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Addiction Medicine

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September 27, 2019

The Honorable Seema Verma  
Administrator, Centers for Medicare & Medicaid Services  
U.S. Department of Health and Human Services  
Attention: CMS-1715-P  
P.O. Box 8016  
Baltimore, MD 21244-8016

**Re: Medicare Program; CY 2020 Revisions to Payment Policies Under the Physician Fee Schedule and Other Changes to Part B Payment Policies; Medicare Shared Savings Program Requirements; Medicaid Promoting Interoperability Program Requirements for Eligible Professionals; Establishment of an Ambulance Data Collection System; Updates to the Quality Payment Program; Medicare Enrollment of Opioid Treatment Programs and Enhancements to Provider Enrollment Regulations Concerning Improper Prescribing and Patient Harm; and Amendments to Physician Self-Referral Law Advisory Opinion Regulations**

Dear Administrator Verma:

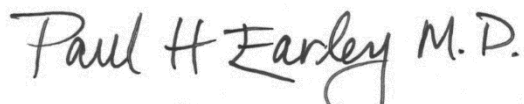
On behalf of the American Society of Addiction Medicine (ASAM), a national medical specialty society representing more than 6,000 physicians and other clinicians who specialize in the prevention and treatment of addiction, thank you for the opportunity to comment on the notice of proposed rulemaking (NPRM) regarding the *Medicare Program; CY 2020 Revisions to Payment Policies Under the Physician Fee Schedule and Other Changes to Part B Payment Policies; Medicare Shared Savings Program Requirements; Medicaid Promoting Interoperability Program Requirements for Eligible Professionals; Establishment of an Ambulance Data Collection System; Updates to the Quality Payment Program; Medicare Enrollment of Opioid Treatment Programs and Enhancements to Provider Enrollment Regulations Concerning Improper Prescribing and Patient Harm; and Amendments to Physician Self-Referral Law Advisory Opinion Regulations.*

First, we are pleased that the agency has proposed the creation of two different bundled payment models, one for outpatient treatment of opioid use disorder (OUD) and one for services rendered by opioid treatment programs (OTPs). Updating the reimbursement structure surrounding treatment of substance use disorder (SUD) and OUD is vital to strengthening the addiction treatment workforce and delivering quality, evidence-based care. While the proposed payment bundles are a positive step forward, we propose modifications that we believe will better serve patients and their treatment teams. ASAM believes that CMS should finalize these proposals, but with modifications, especially in the case of the OTP bundle regarding the payment amounts, definitions of covered services, and various other issues. We share our recommendations and concerns in more detail below.

Second, ASAM appreciates the opportunity to provide input on CMS' proposal to permit CMS to revoke or deny Medicare enrollment for physicians and eligible professionals who were the subject of prior action from state oversight entities with underlying facts reflecting improper physician or eligible professional conduct that led to patient harm. Decisions surrounding a physician or eligible professional's ability to practice should be determined by their personal physician and the state's medical licensing board. We encourage CMS not to finalize its new proposal to deny or revoke enrollment for any action a state medical board takes, or, at a minimum, narrow the scope of this exclusion to avoid targeting state-mandated abstinence or substance use disorder treatment. We have provided additional information regarding potential unintended consequences of the proposed policy below.

Thank you for the opportunity to comment on the NPRM regarding the 2020 Medicare Physician Fee Schedule. If you have any questions or need further clarification, please do not hesitate to contact Corey Barton, Senior Manager, Private Sector Relations for ASAM at 301-547-4106.

Sincerely,

A handwritten signature in black ink that reads "Paul H. Earley M.D." in a cursive style.

Paul H. Earley, MD, DFASAM  
President, American Society of Addiction Medicine

**2020 MPFS Detailed Comments**

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## **Bundled Payment for Treatment of Opioid Use Disorder (OUD)**

### *Executive Summary*

In last year's comments to CMS, ASAM reaffirmed that addiction is a chronic brain disease. Payment models and processes for addiction treatment must be designed in a manner that reinforces treatment plans that enable patients to progress through their individualized recovery processes. Increasing access to medications that have been proven to be effective in treating individuals diagnosed with OUD is a critical component. The existing fee-for-service system does not adequately provide the resources that physicians and their treatment teams need to ensure that patients have access to quality, evidence-based addiction treatment. Given these issues with access to care, we are pleased that CMS has responded to these barriers to access by proposing new payment codes in this Notice of Proposed Rule Making (NPRM) that are aimed at facilitating increased access to comprehensive addiction treatment for patients suffering from OUD.

***However, ASAM recommends that CMS finalize this proposal with certain refinements.*** For example, in its proposal, CMS plans to use a building block methodology for the outpatient bundle by cross walking the individual elements of the payment bundle to defined relative value units (RVUs) of similar services defined by existing Current Procedural Technology (CPT) codes. In determining the total relative value units (RVUs) for each code, CMS also makes certain assumptions about the approximate number of individual and group psychotherapy sessions that a patient receives during a calendar month. In the proposed rule itself, CMS recognizes that there is significant patient variability in the need for the services included in the bundle and for future treatments not yet acknowledged. This proposed payment methodology, applying an amalgam of existing CPT codes to estimate a group of services that may be provided by summing the equivalent of the work RVUs referenced from existing CPT codes, needs further refinement. ***Specifically, ASAM recommends that CMS adjust the payment methodology to account for (1) patient complexity/severity using The ASAM Criteria or other equivalent criteria and (2) different types of practice arrangements and emerging technologies. We also encourage CMS to urge providers to consult addiction physician specialists who have extensive knowledge and expertise, as appropriate, such as when treating patients with moderate to severe OUD.***

### *Accounting for Patient Severity*

In our comments to the agency last year, ASAM recommended that CMS consider ASAM and the American Medical Association's (AMA's) joint concept paper (Patient-Centered Opioid Addiction Treatment (P-COAT) Alternative Payment Model). The P-COAT paper recommends a bifurcated payment model that would address patients in two distinct levels of care: outpatient and intensive outpatient. This framework was built on the ASAM Levels of Care which express gradations of intensity of services. It is critically

important that patients receive the right level of care, in the right place, and at the right time. We urge CMS to consider using the ASAM Levels of Care, or other equivalent standards, to account for patient severity to ensure that treatment teams have the appropriate resources to address patients' needs. By way of example, at ASAM Level of Care 1.0 (outpatient), patients may need up to 9 hours of services per week to meet their treatment needs. At ASAM Level of Care 2.1 (intensive outpatient), patients typically need more than 9 hours of services per week to meet their treatment needs.

Additionally, the proposed rule identifies an add-on-code, GYYY3 that "can only be billed when the total time spent by the billing professional and the clinical staff furnishing the OUD treatment services described by the base code exceeds double the minimum amount of service time required to bill the base code for the month." This magnitude of provider risk and uncertainty will place a significant burden on providers and their ability to effectively serve their patients. In addition to our recommendation that CMS make certain refinements, ASAM also recommends that within any methodology for valuing these codes, CMS consider a lower threshold for billing this code. ***Specifically, CMS should consider lowering the threshold to allow providers to bill the add-on code "when the total time spent by the billing professional and the clinical staff furnishing the OUD treatment services described by the base code exceeds 125-150% of the minimum amount of service time required to bill the base code for the month."***

#### *Consulting with Addiction Physician Specialists*

CMS notes that it is not proposing to require consultation with a specialist as a condition of payment for these codes. While primary care physicians are no doubt a critical part of the addiction treatment workforce, addiction psychiatrists, as well as non-psychiatrist physicians certified by ASAM, the American Board of Addiction Medicine (ABAM), the American Osteopathic Association (AOA), and/or the American Board of Preventive Medicine (ABPM) have earned board certifications that designate them as the most trained and experienced specialists available to provide quality treatment to patients diagnosed with OUD. These addiction physician specialists have undergone a rigorous certification process and devote a significant portion of their clinical activity providing treatment to patients with addiction. They are also a critical part of our addiction treatment workforce. ***Accordingly, we urge CMS to recommend to treatment teams that they consult with addiction physician specialists when encountering patients who have more complex needs involving moderate to severe OUD.***

