



Ambulatory Withdrawal Management

Ambulatory Withdrawal Management (AWM) is a Withdrawal Management Service, as defined in BHIN 24-001, that is provided to members when medically necessary for maximum reduction of the SUD symptoms and restoration of the member to their best possible functional level in an outpatient setting. Withdrawal management services are considered urgent and provided on a short-term basis. When a member completes AWM services, a discharge summary and CalOMS discharge need to be entered before to the member transitioning to other OS/IOS services or a different level of care.

There are two levels of AWM:

AWM Level 1	AWM Level 2
AWM without extended on-site monitoring and mild withdrawal signs and symptoms with daily or less than daily outpatient supervision; at night has supportive family or living situation.	AWM with extended on-site monitoring and moderate withdrawal with daytime withdrawal management and support and supervision; at night has supportive family or living situation.

Per the [DMC-ODS Billing Manual 2.1](#) and the [DMC-ODS-Service-Table-24-25](#), H0014 is the code that can be used for Ambulatory Withdrawal Management. **(In SmartCare, procedure codes Ambulatory WM – Level 1 or Ambulatory WM – Level 2 will automatically link to H0014.)**

Services that fall under this code are:

- Assessment
- Care Coordination
- Medication Services
- MAT for OUD
- MAT for AUD and non-opioid SUDs
- Observation
- Recovery Services

AWM services fall under a “bundled rate.” All services (listed above) and service times completed in a day will be represented in one note that any rendering staff can sign.

What other services can be billed on the same day as AWM?

Per the [DMC-ODS Billing Manual 2.1](#), below are other services that can be **billed on the same day as Ambulatory Withdrawal Management at the AWM clinic or other clinics.**

- Additional MAT
- Methadone dosing
- Care Coordination*
- Physician consultation
- Peer Support Specialist services
- Mobile support
- Contingency management.

*AWM clinics cannot bill Care Coordination separately as this is included in the AWM code H0014.

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When can a unit of time for this hourly code be claimed?

The 2024 CPT codebook, states: “A unit of time is attained when the mid-point is passed. For example, an hour is attained when 31 minutes have elapsed (more than midway between zero and 60 minutes). A second hour is attained when a total of 91 minutes has elapsed.”

Please note that DHCS' rules may be more restrictive than the rules described in the CPT codebook. As a result, the CPT codebook should be used in conjunction with the billing manuals.

From: [CalAIM Payment Reform FAQs \(dhcs.ca.gov\)](https://dhcs.ca.gov/CalAIM/Payment-Reform-FAQs)

Units	Number of minutes
1	>= 31 minutes - 90 minutes
2	>=91 minutes - 150 minutes
3	>= 151 minutes - 210 minutes
4	>= 211 minutes - 270 minutes
5	>= 271 minutes - 330 minutes
6	>= 331 minutes - 390 minutes
7	>= 391 minutes - 450 minutes
8	>= 451 minutes - 510 minutes
9	>= 511 minutes - 570 minutes
10	>= 571 minutes - 630 minutes
11	>= 631 minutes - 690 minutes

For more information on Ambulatory Withdrawal Management:

- CoSD SUD Provider Operations Handbook: [SUDPOH: Section B](#)
- Definition of Withdrawal Management services: [BHIN 24-001 \(dhcs.ca.gov\)](#)
- Find the credentials that can bill for this hourly service: [Procedure Code Definitions \(CalMHSA\)](#)
- Verify unit information and for other billing questions, see (under the Billing/DMC-ODS only tabs): [DMC-ODS Billing Manual 2.1](#); [DMC-ODS-Service-Table-24-25](#),
- General Resource: [The ASAM Clinical Practice Guideline on Alcohol Withdrawal Management: A Pocket Guide](#)