



State of California—Health and Human Services Agency  
Department of Health Care Services



EDMUND G. BROWN JR.  
GOVERNOR

DATE: August 3, 2018

MHSUDS INFORMATION NOTICE NO.: 18-037

TO: COUNTY BEHAVIORAL HEALTH DIRECTORS  
COUNTY DRUG & ALCOHOL ADMINISTRATORS  
COUNTY BEHAVIORAL HEALTH DIRECTORS ASSOCIATION OF CALIFORNIA  
CALIFORNIA COUNCIL OF COMMUNITY BEHAVIORAL HEALTH AGENCIES  
COALITION OF ALCOHOL AND DRUG ASSOCIATIONS  
CALIFORNIA ASSOCIATION OF ALCOHOL & DRUG PROGRAM EXECUTIVES, INC.  
CALIFORNIA ALLIANCE OF CHILD AND FAMILY SERVICES  
CALIFORNIA OPIOID MAINTENANCE PROVIDERS  
CALIFORNIA STATE ASSOCIATION OF COUNTIES  
DIRECT PROVIDERS

SUBJECT: DRUG MEDI-CAL REIMBURSEMENT RATES FOR FISCAL YEAR 2018-19

## **PURPOSE**

This Information Notice transmits the Fiscal Year (FY) 2018-19 reimbursement rates for Drug Medi-Cal (DMC) services, effective July 1, 2018 through June 30, 2019.

## **DISCUSSION**

The Department of Health Care Services (DHCS) developed the reimbursement rates in accordance with Welfare and Institutions Code Sections 14021.51, 14021.6 and 14021.9. These rates reflect analyses of costs for DMC services. A component of the FY 2018-19 analyses included use of a cumulative 19.4 percent Implicit Price Deflator. The rates are applicable to DMC services provided under DMC State Plan regulations. The rates also apply to Narcotic Treatment Program providers operating under the DMC Organized Delivery System Section 1115 Waiver.

In addition, the rate for residential services provided to the Early and Periodic Screening, Diagnostic and Treatment (EPSDT) beneficiaries is equal to the current State rate for perinatal residential services.

See [MHSUDS Information Notice 16-063](#) for billing policies for EPSDT clients.

For DMC billing for service dates on or after July 1, 2018, please refer to the following tables when populating the procedure and modifiers on the 837P electronic claim file of DMC claims submitted for adjudication.

**Non-Perinatal Service Groups, Types, and Billing Codes**

| Service Group | Service Type                     | Billing Codes  |          |          |
|---------------|----------------------------------|----------------|----------|----------|
|               |                                  | Procedure Code | Modifier | Modifier |
| IOT           | Intensive Outpatient Treatment   | H0015          |          |          |
| NAL           | Naltrexone (NAL) generic         | S5000          | HG       |          |
| NAL           | Naltrexone (NAL) brand name      | S5001          | HG       |          |
| NTP           | NTP – Individual Counseling      | H0004          | HG       |          |
| NTP           | NTP – Group Counseling           | H0005          | HG       |          |
| NTP           | NTP - Methadone                  | H0020          | HG       |          |
| ODF           | ODF – Individual Counseling      | H0004          |          |          |
| ODF           | ODF – Group Counseling           | H0005          |          |          |
| RES           | Residential- Short –Term – EPSDT | H0018          |          |          |
| RES           | Residential- Long-Term – EPSDT   | H0019          |          |          |

**Perinatal Service Groups, Types, and Billing Codes**

| Service Group | Service Type                   | Billing Codes  |          |          |
|---------------|--------------------------------|----------------|----------|----------|
|               |                                | Procedure Code | Modifier | Modifier |
| IOT           | Intensive Outpatient Treatment | H0015          | HD       |          |
| NTP           | NTP – Individual Counseling    | H0004          | HD       | HG       |
| NTP           | NTP – Group Counseling         | H0005          | HD       | HG       |
| NTP           | NTP - Methadone                | H0020          | HD       | HG       |
| ODF           | ODF – Individual Counseling    | H0004          | HD       |          |
| ODF           | ODF – Group Counseling         | H0005          | HD       |          |
| RES           | Residential - Short-Term       | H0018          | HD       |          |
| RES           | Residential – Long-Term        | H0019          | HD       |          |

MHSUDS INFORMATION NOTICE NO.: 18-037  
August 3, 2018  
Page 3

## **REFERENCES**

Sections 51516.1, Title 22, California Code of Regulations  
Section 51516.1, Title 22, California Code of Regulations  
Sections 14021.51, 14021.6 and 14021.9, Welfare and Institutions Code

## **QUESTIONS**

Questions regarding the DMC rates may be directed to Shirley Nadan at (916) 713-8631 or [Shirley.Nadan@dhcs.ca.gov](mailto:Shirley.Nadan@dhcs.ca.gov).

Sincerely,

Original signed by

Brenda Grealish, Acting Deputy Director  
Mental Health & Substance Use Disorder Service

Exhibit