SUD Provider Edition – July 2025

Up To The Minute!

TRAINING & EVENTS (QA)

SmartCare User Group Meeting – July 2025 Session

- **Wednesday, July 16, 2025, from 9:00 a.m. to 10:00 a.m.**
- Link: **Join the meeting now**

SUD Quality Improvement Partners (QIP) Meeting

- **Thursday, July 24, 2025, from 10:00 a.m. to 11:30 a.m.**

NEW: Skill Building Workshops in August 2025

- Outpatient Quality of Care
  - **Monday, August 18, 2025, from 1:00 p.m. to 2:30 p.m.**
- Residential Quality of Care
  - **Monday, August 25, 2025, from 1:00 p.m. to 2:30 p.m.**

Save the Date: Annual DMC-ODS Training

The seventh annual DMC-ODS Training will take the place of the August SUD Quality Improvement Partners (SUD QIP) meeting. The presentation will review data from the seventh year of DMC-ODS implementation, areas for quality improvement in the new Fiscal Year, and DMC-ODS and CalAIM requirements. Intended audience is Program Management and Quality Improvement/Assurance Staff.

- Date: **Thursday, August 28, 2025, from 10:00 a.m. - 12 p.m.**
- Where: via Microsoft Teams – Registration is required.
- Registration link and information forthcoming!

UPDATES & REMINDERS (QA)

Update: SUDPOH

- The SUDPOH was updated for July 2025.
- This edition along with the Summary of Changes are now posted on the Optum site.
- The next edition of the SUDPOH is planned for release in August 2025.

Reminder: Quality Assurance Program Review (QAPR)

- The new fiscal year is upon us and the record review season will begin this month
- Keep a look out for communications from your QA Specialist to schedule your program's Quality Assurance Program Review (QAPR).

Enhanced Community Health Workers

A new benefit for Medi-Cal members—Enhanced Community Health Workers (E-CHWs)—has been added to the FY 2025–26 fee schedules and BHS Invoice/Budget documents. Additional guidance on this role, including requirements and implementation details, will be shared with providers soon.

Perinatal Services in NTPs

A process has been developed to address payment for perinatal services in NTPs. All perinatal services are determined on the backend via an HD modifier. Currently, the only source from which this modifier can be pulled is the SmartCare Client Clinical Problem List.

To correctly trigger the HD modifier, the following code must be entered in the Problem List: **SNOMED Code:** 248985009 – Presentation of pregnancy (finding). This is linked to **ICD-10 Code:** Z34.90 – Encounter for supervision of normal pregnancy, unspecified. This is currently the only way SmartCare can recognize a program as perinatal certified and apply the HD modifier accordingly.

An email was distributed to NTP Providers on this topic on June 27, 2025. A tip sheet will be available soon and posted to Optum.

Program's Potential use of Artificial Intelligence (AI)

Artificial Intelligence (AI) has growing potential in SUD treatment programs, and we recognize some programs may already be using it to enhance services and efficiency. While QA will not review AI-specific Policies & Procedures (P&Ps) this year, programs are strongly encouraged to develop a P&P addressing AI use.

- State legislation to be aware of in relation to AI:
  - AB 3030 – Clients must be informed when AI is used and how to reach an actual person.
  - AB 489 – AI cannot present itself as a licensed professional, especially in promotional materials or in conversations.

Reminder: Telehealth Consents

As a reminder, as per SUDPOH E.8 and BHIN 23-018, prior to initial delivery of covered services via telehealth, providers are required to obtain verbal or written consent for the use of telehealth as an acceptable mode of delivering services, and must explain the following to beneficiaries:

- The beneficiary has a right to access covered services in person.
- Use of telehealth is voluntary and consent for the use of telehealth can be withdrawn at any time without affecting the beneficiary's ability to access Medi-Cal covered services in the future.
- Non-medical transportation benefits are available for in-person visits.
- Any potential limitations or risks related to receiving covered services through telehealth as compared to an in-person visit, if applicable.

BHIN Highlights: See all of the 2025 Behavioral Health Information Notices at 2025-BH-Information-Notices (DHCS).

- BHIN 25-008: Narcotic Treatment Programs Regulation Changes
- BHIN 25-019: Transgender, Gender Diverse, or Intersex Cultural Competency Training Program Requirements. These requirements are being further reviewed by BHS. Additional information to follow.

Billing Add-On Codes

Please note that add-on codes may only be billed once the minimum time requirement for the primary CPT code has been met.

POPULATION HEALTH – NETWORK QUALITY & PLANNING

1. **Peer Support Services**

   Increase the percentage of members with a substance use disorder (SUD) diagnosis who receive at least one Peer Support Service by 5%.

   UCSD Health Services Research Center (HSRC), in collaboration with BHS, identified the pre-baseline data for the PIP design report. They also submitted a draft for the PIP design to BHS for review. Next steps include assembling a PIP workgroup and finalizing the PIP design report for final submission in July.

