation is to focus on the treatment needs of the beneficiary by supporting the achievement of the beneficiary's treatment goals.

Refer to **Service Table 6: Individual Counseling Codes** from the [DHCS DMC-ODS Billing Manual](#) for specific code information.

### **Medical Psychotherapy**

Medical psychotherapy is a counseling service conducted by the medical director of an Opioid/Narcotic Treatment Program (OTP/NTP) on a one-to-one basis with the beneficiary.

### **Medication Services**

Medication services includes prescription or administration of medication related to substance use disorder services, or the assessment of the side effects or results of the medication. Medication Services does not include MAT for Opioid Use Disorders (OUD) or MAT for Alcohol Use Disorders (AUD) and Other Non-Opioid Substance Use Disorders.

Refer to **Service Table 3: Medication Services Codes** from the [DHCS DMC-ODS Billing Manual](#) for specific code information.

### **Medication for Addiction Treatment (MAT) (also known as medication assisted treatment)**

MAT includes all FDA-approved medications and biological products to treat AUD, OUD, and any SUD. MAT may be provided in clinical or non-clinical settings and can be delivered as a standalone service or as a service delivered as part of a level of care. DMC-ODS medical providers can also use the pharmacy benefit to seek reimbursement for MAT medications delivered as part of DMC-ODS care. Methadone is only available at licensed Narcotic Treatment Programs (NTP/OTPs).

MAT includes the following service components:

- Assessment
- Counseling (individual and group)
- Family Therapy
- Medication Services
- Patient Education
- Recovery Services
- SUD Crisis Intervention Services
- Withdrawal Management Services
- Prescribing and monitoring MAT for AUD and Other Non-Opioid Substance Use Disorders, which consists of prescribing, administering, dispensing, ordering, monitoring, and/or managing the medications used for MAT services for AUD and Other Non-Opioid Substance Use Disorders

There are two categories of MAT services in DMC-ODS:

**MAT for Opioid Use Disorders (OUD)** includes all medications approved under section 505 of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 355) and all biological products licensed under section 351 of the Public Health Service Act (42 U.S.C. 262) to treat opioid use disorders as authorized by the Social Security Act Section 1905(a)(29) and described in Supplement 7 to Attachment 3.1-B.

**MAT for Alcohol Use Disorders (AUD) and Other Non-Opioid Substance Use Disorders** includes all FDA-approved drugs and services to treat AUD and other non-opioid SUDs. MAT for AUD and non-opioid SUDs may be provided in clinical or non-clinical settings and can be delivered as a standalone service or as a service delivered as part of a level of care.

Refer to **Service Table 1: Assessment Codes** from the [DHCS DMC-ODS Billing Manual](#) for MAT procedure code information.

### **Observation**

Observation is the process of monitoring the beneficiary's course of withdrawal. Observation is conducted at the frequency required by applicable state and federal laws, regulations, and standards. This may include but is not limited to observation of the beneficiary's health status. Observation is only available at withdrawal management.

### **Patient Education**

Patient education is education for the beneficiary on addiction, treatment, recovery and associated health risks. Patient education may be provided either as an individual or group service.

Refer to **Service Table 5: Treatment Planning Codes** for specific patient education codes (H2014) information.

## Peer Support Services <sup>2</sup>

Peer support services are culturally competent individual and group services that promote recovery, resiliency, engagement, socialization, self-sufficiency, self-advocacy, development of natural supports, and identification of strengths through structured activities such as group and individual coaching to set recovery goals and identify steps to reach the goals. Services aim to prevent relapse, empower beneficiaries through strength-based coaching, support linkages to community resources, and to educate beneficiaries and their families about their conditions and the process of recovery. Peer support services may be provided with the beneficiary or significant support person(s) and may be provided in a clinical or non-clinical setting. Peer support services can include contact with family members or other collaterals if the purpose of the collateral's participation is to focus on the treatment needs of the beneficiary by supporting the achievement of the beneficiary's treatment goals. Peer support services are based on an approved plan of care and can be delivered as a standalone service. Peer support services are an optional benefit that DMC-ODS counties may choose to offer. Peer support services include the following service components:

