

# Clinical Services Division: Utilization Management & Quality Improvement Updates



Brian Hurley, M.D., M.B.A., FAPA, DFASAM  
Los Angeles County Department of Public Health  
All Provider Meeting Jan 14, 2026  
Substance Abuse Prevention & Control

# Agenda



Billing for Addiction Medicine Services



Reminder: Vaccination Requirements, Masking Guidance, And Reporting Responsibilities



Kratom, Nitazenes, and Medetomidine



Rationalizing Max Allowable Units Per Service



Proposed ASAM 4<sup>th</sup> Edition Residential Capacity Building Initiative



# Billing for Addiction Medication Services



## Billing Codes for Addiction Medication Services Rendered by Medical Clinicians

Code Type	Sage Service Code Description	Code
Medication Assessment / MAT Service	Psychiatric diagnostic evaluation with medical services, 60 mins	90792
Medication Assessment / MAT Service	Office or other outpatient visit of new patient, 15-29 mins	99202
Medication Assessment / MAT Service	Office or other outpatient visit of a new patient, 30- 44 mins	99203
Medication Assessment / MAT Service	Office or other outpatient visit of a new patient, 45-59 mins	99204
Medication Assessment / MAT Service	Office or other outpatient visit of a new patient, 60-74 mins	99205
Medication Assessment / MAT Service	Office or other outpatient visit of an established patient, 10-19 mins	99212
Medication Assessment / MAT Service	Office or other outpatient visit of an established patient, 20-29 mins	99213
Medication Assessment / MAT Service	Office or other outpatient visit of an established patient, 30-39 mins	99214
Medication Assessment / MAT Service	Office or other outpatient visit of an established patient, 40-54 mins	99215
Medication Services	Oral medication administration, direct observation, 15 mins	H0033
Medication Services	Medication training and support, group service, 15 mins (Must use HQ modifier)	H0034
Medication Services	Medication training and support, 15 mins	H0034

## Addiction Medication Codes in Residential LOCs (3.1, 3.2-WM, 3.3, 3.5)

Code Type	Sage Service Code Description	Code
Medication Services	Oral medication administration, direct observation, 15 mins	H0033
Medication Services	Medication training and support, group service, 15 mins (Must use HQ modifier)	H0034
Medication Services	Medication training and support, 15 mins	H0034

## MAT Incentive Tracking Codes (\$0 value codes) – All Levels of Care

Code Type	Sage Service Code Description	Code
MAT Services	MAT education	H2010M
MAT Services	Naloxone handling/distribution	H2010N

*Bill alongside any applicable billable code for the service being delivered*

<http://publichealth.lacounty.gov/sapc/providers/payment-reform-vbi/access-to-care.htm>

Supplemental/Additional Services

If patient's preferred language is NOT English, were services provided in the patient's preferred language? \*

N/A       Yes       No

Language in which service was provided  
Select

Was an interpreter used? \*

Yes       No

Name of interpreter or service used

Please Explain why services were not provided in patient's preferred language.

Was a supplemental service provided in addition to the primary service? \*

Yes       No

Duration of Supplemental Service in minutes (cannot exceed the service time)

Supplemental Service (select all that apply)

- Sign Lang./ Oral Interpreter (T1013)
- Interactive Complexity (90785)
- Interpret Expln of Results (90887)
- Hlth Bx Int, family w/o pt (96170/96171)

*Ensure all selected services are documented in the note.*

Check all applicable services delivered as part of treatment

All | Clear    Search

- MAT Education (H2010M)
- Naloxone Handling/Distribution (H2010N)

Co-Signature Use Only - Draft Ready to Submit?