2. **Follow-up after Emergency Department Visit for Substance Use (FUA)**

   Increase the percentage of adult, Medi-Cal eligible clients from pilot Emergency Departments (EDs) who receive services from the DMC-ODS within 7 and 30 days after an ED visit for Substance Use.

   The UCSD team submitted a draft for the PIP design submission to BHS for review. UCSD received the CalMHSA HEDIS rates for MY 2023 and MY 2024 to include as pre-baseline data for the PIP design report. The UCSD PIP team continues to attend the Healthy San Diego Behavioral Health Quality Improvement Workgroup with the goal of learning and sharing what each Health Plan is doing for the State-mandated PIP topics and interventions. Next steps include working on identifying possible interventions.

For more information on the PIP process go to HSAG PIP

If you have further questions, please contact bhspophealth.hhsa@sdcounty.ca.gov

RESOURCES & SUPPORT (QA)

Recent Communications

- **06/26/2025** – DMC-ODS Providers: Member Handbook Update effective July 1, 2025
- *Bring questions to the next QIP meeting.*

Resources

- **Behavioral Health Information Notices (BHINs)** – DHCS notifies County BH Plans and providers of P&P changes via BHIN's as well as draft BHIN's for public input. Feedback can be sent directly to DHCS or BHS-HPA.HHSA@sdcounty.ca.gov.

- **System of Care (SOC) Application** – Reminder for required monthly attestation in the SOC application. See SOC Tips & Resources Optum page for more information.
- **Medi-Cal Transformation** (aka **CalAIM**) – info also available at the Optum CalAIM Webpage for BHS Providers for updates on Certified Peer Support Services implementation, CPT Coding, Payment Reform, Required Trainings, and relevant BHINs from DHCS. For general questions on local implementation of Medi-Cal Transformation, email: BHS-HPA.HHSA@sdcounty.ca.gov.

Email Contacts

- ARFs and Access questions? Contact: BHS_EHRAccessRequest.HHSA@sdcounty.ca.gov
- EHR questions? Contact: BHS_EHRSupport.HHSA@sdcounty.ca.gov
- Billing questions? Contact: ADSBillingUnit.HHSA@sdcounty.ca.gov
- CalAIM Q&As? Contact: bhs-hpa.hhsa@sdcounty.ca.gov
- DMC-ODS Standards/SUDPOH/SUDURM questions? Contact: QIMatters.HHSA@sdcounty.ca.gov

Is this information filtering down to your counselors, LPHAs, and administrative staff?
Please share the UTTM – SUD Provider Edition with your staff and keep them ***Up to the Minute!***
Send all personnel contact updates to **QIMatters.hhsa@sdcounty.ca.gov**

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The seventh annual DMC-ODS Training will take the place of the August SUD Quality Improvement Partners (SUD QIP) meeting. The presentation will review data from the seventh year of DMC-ODS implementation, areas for quality improvement in the new Fiscal Year, and DMC-ODS and CalAIM requirements. Intended audience is Program Management and Quality Improvement/Assurance Staff.

- Date: **Thursday, August 28, 2025, from 10:00 a.m. to 12 p.m.**
- Where: via Microsoft Teams – Registration is required.
- Register here: QI DMC-ODS Annual Training Registration

SUD Quality Improvement Partners (QIP) Meeting

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NEW: Skill Building Workshops in August 2025

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- The new fiscal year is upon us, and the record review season has begun.
- Keep a look out for communications from your QA Specialist to schedule your program's Quality Assurance Program Review (QAPR) this month.

Enhanced Community Health Workers

As of April 11, 2025, Medi-Cal Behavioral Health Plans may choose to cover Enhanced Community Health Worker (E-CHW) Services to support individuals with significant behavioral health needs. E-CHWs provide preventive services such as health education, care navigation, and advocacy. To learn

more about eligibility, service scope, training requirements, documentation, billing, and coordination with other programs like ECM, please review the full communication on Optum, as well as a grid highlighting the differences between E-CHWs and Peer Support Specialists ECHW vs. PSS Comparison Grid- rev8.1.25.pdf.

Workflow Change: Perinatal Services in NTPs

A process has been developed to address payment for perinatal services in NTPs. All perinatal services are determined on the backend via an HD modifier. Currently, the only source from which this modifier can be pulled is the SmartCare Client Clinical Problem List.

To correctly trigger the HD modifier, the following code must be entered in the Problem List: **SNOMED Code:** 248985009 – Presentation of pregnancy (finding). This is linked to **ICD-10 Code:** Z34.90 – Encounter for supervision of normal pregnancy, unspecified. This is currently the only way SmartCare can recognize a program as perinatal certified and apply the HD modifier accordingly.

An email was distributed to NTP Providers on this topic on June 27, 2025. A tip sheet is now available on Optum, under SmartCare, Billing, Perinatal Billing Workflow Change.