- Educational Groups means providing a supportive environment in which beneficiaries and their families learn coping mechanisms and problem-solving skills in order to help the beneficiaries achieve desired outcomes. These groups promote skill building for the beneficiaries in the areas of socialization, recovery, self-sufficiency, self-advocacy, development of natural supports, and maintenance of skills learned in other support services.
- Engagement means Peer Support Specialist led activities and coaching to encourage and support beneficiaries to participate in behavioral health treatment. Engagement may include supporting beneficiaries in their transitions between levels of care and supporting beneficiaries in developing their own recovery goals and processes.
- Therapeutic Activity means a structured non-clinical activity provided by a Peer Support Specialist to promote recovery, wellness, self-advocacy, relationship enhancement, development of natural supports, self-awareness and values, and the maintenance of community living skills to support the beneficiary's treatment to attain and maintain recovery within their communities. These activities may include, but are not limited to, advocacy on behalf of the beneficiary; promotion of self-advocacy; resource navigation; and collaboration with the beneficiaries and others providing care or support to the beneficiary, family members, or significant support persons.

Peer Support Services can only be claimed as a standalone service. DMC-ODS providers delivering Peer Support Services must use the Peer Support Services procedure codes to claim for Peer Support Services. Peer Support Services is not covered as a service component of DMC-ODS levels of care. Peer Support Services are covered under the DMC-ODS program even if the beneficiary is not receiving treatment at a DMC-ODS level of care (e.g., the "Engagement" service component is designed to support outreach and engagement efforts prior to initiation and treatment).

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<sup>2</sup> ACBH expects to implement Peer Support Services in FY23-24

However, DMC-ODS providers may deliver Peer Support Services to beneficiaries receiving treatment at all DMC-ODS levels of care, including residential or inpatient levels of care. Beneficiaries may concurrently receive Peer Support Services while receiving other DMC-ODS services. Peer Support Services must be claimed separately.

Refer to **Service Table 13: Peer Support Specialist Services Codes** from the [DHCS DMC-ODS Billing Manual](#) for specific code information.

### **Recovery Monitoring**

Recovery monitoring includes recovery coaching and monitoring, designed for the maximum reduction of the beneficiary's SUD. Recovery monitoring is part of recovery services.

Refer to **Service Table 9: Recovery Services Codes** from the [DHCS DMC-ODS Billing Manual](#) for specific code information.

### **Recovery Services**

Recovery services are designed to support recovery and prevent relapse with the objective of restoring the beneficiary to their best possible functional level. Recovery services emphasize the beneficiary's central role in managing their health, use effective self-management support strategies, and organize internal and community resources to provide ongoing self-management support to beneficiaries. Beneficiaries may receive recovery services based on self-assessment or provider assessment of relapse risk. Beneficiaries do not need to be diagnosed as being in remission to access Recovery Services. Beneficiaries may receive recovery services while receiving MAT services, including NTP services. Beneficiaries may receive recovery services immediately after incarceration with a prior diagnosis of SUD. Services may be provided in person, by telehealth, or by telephone. Recovery services can be delivered and claimed as a standalone service, concurrently with the other levels of care, or as a service delivered as part of these levels of care.

Recovery services include the following service components:

- Assessment
- Care Coordination
- Counseling (individual and group)
- Family Therapy
- Recovery Monitoring (see service definition)
- Relapse Prevention (see service definition)

### **Relapse Prevention**

Relapse prevention includes interventions designed to teach beneficiaries with SUD how to anticipate and cope with the potential for relapse for the maximum reduction of the beneficiary's SUD. Relapse prevention is part of recovery services.

Refer to **Service Table 9: Recovery Services Codes** from the [DHCS DMC-ODS Billing Manual](#) for specific code information.