Yes





## Billing for H2010M/N/S in Fiscal Year 2024-2025

Updated: 11/7/2024

### H2010M: MAT Education

- **Examples:** Educating patients about addiction medications, discussing available addiction medications, care coordination to get patient access to addiction medications
  - H2010M is not a standalone service and the code is only used alongside any other applicable code to capture the MAT education portion of a service to be able to be counted for SAPC's Fiscal Year 2024-2025 incentives.
  - One example, for illustration: during an individual counseling session the patient receives 45 minutes of individual counseling not discussing addiction medication and 15 minutes of counseling including discussion of addiction medications, 4 units reflecting 60 total minutes of individual counseling should be billed with the rate assigned for the performing practitioner type / agency tier **AND** the appropriate units to document the amount of time spent on MAT education under H2010M for \$0.
- **Allowable LOCs:** Applicable for all levels of care, except for 3.7-WM, 4.0-WM, and RBH
- **Rate:** \$0 rate for the service code
  - **Non-Residential LOCs:** Time spent on this service is to be included in the units billed for the service where MAT education was delivered
  - **Residential LOCs:** Delivery of MAT education is delivered as part of services covered under the bundled rate, as such, no additional rates are available

### H2010N: Naloxone Handling/Distribution

- **Example:** Discussing naloxone with a patient and distributing naloxone to the patient
  - H2010N is not a standalone service and the code is only used alongside any other applicable code to capture that naloxone education and/or distribution was delivered to be able to be counted for SAPC's Fiscal Year 2024-2025 incentives.
- **Allowable LOCs:** Applicable for all levels of care, except for 3.7-WM, 4.0-WM, and RBH
- **Rate:** \$0 rate for the service code
  - **Non-Residential LOCs:** Time spent on this service is to be included in the units billed for the service where naloxone was discussed and distributed
  - **Residential LOCs:** Handling and distribution of naloxone and other medication is billable under the H2010S rate, but if care coordination involving staff working with a pharmacy to coordinate the patient receiving pharmacy-dispensed naloxone, care coordination units can be billed instead of H2010S for care coordination services that include naloxone.



# Opportunities to Learn More

- Billing MAT Services Under DMC-ODS: The Codes You Need to Know
  - Next on 2/4/2026 9:00 a.m.
  - Register via <http://publichealth.lacounty.gov/phcommon/public/cal/index.cfm>
- Addiction Medication Learning Collaborative
  - Next on 1/22/2026 1:00 p.m., scheduled bi-monthly
  - Email [SAPC.QI.UM@ph.lacounty.gov](mailto:SAPC.QI.UM@ph.lacounty.gov) to be added to the participant list
- Bi-Monthly Youth Addiction Medication Learning Collaborative
  - Next on 3/5/2026 2:00 p.m., scheduled bi-monthly
  - Email [SAPC.QI.UM@ph.lacounty.gov](mailto:SAPC.QI.UM@ph.lacounty.gov) to be added to the participant list



# Reminder: Vaccination Requirements, Masking Guidance, And Reporting Responsibilities



- 1 Stay home if sick
- 2 Improve indoor ventilation
- 3 Consider wearing a **high quality mask** indoors, especially if you are in crowded areas or sick

- 4 Cover your cough
- 5 Wash your hands frequently with soap and warm water for at least 20 seconds
- 6 Clean and disinfect surfaces in home to remove/kill germs

## IMMUNIZATIONS:

**Getting vaccinated is the best way to prevent severe illness. For the most current information on vaccination in LA County, visit our program pages for **Influenza**, **RSV**, and **COVID-19**.**

# Vaccination, Masking, and Outbreak Reporting Requirements

SAPC-IN 24-09

## Contract Bulletins


Open All

Bulletins 2024

Subject

Date

24-09 - COVID-19 and Influenza Vaccination Requirements, Masking Guidance, And Reporting Responsibilities *(New - October 2024)*

 10/18/24

*All staff working under a Public Health contract or agreement in outpatient, opioid treatment program, residential, recovery bridge housing settings, DUI, prevention, harm reduction and any setting other than the specified licensed healthcare settings described below are strongly encouraged, but not required, to receive the currently recommended influenza and COVID-19 vaccines. Immunizations are the best way to protect against serious illness and death caused by influenza and COVID-19.*

*All staff who have direct patient contact or work in patient care areas in specified licensed healthcare settings, including Chemical Dependency Recovery Hospitals and Acute Psychiatric Hospitals (ASAM 3.7 and 4.0 Levels of Care), should receive the annual influenza vaccine and the most recent updated COVID-19 vaccine authorized for use in the United States for the current respiratory virus season.*

