

# Billing for Medication for Addiction Treatment (MAT) Services Under DMC-ODS: The Codes You Need to Know



## By the end of this training attendees will be able to:



Distinguish at least five (5) MAT billing codes under Drug Medi-Cal Organized Delivery System (DMC-ODS), explain the services they cover, and identify the corresponding levels of care and provider types authorized to use each code.



Analyze two (2) common billing and documentation errors in MAT services under DMC-ODS and apply correct coding and documentation practices to improve compliance.



Practice connecting at least three (3) MAT services to the appropriate Medi-Cal service codes using the current SAPC Rates & Standards Matrix.

**Join the Slido Poll | Access Code: #3388705**  
**Passcode: sfw05p**



**1**

**What is your role at your agency?**

- a. **Biller**
  - b. **Non-medical clinician**
  - c. **Medical clinician**
  - d. **Administrator**
- 

**2**

**What is the most challenging part of understanding and using billing codes? (Select all that apply)**

- a. **Using the Rates Matrix**
  - b. **Knowing which codes apply to which service**
  - c. **How to document accurately for billing**
  - d. **Something else: tell us in the chat**
- 



**CHAT  
QUESTIONS**

Medications for Addiction Treatment (MAT) combines FDA-approved and other clinically appropriate medications with counseling and support to treat substance use disorders and improve recovery outcomes.

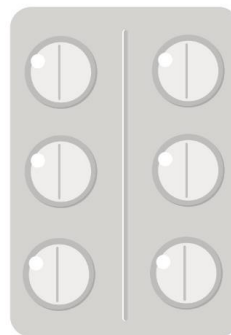
## **MAT services may include:**

- Prescribing, administering, and monitoring FDA-approved and other clinically appropriate medications for substance use disorders
- Providing education to clients about medication use, benefits, and possible side effects
- Direct observation of medication intake and/or medication administration
- Regular follow-up to assess medication effectiveness and support recovery progress

Substance Abuse and Mental Health Services Administration. (2023). *Medication-assisted treatment (MAT)*. <https://www.samhsa.gov/medication-assisted-treatment>

Substance Abuse Prevention and Control. (2024). *Information notice 24-01, attachment B*. <https://publichealth.lacounty.gov/sapc/bulletins/START-ODS/24-01/SAPC-IN-24-01-Attachment-B-Required-Addiction-Medications.pdf>

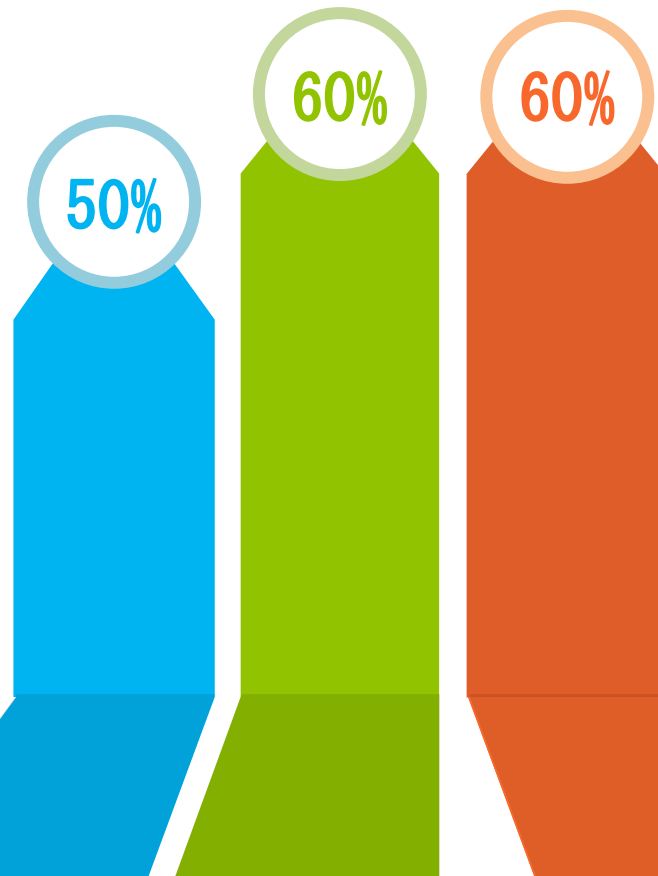
- The California Department of Health Care Services (DHCS) requires SUD treatment and recovery facilities to offer MAT services directly or through referral, using all FDA-approved medications for substance use disorders.
- SAPC *requires* contracted agencies to offer MAT services, when appropriate, to clients with opioid, alcohol, and/or tobacco use disorders using FDA-approved medications.
- SAPC *recommends* that clients with cannabis, stimulant (methamphetamine-type), and cocaine use disorders receive a MAT evaluation either on-site by a prescriber or through referral.



California Dept of Healthcare Services (DHCS, 2023). *BHIN 23-054*. DHCS. <https://www.dhcs.ca.gov/formsandpubs/Documents/BHIN-23-054.pdf>  
Substance Abuse Prevention and Control (SAPC 2024). *SAPC IN 24-01, Attachment B*. LA County Dept of Public Health.  
<http://publichealth.lacounty.gov/sapc/bulletins/START-ODS/24-01/SAPC-IN-24-01-Attachment-B-Required-Addiction-Medications.pdf>

The Los Angeles County Department of Public Health’s SAPC offers Value-Based Incentives (VBI) to reward providers for meeting performance goals—like increasing access to MAT and providing naloxone—to improve client outcomes and support quality care.

### MAT Incentive Goal Metrics



At least **50%** of clients agency-wide with an alcohol use disorder (AUD) either receive MAT education and/or Medication Services that include MAT.

At least **60%** of clients with opioid use disorder (OUD) served in an agency’s non-OTP setting either receive MAT education and/or Medication Services that include MAT.

At least **60%** of clients served agencywide receive naloxone through prescription or distribution.



## Medi-Cal Codes for MAT



## Direct Service Provider Resource

How do the treatment services provided get translated into codes that are used for reimbursement?

1. Identify your lane utilizing the [SAPC Rates Matrix FY 25-26](#)
2. Document accurate Progress Notes
3. Understand clinical services and their Medi-Cal codes
4. Understand and utilize Supplemental Services Codes
5. Communicate services across treatment and billing teams

*Updated  
October 2025*

1.SAPC (2025). *Payment reform: Fiscal year (FY) 2024-2025 capacity building package (version 4.0)*. LA County Dept of Public Health. <http://publichealth.lacounty.gov/sapc/docs/providers/payment-reform/SAPC-FY-24-25-Capacity-Building-Package.pdf>

2.GettyImages-1269808919

The SAPC Rates Matrix FY 25-26 was redesigned to detail substance use services by provider type, levels of care, and billing codes.