#### **Medicare Coverage for Opioid Use Disorder Treatment Services Furnished by Opioid Treatment Programs (OTPs)**

OTPs are an essential component of the addiction treatment ecosystem. According to The ASAM Criteria, "[these programs are comprised of treatment teams] who provide patient-centered and recovery-oriented individualized treatment, case management, and health education... The nature of the services provided, including dose, level of care,

length of service, and frequency of visits, is determined by the physician and based on the patient's goals and clinical need.”<sup>1</sup> Given the highly regulated nature of OTPs, ASAM is pleased that CMS has proposed a very extensive plan for paying for these treatment services in a manner that does not significantly alter physicians' current practices. ASAM believes this new benefit will be extremely beneficial for Medicare beneficiaries receiving treatment in an OTP, and we are pleased to welcome the end of an era of OTP's being categorical excluded from Medicare coverage. ***We commend CMS for recognizing the vital role that OTPs have in the addiction treatment ecosystem by proposing a coding and payment structure that recognizes drug and non-drug services; however, there are also portions of the proposal which warrant refinement.***

#### *Proposed Definition of OUD treatment services*

The SUPPORT Act lists five services that CMS must cover. They include (1) opioid agonist and antagonist medications (oral, injected, and implanted versions), (2) dispensing and administration of the medications, (3) substance use counseling by a professional authorized under state law, (4) individual and group therapy with a physician or psychologist (as authorized by state law), and (5) toxicology testing. Section 2005 also gives the Secretary of HHS the discretion to add other items deemed as appropriate (except for meals and transportation). CMS is proposing to cover all these services plus telecommunications services. CMS notes in its proposal that the agency is interested in public feedback on whether intake activities, which may include services such as an initial physical examination, initial assessments and preparation of a treatment plan, as well as periodic assessments, should be included in the definition of OUD treatment services. We believe they should, because these are significant activities performed by treatment teams that are not currently included in the proposed bundle, nor are they paid for separately in OTPs. ***Accordingly, we urge CMS to define covered OUD treatment services in OTPs as the following:***

- 1. Opioid agonist and antagonist medications (oral, injected, and implanted versions);***
- 2. Dispensing and administration of the medications;***
- 3. Substance use counseling by a professional authorized under state law;***
- 4. Individual and group therapy with a physician or psychologist (as authorized by state law);***
- 5. Presumptive toxicology testing;***
- 6. Telecommunications services;***
- 7. Case management;***
- 8. Intake activities, which may include services such as an initial physical examination, initial assessments and preparation of a treatment plan; and***
- 9. Periodic assessments.***

***We urge CMS to use the authority granted by the SUPPORT Act to include these services in the bundled payment and in the proposed definition of OUD treatment services.***

## OTP Enrollment

We believe that SAMHSA's process for credentialing and overseeing the accreditation of OTPs is sufficient to ensure the health and safety of patients, and we are supportive of the agency's proposal not to propose any additional conditions for OTPs' enrollment in Medicare at this time. However, we have grave concerns about possible unintended consequences of the portion of the proposal that considers mandated substance use disorder treatment or required abstinence and random drug screening as factors in a Medicare enrollment denial or revocation decision. Specifically, the proposed rule permits CMS to revoke or deny Medicare enrollment for physicians and eligible professionals who were the subject of prior action from state oversight entities with underlying facts reflecting improper physician or eligible professional conduct that led to patient harm. Factors that CMS may consider for a decision to deny or revoke enrollment on this ground include the number and type(s) of sanctions or disciplinary actions that have been imposed against the physician or other eligible professional, including actions such as mandatory abstinence and random drug testing or required participation in substance use disorder treatment, among other factors. While ASAM recognizes that patient safety is of the utmost importance, we believe it is the role of state medical boards to protect the health, safety, and welfare of the residents in the state. Furthermore, as proposed, the enrollment provisions may deter practitioners from seeking needed addiction treatment, lest such treatment result in licensing actions that could subsequently threaten their ability to provide care to Medicare patients. ***ASAM opposes any state or federal rules or regulations which intentionally or unintentionally function as a deterrent in the earlier detection of potentially impairing illness among healthcare and other licensed professionals, thereby potentially placing the public at greater risk. Because denial of enrollment related to required substance use disorder treatment or mandated abstinence and random drug screening would unintentionally function as a deterrent to medical practitioners seeking treatment or disclosing impairment to a state licensing board, increasing the risk to the public, we oppose this provision as written. ASAM encourages CMS not to finalize its new proposal to deny or revoke enrollment for any action a state medical board takes or, at a minimum, narrow the scope of this exclusion to avoid targeting state-mandated abstinence or substance use disorder treatment.***

## Review of Medicaid and TRICARE

Section 2005 of the SUPPORT Act provides that the HHS Secretary may consult the TRICARE and Medicaid fee schedules for information about how those programs cover methadone and the related wraparound services. CMS notes that the TRICARE program instituted coverage of OTPs in 2016 based on a weekly bundled payment rate that included the cost of the medications and the non-drug components such as counseling, care coordination, and toxicology testing.<sup>2</sup> CMS also notes that it reviewed state Medicaid reimbursement models for OTPs and found wide variation. However, CMS has proposed in this NPRM to crosswalk the TRICARE rates to the proposed Medicare

payment rates, despite noting significant variation in state Medicaid payment rates. ASAM notes that some state Medicaid programs pay for OTP services at a higher rate than the proposed Medicare rate. We have included examples of different Medicaid fee schedule arrangements in Appendix B. While ASAM agrees that the implementation of TRICARE coverage for OTPs was a positive development for TRICARE beneficiaries with OUD, we are nevertheless concerned that the finalized TRICARE rates cross-walked to Medicare payment for OTPs will not increase access to treatment for Medicare beneficiaries. The finalized TRICARE rates reflect typical market prices paid to OTPs, and unfortunately, do not represent a systematic, methodical calculation of rates for OTPs. ***We recommend that CMS consider an alternative framework that is similar to that used to calculate the values of the proposed G-codes for treatment of OUD in outpatient settings.***

The finalization of the TRICARE rates in 2016 was at a time when many state Medicaid programs did not cover methadone and the associated wraparound services. Many patients seeking treatment from OTPs would be required to pay in cash if they had health insurance coverage that did not cover treatment services in an OTP. Therefore, the final rule that finalized TRICARE rates for treatment services in OTPs did so based on industry billing practices that had primarily relied on cash pay or insurance billing practices that adopted payment rates based on what patients could afford to pay. Cash pay (sometimes referred to as a sliding scale) systems are often set up for patients who do not have insurance coverage or have insurance coverage that does not cover the treatment they need. The result is that treatment teams must significantly discount the cost of treatment, so patients have access to care. On the other hand, this economically strains the ability of the treatment team to provide treatment and either forces the provider to limit the number of patients they can see (e.g., through wait lists, temporarily ceasing to see new patients, etc.) or stop seeing patients all together at a time when the opioid overdose epidemic continues to cause significant mortality.<sup>3</sup> ***Hence, we strongly recommend against using the TRICARE program as a benchmark to set payment rates for the new OTP benefit.*** Should Medicare use TRICARE as a baseline to set OTP payment rates, this would set the market price for other payers whether CMS intends to do so or not. Should private payers and state Medicaid programs adopt similar rates, these rates, as proposed, could significantly impair access to treatment for patients who need it the most. In Appendix A, we offer an alternative framework that we urge CMS to consider.