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

# Outbreak Reporting Requirements

*SAPC-IN 24-09*

- Licensed hospital settings, such as chemical dependency hospitals, are required to report outbreaks according to the instructions under the category “Acute Hospital Settings”
- Community congregate settings, including residential and recovery bridge housing settings, are required to report based on the instructions under the category “Community settings”, sub-category “Community Congregate Settings”
- Non-congregate settings, including prevention, DUI, outpatient, and OTP settings are required to report according to the instructions under the category “Community settings”, sub-category “Workplaces”.
- Submission of an Adverse Event Reporting Form to SAPC is required within (1) business day of being notified that Public Health has determined there is an outbreak requiring further investigation in any SAPC-contracted site or level of care.

- COVID-19: Information for Providers**
- COVID-19 Vaccine Hub
- LAHAN Alerts
- CDC's COVID-19 Clinical Care Quick Reference
- Guidance for Health Facilities
- Reporting
- Communication Tools (CDPH)

- Information for the Public**
- Respiratory Viruses: Prevent. Protect. Treat.
- RESPWatch: Respiratory Virus Surveillance Data for LA County
- COVID-19 Community Guidelines
- Find a COVID-19 Vaccine

**Contact us**

Acute Communicable Disease Control  
313 N Figueroa St., #212  
Los Angeles, CA 90012  
Tel (213) 240-7941  
Fax (213) 482-4856

## COVID-19 & Acute Respiratory Illness (ARI) Reporting Instructions for Multiple Sectors

ACUTE HEALTHCARE FACILITIES

In Los Angeles County, ongoing COVID-19 surveillance necessitates mandatory reporting from healthcare facilities and community settings as required by [Title 17 California Code of Regulations § 2500](#).

LONG-TERM CARE FACILITIES

Click the buttons to the left for reporting requirements by type of setting.

COMMUNITY SETTINGS

If you are looking to submit an anonymous report, call (888) 700-9995 or [submit a complaint](#). For information about other reporting requirements, visit the [reportable diseases and conditions list](#) and the [health professional mandatory reporting hub](#).

### Community settings

For non-healthcare community settings, where testing access may be limited, COVID-19 reporting is part of Acute Respiratory Illness (ARI) symptom-based reporting. Proactive symptom monitoring supports outbreak detection and early management.

Definitions

What are community settings?

#### What are community settings?





Community settings generally do not provide medical care to individuals, though medical staff such as nurses may be employed. Settings include:

# Cluster Reporting

- Facilities should report to LA DPH if a concerning respiratory illness cluster or situation is identified onsite. A cluster of ARI cases refers to a group of people ill with acute respiratory symptoms that appear to be linked.

Community settings

For non-healthcare community settings, where testing access may be limited, COVID-19 reporting is part of Acute Respiratory Illness (ARI) symptom-based reporting. Proactive symptom monitoring supports outbreak detection and early management.

-  Definitions
-  What are community settings?
-  When to Report
-  How to Report

How to Report

- Report online: <https://redcap.link/communityreport> (preferred method)
- Report by phone: Call (888) 397-3993 or (213) 240-7821

For additional assistance, contact the [Community Outbreak Team](#).



## CDC Health Advisory Influenza Update: Vaccinate, Test, and Administer Influenza Antivirals January 5, 2026

The California Department of Public Health (CDPH) issued a [Health Advisory](#) today regarding increasing influenza cases and hospital admissions statewide.

### CDPH Key Messages

- **Influenza cases and hospital admissions are increasing in California.** A newly emerged influenza A virus strain, H3N2 subclade K, is circulating globally, including in California. The majority of influenza A specimens subtyped in California are H3N2. Current influenza vaccines are still expected to offer protection against severe disease.
- **Administer 2025-26 influenza vaccine** to anyone 6 months of age and older who has not yet received it.