### Licensed Practitioners of the Healing Arts (LPHA)s and Licensed-Eligible (LE) LPHAs

- Licensed Clinical Social Worker (LCSW)
- Registered CSW (ACSW)
- Licensed Marriage and Family Therapist (LMFT)
- Registered MFT (AMFT)
- Licensed Professional Clinical Counselor (LPCC)
- Registered PCC (APCC)
- Licensed Clinical Psychologist (PSY)
- Registered Nurse (RN)
- Nurse Practitioner (NP)
- Licensed Occupational Therapist (LOT)
- Registered Pharmacist (Pharm)
- Physician Assistant (PA)
- Physician (MD/DO)
- Licensed Psychiatric Technician (LPT)
- Licensed Vocational Nurse (LVN)

### Counselors

- Certified Alcohol and Drug (AOD) Counselor
- Registered AOD Counselor

### Peer Support Specialists

- Certified Medi-Cal Peer Support Specialist

### Medical Assistant

- Medical Assistant (MA)

### Clinical Trainee

- An unlicensed individual who is enrolled in a post-secondary educational degree program in the State of California that will enable them to eventually obtain licensure as a LPHA

### Community Health Workers

- Community Health Worker (CHW)\*

\*Newly added practitioner

Centers for Medicare & Medicaid Services (2023). *California state plan amendment (SPA) 23-0026*. Dept of Health Care Services. <https://www.dhcs.ca.gov/formsandpubs/laws/Documents/SPA-23-0026-Approval.pdf>

## Information on Clinical Trainees (CTs)

Clinical Trainees (CTs) have same access to provide the same services as their licensed counterparts; however, documentation created by CTs must be co-signed by their supervisor.

CT must be set up as a clinical trainee in Sage to bill for services

CT's supervisor must be licensed in the same field as the CT

Agency must submit an attestation form regarding CTs and their supervisor to SAPC

## Modified Codes

- **H0034R to H0034-** Medication Training and Support for Residential LOCs
- **Changed S5000BI to S5001BI-** Buprenorphine Injectable (Sublocade)

## Deleted Codes

- **H2010S-** Medication Handling/Safeguarding as this is no longer a billable service
- **99441, 99442, and 99443-** Telephone Evaluation and Management Service as they were discontinued by CMS as of 1/1/2025

This is a partial list of changes.

See [FY25-26 Rates Matrix and Code Changes](#) for all changes

**Service duration** is the total number of minutes providing direct client care.

### Note Type

- For accurate documentation
- Track all the work you do

### Was Client Present?

- Helps to determine appropriate procedure code
- Client not present but billable: Care Coordination, record review, family therapy (LPHAs only)
- Client not present and NOT billable: administrative tasks (e.g., phone calls, voicemails, emails, etc.)

### Location

- Particularly important for Field Based Services
- Can impact denials
- [SAPC Progress Note Guide](#) – see Appendix B on page 12 for a full list of locations

The screenshot shows the SAPC Progress Note form with several fields highlighted and annotated:

- Service Duration (minutes):** Highlighted with a blue box.
- Service Type:** A dropdown menu highlighted with a blue box, with a callout bubble stating "Enhanced documentation to align with Payment Reform".
- Procedure Codes (CPT/HCPCS):** A dropdown menu highlighted with a blue box.
- Note Type:** A group of radio button options (Individual, Crisis, Residential Group, Family, Non-Residential Group, Non-Billable) highlighted with a red box.
- Was Client Present?:** Radio button options (Yes, No) highlighted with a red box.
- Location:** A dropdown menu highlighted with a red box.

Other visible fields include: Date of Service, Program, Service Start Time, Service End Time, Method of Service Delivery (Face-to-Face, Field Based Services, Telehealth, Telephone, Not Applicable), Procedure Codes (Historical), Provider Name, and Provider Name (Optional).

**Service duration** is the total number of minutes providing direct client care.

### Direct Client Care:

- Client care codes: time spent with the client for the purpose of providing healthcare.
- Medical consultation/care coordination code: time spent with the consultant/members of the beneficiary's care team.

Direct client care **does not** include travel time, administrative activities, chart review, documentation, utilization review and quality assurance activities or other activities a provider engages in either before or after a client visit.

*The exception to this rule are codes 99202-05 and 99212-15, which we will discuss later.*



**Note:** Use exact service time. Do not round up or down.

**Reminder:** Time spent documenting, including Progress Notes, is not billable as of FY 23-24.

## Step 3: Medi-Cal Services & their Codes

### Types of Service

#### Today's Focus

- Assessment
- Medications for Addiction Treatment (MAT)
  - Care Coordination
- Individual Counseling
- Group Counseling
- Recovery Services
- Peer Support Services

**LOC:**  
0.5, 1.0, 2.1  
and OTP

**Disciplines:**  
MD/DO, NP, PA

**Disciplines:**  
MD/DO, PA, NP, Pharm,  
RN, MA, LPT, LVN

Psychiatric Diagnostic  
Evaluation with Medical  
Services, 60 Minutes

Alcohol and/or other drug testing;  
15 mins. (Note: Use this code to  
submit claims for point of care  
tests)

**Example:** MD completes  
assessment and medication  
evaluation

**Example:** MA involved in the  
collection/handling of specimens  
(other than blood)

**Code 90792**

**Code H0048**

OTPs can be used to cover **additional** services when needed for diagnosis and management services medically necessary to treat the client's SUD (**cannot** include with the History & Physical).  
  
Also available in Outpatient Settings

**LOC:**

0.5, 1.0, 2.1

**Disciplines:**  
MD/DO, PA, NP

Office or Other Outpatient  
Visit of New Patient

Office or Other Outpatient  
Visit of an Established  
Patient

**Example:** Physician assesses a new client in office for their substance use treatment needs, MAT, and coordinate care with other providers

**Example:** Physician meets established client in office to assess their recovery progress, reviews MAT medications, and coordinate care with other providers

**Code 99202**

15-29 min

**Code 99203**

30-44 min

**Code 99204**

45-59 min

**Code 99205\***

60+ min

**Code 99212**

10-19 min

**Code 99213**

20-29 min

**Code 99214**

30-39 min

**Code 99215\***

40+ min

\*prolong codes are used when services exceed certain duration.