Important Update: New Workflow for Payment Recovery Forms

There has been a change in the workflow for submitting Payment Recovery Forms (PRFs) when disallowances are identified. Programs should continue to complete a PRF when a service has been paid but is later determined to be non-billable. Effective immediately, **instead of sending the PRF directly to the Billing Unit, please submit it to the QIMatters email**. The assigned QI Specialist for your program will review the disallowances and provide support if needed. If no support is required, the Specialist will forward the PRF to the Billing Unit on your program's behalf. If there's potential for the service to be billed appropriately, the Specialist will work with your team to help secure all available funding.

Additionally, please use the new PRF form on Optum under the Billing tab. A tip sheet on how to use the form is on the second tab of the PRF form SMH & DMC-ODS Payment Recovery Form - final 7-28-25.xlsx.

Children's Health Insurance Program (CHIP) Coverage

Effective July 1, 2025, each Medi-Cal behavioral health delivery system must include information in the Provider Directory referencing whether the provider is accepting new Children's Health Insurance Program (CHIP) members. In California, CHIP is fully integrated into Medi-Cal and provides coverage for children under 19 and qualifying pregnant individuals. CHIP populations receive specialty mental health services from their county's MHP, and substance use disorder services from their county's DMC or DMC-ODS plan. If your program accepts Medi-Cal and provides services to any of the identified qualifying members, you also accept CHIP. Additional guidance will be forthcoming regarding program status for Provider Directory information.

Provider Certification Update on Optum

There is a new tab on the Optum page for "Provider Certification".

- There is a link to the SUD Licensing and Certification Toolkit, which includes information for both DMC and AOD certification since both are required.

SmartCare Update: Notification of Change on the Group Service Details screen

As part of the latest SmartCare release, the **Group Service Detail screen** has been updated to improve usability and reduce clutter. Previously, all group-related information—including group details, staff, clients, and service data—was displayed on a single scrolling page. This new update introduces a two-tab format that separates key areas for better organization:

- "Group Details" Tab: Displays Group and Staff information with improved text field visibility and a new info icon in the Group Comment section.
- "Services" Tab: Shows a renamed "List of Clients" section with better visibility of client data and service details, now arranged side by side to reduce scrolling.

These changes enhance clarity and efficiency without impacting the underlying functionality of the system.

Privacy & Confidentiality Training (*Update to the May UTTM message)*

Business Assurance and Compliance recently updated the Privacy & Confidentiality slide deck which is now posted on the Optum site, as linked here: DMC-ODS Required Trainings. This slide deck alone does not meet the annual confidentiality training requirement but may be used to supplement provider training.

BHIN Highlights: See all of the 2025 Behavioral Health Information Notices at 2025-BH-Information-Notices (DHCS).

- BHIN 25-019: Transgender, Gender Diverse, or Intersex Cultural Competency Training Program Requirements. These requirements are being further reviewed by BHS. Additional information to follow.
- BHIN 25-025: DMC-ODS Treatment Perception Survey: Guidance to DMC-ODS partners on when client satisfaction survey data is due. Paper survey forms must be submitted to UCLA no later than Friday, November 21, 2025.
- BHIN 25-028: BH-CONNECT: Enhanced Community Health Worker Services: Providing guidance regarding coverage of Enhanced Community Health Worker Services available under Medi-Cal as part of BH-CONNECT.

Management Information Systems (MIS)

System Administration and Access – Managed by Cheryl Lansang

Contact: Cheryl.lansang@sdcounty.ca.gov or 619-578-4111

ARF Update

- License should be renewed prior to expiration date. Once renewed, an email must be sent to bhs_ehraccessrequest.hhsa@sdcounty.ca.gov to have the staff's SmartCare account updated. ARF submission is not required.
- An ARF must be submitted for all staff who change licenses.
- If license has changed, taxonomy should be added to the NPI registry, but previous taxonomy should not be removed to avoid billing issues.

Program Integrity (PI) - Managed by Dolores Madrid-Arroyo.
Contact: Dolores.Madrid@sdcounty.ca.gov or call (619) 559-6453.

Program Integrity Items:
At discharge, the client must not be deactivated from SmartCare. Deactivating a client makes them non-searchable and can potentially cause duplicate client entries.
SUD:

- Residential Programs must admit/discharge clients from the Residential (My Office) screen. The exception to this rule only applies to non-BHS clients.
- Adult Residential and Group Therapy billing procedures should not be used as these procedures are used for MH only.

State Reporting

- CalOMs
  - Please enter the CalOMs Discharge into SmartCare as soon as the client is no longer receiving services to avoid late submissions to the State.
- ASAM
  - ASAM submissions are for active Medi-Cal clients only.
  - ASAM is due on the 5th of each month. All data for the previous month must be submitted timely to: BHS_EHRSupport.HHSA@sdcounty.ca.gov

QI MATTERS FAQ

- **Q: If a contractor has a client that AWOLs, are they required to hold the bed for 10 days, even if they know the client isn't coming back?**
  - **A:** There is no requirement around holding a bed when a client AWOLS. The requirement is that for termination of services (i.e. discharge), an NOABD needs to be issued to the client. The notice must be issued 10 days prior to the action (before they may discharge the client (42 CFR § 431.211). A client may AWOL one day and decide they want to come back prior to the 10 days before the program is able to discharge, thus necessitating the bed hold.

