




## M E M O R A N D U M

**Date:** January 18, 2019  
**To:** DMC-ODS Alcohol and Drug Providers for Residential Treatment Level 3.1  
**From:** Santa Barbara County Behavioral Wellness   
**Subject:** Residential Treatment (Level 3.1) Procedure Codes  
**CC:** ADP, Fiscal, QCM

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The purpose of this memorandum is to clarify the Procedure Codes available for Residential Treatment (Level 3.1).

### Billable Procedure Names and definitions:

- **RES 3.1 Residential Day (5801)** - residential treatment is reimbursed on a daily basis provided that one of the following service activities is provided: intake, individual, group counseling, patient education, family therapy, collateral services, crisis intervention services, treatment planning, transportation services (provision of or arrangement for transportation to and from medically necessary treatment).
  - An individual service with the above procedure code must be entered daily to ensure reimbursement.
- **RES 3.1 Case Management (5030)** - please see Policy #7.008 *Drug Medi-Cal Organized Delivery System (DMC-ODS) Case Management* for service definition.
- **RES 3.1 MAT Services (5403)** - please see Policy #7.022 *Drug Medi-Cal Organized Delivery System (DMC-ODS) Medication-assisted Treatment (MAT) for Contracted Providers* for service definition.
- **RES 3.1 Physician Consultation (5630)** – the Medical Director and/or licensed physicians may bill and be reimbursed for their time consulting with addiction medicine physicians, addiction psychiatrists or clinical pharmacists for complex cases to address medication selection, dosing, side effect management, adherence, drug-to-drug interactions or level of care considerations.

- **ODS Board & Care Only (no Res. Tx Service Provided) (5806)** - if the client is a resident at the facility but did not take part in any of the treatment activities on a given day.
  - Only to be used when no residential services are provided in a given day; the provider will only be reimbursed for board and care.

**Non-Bill Procedure Names:**

- The following procedures may be used by direct service staff to document interactions that they have with clients in order to show treatment progress, or lack of progress, and support medical necessity as needed:
  - Assessment- Non Bill (6100)
  - Treatment Planning – Non Bill (6101)
  - Individual Counseling – Non Bill (6102)
  - Collateral – Non Bill (6103)
  - Crisis Service – Non Bill (6104)
  - Discharge Planning – Non Bill (6105)
  - Group Counseling – Non Bill (6106)
  - Consumer No Show (1001)
  - Consumer Cancelled (1002)
  - Staff Cancelled (1003)