**LOC:**  
0.5, 1.0, 2.1

**\*Note:**

- Biller will use a prolong service code when the duration of E&M services is longer than a certain duration.
- Hence, it is important to **document service duration exactly to the minute. Do not round up.**

**MD/DO, PA, NP**

**Home Visit of a New Patient**

**Home Visit of an Established Patient**

**Example:** Physician visits a new client in their home to assess their substance use treatment needs, evaluates appropriateness for MAT, prescribes MAT medication

**Example:** Physician visits client at a homeless shelter to assess response to MAT, adjust medications as needed, and prescribes new dosage of MAT medication

**Code 99341**  
15-29 minutes

**Code 99342**  
30-59 minutes

**Code 99344**  
60-74 minutes

**Code 99345\***  
75-89 minutes

**Code 99347**  
20-29 minutes

**Code 99348**  
30-39 minutes

**Code 99349**  
40-59 minutes

**Code 99350\***  
60-74 minutes

Office or Other Outpatient  
Visit of New Patient  
**Codes 99202 - 99205**

Office or Other Outpatient  
Visit of an Established Patient  
**Codes 99212 - 99215**

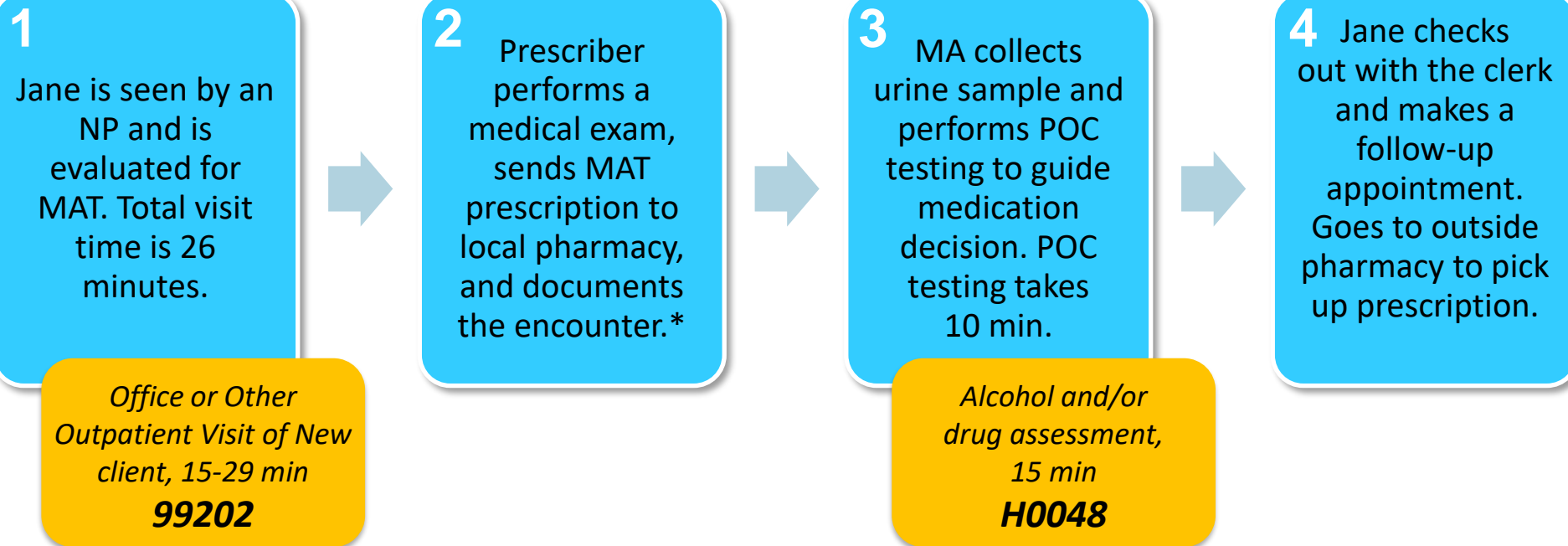
Home Visit of a  
New Patient  
**Codes 99341 - 99345**

Home Visit of an  
Established Patient  
**Code 99347 - 99350**

## Activities included in the total time for the above codes:

- preparing to see the client (e.g., review of tests)
- obtaining and/or reviewing separately obtained history
- performing a medically appropriate examination and/or evaluation
- counseling and educating the client/family/caregiver
- ordering medications, tests, or procedures
- referring and communicating with other health care professionals (when not separately reported)
- documenting clinical information in the electronic or other health record
- independently interpreting results (not separately reported) and communicating results to the client/family/caregiver
- care coordination (not separately reported)

**Scenario:** Jane is a new client who comes in for a MAT evaluation office visit in an Outpatient setting.



\*Per AMA’s CPT Guidance, these activities are bundled into the New client Visit for codes 99202, 99203, 99204, and 99205.

American Medical Association (2023). *CPT evaluation and management (E/M) code and guideline changes*. AMA.  
<https://www.ama-assn.org/system/files/2023-e-m-descriptors-guidelines.pdf>

**LOC:**

0.5, 1.0, 2.1, 3.1, 3.3, 3.5, OTP  
1-WM, 2-WM, 3.2-WM

**MD/DO, PA, NP, Pharm,  
RN, MA, LPT, LVN, LOT**

Oral Medication Administration,  
Direct Observation, 15 min  
(injectable route also included)

**Example:** LVN gives Naltrexone XR  
injection

**Code H0033**

- For residential settings: H0033 requires Incidental Medical Services (IMS) designation through DHCS
- Covers *any medically necessary* medication
  - Oral medication
  - Injectable medication
- Not exclusive to addiction medications, but administration must be connected to the client's SUD treatment
- Performed by medical staff  
*Does not* cover observation made by non-medical disciplines
- **Documentation:** Requires medication administration note

\*SAPC received denials for H0033 in LOC 3.2-WM. SAPC is following up with DHCS for more guidance.

SAPC (2025). *Clinical documentation FAQ* (p. 9). LA County Dept of Public Health. <http://publichealth.lacounty.gov/sapc/docs/providers/sage/pcnx/Clinical-Documentation-FAQ.pdf>

SAPC (2025b). *March 18, 2025 provider meeting FAQ* (p.3). LA County Dept of Public Health. <http://publichealth.lacounty.gov/sapc/NetworkProviders/pm/031825/Provider-Meeting-FAQ-031825.pdf>

**LOC:**

0.5, 1.0, 2.1, 3.1, 3.3, 3.5, OTP  
1-WM, 2-WM, 3.2-WM

**MD/DO, PA, NP, Pharm,  
RN, MA, LPT, LVN**

Medication Training and Support, per 15 min (Group Service, must use HQ modifier)