- **Q: Contractors are concerned because if they only have a few beds (say 4 beds), and 2 clients AWOL, they can't fill the bed for 10 days and they only have 50% of their beds full.**
    - **A:** The regulations are to ensure the rights of the beneficiary. It is important for providers to be aware that there are exceptions to the 10 days rule in section 42 CFR § 431.213, the client would need to provide a "clear written statement signed by a beneficiary" that the client would no longer wish for services to be received. A pre-printed form signed by the client would also not earn the exemption, as it must be written by the client.
- **Q: In a withdrawal management environment, which is typically 5-15 days, clients will awol and then come back in a week. Are the bed hold rules different for withdrawal management?**
    - **A:** The regulations are the same for Withdrawal Management and Residential.
- **Q: Are AWOLs needed to be reported as a Non-Critical Incident Report?**
    - **A:** Yes.
- **Q: In the SUDPOH, it is indicated that residential providers can hold beds for up to 7 days for qualifying reasons (i.e. psychiatric hospitalization) and that anything beyond 7 days requires COR approval. DHCS allows bed holds for up to 10 days before an NOABD is issued; why doesn't our local policy align with the state?**
    - **A:** These are two different scenarios.. To define:
        - A bed hold process was established to support clients who needed to leave the facility (*for psychiatric hospitalization as an example*) but would be coming back to the program. There were no SUD residential rules re: bed hold days, so we locally aligned with the Medi-Cal Long Term Care 7-day bed hold guideline.
        - The NOABD termination is a client right and requires the beneficiary be notified at least ten (10) days before the date of the action (termination) (*except in some permitted circumstances*). This allows for a client to appeal the decision as part of their right. This could be distinguished as a notification hold v. a bed hold and is the reason that timelines do not align.

SUD BILLING REMINDERS/ANNOUNCEMENTS

- Please utilize the ODS-DMC Service Table for billing guidance to prevent any lockout or same-day billing issues, which procedures require Medicare COB, overridable lockouts, and more. Add-on services cannot be billed without the primary service.
- Please review and clear your program's CoSD Service Error report from September 2024 to the present. The older months should be given priority in order to meet the DHCS billing deadline without the Delay Reason Code required. We recommend that you run/use the CoSD Authorizations Report when working on the service error 'Authorization is required'.
- For the service error 'financial information is missing', it means that the client does not have an active or available plan (coverage) for the specified service date. Please verify the client's Medi-

Cal eligibility and OHC coverage, and also run the CoSD Client Insurance and Date Span report. This report can also help you determine the coverage plan and payer order that the client has in SmartCare.

- The new or updated Payment Recovery Form (PRF) with instructions are available on the Optum website - SMH & DMC Health Plans -Billing tab.

POPULATION HEALTH – NETWORK QUALITY & PLANNING

SUD Primary Prevention Contractors - **Naloxone and Fentanyl Test Strips (FTS) Distribution**

- Please contact the Behavioral Health Services Harm Reduction Team at harmreduction.hhsa@sdcounty.ca.gov for your naloxone and test strip allocations or interest in becoming a partner.
- Reminder to submit the MS form for every Naloxone and FTS distribution. Monthly report distributions MS form due by the 5th of the following month.
  - CoSD Naloxone Distribution MS Form 2025
  - CoSD Naloxone Distribution Form 2025.pdf
- Other great resources, and more: About Naloxone BHS webpage

If you have further questions, please contact bhspophealth.hhsa@sdcounty.ca.gov

RESOURCES & SUPPORT (QA)

Recent Communications/Tip Sheets

- 07/30/2025 – Email to the System of Care: Enhanced Community Health Worker (E-CHWs)
- What is the difference between ECHWs and Peer Support services? Check out the "ECHW v. PSS Comparison Grid (On Optum, under "SUD Toolbox")
- **Attention NTPs and Perinatal Programs:** Workflow Change for Perinatal Billing (On Optum, under SmartCare, Billing)

Resources

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42CRF Part 2: Federal Delegation of Authority to Office of Civil Rights

The federal HHS Secretary issued a formal Delegation of Authority for enforcement of 42CFR Part 2 to the federal Office of Civil Rights (OCR). This is the latest step in a process initiated by the CARES Act in 2020 to align the Part 2 substance-use disorder privacy rule more closely with HIPAA. As part of those changes, the CARES Act revised the enforcement scheme so that the civil and criminal penalties applicable to HIPAA are also applicable to Part 2 violations (previously, Part 2 was purely enforceable through criminal authorities). HHS finalized the rule implementing the CARES Act changes in February of last year. That rule clarified—consistent with the CARES Act—that violations of Part 2 would be subject to the same penalties as violations of HIPAA. Now HHS has further implemented the change by delegating enforcement authority to OCR, which is the same entity that enforces HIPAA. They have also delegated Part 2 implementation and interpretation authority more broadly to OCR. The federal regulatory body enforcing Part 2 is now an agency with a specialized expertise in privacy and a broader toolkit of enforcement tools, including civil penalties in addition to criminal penalties. It is suggested that Legal Entities review their Part 2 compliance programs and make sure they are up to date with the substantial changes that have been made by the CARES Act.

