

6.38 OPIOID TREATMENT SERVICES (ASAM LEVEL 1)

Beacon Health Options utilizes ASAM criteria to determine medical necessity for all substance use disorder (SUD) related service requests. The description of Opioid Treatment services (ASAM Level 1) and its applicable criteria can be accessed here:

<http://maryland.valueoptions.com/provider/manual/Appendix-C-ASAM-Criteria.pdf>

Opioid Treatment Programs (OTP; Provider Type 32):

Description of Service:

OTP services include the use of methadone, Vivitrol, or buprenorphine dispensed under a physician's order in addition to counseling and recovery support services. Clinical services provided should address any and all substance use disorders present for each participant. Periodic random urine drug screens are required.

OTPs may provide participants with take-home medication at the discretion of the Medical Director, following the guidelines provided in 42 CFR Part 8 §8.12(h)(4)(i).

Participant Eligibility:

Participants who have Federally Funded Medicaid or Dual Eligibility (Medicare and Medicaid) are eligible to receive services under Medicaid for OTP services. Providers rendering services to participants without Medicaid are instructed to initiate the uninsured registration process (see [Beacon Provider Manual Chapter 3](#)) in Beacon's Provider Connect system in order to obtain an uninsured eligibility exception. If the participant does not qualify for an uninsured exception, providers are to contact their Local Addictions Authority (LAA) or Local Behavioral Health Authority (LBHA) in order to explore alternative funding spans to support any participant who does not qualify for an approved eligibility category.

Provider Eligibility:

OTPs must be licensed by the Behavioral Health Administration in accordance with COMAR 10.47.01 or COMAR 10.63.01, maintain approval for the U.S. Drug Enforcement Administration, and be enrolled as a Medicaid Provider Type 32. The Program must comply with the requirements of 42 CFR Part 8, and COMAR 10.47.02.11 or COMAR 10.63.03.19, COMAR 10.09.36 and COMAR 10.09.80.

Authorization Process:

Providers obtain initial authorization for OTP services via electronic submission in ProviderConnect. Electronic authorizations are completed by the provider through submission of a request in Provider Connect. Provider Connect can be accessed 24/7, including weekends and holidays through the Beacon website: <http://maryland.beaconhealthoptions.com/provider-main.html>. If the level of care is medically necessary, services will be authorized. Providers obtain additional authorizations through the electronic

submission of a continued stay request in Provider Connect. The provider must submit a continued-stay request following the OMS workflow (refer to Chapter 19 for more information on OMS).

If a Beacon Care Manager determines that the supporting documentation indicates the individual does not meet medical necessity criteria for this level of care, the request for services will be referred to a Beacon Physician Advisor for review. If the Physician Advisor agrees that the service requested does not meet Medical Necessity Criteria and is non-authorized, the determination of the non-authorized case will be communicated both via ProviderConnect and telephonically to the provider (refer to Chapter 10 on Grievances and Appeals for further information).

Claims Reimbursement Process:

OTPs should submit claims electronically using the 837P format or the CMS 1500 claims form. Each service must be entered on a separate transaction line. In order to ensure that weekly claims are paid appropriately, OTPs should use one day of the week as the start date (example Monday). Beacon will pay for the first week even if it begins mid-week. Please note routine drug screens are built into the bundled rates. Please be aware that individuals need to be seen based upon their individual treatment needs and their acuity. For participants who have take-home medications, they must be seen at a minimum of once per month for claims to be paid. Providers are able to bill for individual and group counseling, and E&M codes for medication management. Providers should bill the induction code for the first week an individual receives buprenorphine or methadone. Claims must specify an approved substance use disorder ICD-10 diagnosis code.

Billing Codes:

For a complete list of procedure codes and current rates, please review the SUD fee schedule here: http://maryland.beaconhealthoptions.com/provider/prv_info.html.

The procedure codes for OTP Level 1 services are:

H0001 - which is a comprehensive substance use disorder assessment. This code can only be billed once per 12-months per provider unless there is at least a 30-day break in treatment for the same program. This procedure can be completed and billed without an authorization.