## DMC–ODS Covered Services

### Early Intervention Services (ASAM 0.5)

Early intervention services (EIS) are for beneficiaries under the age of 21. Any beneficiary under the age of 21 who is screened and determined to be at risk of developing an SUD may receive early intervention services. A SUD diagnosis is not required for early intervention services.<sup>3</sup> Early intervention services are provided under the outpatient treatment modality and must be available as needed based on individual clinical need, even if the beneficiary under age 21 is not participating in the full array of outpatient treatment services.

A full assessment utilizing the ASAM criteria is not required for a DMC beneficiary under the age of 21 to receive early intervention services; an abbreviated ASAM screening tool may be used. If the beneficiary under 21 meets diagnostic criteria for SUD, a full ASAM assessment must be performed, and the beneficiary must receive a referral to the appropriate level of care indicated by the assessment.

Early intervention services may be delivered in a wide variety of settings, and can be provided in person, by telehealth, or by telephone. Nothing in DMC-ODS limits or modifies the scope of the EPSDT mandate.

### Outpatient Treatment Services (ASAM 1.0)

Outpatient Treatment Services (also known as Outpatient Drug Free or ODF services) (ASAM Level 1) are provided to beneficiaries when medically necessary. Outpatient Services include the following service components:

- Assessment
- Care Coordination
- Counseling (individual and group)
- Family Therapy
- Medication Services
- MAT for OUD<sup>4</sup>
- MAT for AUD and non-opioid SUDs
- Patient Education
- Recovery Services
- Crisis Intervention Services

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<sup>3</sup> See [DHCS BHIN 22-013](#) for information on non-SUD diagnoses available for DMC-ODS claiming during the assessment period.

<sup>4</sup> As defined in [Supplement 3 to Attachment 3.1](#)



### **Intensive Outpatient Treatment Services (ASAM 2.1)**

Intensive Outpatient Treatment Services (ASAM 2.1) are provided to beneficiaries when medically necessary in a structured programming environment. Intensive Outpatient Services include the following services:

- Assessment
- Care Coordination
- Counseling (individual and group)
- Family Therapy
- Medication Services
- MAT for OUD <sup>5</sup>
- MAT for AUD and non-opioid substance use disorders
- Patient Education
- Recovery Services
- Crisis Intervention Services

### **Partial Hospitalization (ASAM 2.5) <sup>6</sup>**

Partial Hospitalization Services (ASAM Level 2.5) are delivered to beneficiaries when medically necessary in a clinically intensive programming environment. Partial Hospitalization Services include the following services:

- Assessment
- Care Coordination
- Counseling (individual and group as defined above)
- Family Therapy
- Medication Services
- MAT for OUD <sup>7</sup>
- MAT for AUD and non-opioid SUDs
- Patient Education
- Recovery Services
- SUD Crisis Intervention Services

### **Residential Treatment Services (ASAM 3.1, 3.3, 3.5)**

Residential Treatment Services are delivered to beneficiaries when medically necessary in a short-term treatment program corresponding to at least one of the following levels:

- Level 3.1 - Clinically Managed Low-Intensity residential Services
- Level 3.3 - Clinically Managed Population-Specific High Intensity Residential Services

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<sup>5</sup> As defined in [Supplement 3 to Attachment 3.1](#)

<sup>6</sup> LOC is not currently part of the ACBH SUD network

<sup>7</sup> As defined in [Supplement 3 to Attachment 3.1](#)

- Level 3.5 - Clinically Managed High Intensity Residential Services
- Level 3.7 - Medically Monitored Intensive Inpatient Services
- Level 4.0 - Medically Managed Intensive Inpatient Services

Residential Treatment Services include the following services:

- Assessment
- Care Coordination
- Counseling (individual and group as defined above)
- Family Therapy
- Medication Services
- MAT for OUD<sup>8</sup>
- MAT for AUD and non-opioid SUDs
- Patient Education
- Recovery Services
- SUD Crisis Intervention Services