<http://t.e2ma.net/webview/7d6vrz/117513f2ba62092693c605e60724cec7>





# Kratom, Nitazenes, and Medetomidine





**LAC DPH Health Alert:**

**Fatal Overdoses Associated with 7-Hydroxymitragynine (7-OH) in Los Angeles County**

September 12, 2025



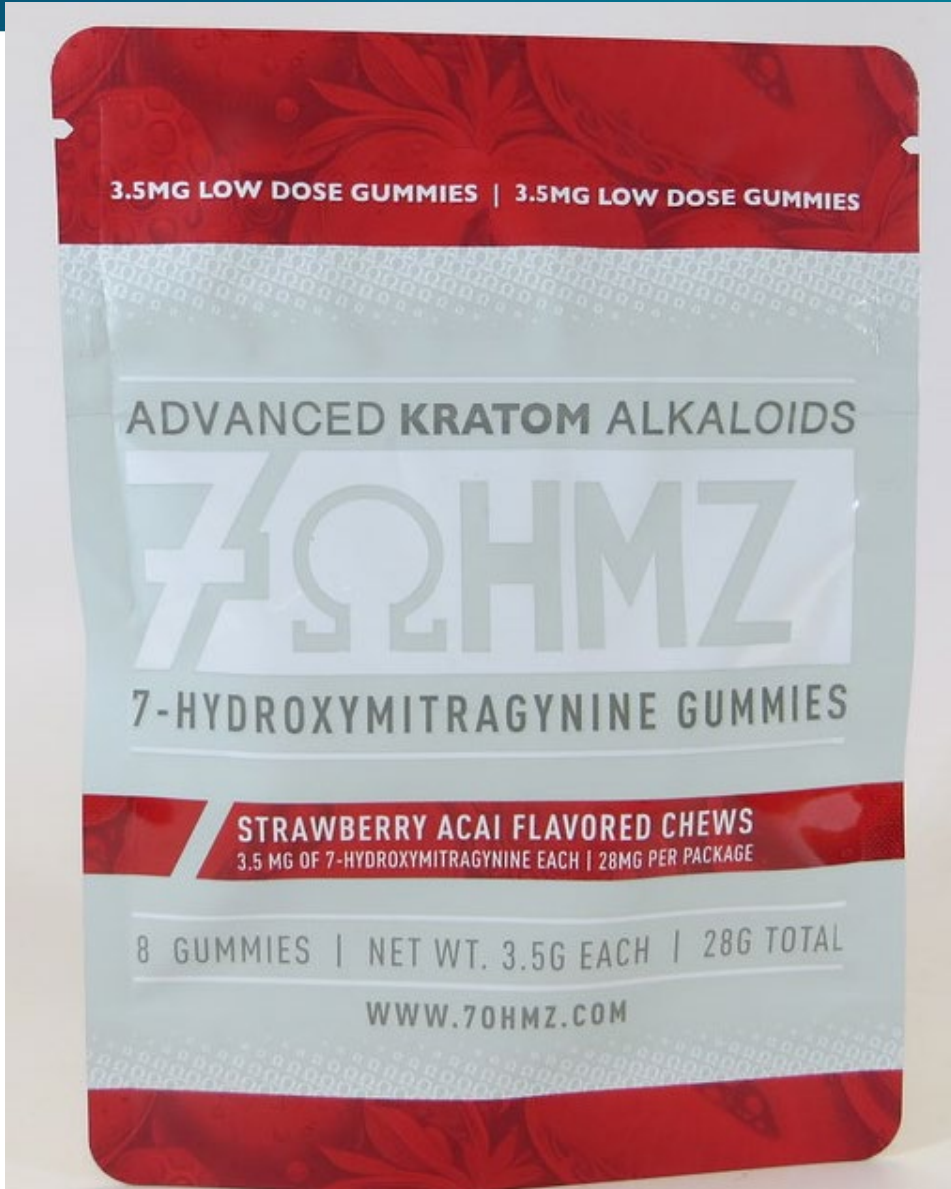
*This message is intended for emergency, urgent care, primary care, and behavioral health providers in Los Angeles County.*

*Please distribute as appropriate.*

**Key Messages**

- Fatal overdoses linked to 7-hydroxymitragynine (7-OH), a synthetically concentrated metabolite of the kratom plant (*Mitragyna speciosa*), have been identified in Los Angeles County.