Places of Service Definitions

- This is the most updated information from DHCS and can also be found in one of the tabs of the DMC-ODS Service Table. SmartCare already includes these places of service codes.
- Providers should select the place of service that matches the service they are delivering. Definitions are provided to guide providers in choosing the correct place of service.
- Places of Service Table is located under the Billing tab.
- Places of Service Table

Alcohol or Other Drug (AOD) Counselor Educational Requirements

- Updates to AOD Counselor education requirements based on BHIN 25-29, states new law (AB 2473) establishing core competency education requirements for registered and certified counselors and increase the number of educational hours for registered counselors, updates to registered counselor terminology, and updates to requirements for first-year registered counselors that register on or after July 1, 2025. This requirement takes effect January 1, 2026
- Registered counselors that have completed fewer than 315 hours of AOD education in total must provide written documentation to their certifying organization that they completed 50 hours of AOD education to qualify for registration renewal.
- An individual who registers as a counselor for the first time on or after July 1, 2025, must complete a minimum of 80 hours of education, including education in specified core competency education topics within 6 months of registration.
- Counselors that register between July 1, 2025 and December 31, 2025, become subject to the six-month timeframe on January 1, 2026.
    - Therefore, individuals who register between July 1, 2025, and December 31, 2025, shall complete the 80 hours of education including core competency education topics by July 1, 2026.
    - For individuals who register on or after January 1, 2026, the six-month window takes effect immediately. Individuals shall be eligible to complete any education deficiencies before their one-year registration expires.
- A **free,** asynchronous online course sponsored by DHCS will be made available by the University of California San Diego in early 2026 and will be available through June 30, 2028. **Counselors and providers do not need to pay for training.**

Reminder: Grievance and Appeal Process

County of San Diego Behavioral Health Services is committed to honoring the rights of all clients and provide access to a fair, impartial, effective process through which the client can seek resolution of a grievance or adverse benefit determination by the BHP. All county operated and contracted providers are required to participate fully in the Member Grievance and Appeal Process. Providers must comply with all aspects of the process, including the distribution and display of the appropriate beneficiary protection materials, including posters, brochures, and grievance/appeal forms. While the process may

differ for non-Medi-Cal members, anyone eligible to receive services at any county run or contracted facility is able to use this process and all sites must display the appropriate materials.

Update: SUD Residential Clinical Documentation and Authorization Request Timelines Quick Guide

- Reflects SmartCare and DHCS standards.
- Located in the SUD Resources tab- Toolbox
- SUD Quick Guide - SUD Residential Clinical Documentation and Authorization 08.2025.pdf

Care Coordination Tip Sheet

- Detailed definition of care coordination, information on lockout situations, service table codes, and links to additional resources.
- Located in the SUD Resources tab- Toolbox
- Care Coordination Tip Sheet 8-12-25.pdf

Recovery Services Tip Sheet

- Summary of recovery services, procedure codes, modifiers, other same day services, and links to additional resources.
- Located in the SUD Resources tab- Toolbox
- Recovery Services Tip Sheet 8-12-25.pdf

Update: NOABD Tip Sheet

- NOABD tip sheet has been updated to include information from BHIN 25-014
- Delivery System NOABD is now required for SUD clients when a client is referred to a managed care plan (MCP) or other services when eligibility criteria for DMC-ODS services is not met.
- Located in the NOABD tab- Tip Sheet
- NOABD Table Rev August 2025 (1).pdf

Update: Behavioral Health Member Quick Guide

- Behavioral Health Member Quick Guide now available in Russian.
- Located in the Beneficiary tab – Handbooks- Behavioral Health Member Quick Guide
- Quick Guide BHS Services in San Diego Russian 02-2025.pdf

DHCS Medi-Cal Rx

- Previously posted Medi-Cal Rx files are now available on Optum.
- Located in the Communications tab
- Available in either link Home Page and Bulletins & News

SUDURM Updates

- Safety Plan now available in Russian
  - Located in UCRM/SUDURM tab-MH & DMC-ODS- Safety Plan
  - **Safety Plan-Russian.pdf**
- Release of Information is now available in Russian
  - Located in UCRM/SUDURM tab-MH & DMC-ODS- ROI
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- BHIN 25-028: BH-CONNECT: Enhanced Community Health Worker Services: Providing guidance regarding coverage of Enhanced Community Health Worker Services available under Medi-Cal as part of BH-CONNECT.
- BHIN 25-029: Assembly Bill (AB) 2473 Alcohol or Other Drug (AOD) Counselor Educational Requirements: A new law (AB 2473) now requires drug and alcohol counselors to complete more training hours and show they understand key core topics as part of their education.