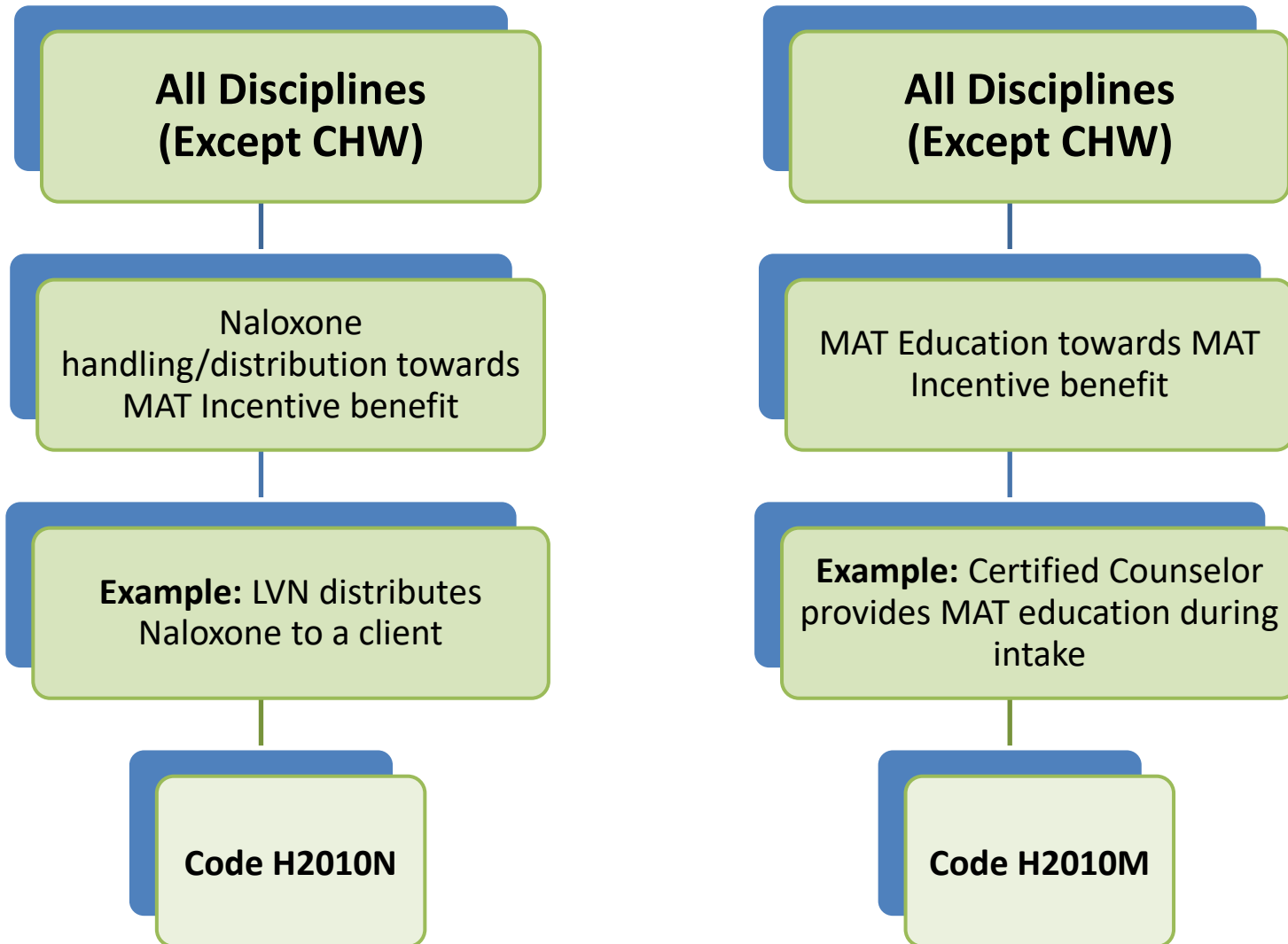
**Example:** RN provides MAT training and support for a new medication.

**Code H0034  
(+HQ Group  
Modifier)**

- For residential settings: H0034 requires Incidental Medical Services (IMS) designation through DHCS
- Covers medication education regarding *any* newly prescribed medication for recovery support
  - Documentation must include (non-tobacco) SUD as a focus of the visit when providing education for non-MAT medications
- Provided by medical staff
- *Does not* cover education provided by non-medical disciplines
- +HQ modifier for Group setting

SAPC (2025a). *Clinical documentation FAQ* (p. 9). LA County Dept of Public Health. <http://publichealth.lacounty.gov/sapc/docs/providers/sage/pcnx/Clinical-Documentation-FAQ.pdf>

SAPC (2025b). *March 18, 2025 provider meeting FAQ* (p.3). LA County Dept of Public Health. <http://publichealth.lacounty.gov/sapc/NetworkProviders/pm/031825/Provider-Meeting-FAQ-031825.pdf>



**Note that both H2010N and H2010M are NOT stand alone services.**

1. [SAPC Provider Manual– Version 10.0](#)

2. CA DHCS [BHIN-23-001-DMC-ODS-Requirements-for-the-Period-of-2022-2026.pdf \(ca.gov\)](#)

3. Billing for H2020M/N/S in FY 24/25 <http://publichealth.lacounty.gov/sapc/docs/providers/sage/finance/H2010M-N-S-Guidance-for-FY-24-25.pdf>

## Progress Note

**Provider:** Jane Smith, NP

**Date:** 08/11/2025

**Client:** John Doe

**Level of Care:** 2.1 IOP

**Service Duration:** 38 min

Met with established client John Doe in office, diagnosed with opioid use disorder, moderate per DSM-5TR criteria, for follow-up regarding ongoing medication for addiction treatment (MAT). Client reports feeling dizzy intermittently over the past week, which he believes started after initiating oral naltrexone 50 mg daily. Denies fainting, chest pain, or other acute symptoms.

Exam: Client alert and oriented, no acute distress. Blood pressure and heart rate within normal limits, no orthostatic changes noted. Neurological exam unremarkable.

Discussed that dizziness can be a side effect of naltrexone. Reviewed other MAT options including buprenorphine and methadone, emphasizing adherence, safety, and symptom monitoring. Encouraged client to stay hydrated and track dizziness episodes.

Plan: Continue current dose, monitor symptoms, and follow up in one week or sooner if symptoms worsen.

Jane Smith, NP



**Identify the billing code that aligns with the service provided in this progress note.**

## Progress Note

**Provider: Jane Smith, NP**

Date: 08/11/2025

Client: John Doe

**Level of Care: 2.1 IOP**

**Service Duration: 38 min**

**Billing code to use:  
99214 Office or Other Outpatient Visit  
of an Established client, 30-39 min**



**Met with established client John Doe, diagnosed with opioid use disorder, moderate per DSM-5TR criteria, for follow-up regarding ongoing medication-assisted treatment (MAT).**

Client reports feeling dizzy intermittently over the past week, which he believes started after initiating oral naltrexone 50 mg daily. Denies fainting, chest pain, or other acute symptoms.

Exam: Client alert and oriented, no acute distress. Blood pressure and heart rate within normal limits, no orthostatic changes noted. Neurological exam unremarkable.