Additionally, OTPs are strictly regulated and offer a suite of services that define evidence-based care. Using payment rates that are inadequate to cover the cost of care in OTPs could also impede the administration's ability to monitor and control diversion. While medication access and dispensing are tightly regulated in OTPs, the inability of patients to gain access to an OTP due to inadequate payment rates may result in patients seeking treatment in less expensive and structured settings or continue to use harmful substances. The literature states that one of the main reasons that patients divert medications is because they are seeking treatment.<sup>4</sup> ***We recommend that CMS***



***finalize rates in a manner than increases access to treatment and limits incentives for diversion.***

#### *Aspects of the Bundle*

CMS is proposing to define the duration of an episode as a contiguous 7-day period (could start any day of the week) with no global period on the overall maximum number of weeks an OTP can bill for an episode. CMS is also proposing that for an OTP to bill for an episode, patients must receive a majority (51% or more) of the services listed in the patient's treatment plan in the week the episode is billed to Medicare. In cases where the patient receives at least one (1) of the services in their treatment plan, but less than a majority (<51%) over the course of a week, CMS is proposing to allow the OTP to bill for a partial episode. In cases where a beneficiary does not receive a medication for the treatment of OUD during an episode, CMS is proposing to require that OTPs bill the proposed code for a non-drug partial weekly episode. In weeks where an OTP delivers non-drug services (counseling, therapy, toxicology testing), CMS is proposing to allow OTPs bill for a non-drug episode of care. This may occur when patients are being treated with once-monthly injectable buprenorphine or naltrexone. ***ASAM supports the proposed duration, requirements to bill, as well as the definition of an episode, and a partial episode and recommends that the definitions of these aspects of the bundle be finalized.***

Additionally, CMS is proposing to define the payment methodology as a bundled payment that consists of the costs of drug and non-drug components. The agency is also proposing an adjustment to the bundled payment rate for additional counseling or therapy services, as well as payment to OTPs to deliver counseling and therapy services via communications technology. ***ASAM supports the payment methodology, the add-on payment, as well as payment for telecommunications, and we urge the agency to adopt these proposals.***

#### *Coding and Payment*

CMS is proposing to crosswalk the non-drug component of the proposed payment amount to the amount paid by TRICARE, as established by the final rule published in 2016. The 2019 update to that rule lists the payment for the non-drug component at \$100.46 for a full episode per week. When billing for a partial episode, CMS is proposing that OTPs be allowed to bill for half of this amount (\$50.23). CMS notes that this rate was established by TRICARE in the 2016 rulemaking process and is sufficient given the limited time for rulemaking before Medicare coverage of OTPs is effective beginning January 1, 2020. CMS is also proposing to pay a \$10.50 dispensing fee for the dispensing of the oral medication products (methadone and buprenorphine) and a \$16.94 fee for the administration of the injectable products (buprenorphine and naltrexone). Further, CMS has proposed that when the buprenorphine implant, removal, or removal with reinsertion procedure is performed, the codes and payment amounts for performing these services (G0516, G0517, and G0518) are added to the non-drug

component of the bundled payment. Finally, CMS has proposed that the non-drug component for the codes describing partial episodes be calculated based on half of the rate for the non-drug services described in the full episodes. The agency also proposed that the intensity add-on code be calculated based on rates set by state Medicaid programs for similar services.

As noted above, OTPs are an essential part of the addiction treatment ecosystem. These programs are strictly regulated for quality and offer a well-defined set of treatment services. Additionally, as new medications have come to market (oral and extended-release buprenorphine and naltrexone products), these programs have offered additional therapies for patients who need treatment modalities other than methadone. Furthermore, these treatment centers are crucial for patients who may not otherwise have access to treatment through office-based opioid treatment. As a result, inclusion of provisions in the SUPPORT Act that expanded Medicare coverage to OTPs was an important step for those Medicare beneficiaries who need access to treatment.

However, stigma has had a negative impact on insurance coverage of methadone and the associated wrap-around services. When the TRICARE rule was finalized in 2016, only a little over 30 states covered methadone and wraparound services.<sup>5</sup> The TRICARE final rule noted that the program determined the rate for the non-drug services by looking at the prevailing market rates for wraparound services. Given that Medicare did not cover OTPs at that time, potential data sources for TRICARE are reduced to the prevailing rates paid by state Medicaid programs, private health insurance programs, federal block grants, or rates paid by patients using cash. As we noted above, the finalization of the TRICARE rates in 2016 was made at a time when many state Medicaid programs, or private insurers did not cover methadone and the associated wraparound services. Patients needing treatment in an OTP would have to pay cash in order to see a treatment provider at many of those facilities due to the absence of insurance coverage. In essence, the proposed rule refers to a market rate that is significantly discounted rate as it is benchmarked on an insurance industry practice rooted in stigma and limited resources. This practice has economically strained the ability of treatment teams to provide evidence-based treatment and may inadvertently limit access to care at a time when the opioid overdose epidemic continues to cause significant mortality.

Furthermore, The ASAM Criteria considers OTPs to be ASAM Level 1.0 outpatient treatment centers. The main differences between an OTP and an OBOT is that OTPs are more strictly regulated programs, must offer certain onsite wraparound services, and are the only clinics where providers can offer methadone for the treatment of OUD. Hence, there is no logical reason for rates for non-drug services performed in an OPT not to be on par with those in an OBOT. However, CMS is not proposing similar values to the non-drug services in these two settings. ***While ASAM understands that OTPs, as entities, will be the covered Medicare provider, and thus the services cannot be valued using RVUs as in physician services, we urge CMS to explore a crosswalk of payments for similar codes of***

**services as those defined in this bundle. While ASAM supports the CMS proposal to propose 19 new G codes, we strongly encourage modifications to the proposed rates for the non-drug components of these new bundled G codes. Additionally, we urge CMS to clarify whether the code descriptors that describe the provision of naltrexone refer to injectable or oral naltrexone. While ASAM understands the proposal to refer to injectable naltrexone, we urge the agency to clarify.**

Specifically, we urge CMS to consider using one of two approaches. Our rationale and the associated approaches are described below and the detailed spreadsheet with calculations is provided in Appendix A.

#### *Alternative Proposal Rationale*

In the proposed rule, CMS proposes to include (1) opioid agonist and antagonist medications (oral, injected, and implanted versions); (2) the dispensing and administration of the medications, (3) substance use counseling by a professional authorized under state law, (4) individual and group therapy with a physician or psychologist (as authorized by state law, (5) toxicology testing, and (6) telecommunications services in the weekly bundled payment rate. CMS crosswalks the total value of the proposed G codes in this bundle to the amount paid by TRICARE for these services (\$100.46/week) and notes that they believe this amount to be sufficient given the limited time available to set rates before the January 2020 implementation deadline, and because the TRICARE proposal was available for public comment before it was finalized. The agency also notes that it is accepting comments on whether intake activities, which may include services such as an initial physical examination, initial assessments and preparation of a treatment plan, as well as periodic assessments, should be included in the definition of OUD treatment services. These services are typically performed by a physician, and if included in the bundle, should appropriately reflect the cost of providing these services. Case management and periodic assessments to adjust the treatment plan are services not currently included in the bundle. ASAM believes that they should be included as these are significant activities that CMS has not yet proposed to be covered elsewhere by Medicare for OTPs.

To determine whether or not ASAM believes the proposed non-drug services bundled payment rate adequately compensates the cost of providing treatment to Medicare beneficiaries in an OTP, ASAM staff and physician members first unbundled the bundled payment rate to list each non-drug service (as identified by CMS) separately. ASAM compiled two tables: one to describe the first week of treatment in an OTP, and another to describe subsequent weeks of treatment, akin to the way CMS proposed to define the outpatient bundle. Once the non-drug services were listed separately, ASAM crosswalked these services to a comparable CPT code that similarly described these non-drug services. Using the AMA's RUC database, ASAM used a Microsoft Excel spreadsheet to list (1) code frequency, (2) last RUC evaluation, (3) intra-service time, (4) total time, (5)

work RVU, (6) practice expense, (7) professional liability insurance, and (8) total RVUs for consideration by CMS. ASAM added a row to this table to sum the total RVUs of each individual non-drug service, as well as the sum total time of each individual service.

The total RVUs for each separately listed non-drug service equaled **8.81**. ASAM multiplied the total RVUs (**8.81**) by the 2020 proposed conversion factor of **36.0896** to arrive at **\$382.60**. Given that drug testing services are not a part of the physician fee schedule and thus are calculated separately without RVUs, this figure includes **\$64.65** for presumptive drug testing (CPT 80307). The cost of definitive drug testing warrants their exclusion from the bundle. The same methodology was used to determine payment amounts for these services if they were unbundled and different payment amounts were provided to OTPs in the second and subsequent weeks of treatment. The total RVUs equated to **7.49**. Multiplying these total RVUs by the proposed conversion factor, the non-drug services total to **\$334.96** using this method for the second and subsequent weeks of treatment.