Annual DMC-ODS Training:

- The 2025 Annual DMC-ODS Training Webinar and PDF are available on Optum. Note: Transcript will be available soon.
- Submit questions regarding the training content to **QI Matters**

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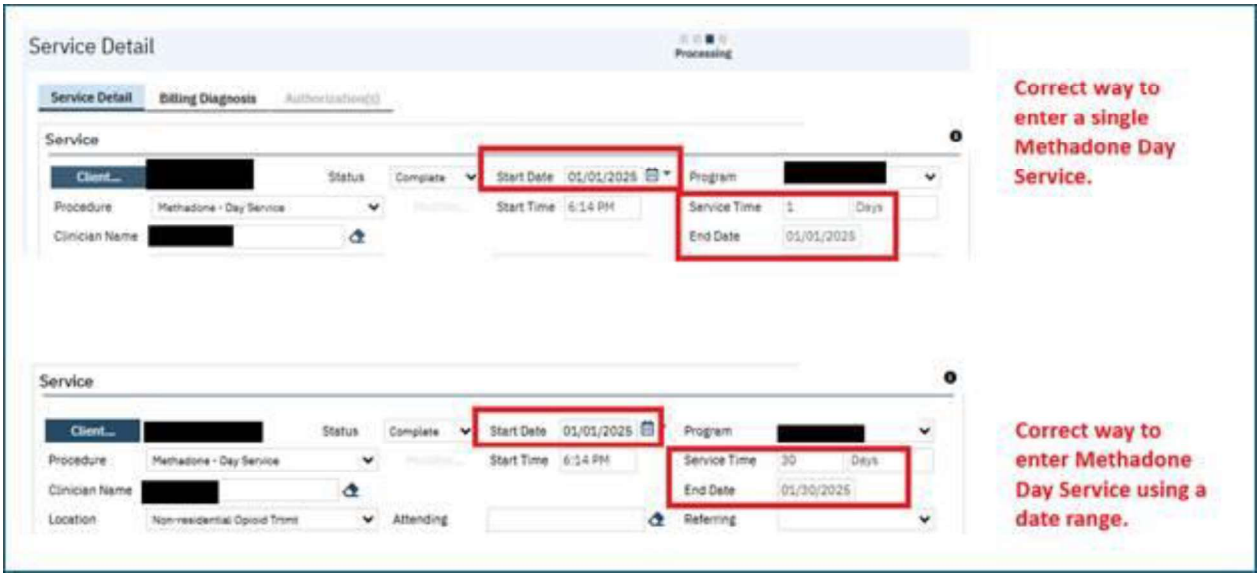
State Reporting

- CalOMs
  - Please enter the CalOMs Discharge into SmartCare as soon as the client is no longer receiving services to avoid late submissions to the State.
- ASAM
  - ASAM submissions are for active Medi-Cal clients only.
  - ASAM is due on the 5th of each month. All data for the previous month must be submitted timely to: BHS_EHRSupport.HHSA@sdcounty.ca.gov

SUD BILLING REMINDERS/ANNOUNCEMENTS

- The latest DMC-ODS Billing Manual (version 3.0) and the ODS-DMC Service Table are available on the San Diego Optum website under the DMC Billing tab.
  - **DMC-ODS Billing Manual SFY2025-26 version 3.0**
  - **DMC-ODS Service Table 25-26 v. 06/2025**
- **Lockout Codes**. Currently, the SUD Billing Unit has noticed an increase in charge error 'This code creates a lockout situation' when attempting to batch charges/claims for Medi-Cal billing. It means that the SmartCare's automated charge validation has detected two procedure codes are being billed but they are locked out against each other. Examples: G0396 billed with another G0396 on the same day, G0396 billed with G0397, G0397 billed with another G0397, G0396 or G0397 billed with H0050 (Contingency Management). Please be sure to consult the "Outpatient Overridable Lockouts with Appropriate Modifiers" column and "Modifiers" tab in the **DMC-ODS-Service-Table-25-26.** In some cases, the SUD Billing Unit will contact you to mark a service as an error or voided depending on the status of the charge or claim.

- **Methadone Day Service (H0020).** Methadone Day Service is now categorized as a 'Day' service instead of a unit-driven procedure code in SmartCare to ensure consistency with DHCS. NTP providers now have the option to:
  - Enter or bill for one day of Methadone service by entering one day as the duration or service time, OR
  - Enter multiple days, and the date range fields will also be calculated based on the number of days entered in the service time field.