**Discussed that dizziness can be a side effect of naltrexone. Reviewed other MAT options including buprenorphine and methadone, emphasizing adherence, safety, and symptom monitoring. Encouraged client to stay hydrated and track dizziness episodes.**

Plan: Continue current dose, monitor symptoms, and follow up in one week or sooner if symptoms worsen.

Jane Smith, NP

## The 3 C's of Care Coordination: Connection, Coordination, Communication

**Connect** clients to services from outside agencies

**Coordinate** services with other providers

**Communicate** with providers, service partners, and advocate

### Examples of CC activities for MAT:

- Referral to MAT prescriber
- Referral to OTP for MAT services



### Not Billable if:

- Activity is part of E&M codes 99202, 99203, 99204, and 99205 for initial visits and 99212, 99213, 99214, and 99215 for follow-up visits.
- Information, phone numbers, brochures, etc. are provided to client for them to follow up with. CC is a *collaborative* and *coordinated* approach between provider, client, and outside partners.

## All Disciplines (Except CHW and CMPSS)

Targeted Case Management;  
15 min

**Example:**  
LPHA links client to an OTP for MAT

**Code T1017**

### LOC:

0.5, 1.0, 2.1, 3.1, 3.3, 3.5, OTP  
1-WM, 2-WM, 3.2-WM

- Care Coordination (CC) may be used to link patients to MAT services if:
  - The agency has no medical providers that can prescribe MAT
  - For clients who want to access MAT services in an Opioid Treatment Program (OTP)
- Obtain an ROI
- **Ensure documentation supports the need for CC**
  - Include a primary non-tobacco SUD diagnosis
  - Collaborate with client to develop the Problem List and Care Plan
  - CC needs should tie to the client's Problem List, include a rationale for why CC services are needed
  - Describe practitioner interventions to address the problem; include 3 C's

**Progress Note****Provider:** Frank Lopez, CADC-II**Date:** 8/12/25**Service Type:** Care Coordination**Service Code:** T1017 (1 unit)**Service Duration:** 20 min**Location:** Non-residential Substance Abuse Treatment Facility

Met with Joey Smith, 32 y/o white male with OUD, severe. Client reported ongoing cravings and experiencing withdrawal symptoms of sweating, fatigue, and chills when he stops using heroin. Last use was this morning and symptoms subsided. Client requested MAT options.

**Intervention:** Discussed MAT with client and identified OTP Recovery Clinic as a resource. Provided clinic's phone number and encouraged client to schedule intake. Offered to follow up next week to see if they were able to connect.

**Outcome:** Client stated they would call today.

**Plan:** Check in next session.



**Does this note meet criteria for Care Coordination? Why or why not?**

## Progress Note

**Provider:** Frank Lopez, CADC-II

**Date:** 8/12/25

**Service Type:** Care Coordination

**Service Code:** T1017 (1 unit)

**Service Duration:** 20 min

Met with Joey Smith, 32 y/o white male with OUD, severe. Has been smoking and injecting heroin for 3 years, with daily use. Client reported ongoing cravings and experiencing withdrawal symptoms of sweating, fatigue, and chills when he stops using heroin. Reports daily cravings despite counseling interventions. Agency does not have a prescriber on staff; external referral required to initiate MAT.

**Intervention:** Reviewed MAT options with client, including buprenorphine and methadone, and addressed questions about side effects and treatment process. **Obtained signed ROI for OTP Recovery Clinic. Contacted clinic during session to confirm intake availability; secured appointment for 8/14/25 at 9:00 a.m. Arranged transportation and provided client with written appointment details. Coordinated with clinic intake staff to send treatment summary and most recent lab results.**

**Outcome:** Appointment confirmed; client expressed understanding of location, date, and transportation plan, and agreed to attend.

**Plan:** Follow up with client on 8/15/25 to confirm attendance and address any additional coordination needs.





## Specific Billing Scenarios for MAT



**POLL**

# **TRUE or FALSE?**

**Residential LOCs and OTPs  
cannot bill for any MAT services  
because services are already  
included in the bundled  
day/medication rate.**



**TRUE**



**FALSE**

**Answer: FALSE**

**Opioid Treatment Programs (OTPs) can bill on top of the medication rate for the following MAT related services:**

Point of Care Testing

- **H0048**—Alcohol and/or other drug testing, 15 min (POC tests)

Medication Services: Medication Administration

- **H0033**—Oral Medication Administration, direct observation, 15 min

Medication Services: MAT Training/Education

- **H0034**—Medication Training and Support, per 15 min (Group Service, must contain HQ modifier)

## Care Coordination

- **T1017**—Targeted case management

## Medications

- Including methadone, buprenorphine, naltrexone, disulfiram, and naloxone. See Rates Matrix for specific medication codes.

## MAT Services: Value Based Incentives \$0 codes-Count towards agency Value Based Incentives

- **H2010M**—MAT Education
- **H2010N**—Naloxone Handling/Distribution

## Residential LOCs can bill on top of the day rate for the following MAT related services:

### Medication Services: Medication Administration

- **H0033**—Oral Medication Administration, direct observation, 15 min

### Medication Services: MAT Training/Education

- **H0034**—Medication Training and Support, per 15 min (Group Service, must contain HQ modifier)

### Care Coordination

- **T1017**—Targeted case management

### MAT Services: Value Based Incentives

\$0 codes-Count towards agency Value Based Incentives

- **H2010M**—MAT Education
- **H2010N**—Naloxone Handling/Distribution

## What about MAT Assessments in Residential LOCs?

The following are locked out (denied) during a residential admission:

- Psychiatric diagnostic evaluation with medical services: 90792
- E&M Initial Evaluation: 99202, 99203, 99204, 99205
- E&M Follow-Up: 99212, 99213, 99214, 99215
- Extended Service Codes: 99416, 99418
- Health risk assessment instrument administration: 96160

*Residential LOCs should use H0034 when providing MAT Services*

### Allowable codes during a Residential admission

#### Medication Services: Medication Administration

- **H0033**—Oral Medication Administration, direct observation, 15 min

#### Medication Services: MAT Training/Education

- **H0034**—Medication Training and Support, per 15 min (Group Service, must contain HQ modifier)

## 1-WM and 2-WM LOCs can bill for MAT related services:

### MAT Services: Medication Administration

- **H0033**—Oral Medication Administration, direct observation

### MAT Services: MAT Training/Education

- **H0034**—Medication Training and Support, per 15 min (Group Service, must contain HQ modifier)

### Care Coordination

- **T1017**—Targeted case management

## 1-WM, 2-WM, & 3.2-WM LOCs can bill for Incentives:

### MAT Services: Value Based Incentives

\$0 codes-Count towards agency Value Based Incentives

- **H2010M**—MAT Education
- **H2010N**—Naloxone Handling/Distribution



**Vignette: ABC Recovery Residential LOC submitted a claim for the following services and received a denial for some of the codes.**

**Performed by Registered SUD Counselor:**

- MAT education for AUD provided in Group counseling, 60 min
  - **H2010M**
  - **4 units of H0034HQ**
- Direct observation of oral medication, 11 min.
  - **1 unit of H0033**

**Performed by MD:**

- MAT evaluation with physical exam, 28 min
  - **2 units of H0034**
- Sends prescription to mail-order pharmacy and orders POC test, 6 min
  - **1 unit of T1017**

**You're the auditor! Answer in Poll**

- 1. Which of these codes would you approve?**
- 2. Which of these codes would you deny?**



## Performed by Registered SUD Counselor:

- **H2010M: approved**
  - Allowable for SUD Counselor. All disciplines can provide MAT education towards incentive.
- **H0034HQ and H0033: denied**
  - Cannot be used by SUD Counselors. Only medical staff can bill for MAT training and medication administration/observation.