Using the calculations above, if each non-drug service was included in the bundle as proposed by CMS, including those services that ASAM recommend CMS include, the non-drug portion of the bundle would equal **\$382.60** for the first week, and **\$334.96** for the second and subsequent weeks. These figures are substantially higher than the **\$100.46** figure that CMS is proposing to use, thus causing great concern to ASAM that this bundled rate, as proposed, does not adequately capture the cost of providing evidence-based treatment in OTPs.

Using the same methodology that CMS uses to calculate the total per week payment to OTPs (non-drug + drug services), ASAM calculated the total payment amounts under the above scenarios. We did not propose or use an alternative rate for the dispensing/administration or drug costs. We also did not alter the methodology for calculating the rates for partial episodes as proposed by CMS. Our calculations focused solely on whether the rate for the non-drug services reflected rates that would be used if these services were unbundled in traditional outpatient settings. As we have noted earlier in our comments, services offered in OTPs are akin to those offered in traditional ASAM Level 1.0 outpatient settings. The only difference between OTPs and office-based opioid treatment (OBOT) programs is the means of regulation and medication offered. Hence, the different settings should not be cause to pay wholly dissimilar rates. In the end, our calculations reflect rates that are substantial higher than what CMS has proposed and again, raises concerns about whether the proposed rates are adequate. While ASAM understands that the proposed bundle is not technically a physician service and thus not defined using RVUs, we nonetheless are aware that CMS has previously used a building block methodology to crosswalk services to build payment rates. We strongly urge them to consider doing so here, as well.

Alternatively, CMS could use the total time and the total RVUs of ASAM's proposed first week and second/subsequent week bundles to crosswalk the rates of these proposed bundles to an existing CPT code with a similar total time and total RVUs. We believe that either approach would yield significantly different results than what CMS has proposed in this rule.

**Additionally, similar to our recommendation above regarding office-based OUD treatment, we urge CMS to ensure that payment amounts in OTPs be risk stratified to reflect patients who need more services or more resource-intensive services.** While CMS has recognized that there is a range of service intensity depending on the patient's severity, the agency has not actually proposed any variations in the OTP payment bundles to recognize service intensity. **ASAM recommends that CMS use the ASAM Criteria or equivalent framework to account for patient severity.** For example, CMS could stratify the payment amounts based on ASAM Level 1.0 and ASAM Level 2.1 services. Similarly, we recommend that CMS consider how its proposed policies could be best applied or modified to address patients transitioning from an OTP setting to an office-based OUD treatment setting, or vice versa. While the services offered in these two settings are similar, the practice arrangements, and regulatory requirements are different.

#### *Other*

CMS has also requested feedback on the use of medications for addiction treatment in the emergency department (ED). We note that due to existing barriers to treatment in the outpatient sector, many individuals suffering from opioid addiction first encounter medications and medical treatment in emergency room settings. In fact, research shows that an increasing number of Medicare beneficiaries have been hospitalized in the United States from opioid poisoning.<sup>6</sup> Hence, it is critically important that medications for the treatment of addiction involving opioid use be made available and accessible to patients who enter the healthcare system through the emergency room. For example, ED practitioners currently licensed by the Drug Enforcement Agency (DEA) can give a patient in an ED a dose of buprenorphine during their ED visit. Research has shown that "among opioid-dependent patients presenting for emergency care, ED-initiated buprenorphine, compared with brief intervention and referral, significantly increased engagement in formal addiction treatment, reduced self-reported illicit opioid use, and decreased use of inpatient addiction treatment services."<sup>7</sup> The same practitioner or their colleagues may give follow-up dosing on the subsequent two days. At this critical juncture, it is imperative that the treating practitioner link patients to care in outpatient settings to ensure they continue to have access to treatment. However, given the limited availability of addiction medicine specialists, the availability of practitioners providing the patient's treatment regimen as identified in their treatment plan, insurance restrictions, as well as other socioeconomic factors, not all patients are successfully linked to a practitioner for continuous treatment. As a result, some patients may relapse or even die. Therefore, ASAM supports efforts by CMS and others to develop coding and reimbursement strategies that support emergency physicians in providing this complex and critical care in the ED-settings.

ASAM has also heard concerns from members regarding the restrictive coverage implications if only doctoral-level practitioners are eligible to bill Medicare for counseling/therapy services that are rendered. Many providers that deliver these services only have masters-level education. We encourage CMS to ensure that billing requirements for those services proposed under this section do not inadvertently inhibit access to treatment by requiring professional qualifications that do not match the current available workforce capacity.

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<sup>1</sup> Mee-Lee, D., Shulman, G., Fishman, M., Gastfriend, D., Miller, M., Provence, S. (2013). *The ASAM Criteria* (3<sup>rd</sup> ed). Chevy Chase, MD: ASAM Publications Department.

<sup>2</sup> 32 CFR § 199 2016.

<sup>3</sup> Substance Abuse and Mental Health Services Administration. (2019). *Key substance use and mental health indicators in the United States: Results from the 2018 National Survey on Drug Use and Health* (HHS Publication No. PEP19-5068, NSDUH Series H-54). Rockville, MD: Center for Behavioral Health Statistics and Quality.

<sup>4</sup> Lofwall, M. R., & Walsh, S. L. (2014). A review of buprenorphine diversion and misuse: the current evidence base and experiences from around the world. *Journal of addiction medicine*, 8(5), 315–326. doi:10.1097/ADM.0000000000000045

<sup>5</sup> Rinaldo, S., Rinaldo, D. (2013). *Advancing Access to Addiction Medications*. San Francisco, CA: The Avisa Group.

<sup>6</sup> Song, Z. (2017). Mortality quadrupled among opioid-driven hospitalizations, notably within lower-income and disabled white populations. *Health Affairs*, 36(12), 2054-2061.

<sup>7</sup> D’Onofrio, G., O’Connor, P. G., Pantalon, M. V., Chawarski, M. C., Busch, S. H., Owens, P. H., ... & Fiellin, D. A. (2015). Emergency department–initiated buprenorphine/naloxone treatment for opioid dependence: a randomized clinical trial. *Jama*, 313(16), 1636-1644.

# Appendix A

| <b>First week of treatment in an OTP</b> |                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                   |                     |                          |                   |            |                  |             |             |               |
|------------------------------------------|----------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|---------------------|--------------------------|-------------------|------------|------------------|-------------|-------------|---------------|
| Service                                  | Crosswalk Code | Crosswalk Code Description                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Code Frequency    | Last RUC Evaluation | Intrасervice Time (mins) | Total time (mins) | Work RVU   | Practice Expense | PLI         | Total RVUs  | Other Payment |
| Initial intake                           | 99204          | Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 45 minutes are spent face-to-face with the patient and/or family.                                                                                                      | 10,381,133        | 2019                | 40                       | 60                |            |                  |             |             |               |
| Care Management                          | 99484          | Care management services for behavioral health conditions, at least 20 minutes of clinical staff time, directed by a physician or other qualified health care professional, per calendar month, with the following required elements: initial assessment or follow-up monitoring, including the use of applicable validated rating scales; behavioral health care planning in relation to behavioral/psychiatric health problems, including revision for patients who are not progressing or whose status changes; facilitating and coordinating treatment such as psychotherapy, pharmacotherapy, counseling and/or psychiatric consultation; and continuity of care with a designated member of the care team. | 21,201            | 2017                | 30                       | 30                | 2.6        | 1.99             | 0.21        | 4.8         |               |
| Individual Therapy                       | 90832          | Psychotherapy, 30 minutes with patient                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 2,341,482         | 2012                | 30                       | 50                | 0.61       | 0.7              | 0.04        | 1.35        |               |
| Group Therapy                            | 90853          | Group psychotherapy (other than of a multiple-family group)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 977,488           | 2012                | 60                       | 95                | 1.5        | 0.35             | 0.05        | 1.9         |               |
| Presumptive Drug Screening               | 80307          | Drug test(s), presumptive, any number of drug classes, any number of devices or procedures; by instrument chemistry analyzers (e.g., utilizing immunoassay [e.g., EIA, ELISA, EMIT, FPIA, IA, KIMS, RIA]), chromatography (e.g., GC, HPLC), and mass spectrometry either with or without chromatography, (e.g., DART, DESI, GC-MS, GC-MS/MS, LC MS, LC-MS/MS, LDTD, MALDI, TOF) includes sample validation when performed, per date of service                                                                                                                                                                                                                                                                   | 3,068,671         | N/A                 |                          |                   | 0.59       | 0.15             | 0.02        | 0.76        |               |
| <b>Total</b>                             |                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                   |                     | <b>160</b>               | <b>235</b>        | <b>5.3</b> | <b>3.19</b>      | <b>0.32</b> | <b>8.81</b> | <b>64.65</b>  |
| <b>Conversion factor</b>                 |                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <b>36.0896</b>    |                     |                          |                   |            |                  |             |             |               |
|                                          |                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <b>382.599376</b> |                     |                          |                   |            |                  |             |             |               |
| <i>Source: AMA RUC Database</i>          |                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                   |                     |                          |                   |            |                  |             |             |               |