H0004 - which is individual outpatient therapy cannot be billed with H0015 (SUD IOP) or H2036 (Partial Hospitalization). One unit of H0004 is equivalent to 15 minutes.

H0005 - which is group outpatient therapy cannot be billed with H0015 (SUD IOP) or H2036 (Partial Hospitalization). One unit of H0005 is equivalent to 60-90 minutes.

H0016 - which is medication assisted treatment initial induction cannot be billed with H0014 (ambulatory detox), H0020/HG (methadone maintenance) or H0047 (buprenorphine maintenance) except for the initial induction week.

H0020/HG - which is the administration of the weekly methadone treatment. The code includes the face-to-face visits to receive the methadone, laboratory tests related to routine drug screening/testing, and a

minimum of one monthly encounter with a licensed or certified health professional. This code cannot be billed concurrently with H0014 (ambulatory detox) or H0047 (buprenorphine maintenance). This code also cannot be billed with H0016 (Medication Assisted Treatment (MAT) Initial Induction) except for the induction week.

H0047 - which is a weekly rate for ongoing buprenorphine monitoring or maintenance. It cannot be billed with H0014 (ambulatory detox) or H0020/HG (methadone maintenance), or billed with H0016 (MAT initial induction) except for the induction week.

W9520 - which is the service code for methadone guest dosing. Guest dosing may be billed once per day during the time the participant is receiving their medication at the guest-dosing program. One participant is eligible for up to 30 days of guest dosing per year. If additional days are required, the home program must contact Beacon with clinical information justifying the request. The home program and guest-dosing program must be in communication regarding dosage, days of guest dosing required and other clinical concerns.

W9521 – which is the service code for buprenorphine guest dosing which is billed once per day during the time the participant is receiving their medication at the guest-dosing program. The participant is eligible for up to 30 days of guest dosing per year. If additional days are required, the home program must contact Beacon with clinical information justifying the request. The home program and guest-dosing program must be in communication regarding dosage, days of guest dosing required and other clinical concerns.

E/M codes (99211/HG thru 99215/HG (MAT Ongoing Evaluation and Management)) may only be billed by OTPs when the service is delivered by an appropriately licensed physician, nurse practitioner, or physician assistant (and billed with the HG modifier). It cannot be billed with H0014 (ambulatory detox) or H0016 (MAT Initial Induction)

For buprenorphine medication, please link to the most recent SUD fee schedule found here: http://maryland.beaconhealthoptions.com/provider/prv_info.html Please note that the NDC code related to the buprenorphine must be included with the J code. The J codes may not be used when prescribing the medication, or when the medication is obtained from the pharmacy where the point of sale occurred.

Opioid Treatment Services (Provider Type 50):

Description of service:

Medication management services for opioid treatment services (Vivitrol and buprenorphine) can be provided in an office based setting by a psychiatrist or addiction medicine specialist who is not the participant's primary care provider. For buprenorphine, the provider must have an active 2000 DATA Waiver license. Medication is provided by prescription. The participant should also be receiving substance use disorder counseling and engaged with recovery support services, which may be provided by a different provider or program.

Participant Eligibility:

Participants who have Federally Funded Medicaid or Dual Eligibility (Medicare and Medicaid) are eligible for services under Medicaid for Office-Based Opioid Treatment services. Providers rendering services to participants without Medicaid are instructed to initiate the uninsured registration process (see Beacon Provider Manual Chapter 3) through Beacon's Provider Connect system in order to obtain an uninsured eligibility exception. If the participant does not qualify for an uninsured exception, providers are to contact their Local Addictions Authority (LAA) or Local Behavioral Health Authority (LBHA) in order to explore alternative funding spans to support any participant who does not qualify for an approved eligibility category.

Provider Eligibility:

Buprenorphine may only be prescribed by a licensed professional with an active DATA 2000 waiver license. Beacon will verify the DATA 2000 waiver on provider enrollment. Other medication assisted treatments services must be rendered by a licensed prescriber with expertise in addiction treatment. The prescriber must have a valid Medicaid and NPI number.