- **Clients with dual coverage:** Non-NTP programs are required to bill OHC (Commercial Insurance or Medicare Part C). The NTPs are required to bill the Medicare Part B or Medicare Part C first if a client is Medi-Medi. SUD Billing Unit accepts any of the following documents from the primary insurance to enable us to bill the unpaid balance to Medi-Cal (secondary insurance or payer of last resort).
  - Evidence of Coverage (EOC) indicating that the SUD service is “not covered”. This document may be easier to obtain from the client than billing the insurance.
  - Explanation of Benefits (EOB) or claim denial from the OHC/primary plan after billing the insurance. The EOB must contain denial or non-coverage of the SUD services.
  - Note: In case you receive partial or full payment for services on the primary plan, kindly send a copy of the EOB to the SUD Billing Unit. If partial payment is received, the unpaid balance will be billed to Medi-Cal by the SUD Billing Unit.
  - If you bill OHC/Medicare and have not received any response or proper EOB after 90 days of the billing date, please submit any acceptable documentation proving that your program has billed the OHC and received no response. Some of the acceptable forms of proof that all sources of payment have been exhausted are as follows: email

confirmation from the insurance company, a copy of the claim form with the mailing stamp date, a reference number from a follow-up call, and others. If you receive payment or response from the primary insurance company after Medi-Cal is billed, please contact the adsbillingunit.hhsa@sdcounty.ca.gov right away to determine if the Medi-Cal payment needs to be voided.

RESOURCES & SUPPORT (QA)

Resources

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SUD Provider Edition – October 2025

Up To The Minute!

TRAINING & EVENTS (QA)

SmartCare User Group Meeting – September 2025 Session

- **Monday, October 20, 2025, from 2:00 p.m. to 3:00 p.m.**
- Link: **Join the meeting now**

SUD Quality Improvement Partners (QIP) Meeting

- **Thursday, October 23, 2025, from 10:00 a.m. to 11:30 a.m.**

NEW: Skill Building Workshops in October 2025

- Outpatient Quality of Care
  - **Tuesday, October 7, 2025, from 1:00 p.m. to 2:30 p.m.**
- Residential Quality of Care
  - **Wednesday, October 15, 2025, from 1:00 p.m. to 2:30 p.m.**

UPDATES & REMINDERS (QA)

Update: SUDPOH

- The SUDPOH was updated for October 2025.
- This edition along with the Summary of Changes are now posted on the Optum site.
- The next edition of the SUDPOH is planned for release in November 2025.

GovDelivery

- QA is transitioning all communications to the GovDelivery platform.
- Already receiving our emails? No action is needed—your email will be automatically transferred to the new platform.
- Need to sign up to receive emails? Click below to subscribe to topics applicable to you:
  - **Specialty Mental Health Services**
  - **Drug Medi-Cal Organized Delivery System**
  - **SmartCare**

Update: Recovery Services Tip Sheet

- Includes recently updated DMC-ODS Billing Manual and DMC-ODS Service Table links
- Summary of recovery services, procedure codes, modifiers, other same day services, and links to additional resources.
- Located in the SUD Resources tab- Toolbox
- **Recovery Services Tip Sheet 9-30-25**

Annual Addiction Medicine Tip Sheet

- Includes CME and CEU information for Medical Directors and LPHA's
- Located in the SUD Training tab on Optum
- **Annual Addiction Medicine Tip Sheet 09-04-2025.pdf**

ICD-10 Annual CMS Updates Coming Oct. 1

Every year, the Centers for Medicare & Medicaid Services (CMS) releases updates to the ICD-10 code list. All clients who have an ICD-10 code record that will become invalid on 10/1 will need to have that record updated.

- This updated list will be seen on all screens and documents where ICD-10 codes are used, including the Diagnosis Document, the Problem List (Client Clinical Problems), and Services (Billing Diagnosis tab).
- Services will not able to be completed by the overnight billing process if the service in question includes an invalid ICD-10 code on the Billing Diagnosis tab as of 10/1.
- For diagnosis documents and services, this will require the clinician to update the diagnosis document for their programs.
    - When updating the diagnosis document, the document must have an effective date of 10/1 or later, otherwise the new code will not show up on the search list.
- For problem list records, this will require a user to update the problem list.
    - This can easily be done in the Progress Note by end-dating the old ICD-10 code and adding the new ICD-10 code with a start date of 10/1.

Notable ICD-10 Code Changes for FY 2026:

CalMHSA has reviewed the ICD-10 code changes that impact behavioral healthcare providers. No F codes were impacted. Some Z codes were impacted, but only one within the Z55-Z65 range.

- Z59.86 Financial Insecurity is not a header category; clinician must choose a more specific option:
    - Z59.861 Financial insecurity, difficulty paying for utilities
    - Z59.868 Other Specified financial insecurity
    - Z59.869 Financial Insecurity, unspecified

Questions - Solution:

- **Scenario:** *Joe Clinician is trying to update his diagnosis documents for Peggy Client in preparation for the 10/1 switch. He creates a new diagnosis document on 9/15 and tries to search for the new code. The effective date of the document defaults to today, so he can't find the new code in the search.*
    - When updating the diagnosis document, the document must have an effective date of 10/1 or later, otherwise the new code will not show up on the search list.
- **Scenario**: *Maria Clinician wants to wait until after the 10/1 switch to update the diagnosis document for Sean Client, because she doesn't want to future-date documents, even for administrative reasons. She ends up sick on 10/1 and isn't able to update the diagnosis document until 10/5. However, Tiffany Treatment-Team saw Sean Client on 10/2 and 10/3. Beth Billing is telling Tiffany that her notes can't be billed because there's an invalid diagnosis.*
    - If the clinician waits until after 10/1, there will be an invalid diagnosis until the clinician makes the change. This could lead to multiple services with invalid billing diagnosis codes that keep the services from being claimed.
- **Solution**: The solution to both of these scenarios is ensuring that the diagnosis document has an effective date of 10/1. Whether this is created before 10/1 and is future-dated or is created after 10/1 and is back-dated, the diagnosis document's effective date should be 10/1 to ensure that all services dated 10/1 and later have only valid ICD-10 codes.
    - There is also a Comments field in the diagnosis document. This field can be used to explain the diagnosis change and any difference between the document date and the signature date.