## Performed by MD:

- **2 units of H0034: approved**
  - Code used is appropriate for MAT assessments made in a Residential LOC. Can be used by medical staff and meets time requirements.
- **1 unit of T1017: denied**
  - Sending a prescription and ordering POC testing is not considered Care Coordination. Also did not meet service time.

- Medical prescribers (physicians, PAs, NPs) may provide psychiatric care, general medical care, and/or physical exams if an eligible (non-tobacco) SUD is also documented as a focus of an office visit for codes **99202-05** and **99212-15**
- The SUD does not need to be the *only* focus, but it must be the *primary* focus and clearly addressed in the progress note
- Medication services associated with documentation where there is **no mention** of an eligible (non-tobacco) SUD and **no mention** of treating the SUD are **not billable** to SAPC.

**Example:** Lucia is a new client diagnosed with AUD and anxiety. She has an appointment with a PA for MAT initiation at a LOC 2.1 agency.

Lucia meets with a PA for 45 min and describes that her anxiety is worsening, which has led to increased drinking.

PA discusses and offers FDA-approved medications for AUD.

PA also discusses medications that can treat Lucia’s anxiety and other ways they can manage her anxiety since it is affecting her drinking.

Lucia agrees to plan of care. PA prescribes Naltrexone for AUD and Lexapro for anxiety. PA documents the primary SUD and their medical decision making to treat AUD and anxiety.

Office or Other Outpatient Visit of New client, 45-59 min  
**99204**

**Clients in Residential settings may have medications scheduled throughout the day. H0033—Medication administration for the day *must* be “rolled up”, or combined, for billing when:**

- Same client
- Same day
- Same procedure
- Same practitioner

**Each service must meet the midpoint rule to be included in the billing as a rollup.** Units billed should not be based on the combined total duration time but on each individual service duration time meeting the midpoint rule. **See: [Sage Communication 2/16/2024](#)**

**EXAMPLE:** A.J. is an LVN working with a client, Melvin, in a 3.1 LOC.



- 8am: A.J. administers buprenorphine, 8 min.
- 2pm: A.J. gives Melvin a second dose of buprenorphine, 8 min
- 5pm: A.J. finishes his shift and Clare takes over his clients.
- 9pm: Clare administers Melvin’s nightly diabetes medicine, 5 min.

**Which medication administrations can be “rolled up”?**

- A.J.’s 8am and 2pm medication administration must be combined for billing purposes for a total time of 16 min
- Clare’s 9pm service would not be combined since it was done by a different provider

**Scenario:** Steve is a client in a 3.1 residential LOC who attends group counseling and receives medications for his SUD and other health conditions during the course of a day.



**1** Steve attends group counseling run by a Registered Counselor. MAT education is provided for 20 minutes of the 1h session.



**2** MA directly observes client taking afternoon dose of MAT medication, 6 min.



**3** Steve watches TV and plays cards with other residents in the evening.



**4** MA directly observes him taking nightly dose of MAT medication, diabetes, and cholesterol medicine, 8 min.

**Scenario:** Steve is a client in a 3.1 residential LOC who attends group counseling and receives medications for his SUD and other health conditions during the course of a day.



**1** Steve attends group counseling run by a Registered Counselor. MAT education is provided for 20 minutes of the 1h session.

*MAT Education  
H2010M\*\**

**2** MA directly observes client taking afternoon dose of MAT medication, 6 min.

*Not billable, does not meet the midpoint rule*

**3** Steve watches TV and plays cards with other residents in the evening.

**4** MA directly observes him taking nightly dose of MAT medication, diabetes, and cholesterol medicine, 8 min.

*Oral Medication Administration, Direct Observation, 15 min  
H0033\**

\*Separate services must meet the midpoint rule independently in order to combine

\*\*Reminder H2010M is not a standalone service. Include it in the counseling note.

## Progress Note

**Provider:** Amy Tran, CMPSS

**Date:** 8/12/25

**Level of Care:** 1.0 OP

**Location:** Non-residential Substance Abuse Treatment Facility

**Service Duration:** 35 min

**Service Code:** 3 units of H0038 (Peer Support- self help/peer services, 15 min);  
H2010N



Client is a 35-year-old male diagnosed with Opioid Use Disorder and Stimulant Use Disorder. We talked about recovery and how to handle cravings. I told him about naloxone and encouraged him to keep coming to support groups.

**Contract Program Auditor (CPA) reviews the note and disallows the service.  
Take a few minutes to make corrections and re-write the progress note  
in a manner that would make these services approvable.**

## Progress Note

**Provider:** Amy Tran, CMPSS

**Level of Care:** 1.0 OP

**Service Duration:** 35 min

**Service Code:** 2 units of H0038 (Peer Support- self help/peer services, 15 min);  
H2010N



**P:** Client is a 35-year-old male diagnosed with Opioid Use Disorder, moderate, and Stimulant Use Disorder, mild. The plan of care focuses on supporting recovery by building coping strategies for cravings, increasing skills to manage anxiety without substance use, and enhancing safety through overdose prevention education and access to naloxone.

**I:** In a 35-minute peer support session, the client identified triggers for opioid and methamphetamine cravings and practiced grounding and mindfulness techniques as coping strategies. Client actively shared recent experiences managing anxiety without substance use. **Education was provided on recognizing opioid overdose and using naloxone nasal spray. Client demonstrated understanding through return demonstration and consented to receive a naloxone kit.**

**N:** Client agreed to contact support staff if questions or concerns arise. Client expressed willingness to continue engaging in peer support. A follow-up session is scheduled for next week to review coping progress and reinforce naloxone use preparedness.