| <b>Second and subsequent weeks of treatment in an OTP</b> |                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                   |                     |                          |                   |             |                  |             |             |               |
|-----------------------------------------------------------|----------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|---------------------|--------------------------|-------------------|-------------|------------------|-------------|-------------|---------------|
| Service                                                   | Crosswalk Code | Crosswalk Code Description                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Code Frequency    | Last RUC Evaluation | Intrасervice Time (mins) | Total time (mins) | Work RVU    | Practice Expense | PLI         | Total RVUs  | Other Payment |
| Periodic assessments                                      | 99214          | Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A detailed history; A detailed examination; Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 25 minutes are spent face-to-face with the patient and/or family.                                                                                         | 103,974,565       | 2019                | 30                       | 49                | 1.92        | 1.46             | 0.1         | 3.48        |               |
| Care Management                                           | 99484          | Care management services for behavioral health conditions, at least 20 minutes of clinical staff time, directed by a physician or other qualified health care professional, per calendar month, with the following required elements: initial assessment or follow-up monitoring, including the use of applicable validated rating scales; behavioral health care planning in relation to behavioral/psychiatric health problems, including revision for patients who are not progressing or whose status changes; facilitating and coordinating treatment such as psychotherapy, pharmacotherapy, counseling and/or psychiatric consultation; and continuity of care with a designated member of the care team. | 21,201            | 2017                | 30                       | 30                | 0.61        | 0.7              | 0.04        | 1.35        |               |
| Individual Therapy                                        | 90832          | Psychotherapy, 30 minutes with patient                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 2,341,482         | 2012                | 30                       | 50                | 1.5         | 0.35             | 0.05        | 1.9         |               |
| Group Therapy                                             | 90853          | Group psychotherapy (other than of a multiple-family group)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 977,488           | 2012                | 60                       | 95                | 0.59        | 0.15             | 0.02        | 0.76        |               |
| Presumptive Drug Screening                                | 80307          | Drug test(s), presumptive, any number of drug classes, any number of devices or procedures; by instrument chemistry analyzers (e.g., utilizing immunoassay [e.g., EIA, ELISA, EMIT, FPIA, IA, KIMS, RIA]), chromatography (e.g., GC, HPLC), and mass spectrometry either with or without chromatography, (e.g., DART, DESI, GC-MS, GC-MS/MS, LC MS, LC-MS/MS, LDTD, MALDI, TOF) includes sample validation when performed, per date of service                                                                                                                                                                                                                                                                   | 3,068,671         | N/A                 |                          |                   |             |                  |             |             |               |
| <b>Total</b>                                              |                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                   |                     | <b>150</b>               | <b>224</b>        | <b>4.62</b> | <b>2.66</b>      | <b>0.21</b> | <b>7.49</b> | <b>64.65</b>  |
| <b>Conversion factor</b>                                  |                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <b>36.0896</b>    |                     |                          |                   |             |                  |             |             |               |
|                                                           |                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <b>334.961104</b> |                     |                          |                   |             |                  |             |             |               |
| <i>Source: AMA RUC Database</i>                           |                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                   |                     |                          |                   |             |                  |             |             |               |

| <b>OTP Code Descriptors and Proposed Approximate Payment Amounts for first week of treatment in an OTP</b> |            |           |               |                                 |                           |                   |            |
|------------------------------------------------------------------------------------------------------------|------------|-----------|---------------|---------------------------------|---------------------------|-------------------|------------|
| HCPCS                                                                                                      | Descriptor | Drug Cost | Non-drug Cost | Dispensing/Administration Costs | Total Alternative Payment | CMS Proposed rate | Difference |
| <i>Full weeks</i>                                                                                          |            |           |               |                                 |                           |                   |            |

|     |                                                                                                                                                                                                                                                                                                                 |            |          |         |            |             |      |
|-----|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|----------|---------|------------|-------------|------|
| TBD | Medication assisted treatment, methadone; weekly bundle including dispensing and/or administration, substance use counseling, individual and group therapy, and toxicology testing, if performed (provision of the services by a Medicare-enrolled Opioid Treatment Program)                                    | \$22.19    | \$382.60 | \$10.50 | \$415.29   | \$ 133.15   | 212% |
| TBD | Medication assisted treatment, buprenorphine (oral); weekly bundle including dispensing and/or administration, substance use counseling, individual and group therapy, and toxicology testing if performed (provision of the services by a Medicare-enrolled Opioid Treatment Program)                          | \$97.02    | \$382.60 | \$10.50 | \$490.12   | \$ 207.98   | 136% |
| TBD | Medication assisted treatment, buprenorphine (injectable); weekly bundle including dispensing and/or administration, substance use counseling, individual and group therapy, and toxicology testing if performed (provision of the services by a Medicare-enrolled Opioid Treatment Program)                    | \$1,580.00 | \$382.60 | \$16.94 | \$1,979.54 | \$ 1,697.40 | 17%  |
| TBD | Medication assisted treatment, buprenorphine (implant insertion); weekly bundle including dispensing and/or administration, substance use counseling, individual and group therapy, and toxicology testing if performed (provision of the services by a Medicare-enrolled Opioid Treatment Program)             | \$4,792.10 | \$382.60 | 245.79* | \$5,174.70 | \$ 5,003.56 | 3%   |
| TBD | Medication assisted treatment, buprenorphine (implant removal); weekly bundle including dispensing and/or administration, substance use counseling, individual and group therapy, and toxicology testing if performed (provision of the services by a Medicare-enrolled Opioid Treatment Program)               | \$0        | \$382.60 | 265.25* | \$382.60   | \$ 227.32   | 68%  |
| TBD | Medication assisted treatment, buprenorphine (implant insertion and removal); weekly bundle including dispensing and/or administration, substance use counseling, individual and group therapy, and toxicology testing if performed (provision of the services by a Medicare-enrolled Opioid Treatment Program) | \$4,792.10 | \$382.60 | 463.46* | \$5,174.70 | \$ 5,097.26 | 2%   |
| TBD | Medication assisted treatment, naltrexone; weekly bundle including dispensing and/or administration, substance use counseling, individual and group therapy, and toxicology testing if performed (provision of the services by a Medicare-enrolled Opioid Treatment Program)                                    | \$1,164.38 | \$382.60 | \$16.94 | \$1,563.92 | \$ 1,281.78 | 22%  |
| TBD | Medication assisted treatment, weekly bundle not including the drug, including substance use counseling, individual and group therapy, and toxicology testing if performed (provision of the services by a Medicare-enrolled Opioid Treatment Program)                                                          | \$0        | \$382.60 | \$0.00  | \$382.60   | \$ 100.46   | 281% |