# Nitazenes: High Potency Synthetic Opioids

- Nitazenes: potent activator of  $\mu$ -opioid receptor
- Potency: some nitazenes have greater potency than fentanyl
  - Protonitazene has 3x the potency of fentanyl
- Increase risk of fatal respiratory arrest at small doses
- Not detected on routine drug testing – requires laboratory testing

# Medetomidine

- Veterinary anesthetic like xylazine, but longer acting and more potent
  - increases the risk for overdose and death through lowering blood pressure, heart rate, and breathing rate.
- Medetomidine may mixed into street drugs, illicit drugs, and counterfeit pills, without the knowledge of the person using the substance.
- Six cases through LA County drug checking programs since May 2025
  - All in fentanyl samples
- Abruptly stopping regular use can cause medically complicated withdrawal requiring a hospital admission
  - If medetomidine use is suspected, use  $\alpha$ -2 adrenergic agonist like clonidine alongside opioid withdrawal management with methadone or buprenorphine

# Recommendations

- Distribute (and prescribe / dispense when able) naloxone
- Educate community members about how to recognize and respond to overdose
- Treat Withdrawal and Use Disorder
- Report suspected or confirmed 7-OH overdoses to Poison Control: 1-800-222-1222
- Distribute test strips to test drug supply
- Refer patients to drug checking programs
- Provide risk reduction guidance:
  - Ask people, including adolescents, about recreational drug use.
  - Educate community members about the risks
  - Provide guidance to those who use substances:
    - Never use alone
    - Use small “tester” doses
    - Stagger drug use with others
    - Avoid mixing drugs
    - Carry naloxone

# Rationalizing Max Allowable Units Per Service





# Rationalizing Max Allowable Units Per Service

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- **Current Challenges**
  - Overpayment due to high max units on services billed, for example, 90 units (1350 minutes or 22.5 hours) billed for an individual counseling service
  - Local and State disallowances due to high units billed in error, resulting in recoupment of overpayments
  - State guidance generally sets max units at a full 24 hours (96 units) maximum which is outside of true treatment service time
- **Rationale for Changing Sage Max Units Allowed Per Service**
  - Reduce overpayment of services due to misbilling of service units
  - Decreased service disallowances during audits
  - Decreased takebacks/recoupments due to overbilling service units
  - Set max units at high-end of expected standard service duration

## Sage Configuration Timeline

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- Max allowable count is being configured per practitioner, per client, per day
- The updated Rates Matrix will be posted to the SAPC website by EOD 1/14/2026.
- The Sage configuration will be updated by 1/16/2025.

# Assessment

Code	Service Description	Current Max Units	Updated Max Units
96131	Psychological Testing Evaluation Psychological testing evaluation services by physician or other qualified health care professional, each addtl. hour	22	7
99416	Prolonged clinical staff service during an evaluation and management service in the office or outpatient setting; each additional 30 minutes	44	8
99417	Prolonged outpatient evaluation and management service(s) time with or without direct patient contact, each 15 minutes of total time	91	16
H0001	Alcohol and/or drug assessment. 15 minutes	96	16
H0048	Alcohol and/or other drug testing. Collection and handling only, specimens other than blood, 15 minutes	96	16
H0049	Alcohol and/or drug screening, 15 minutes	96	16
T2024	Assessment substitute, 15 minutes	96	16

## Care Coordination/Treatment Planning

Code	Service Description	Current Max Units	Updated Max Units
H1000	Prenatal Care, at risk assessment, 15 minutes	96	32
T1017	Targeted Case Management, Each 15 Minutes	96	32
H2014	Skills training and development, 15 minutes	96	16
H2027	Psychoeducational Service, 15 minutes	96	16
T1007	Treatment plan development and/or modification, 15 minutes	96	16