## Sign Language or Oral Interpretive Services (T1013)

- Clinicians and Counselors can use this code (all EXCEPT CHW & CMPSS)
- Interpreter is a 3<sup>rd</sup> party– must be another staff member or interpreter service



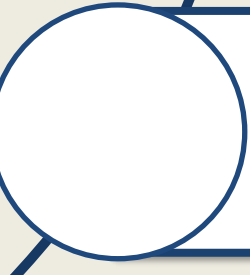
## Interactive complexity (90785)

- All disciplines (except CHW and CMPSS)



## Interpretation or explanation of results of psychiatric or other medical procedures to family or other responsible persons (90887)

- (LE) LPHA and Clinical Trainees can use this code



## Health behavior intervention, family (without client present) face-to-face (96170/96171)

- (LE) LPHA and Clinical Trainees can use this code

**SUBSTANCE ABUSE PREVENTION AND CONTROL**  
**PROGRESS NOTE STATUS REPORT**

Print Date: 8/21/2023

Parameters Selected: Patient: (), Date Range: 8/1/2023 - 8/21/2023  
Program: , Provider: Recovery Inc  
Provider Name: , Form Status:

**Note: This is a test report.**  
**No PHI contained.**

Provider	Program	Patient Name	PATID	Date of Service	Service Start Time	Service End Time	Service Duration	Method of Delivery	Note Type	Service Type	Specific Procedure	Location
Recovery Inc Facility	Recovery Facility	TEST,QUIUM	159908	8/17/2023	04:32 PM	04:32 PM	0 mins	Face-to-Face	Individual	Education	Medical Team Conference with Interdisciplinary Team Participation by Non- Physician (99368)	Independent Clinic
Recovery Inc Facility	Recovery Facility	PCNX,ESTER MIDDLE MS	160919	8/16/2023	12:00 PM	01:00 PM	60 mins	Face-to-Face	Individual	Assessment		Group Home
Recovery Inc Facility	Recovery Facility	PCNX,ESTER MIDDLE MS	160919	8/17/2023	04:31 PM	04:31 PM	0 mins	Telehealth	Crisis	Care Coordination	Alcohol and/or other drug testing-point of care tests (H0048)	Ambulance-Air or V
Recovery Inc Facility	Recovery Facility	TEST,GREG	161048	8/10/2023	09:15 AM	10:00 AM	45 mins	Field Based Services	Individual	Assessment		Public Health Clinic
Recovery Inc Facility	Recovery Facility	PCNX,DAVID BOBBY	161076	8/16/2023	06:00 PM	07:06 PM	66 mins	Telehealth	Individual	Care Coordination	Medical Team Conference with Interdisciplinary Team Participation by Non- Physician (99368)	Office

**Progress Note Status Report is generated based on progress notes entered by treatment staff.**

- Allows billers to:
  - Identify the needed categories to bill HCPCS
  - Have visibility on which CPT® codes to bill
  - Identify the appropriate code based on the duration of the service (for those services without CPT® codes)

**Communicate services across treatment and billing teams**

- Role of the provider is to identify the service
- Role of the biller is to verify accuracy and appropriateness



## Important Reminders

- Be mindful of documentation timeline requirements
  - Services provided can be rolled-up and billed as one service under certain conditions
  - Late documentation can cause billing denial/audit issues down the line.
- **Suggestion:** Create internal workflows for a system with checks and balances
- Aligned with guidance/resources provided by SAPC
- **DO NOT** enter notes into ANY Electronic Health Record (EHR) including Sage until AFTER a service has been provided.



GettyImages-1161898151

**In the Slido Word Cloud, what are some common reasons for denials for MAT Service Codes?**

## Step 1: Consult with the treatment team

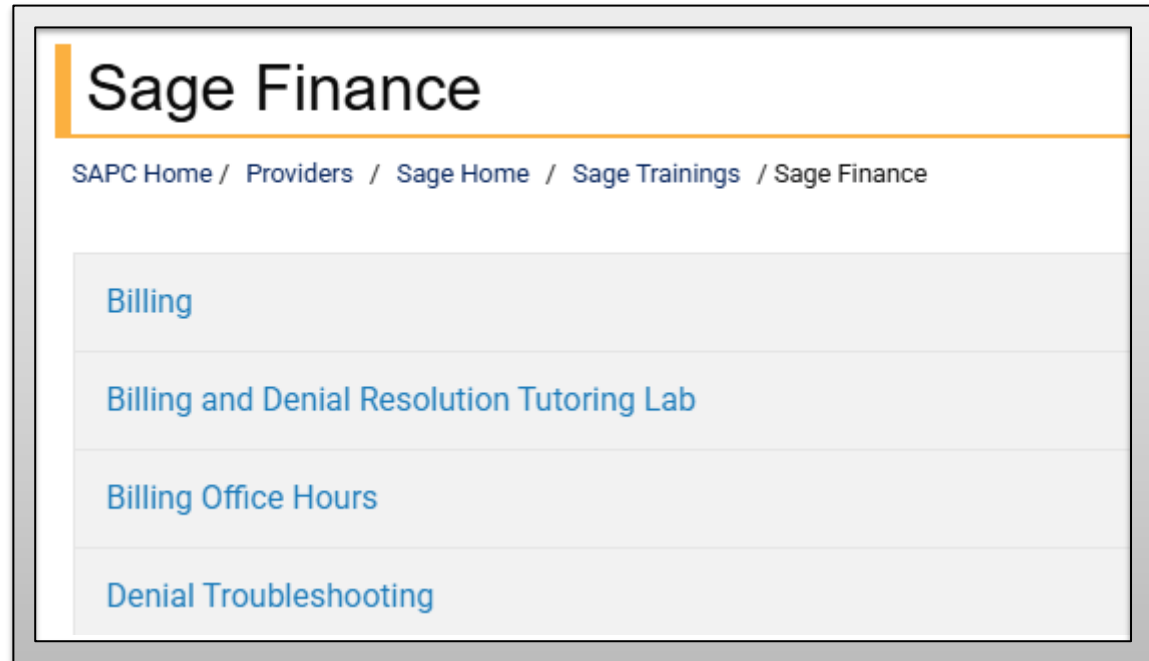
Who is providing what service to help the client with which goal? This informs the team on how to bill for each service provided.