|                              |                                                                                                                                                                                                                                                                                                                                                             |            |                                     |         |            |             |         |
|------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|-------------------------------------|---------|------------|-------------|---------|
| TBD                          | Medication assisted treatment, buprenorphine (implant insertion and removal); weekly bundle including dispensing and/or administration, substance use counseling, individual and group therapy, and toxicology testing if performed (provision of the services by a Medicare-enrolled Opioid Treatment Program); partial episode. Do not report with GXXX6. | \$4,792.10 | \$191.30                            | 463.46* | \$4,983.40 | \$5,047.03* |         |
| TBD                          | Medication assisted treatment, naltrexone; weekly bundle including dispensing and/or administration, substance use counseling, individual and group therapy, and toxicology testing if performed (provision of the services by a Medicare-enrolled Opioid Treatment Program); partial episode. Do not report with GXXX7.                                    | \$1,164.38 | \$191.30                            | \$16.94 | \$1,372.62 | \$1,231.55* | #VALUE! |
| TBD                          | Medication assisted treatment, weekly bundle not including the drug, including substance use counseling, individual and group therapy, and toxicology testing if performed (provision of the services by a Medicare-enrolled Opioid Treatment Program); partial episode. Do not report with GXXX8.                                                          | \$0        | \$191.30                            | \$0.00  | \$191.30   | \$ 50.23    | 281%    |
| TBD                          | Medication assisted treatment, medication not otherwise specified; weekly bundle including dispensing and/or administration, substance use counseling, individual and group therapy, and toxicology testing, if performed (provision of the services by a Medicare-enrolled Opioid Treatment Program); partial episode. Do not report with GXXX9.           | -          | -                                   | -       | -          | -           | #DIV/0! |
| <i>Intensity Add-on code</i> |                                                                                                                                                                                                                                                                                                                                                             |            | Medication assisted treatment, bupr | \$0.00  |            |             | #DIV/0! |
| TBD                          | Each additional 30 minutes of counseling or therapy in a week of medication assisted treatment, (provision of the services by a Medicare-enrolled Opioid Treatment Program); List separately in addition to code for primary procedure.                                                                                                                     | \$0        | -                                   | -       | -          | \$ 26.60    | -100%   |

| <b>OTP Code Descriptors and Proposed Approximate Payment Amounts for second and subsequent weeks of treatment in an OTP</b> |                                                                                                                                                                                                                                                                                        |           |               |                                 |                           |                   |            |
|-----------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|---------------|---------------------------------|---------------------------|-------------------|------------|
| HCPCS                                                                                                                       | Descriptor                                                                                                                                                                                                                                                                             | Drug Cost | Non-drug Cost | Dispensing/Administration Costs | Total Alternative Payment | CMS Proposed rate | Difference |
| <i>Full weeks</i>                                                                                                           |                                                                                                                                                                                                                                                                                        |           |               |                                 |                           |                   |            |
| TBD                                                                                                                         | Medication assisted treatment, methadone; weekly bundle including dispensing and/or administration, substance use counseling, individual and group therapy, and toxicology testing, if performed (provision of the services by a Medicare-enrolled Opioid Treatment Program)           | \$22.19   | \$334.96      | \$10.50                         | \$367.65                  | \$ 133.15         | 176%       |
| TBD                                                                                                                         | Medication assisted treatment, buprenorphine (oral); weekly bundle including dispensing and/or administration, substance use counseling, individual and group therapy, and toxicology testing if performed (provision of the services by a Medicare-enrolled Opioid Treatment Program) | \$97.02   | \$334.96      | \$10.50                         | \$442.48                  | \$ 207.98         | 113%       |

|                         |                                                                                                                                                                                                                                                                                                                         |            |          |         |            |             |         |
|-------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|----------|---------|------------|-------------|---------|
| TBD                     | Medication assisted treatment, buprenorphine (injectable); weekly bundle including dispensing and/or administration, substance use counseling, individual and group therapy, and toxicology testing if performed (provision of the services by a Medicare-enrolled Opioid Treatment Program)                            | \$1,580.00 | \$334.96 | \$16.94 | \$1,931.90 | \$ 1,697.40 | 14%     |
| TBD                     | Medication assisted treatment, buprenorphine (implant insertion); weekly bundle including dispensing and/or administration, substance use counseling, individual and group therapy, and toxicology testing if performed (provision of the services by a Medicare-enrolled Opioid Treatment Program)                     | \$4,792.10 | \$334.96 | 245.79* | \$5,127.06 | \$ 5,003.56 | 2%      |
| TBD                     | Medication assisted treatment, buprenorphine (implant removal); weekly bundle including dispensing and/or administration, substance use counseling, individual and group therapy, and toxicology testing if performed (provision of the services by a Medicare-enrolled Opioid Treatment Program)                       | \$0        | \$334.96 | 265.25* | \$334.96   | \$ 227.32   | 47%     |
| TBD                     | Medication assisted treatment, buprenorphine (implant insertion and removal); weekly bundle including dispensing and/or administration, substance use counseling, individual and group therapy, and toxicology testing if performed (provision of the services by a Medicare-enrolled Opioid Treatment Program)         | \$4,792.10 | \$334.96 | 463.46* | \$5,127.06 | \$ 5,097.26 | 1%      |
| TBD                     | Medication assisted treatment, naltrexone; weekly bundle including dispensing and/or administration, substance use counseling, individual and group therapy, and toxicology testing if performed (provision of the services by a Medicare-enrolled Opioid Treatment Program)                                            | \$1,164.38 | \$334.96 | \$16.94 | \$1,516.28 | \$ 1,281.78 | 18%     |
| TBD                     | Medication assisted treatment, weekly bundle not including the drug, including substance use counseling, individual and group therapy, and toxicology testing if performed (provision of the services by a Medicare-enrolled Opioid Treatment Program)                                                                  | \$0        | \$334.96 | \$0.00  | \$334.96   | \$ 100.46   | 233%    |
| TBD                     | Medication assisted treatment, medication not otherwise specified; weekly bundle including dispensing and/or administration, substance use counseling, individual and group therapy, and toxicology testing, if performed (provision of the services by a Medicare-enrolled Opioid Treatment Program)                   | -          |          |         | \$0.00     | \$ -        | #DIV/0! |
| <b>Partial Episodes</b> |                                                                                                                                                                                                                                                                                                                         |            |          |         |            |             |         |
| TBD                     | Medication assisted treatment, methadone; weekly bundle including dispensing and/or administration, substance use counseling, individual and group therapy, and toxicology testing if performed (provision of the services by a Medicare-enrolled Opioid Treatment Program); partial episode. Do not report with GXXX1. | \$11.10    | \$167.48 | \$0.00  | \$178.58   | \$ 66.58    | 168%    |

|     |                                                                                                                                                                                                                                                                                                                                                                                         |            |          |         |            |             |         |
|-----|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|----------|---------|------------|-------------|---------|
| TBD | Medication assisted treatment, buprenorphine (oral); weekly bundle including dispensing and/or administration, substance use counseling, individual and group therapy, and toxicology testing if performed (provision of the services by a Medicare-enrolled Opioid Treatment Program); partial episode. Do not report with GXXX2.                                                      | \$48.51    | \$167.48 | \$0.00  | \$215.99   | \$ 103.99   |         |
| TBD | Medication assisted treatment, buprenorphine (injectable); weekly bundle including dispensing and/or administration, substance use counseling, individual and group therapy, and toxicology testing if performed (provision of the services by a Medicare-enrolled Opioid Treatment Program); partial episode. Do not report with GXXX3.                                                | \$1,580.00 | \$167.48 | \$16.94 | \$1,764.42 | \$ 1,647.17 | 108%    |
| TBD | Medication assisted treatment, buprenorphine (implant insertion); weekly bundle including dispensing and/or administration, substance use counseling, individual and group therapy, and toxicology testing if performed (provision of the services by a Medicare-enrolled Opioid Treatment Program); partial episode (only to be billed once every 6 months). Do not report with GXXX4. | \$4,792.10 | \$167.48 | 245.79* | \$4,959.58 | \$4,953.33* | 7%      |
| TBD | Medication assisted treatment, buprenorphine (implant removal); weekly bundle including dispensing and/or administration, substance use counseling, individual and group therapy, and toxicology testing if performed (provision of the services by a Medicare-enrolled Opioid Treatment Program); partial episode. Do not report with GXXX5.                                           | \$0        | \$167.48 | 265.25* | \$167.48   | \$177.09*   | #VALUE! |
| TBD | Medication assisted treatment, buprenorphine (implant insertion and removal); weekly bundle including dispensing and/or administration, substance use counseling, individual and group therapy, and toxicology testing if performed (provision of the services by a Medicare-enrolled Opioid Treatment Program); partial episode. Do not report with GXXX6.                             | \$4,792.10 | \$167.48 | 463.46* | \$4,959.58 | \$5,047.03* | #VALUE! |
| TBD | Medication assisted treatment, naltrexone; weekly bundle including dispensing and/or administration, substance use counseling, individual and group therapy, and toxicology testing if performed (provision of the services by a Medicare-enrolled Opioid Treatment Program); partial episode. Do not report with GXXX7.                                                                | \$1,164.38 | \$167.48 | \$16.94 | \$1,348.80 | \$1,231.55* | #VALUE! |