Authorization Requirements:

Authorizations can be requested electronically through Beacon. Electronic request authorizations are completed by the program provider through submission of a request in ProviderConnect. ProviderConnect can be accessed 24/7, including weekends and holidays through the Beacon website: <http://maryland.beaconhealthoptions.com/provider-main.html> . If the level of care is medically necessary, services will be authorized.

If a Beacon Care Manager determines that the supporting documentation indicates the individual does not meet medical necessity criteria for this level of care, the request for services will be referred to a Beacon Physician Advisor for review. If the Physician Advisor agrees that the services requested do not meet medical necessity criteria and are non-authorized, the determination of the non-authorized case will be communicated both via ProviderConnect and telephonically to the provider (refer to Chapter 10 on Grievances and Appeals for further information).

Claims Reimbursement Process:

Programs should submit claims electronically using the 837P format or the CMS 1500 claims form. Each date of service must be entered on a separate transaction line. Date spans will not be accepted. Claims must specify an approved substance use disorder ICD-10 diagnosis code.

Billing codes:

Programs providing buprenorphine or Vivitrol medication assisted treatment to participants may bill for these services using the Evaluation and Management codes appropriate to the service. The codes and rates may be found on the Beacon website under the most recent SUD fee schedule found at: http://maryland.beaconhealthoptions.com/provider/prv_info.html.

Office-Based Opioid Treatment Services (Provider Type 20):

Description of service:

Medication management services for opioid use treatment services can be provided in an office based setting by a psychiatrist or addiction medicine specialist who is not the participant's primary care provider (PCP). Please note if you are the participant's PCP, you should bill the participant's managed care organization (MCO) for this service. Medication is provided by prescription. The participant should also be receiving substance use disorder counseling and engaged with recovery support services, which may be provided by a different provider or program.

Participant Eligibility:

Participants who have Federally Funded Medicaid or Dual Eligibility (Medicare and Medicaid) are eligible for services under Medicaid for Office-Based Opioid Treatment services. Providers rendering services to participants without Medicaid are instructed to initiate the uninsured registration process (see [Beacon Provider Manual Chapter 3](#)) through Beacon's Provider Connect system in order to obtain an uninsured eligibility exception. If the participant does not qualify for an uninsured exception, providers are to contact their Local Addictions Authority (LAA) or Local Behavioral Health Authority (LBHA) in order to explore alternative funding spans to support any participant who does not qualify for an approved eligibility category.

Provider Eligibility:

Buprenorphine may only be prescribed by a licensed professional with an active DATA 2000 waiver license. Beacon will verify the DATA 2000 waiver on enrollment. Other medication assisted treatments services must be rendered by a licensed prescriber with expertise in addiction treatment. The prescriber must have a valid Medicaid and NPI number.

Authorization Requirements:

Authorizations can be requested electronically through Beacon. Electronic requests are completed by the providers through submission in ProviderConnect. ProviderConnect can be accessed 24/7, including weekends and holidays through the Beacon website: <http://maryland.beaconhealthoptions.com/provider-main.html> . If the level of care is medically necessary, services will be authorized.

If a Beacon Care Manager determines that the supporting documentation indicates the individual does not meet medical necessity criteria for this level of care, the request for services will be referred to a Beacon Physician Advisor for review. If the Physician Advisor agrees that the services requested do not meet medical necessity criteria and are non-authorized, the determination of the non-authorized case will be communicated both via ProviderConnect and telephonically to the provider (refer to Chapter 10 on Grievances and Appeals for further information).

Claims Reimbursement Process:

Individual providers should submit claims electronically using the 837P format or the CMS 1500 claims form. Each date of service must be entered on a separate transaction line. Date spans will not be accepted. Claims must specify an approved substance use disorder ICD-10 diagnosis code.

Billing codes:

Physicians providing medication assisted treatment to participants may bill for these services using the Evaluation and Management codes appropriate to the service. The codes and rates may be found on the Beacon website under the most recent SUD fee schedule found at:

http://maryland.beaconhealthoptions.com/provider/prv_info.html.