- **Resources**:
  - More information about code changes can be found on the CMS website.
  - **How to Determine Which Clients Have ICD-10 Records that Need to be Updated - 2023 CalMHSA**
  - **ICD-10 Annual Updates: What You Need to Know - 2023 CalMHSA**
  - **Notable ICD-10 Code Changes for FY 2026 - 2023 CalMHSA**
    - Effective October 1, 2025, through September 30, 2025
  - **Notable ICD-10 Code Changes for FY 2025 - 2023 CalMHSA**
    - Effective October 1, 2024, through September 30, 2025

CalMHSA Resources for Peer Support Specialists

CalMHSA is pleased to announce two new **complimentary resources** for Medi-Cal Peer Support Specialists:

- **Documentation Best Practices Guide**
  - Funded by DHCS and developed by CalMHSA.
  - Supports Peer Support Specialists in understanding legal, ethical, and professional documentation requirements.
  - Applies to both mental health and substance use disorder services in county behavioral health systems.
  - **Documentation Best Practices for Peer Support Specialists**
- **Ethics & Boundaries LMS Course**
  - Funded by DHCS and developed by CalMHSA.
  - Provides training on ethics and boundaries in peer support practice.
  - Meets continuing education requirements for certification renewal.
  - **Ethics and Boundaries Training**

Reminder: Client Eligibility & County Billable

- Existing policies for COSD target populations for client eligibility have not changed.
- Programs are expected to continue to assist clients with obtaining Medi-Cal.
- Programs shall use existing policies and judgement to determine potential county billable for clients.
- Workflow changes:
  - BHS eliminated the step for programs to obtain prior approval from COR teams for county billable.
  - County billable services will sit in a suspense state pending potential retroactive billing while program continues to assist clients with obtaining MC.
  - Programs are expected to monitor the suspense report.
  - After 60 days, programs shall discuss suspended services with COR teams to confirm due diligence for ongoing assistance with clients pending MC eligibility.

Update: SUDURM

- Form 203b Client Rights and Complaints has been updated to include the DHCS SUD complaints email.
- This updated form is currently being uploaded to Optum and will be available soon.

BHIN Highlights: See all of the 2025 Behavioral Health Information Notices at 2025-BH-Information-Notices (DHCS).

- BHIN 25-029: Assembly Bill (AB) 2473 Alcohol or Other Drug (AOD) Counselor Educational Requirements: A new law (AB 2473) now requires drug and alcohol counselors to complete more training hours and show they understand key core topics as part of their education.

Management Information Systems (MIS)

System Administration and Access – Managed by Cheryl Lansang
Contact: Cheryl.lansang@sdcounty.ca.gov or 619-578-4111

ARF Update

- Type of Clinical Trainee **must** be provided on the comment section of the ARF
- When submitting a termination ARF, all claims must be entered into the system if applicable
- If clinician does not require login access to SmartCare, and is only for billing services, mark "Rendering Staff (No Login)" on the ARF to prevent inactivity termination.

System Administration & Development is managed by Dolores Madrid-Arroyo.
Contact: **Dolores.Madrid@sdcounty.ca.gov** or call (619) 559-6453.

Contact MIS Support Desk BHS_EHRSupport.HHSA@sdcounty.ca.gov

- Requests to delete or reopen client enrollments
- Requests to delete Special Populations
- Requests to delete documents and services entered in the Wrong Client
- Request to delete documents In Progress or for CALOMS.
- Residential bed day errors
- NEW - Any services in Pending status that will not move to Show must be reported to MIS for deletion of record.

For all other data entry errors needing corrections, for example: wrong time, date, MOD, etc. continue to submit tickets through SmartCare My Reported Errors screen

CalOMS

- Please be sure to enter one CalOMS Admission and one CalOMS Discharge document per client. If multiple documents are created for the same Level of Care for the same client, the State will reject the records.
- On the CalOMS Admission, the Primary Drug field cannot be entered as "None" or "Unknown." A primary drug must be entered, or the State will reject the record.
- A CalOMS Admission and Discharge must have the same FSN (Form Serial Number). If the FSN does not match, the State will reject the record. When completing a client's discharge, please confirm the FSN corresponds with the FSN on the client's admission. If not, please reach out to BHS_EHRSupport.HHSA@sdcounty.ca.gov to resolve the issue.

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