## Community Health Workers (Not yet configured in Sage)

Code	Service Description	Current Max Units	Updated Max Units
98960	Education and training for patient self-management by a qualified, nonphysician health care professional using a standardized curriculum, face-to-face with the patient; each 30 minutes; individual	48	8
98961	Education and training for patient self-management by a qualified, nonphysician health care professional using a standardized curriculum, face-to-face with the patient, 2-4 patients	48	8
98962	Education and training for patient self-management by a qualified, nonphysician health care professional using a standardized curriculum, face-to-face with the patient, 5-8 patients	48	8

## Counseling

Code	Service Description	Current Max Units	Updated Max Units
H0005	Alcohol and/or drug services; group counseling by a clinician, 15 minutes	96	16
H0004	Behavioral health counseling and therapy, 15 minutes.	96	16
H0050	Alcohol and/or Drug Services, brief intervention, 15 minutes (Code must be used to submit claims for Contingency Management Services)	96	16
T1006	Alcohol and/or substance abuse services, family/couple counseling	96	16
T2021	Therapy substitute, 15 minutes	96	16

## Medication Services/Peer Support/Recovery Services

Code	Service Description	Current Max Units	Updated Max Units
H0033	Medication administration, direct observation, 15 minutes	96	16
H0034	Medication Training and Support, per 15 Minutes	96	16
H0025	Behavior health prevention education service [Peer Support group session], 15 minutes	96	16
H0038	Self-help/peer services (individual), 15 minutes	96	24
H2015	Comprehensive community support services, per 15 minutes	96	16
H2017	Psychosocial rehabilitation services, 15 Minutes	96	16

## Crisis Intervention/Supplemental Services

Code	Service Description	Current Max Units	Updated Max Units
H0007	Alcohol and/or drug services; crisis intervention (outpatient), 15 minutes	96	16
96171	Health behavior intervention, family (without the patient present), face-to-face, each additional 15 mins	94	14
T1013	Sign Language or Oral Interpretive Services, 15 Minutes	Variable	16
H0014	Alcohol and/or drug services; ambulatory detoxification, hourly	24	4



# ASAM 4<sup>th</sup> Edition Capacity Building: Residential Co-Occurring LPHA Staffing and Option to Add Additional Residential Withdrawal Management Services



## **Proposed Opportunity: ASAM 4th Edition Residential Capacity Building Pilot**

Time-limited capacity building start-up fund funds for:

### **Required: Qualified LPHA Staff Provide Direct Care to Clients**

- *Limited to residential sites of care*
- Qualify LPHAs:
  - Psychiatrist (MD or DO)
  - Psychiatric Advanced Practice Nurse (APRN)
  - Licensed Clinical Psychologist (LCP)
  - Licensed Clinical Social Worker (LCSW)
  - Licensed Professional Clinical Counselor (LPCC)
  - Licensed Marriage and Family Therapist (LMFT)
  - Licensed-eligible LPHA working under the supervision of licensed clinicians

### **Additional Option: Residential Withdrawal Management (3.2-WM) Expansion**

- *Limited to residential sites of care*
- Implementation Plan must specify plan to increase access to Residential Withdrawal Management (3.2-WM) through any of the following:
  - Establishing new 3.2-WM licensed beds
  - Utilize currently underutilized licensed 3.2-WM beds
- Funding for staffing, including any LPHA and other DMC-ODS eligible staffing cost to support 3.2-WM services.

## **Proposed Opportunity: ASAM 4th Edition Residential Capacity Building Pilot**

- Funding requires Approved Implementation Plan which must include staffing and operational plan for provision of LPHA staff providing direct services to clients
- For the optional addition of 3.2-WM capacity, must describe plan for 3.2-WM bed additions, projected 3.2-WM bed utilization, and proposed staffing model

### **Required: Qualified LPHA Staff Provide Direct Care to Residential Clients**

#### **Key Performance Indicators**

- $\geq 80\%$  of clients with documentation of ASAM Dimension 3 findings are directly evaluated by LPHA
- Increase count of clients w/ mental health diagnoses
  - Clients w/ MH conditions documented PCNX diagnosis form
- All clients with mental health diagnoses have  $\geq 1$  direct service by an LPHA per admission
- Billing Code **LPHACOD** submitted for each directly provided LPHA service (code launch forthcoming)

