

6.40. Withdrawal Management (ASAM All Levels of Service)

Beacon utilizes ASAM criteria to determine medical necessity for all substance use disorder (SUD) related service requests. The description of services provided by Withdrawal Management (ASAM all levels of service) and its applicable criteria can be accessed here:

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

SERVICE RULES

An ambulatory withdrawal management service, as defined in COMAR 10.47.02.10, is one that provides withdrawal management in one or more of the following levels of care:

- ASAM Level 1-Withdrawal Management (Outpatient), ambulatory withdrawal management without extended on-site monitoring
- ASAM Level 2-Withdrawal Management (Intensive Outpatient and Partial Hospitalization), ambulatory withdrawal management with extended on-site monitoring
- ASAM Level 3.2-Withdrawal Management (clinically-managed) residential withdrawal management
- ASAM Level 3.7-Withdrawal Management (medically-monitored) residential withdrawal management. Inpatient detox is a service provided in an inpatient hospital setting or in an Intermediate Care Facility-Addiction (ICF-A) facility.
- Inpatient detox is ASAM Level 4.0-Withdrawal Management and is medically managed. Inpatient detox is a service provided in an inpatient hospital setting or in an Intermediate Care Facility-Addiction (ICF-A) facility.

PARTICIPANT ELIGIBILITY

Participants who have federally funded Medicaid or Dual Eligibility (Medicare and Medicaid) are eligible for Medicaid reimbursement for Medicaid-eligible services. Medicaid only reimburses for inpatient detoxification in a hospital setting. If participants are not Medicaid or dually eligible, providers should contact their Local Addictions Authority (LAA) to discuss whether grant funds are available to pay for the services.

PROVIDER ELIGIBILITY

Providers delivering withdrawal management services must be Medicaid eligible and a Provider Type 50, 32, 54, 55 or an acute general hospital.

AUTHORIZATION PROCESS

The provider must seek authorization from Beacon through the ProviderConnect system prior to admission to ambulatory or inpatient detox. Inpatient detox is a service provided in an Inpatient hospital setting or in an ICF-A facility. Please note, effective July 1, 2017, Medicaid can now reimburse treatment stays for ICF-A admissions for youths under age 21 and adults. Medicaid can pay for detox services for

all age groups in acute care general hospitals. If the patient is being admitted to a medical/surgical unit rather than a detoxification bed, the hospital should seek authorization from the patient's managed care organization (MCO).

Authorizations can be requested telephonically, or electronically through Beacon. Telephonic authorizations are initiated by calling the Beacon customer service line (800-888-1965) & providing clinical information to a licensed Clinical Care Manager in the Clinical Department. 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, withdrawal management services will be authorized.

Providers obtain additional authorizations through the electronic submission of a continued stay request in Provider Connect. To request initial authorizations for ASAM Level 3.7WM or ASAM 4.0, providers can submit the authorization request with supporting clinical information the day of admission but no later than 24 hours from time of admission. Concurrent authorization for ASAM Level 3.7WM or ASAM 4.0 must be submitted with supporting clinical information on the first uncovered day of the previous authorization.

If a Beacon Care Manager is not able to authorize the service as medically necessary, the request for services will be referred to a Beacon Physician Advisor for review. If 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).

Providers are expected to initiate discharge planning at the beginning of service delivery. Providers are also required to submit the discharge plan in the authorization request.

CLAIMS PROCESS

Claims by community-based providers are submitted electronically using the 837P or on a CMS 1500 form. Claims for acute general hospitals and ICF-As for individuals under 21 years are submitted electronically using an 837I format or on a UB04 form. Both should use the appropriate billing codes. Claims must specify an ICD-10 code for reimbursement.

ASAM Level 3.7WM is an adult residential substance use disorder benefit rendered by Provider Type 54 (PT 54). This provider type uses HCPCS codes on a CMS 1500 form. A PT 54 may use either place of service (POS) 54 or 55 depending on their classification. POS 54 is specific for Intermediate Care Facility; POS 55 is for Residential Substance Abuse Treatment Facility. Both places of service are accurate and it is the responsibility of the provider to select which place of service applies to the treating facility.

Claims for unauthorized withdrawal management, regardless of level of care, will be denied.

Billing Codes

Provider type 50 should use the ambulatory detoxification code H0014.

Provider type 32 should use methadone maintenance code of H0020 or the buprenorphine induction code of H0016.

The procedure code for ASAM Level 3.3 services is W7375. It cannot be billed with any community based substance use procedure code listed on the Community-Based Substance Use Disorder fee schedule with the exception of H0020 and H0047. The Alcohol and/or Drug Assessment (H0001) procedure code can only be billed if it is determined the participant does not meet medical necessity criteria for ASAM Level

3.7WM. Procedure code W7375 cannot be billed with any mental health community based services except for date of admission or for services rendered by a community based psychiatrist.

The room & board procedure code for ASAM Level 3.7WM is RESRB. It is a daily rate paid by BHA. On the CMS 1500 form, providers will bill a daily rate for ASAM Level 3.3 and on the second line bill the room and board code. Providers cannot bill date spans; all days must be billed individually.

For provider type 55, this service is part of their all-inclusive daily rate and should be billed with revenue code 0100.

Acute general hospital providers should bill Beacon for withdrawal in hospital inpatient detoxification beds using revenue codes 0116, 0126, 0136, or 0156 and the appropriate ICD-10 code. If the patient is detoxified in a regular medical surgical bed, the hospital should bill the patients managed care organization (MCO).

If the patient is seen in an emergency or outpatient unit of an acute general hospital, the hospital should bill Beacon using the appropriate revenue code in combination with a diagnosis code indicating that the patient is receiving withdrawal management.

All services need to be authorized by Beacon in order for claims to be reimbursed regardless of source of funds.