**Step 2:** Refer to the [SAPC Rates Matrix](#), the [CA DHCS DMC-ODS Billing Manual](#) and [Sage-PCNX](#) resources

**Step 3:** Consult with those that do the billing at your agency and upper management if needed

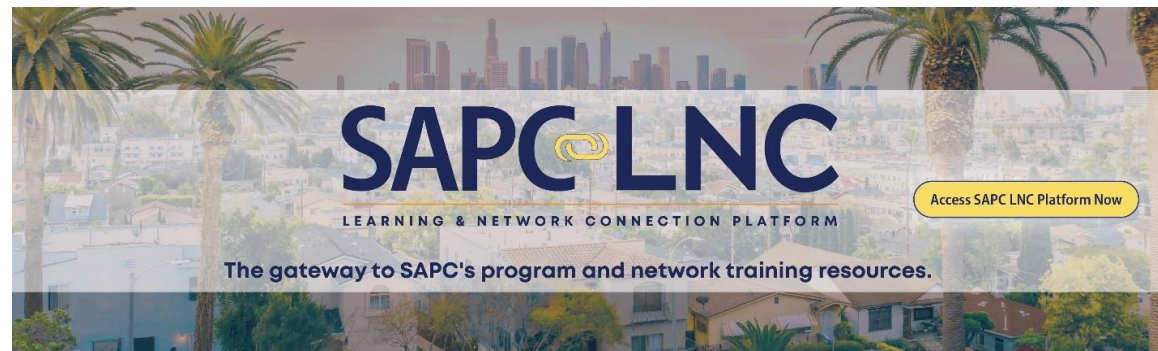
**Step 4:** Refer to the slide “SAPC Contacts for Troubleshooting” to determine who to reach out to based on the nature of your question.

- Monthly Billing and Denial Resolution Tutoring Lab is available. The meeting link is available on the [SAPC Training Calendar](#). No need to register.



The screenshot shows the Sage Finance webpage. At the top, the title "Sage Finance" is displayed in a large, bold, black font. Below the title, a breadcrumb trail reads "SAPC Home / Providers / Sage Home / Sage Trainings / Sage Finance". A vertical navigation menu on the left side of the page lists four items: "Billing", "Billing and Denial Resolution Tutoring Lab", "Billing Office Hours", and "Denial Troubleshooting". Each item is presented in a light blue font against a white background.

- PCNX recordings and guides are available on the [SAPC-Sage training page](#) and within the [SAPC-Learning & Network Connection](#) (SAPC-LNC) Platform.



The banner features a background image of a city skyline with palm trees in the foreground. The text "SAPC LNC" is prominently displayed in a large, bold, dark blue font. Below this, the words "LEARNING & NETWORK CONNECTION PLATFORM" are written in a smaller, all-caps, dark blue font. At the bottom of the banner, the text "The gateway to SAPC's program and network training resources." is centered. In the bottom right corner, there is a yellow button with the text "Access SAPC LNC Platform Now".

**In today's training, we deepened our understanding of billing for MAT services under DMC-ODS by exploring essential codes, common challenges, and practical applications to ensure accurate and compliant billing.**

- Examined and differentiated five (5) MAT billing codes under DMC-ODS and their associated services.
- Identified two (2) common billing errors associated with MAT services.
- Applied the FY25–26 Rates and Standards Matrix to select appropriate billing codes using treatment scenarios.
- Analyzed case vignettes to understand factors influencing billing approval or denial



# Resources



Name of Resource	Link to Resource
<b>SAPC Rates Matrix FY 25-26</b>	<a href="http://publichealth.lacounty.gov/sapc/bulletins/START-ODS/25-09/FY%2025-26%20Rates%20Matrix%20v1.1%20-%20Provider%20Facing%2010.15.2025.xlsx">http://publichealth.lacounty.gov/sapc/bulletins/START-ODS/25-09/FY%2025-26%20Rates%20Matrix%20v1.1%20-%20Provider%20Facing%2010.15.2025.xlsx</a>
<b>Clinical Documentation FAQ</b>	<a href="http://publichealth.lacounty.gov/sapc/docs/providers/sage/pcnx/Clinical-Documentation-FAQ.pdf">http://publichealth.lacounty.gov/sapc/docs/providers/sage/pcnx/Clinical-Documentation-FAQ.pdf</a>
<b>CA Department of Health Care Service Drug Medi-Cal Organized Delivery System Billing Manual:</b>	<a href="https://www.dhcs.ca.gov/services/MH/Pages/MedCCC-Library.aspx">https://www.dhcs.ca.gov/services/MH/Pages/MedCCC-Library.aspx</a>
<b>SAPC Payment Reform Site</b>	<a href="http://publichealth.lacounty.gov/sapc/providers/payment-reform/?tm">http://publichealth.lacounty.gov/sapc/providers/payment-reform/?tm</a>
<b>Medicare NCCI Policy Manual</b>	<a href="https://www.cms.gov/medicare/coding-billing/national-correct-coding-initiative-ncci-edits/medicare-ncci-policy-manual">https://www.cms.gov/medicare/coding-billing/national-correct-coding-initiative-ncci-edits/medicare-ncci-policy-manual</a>

# SAPC Contacts for Troubleshooting



Who to Contact	When to Contact	Where to Contact
CalOMS	For anything related to CalOMS	<a href="mailto:hoda_caloms@ph.lacounty.gov">hoda_caloms@ph.lacounty.gov</a>
Clinical Standards and Training	For training or clinical documentation questions.	<a href="mailto:dsapc.cst@ph.lacounty.gov">dsapc.cst@ph.lacounty.gov</a>
Contracts	For questions about general contract, appeals, complaints, grievances, and/or adverse events.	<b>Email:</b> <a href="mailto:sapcmonitoring@ph.lacounty.gov">sapcmonitoring@ph.lacounty.gov</a> <b>Phone:</b> 626-299-4532
Finance	General finance questions. No client or denial specific questions.	<b>Email:</b> <a href="mailto:SAPC-Finance@ph.lacounty.gov">SAPC-Finance@ph.lacounty.gov</a> <b>Subject Line:</b> Your question
Sage Clinical Informatics	General Sage questions	<a href="mailto:Sage@ph.lacounty.gov">Sage@ph.lacounty.gov</a>
Sage Helpdesk	Issues with Sage. Specific denial questions. Access issues.	<b>Sage Helpdesk Phone number:</b> (855) 346-2392 <b>Service Now Portal:</b> <a href="https://netsmart.service-now.com/plexussupport">https://netsmart.service-now.com/plexussupport</a>
Systems of Care	For questions related to policy, the provider manual, bulletins, and specials populations.	<a href="mailto:SAPC_AOC@ph.lacounty.gov">SAPC_AOC@ph.lacounty.gov</a>
Utilization Management (UM) and Quality Improvement (QI)	For questions regarding general or specific authorizations, questions for the office of the Medical Director, medical necessity, or secondary electronic health record (EHR) form approval	For specific authorizations contact the Care Manager named in Sage. <b>UM general number:</b> (626) 299-3531 <b>QI&amp;UM general email:</b> <a href="mailto:SAPC.QI.UM@ph.lacounty.gov">SAPC.QI.UM@ph.lacounty.gov</a> <b>Auth Appeals:</b> <a href="mailto:sapc_appeal@ph.lacounty.gov">sapc_appeal@ph.lacounty.gov</a>

**Reminder: Do NOT send Protected Health Information (PHI) via email. Group monitored emails cannot open encrypted emails.**