|                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                   |     |                                     |        |          |          |         |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-------------------------------------|--------|----------|----------|---------|
| TBD                                                                                                                                                    | Medication assisted treatment, weekly bundle not including the drug, including substance use counseling, individual and group therapy, and toxicology testing if performed (provision of the services by a Medicare-enrolled Opioid Treatment Program); partial episode. Do not report with GXXX8.                                                | \$0 | \$167.48                            | \$0.00 | \$167.48 | \$ 50.23 |         |
| TBD                                                                                                                                                    | Medication assisted treatment, medication not otherwise specified; weekly bundle including dispensing and/or administration, substance use counseling, individual and group therapy, and toxicology testing, if performed (provision of the services by a Medicare-enrolled Opioid Treatment Program); partial episode. Do not report with GXXX9. |     |                                     |        |          |          | 233%    |
| <i>Intensity Add-on code</i>                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                   |     | Medication assisted treatment, bupr | \$0.00 |          |          | #DIV/0! |
| TBD                                                                                                                                                    | Each additional 30 minutes of counseling or therapy in a week of medication assisted treatment, (provision of the services by a Medicare-enrolled Opioid Treatment Program); List separately in addition to code for primary procedure.                                                                                                           | \$0 |                                     |        |          | \$ 26.60 | #DIV/0! |
| *Administration of the buprenorphine implant procedure is crosswalked to the existing HCPCS codes (G0516, G0517, and G0518) using non-facility values. |                                                                                                                                                                                                                                                                                                                                                   |     |                                     |        |          |          | -100%   |
|                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                   |     |                                     |        |          |          | #DIV/0! |

## Appendix B: Florida Medicaid Rates

| <b>Community Behavior Health Fee Schedule<br/>2019</b>                 |                |            |            |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
|------------------------------------------------------------------------|----------------|------------|------------|--------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Description of Service                                                 | Procedure Code | Modifier 1 | Modifier 2 | Maximum Fee              | Reimbursement and Service Limitations                                                                                                                                                                                                                                                                                                                                                                                                                     |
| <b>Assessment Services</b>                                             |                |            |            |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| Psychiatric evaluation by physician                                    | H2000          | HP         |            | \$210.00 per evaluation  | Medicaid reimburses a maximum of two psychiatric evaluations per recipient, per state fiscal year.*                                                                                                                                                                                                                                                                                                                                                       |
| Psychiatric evaluation by physician - telemedicine                     | H2000          | HP         | GT         | \$210.00 per evaluation  |                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| Psychiatric evaluation by non-physician                                | H2000          | HO         |            | \$150.00 per evaluation  |                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| Brief behavioral health status exam                                    | H2010          | HO         |            | \$14.66 per quarter hour | There is a maximum daily limit of two quarter-hour units.<br><br>Medicaid reimburses for brief behavioral health status examinations a maximum of 10 quarter-hour units annually (2.5 hours), per recipient, per state fiscal year.*<br><br>A brief behavioral assessment is not reimbursable on the same day that a psychiatric evaluation, bio-psychosocial assessment, or in-depth assessment has been completed by a qualified treating practitioner. |
| Brief behavioral health status exam - telemedicine                     | H2010          | HO         | GT         | \$14.66 per quarter hour |                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| Psychiatric review of records                                          | H2000          |            |            | \$26.00 per review       | Medicaid reimburses a maximum of two psychiatric reviews of records, per recipient, per state fiscal year.*<br><br>This service may not be billed for review of lab work (see medication management).                                                                                                                                                                                                                                                     |
| In-depth assessment, new patient, mental health                        | H0031          | HO         |            | \$125.00 per assessment  | Medicaid reimburses one in-depth assessment, per recipient, per state fiscal year.*<br><br>An in-depth assessment is not reimbursable on the same day for the same recipient as a biopsychosocial evaluation.                                                                                                                                                                                                                                             |
| In-depth assessment, new patient, mental health—telemedicine           | H0031          | HO         | GT         | \$125.00 per assessment  |                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| In-depth assesment, established patient, mental health                 | H0031          | TS         |            | \$100.00 per assessment  |                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| In-depth assessment, established patient, mental health - telemedicine | H0031          | TS         | GT         | \$100.00 per assessment  |                                                                                                                                                                                                                                                                                                                                                                                                                                                           |

|                                                                          |       |    |    |                          |                                                                                                                                                                                                                                                                               |
|--------------------------------------------------------------------------|-------|----|----|--------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                                                          |       |    |    |                          |                                                                                                                                                                                                                                                                               |
| In-depth assessment, new patient, substance abuse                        | H0001 | HO |    | \$125.00 per assessment  | A bio-psychosocial evaluation is not reimbursable for the same recipient after an in-depth assessment has been completed, unless there is a documented change in the recipient's status and additional information must be gathered to modify the recipient's treatment plan. |
| In-depth assessment, new patient, substance abuse—telemedicine           | H0001 | HO | GT | \$125.00 per assessment  |                                                                                                                                                                                                                                                                               |
| In-depth assessment, established patient, substance abuse                | H0001 | TS |    | \$100.00 per assessment  |                                                                                                                                                                                                                                                                               |
| In-depth assessment, established patient, substance abuse—telemedicine   | H0001 | TS | GT | \$100.00 per assessment  |                                                                                                                                                                                                                                                                               |
| Bio-psychosocial Evaluation, mental health                               | H0031 | HN |    | \$48.00 per assessment   | Medicaid reimburses one biopsychosocial evaluation, per recipient, per state fiscal year.*                                                                                                                                                                                    |
| Bio-psychosocial Evaluation, mental health - telemedicine                | H0031 | HN | GT | \$48.00 per assessment   | A bio-psychosocial evaluation is not reimbursable on the same day for the same recipient as an in-depth assessment.                                                                                                                                                           |
| Bio-psychosocial evaluation, substance abuse                             | H0001 | HN |    | \$48.00 per assessment   |                                                                                                                                                                                                                                                                               |
| Bio-psychosocial evaluation, substance abuse - telemedicine              | H0001 | HN | GT | \$48.00 per assessment   |                                                                                                                                                                                                                                                                               |
| Psychological testing                                                    | H2019 |    |    | \$15.00 per quarter hour | Medicaid reimburses a maximum of 40 quarter-hour units (10 hours) of psychological testing per state fiscal year.*                                                                                                                                                            |
| Limited functional assessment, mental health                             | H0031 |    |    | \$15.00 per assessment   | Medicaid reimburses a maximum of three limited functional assessments, per recipient, per state fiscal year.*                                                                                                                                                                 |
| Limited functional assessment, mental health - telemedicine              | H0031 | GT |    | \$15.00 per assessment   |                                                                                                                                                                                                                                                                               |
| Limited functional assessment, substance abuse                           | H0001 |    |    | \$15.00 per assessment   |                                                                                                                                                                                                                                                                               |
| Limited functional assessment, substance abuse - telemedicine            | H0001 | GT |    | \$15.00 per assessment   |                                                                                                                                                                                                                                                                               |
| <b>Treatment Plan Development and Modification</b>                       |       |    |    |                          |                                                                                                                                                                                                                                                                               |
| Treatment plan development, new and established patient, mental health   | H0032 |    |    | \$97.00 per event        | Medicaid reimburses for the development of one treatment plan per provider, per state fiscal year.*                                                                                                                                                                           |
| Treatment plan development, new and established patient, substance abuse | T1007 |    |    | \$97.00 per event        | Medicaid reimburses for a maximum total of two treatment plans per recipient per state fiscal year.*<br><br>The reimbursement date for treatment plan development is the day it is authorized by the treating practitioner.                                                   |