### **Additional Option: Residential Withdrawal Management (3.2-WM) Expansion**

#### **Key Performance Indicators**

- Increase in licensed 3.2-WM Bed count contracted with SAPC **or** projected increased 3.2-WM utilization of currently underutilized beds
- and -
- $\geq 20\%$  Count of clients receiving 3.2-WM services as compared baseline average over FY24-25

## **Proposed Opportunity: ASAM 4th Edition Residential Capacity Building Pilot**

Time-limited capacity building start-up fund funds for:

**Required:** Qualified LPHA Staff Provide Direct Care to Residential Clients

### • **Projected Funding Consideration**

- \$300,000 per residential site of care in a cost-sharing arrangement
- 85% must be directed to staffing
  - Covers staffing until DHCS rates align with state cost reporting

**Additional Option:** Residential Withdrawal Management (3.2-WM) Expansion

### • **Projected Funding Consideration**

- \$100,000 additional per residential site of care in a cost-sharing arrangement
- 85% must be directed to staffing
  - Covers staffing costs require for start-up to access the 3.2-WM enhanced rate (vs. 3.1/3.5 LOC)
  - Can include broader group of LPHA and other DMC-ODS eligible practitioners

## Proposed Opportunity: ASAM 4th Edition Residential Capacity Building Pilot

Projected funding schedule, **per residential site of care**, for time-limited funds:

Quarter	<u>LPHA COD Staffing</u>	<u>LPHA COD Staffing + 3.2-WM</u>
<b>FY25-26 Q3</b>	Implementation Plan Due	Implementation Plan Due
<b>FY25-26 Q3</b>	\$200,000	\$250,000
<b>FY26-27 Q3</b>	\$75,000	\$100,000
<b>FY27-28 Q1</b>	\$25,000	\$50,000
<b>Total</b>	<b>\$300,000</b>	<b>\$400,000</b>

## **Proposed Opportunity: ASAM 4th Edition Residential Capacity Building Pilot**

- Written feedback welcomed via email: [SAPC.QI.UM@ph.lacounty.gov](mailto:SAPC.QI.UM@ph.lacounty.gov)

## The ASAM Criteria Continuum of Care for Adult Addiction Treatment

### Level 4: Inpatient

4 Medically Managed Inpatient  
4 Psych

### Level 3: Residential

3.1 Clinically Managed Low-Intensity Residential  
3.5 Clinically Managed High-Intensity Residential  
3.5 COE  
3.7 Medically Managed Residential  
3.7 BIO 3.7 COE

### Level 2: IOP/HIOP

2.1 Intensive Outpatient (IOP)  
2.5 High-Intensity Outpatient (HIOP)  
2.5 COE  
2.7 Medically Managed Intensive Outpatient  
2.7 COE

### Level 1: Outpatient

1.0 Long-Term Remission Monitoring  
1.5 Outpatient Therapy  
1.5 COE  
1.7 Medically Managed Outpatient  
1.7 COE

### Recovery Residence

RR Recovery Residence

# Notable Level of Care changes



Removing Level 0.5. Early intervention and prevention are addressed in a new chapter.



Removing Level 3.3. Reflecting that cognitive deficits should be addressed in all levels of care.



Level 3.2 WM services integrated into Level 3.5.



Recovery support service expectations at each level of care.



Expectation that all levels of care be co-occurring capable at minimum.



Adding harm reduction as a component of individualized care.



# SAPC LNC

LEARNING & NETWORK CONNECTION PLATFORM

Access SAPC LNC Platform Now

The gateway to SAPC's program and network training resources.



Clinical Trainings for Substance Use Services

ASAM Criteria 4th Edition: Implications for SAPC Treatment Provider Agencies

<http://www.sapc-inc.org/www/lms/training-info.aspx?trainingID=401>

# 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