### **Narcotic Treatment Programs (NTP/OTP) (ASAM OTP 1)**

NTP, also described in the ASAM criteria as OTP, is an outpatient program that provides Food and Drug Administration (FDA)-approved medications and biological products to treat SUDs when ordered by a physician as medically necessary. NTPs are required to administer, dispense, or prescribe medications to patients covered under the DMC-ODS formulary including methadone, buprenorphine (transmucosal and long-acting injectable), naltrexone (oral and long-acting injectable), disulfiram, and naloxone. If the NTP is unable to directly administer or dispense medically necessary medications covered under the DMC-ODS formulary, the NTP must prescribe the medication for dispensing at a pharmacy or refer the beneficiary to a provider capable of dispensing the medication. The NTP shall offer the beneficiary a minimum of fifty minutes of counseling services per calendar month. NTPs shall comply with all federal and state NTP licensing requirements. If the NTP cannot comply with all federal and state NTP requirements, then the NTP must assist the beneficiary in choosing another MAT provider, ensure continuity of care, and facilitate a warm hand-off to ensure engagement. NTP services are provided in DHCS-licensed NTP facilities pursuant to the California Code of Regulations, Title 9, Chapter 4, Division 4, and title 42 of the CFR. Counseling services provided in the NTP modality can be provided in person, by telehealth, or by telephone. However, the medical evaluation for methadone treatment (which consists of a medical history, laboratory tests, and a physical exam) must be conducted in-person.

Narcotic Treatment Program Services include the following services:

- Assessment
- Care Coordination
- Counseling (individual and group as defined above)
- Family Therapy

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<sup>8</sup> As defined in [Supplement 3 to Attachment 3.1](#)

- Medical Psychotherapy
- Medication Services
- MAT for OUD <sup>9</sup>
- MAT for AUD and non-opioid substance use disorders
- Patient Education
- Recovery Services
- SUD Crisis Intervention Services

An important component to NTP services is dosing of medications to treat SUD. DHCS has clarified that the dosing rate includes the following activities:

- Physical Exam
- Drug Screening
- Intake Assessment
- Medical Director Supervision
- TB Test
- Syphilis Test
- HIV Test
- Hepatitis C Test
- Drug Screening
- LVN Dosing
- RN Dosing
- Ingredient Costs

The activities described above cannot be billed separately as they are reimbursed via the dosing rate.

### **Withdrawal Management Services**

are provided to beneficiaries experiencing withdrawal in the following outpatient and residential settings:

- Level 1-WM: Ambulatory withdrawal management without extended on-site monitoring (Mild withdrawal with daily or less than daily outpatient supervision) <sup>10</sup>
- 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) <sup>11</sup>
- Level 3.2-WM: Clinically managed residential withdrawal management (24-hour support for moderate withdrawal symptoms that are not manageable in outpatient setting)

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<sup>9</sup> As defined in [Supplement 3 to Attachment 3.1](#)

<sup>10</sup> LOC is not currently part of the ACBH SUD network

<sup>11</sup> LOC is not currently part of the ACBH SUD network

- Level 3.7-WM: Medically Managed Inpatient Withdrawal Management (24-hour care for severe withdrawal symptoms requiring 24-hour nursing care and physician visits) <sup>12</sup>
- Level 4-WM: Medically managed intensive inpatient withdrawal management (Severe, unstable withdrawal requiring 24-hour nursing care and daily physician visits to modify withdrawal management regimen and manage medical instability) <sup>13</sup>

Withdrawal Management Services include the following service components:

- Assessment
- Care Coordination
- Medication Services
- MAT for OUD <sup>14</sup>
- MAT for AUD and non-opioid SUDs
- Observation
- Recovery Services

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<sup>12</sup> LOC is not currently part of the ACBH SUD network

<sup>13</sup> LOC is not currently part of the ACBH SUD network

<sup>14</sup> As defined in [Supplement 3 to Attachment 3.1](#)