|                                                                        |       |    |    |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                          |
|------------------------------------------------------------------------|-------|----|----|--------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Treatment plan review, mental health                                   | H0032 | TS |    | \$48.50 per event        | Medicaid reimburses a maximum of four treatment plan reviews, per recipient, per state fiscal year.*<br><br>The reimbursement date for a treatment plan review is the day it is authorized by the treating practitioner.                                                                                                                                                                                                                 |
| Treatment plan review, substance abuse                                 | T1007 | TS |    | \$48.50 per event        |                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| <b>Medical and Psychiatric Services</b>                                |       |    |    |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| Medication management                                                  | T1015 |    |    | \$60.00 per event        | Medicaid reimburses medication management as medically necessary.                                                                                                                                                                                                                                                                                                                                                                        |
| Medication management - telemedicine                                   | T1015 | GT |    | \$60.00 per event        | Medication management is not reimbursable on the same day, for the same recipient, as brief group medical therapy or brief individual medical psychotherapy.                                                                                                                                                                                                                                                                             |
| Brief individual medical psychotherapy, mental health                  | H2010 | HE |    | \$15.00 per quarter hour | There is a maximum daily limit of two quarter-hour units.                                                                                                                                                                                                                                                                                                                                                                                |
| Brief individual medical psychotherapy, mental health - telemedicine   | H2010 | HE | GT | \$15.00 per quarter hour | Medicaid reimburses a maximum of 16 quarter-hour units (4 hours) of brief individual medical psychotherapy, per recipient, per state fiscal year.*                                                                                                                                                                                                                                                                                       |
| Brief individual medical psychotherapy, substance abuse                | H2010 | HF |    | \$15.00 per quarter hour | Brief individual medical psychotherapy is not reimbursable on the same day, for the same recipient, as brief group medical therapy or medication management.                                                                                                                                                                                                                                                                             |
| Brief individual medical psychotherapy, substance abuse - telemedicine | H2010 | HF | GT | \$15.00 per quarter hour |                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| Brief group medical therapy                                            | H2010 | HQ |    | \$8.65 per quarter hour  | There is a maximum daily limit of two quarter-hour units.<br><br>Medicaid reimburses a maximum of 18 quarter-hour units (4.5 hours) of group medical therapy, per recipient, per state fiscal year.*<br><br>Brief group medical therapy is not reimbursable on the same day, for the same recipient as brief individual medical psychotherapy or behavioral health-related medical services: verbal interactions, medication management. |



|                                                                                                |       |    |  |                      |                                                                                                                                                                                                                                    |
|------------------------------------------------------------------------------------------------|-------|----|--|----------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Behavioral health medical screening, mental health                                             | T1023 | HE |  | \$43.62 per event    | Medicaid reimburses two behavioral health medical screening services, per recipient, per state fiscal year.*                                                                                                                       |
| Behavioral health medical screening, substance abuse                                           | T1023 | HF |  | \$43.62 per event    | Behavioral health-related medical screening services are not reimbursable on the same day, for the same recipient, as behavioral health-related medical services: verbal interactions, medication management.                      |
| Behavioral health-related medical services: verbal interaction, mental health                  | H0046 |    |  | \$15.00 per event    | Medicaid reimburses 52 behavioral health-related medical services: medical procedures, per recipient, per state fiscal year.*                                                                                                      |
| Behavioral health-related medical services: verbal interaction, mental health - telemedicine   | H0046 | GT |  | \$15.00 per event    |                                                                                                                                                                                                                                    |
| Behavioral health-related medical services: verbal interaction, substance abuse                | H0047 |    |  | \$15.00 per event    | Behavioral health-related medical services: verbal interactions are not reimbursable on the same day as behavioral health screening services.                                                                                      |
| Behavioral health-related medical services: verbal interaction, substance abuse - telemedicine | H0047 | GT |  | \$15.00 per event    |                                                                                                                                                                                                                                    |
| Behavioral health-related medical services: medical procedures, mental health                  | T1015 | HE |  | \$10.00 per event    | Medicaid reimburses 52 behavioral health-related medical services: medical procedures, per recipient, per state fiscal year.*                                                                                                      |
| Behavioral health-related medical services: medical procedures, substance abuse                | T1015 | HF |  | \$10.00 per event    |                                                                                                                                                                                                                                    |
| Behavioral health-related medical services: alcohol and other drug screening specimen          | H0048 |    |  | \$10.00 per event    | Medicaid reimburses 52 behavioral health – related medical services: alcohol and other drug screening specimen collections, per recipient, per state fiscal year.*                                                                 |
| Medication-assisted treatment services                                                         | H0020 |    |  | \$67.48 weekley rate | Medicaid reimburses medication assisted treatment services 52 times, per recipient, per state fiscal year.*<br><br>The service is billed one time per seven days. This service is not reimbursable using any other procedure code. |

| <b>Behavioral Health Therapy Services</b>                                          |       |    |    |                          |                                                                                                                                                                                                                                      |
|------------------------------------------------------------------------------------|-------|----|----|--------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Individual and family therapy                                                      | H2019 | HR |    | \$18.33 per quarter      | Medicaid reimburses a maximum of 104 quarter-hour units (26 hours) of individual and family therapy services, per recipient, per state fiscal year.*                                                                                 |
| Individual and family therapy-telemedicine                                         | H2019 | HR | GT | \$18.33 per quarter      |                                                                                                                                                                                                                                      |
| Group therapy                                                                      | H2019 | HQ |    | \$6.67 per quarter hour  | Medicaid reimburses a maximum of 156 quarter-hour units (39 hours) of group therapy services, per recipient, per state fiscal year.*                                                                                                 |
| Behavioral health day services, mental health                                      | H2012 |    |    | \$12.50 per hour         | Medicaid reimburses a maximum of 190-hour units (47.5 hours; 11.9 half-days) per recipient, per state fiscal year.*                                                                                                                  |
| Behavioral health day services, substance abuse                                    | H2012 | HF |    | \$12.50 per hour         |                                                                                                                                                                                                                                      |
| <b>Community Support and Rehabilitative Services</b>                               |       |    |    |                          |                                                                                                                                                                                                                                      |
| Psychosocial rehabilitation services                                               | H2017 |    |    | \$9.00 per quarter hour  | Medicaid reimburses a maximum of 1,920 units (480 hours; 20 days) of psychosocial rehabilitation services, per recipient, per state fiscal year.*<br><br>These units count against clubhouse service units.                          |
| Clubhouse services                                                                 | H2030 |    |    | \$5.00 per quarter hour  | Medicaid reimburses clubhouse services for a maximum of 1920 quarter-hour units (480 hours; 20 days) annually, per recipient, per state fiscal year.*<br><br>These units count against psychosocial rehabilitation units of service. |
| <b>Therapeutic Behavioral On-Site Services for Recipient Under Age of 21 Years</b> |       |    |    |                          |                                                                                                                                                                                                                                      |
| Therapeutic behavioral on-site services, therapy                                   | H2019 | HO |    | \$16.00 per quarter hour | Medicaid reimburses therapeutic behavioral on-site therapy services a maximum combined limit of a total of 36, 15-minute units per month (9 hours) by a master's level or certified behavioral analyst.                              |

|                                                              |       |    |  |                          |                                                                                                                                                                                                                                                                                                     |
|--------------------------------------------------------------|-------|----|--|--------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Therapeutic behavioral on-site services, behavior management | H2019 | HN |  | \$10.00 per quarter hour | Medicaid reimburses therapeutic behavioral on-site behavior management and therapeutic behavioral on-site therapy services for a maximum combined total of 36, 15-minute units per month by a master's level practitioner, certified behavioral analyst, or certified associate behavioral analyst. |
| Therapeutic behavioral on-site services, therapeutic support | H2019 | HM |  | \$4.00 per quarter hour  | Medicaid reimburses therapeutic behavioral on-site therapeutic support services for a maximum of 128 quarter-hour units per month (32 hours), per recipient.                                                                                                                                        |

# Opioid Treatment Program Reimbursement Re-bundling Proposal

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*Maryland Department of Health and Mental Hygiene | April 22, 2016*

The Department reviewed close to 50 letters and emails submitted by stakeholders providing comments and suggestions regarding the December 14<sup>th</sup> re-bundling proposal. After carefully reviewing all stakeholder input the Department is presenting the revised proposal for a second review, including an additional stakeholder comment period. This document presents changes proposed by the Department and integrates them with the original proposal.

## Executive Summary

Maryland Medicaid proposes re-bundling the methadone reimbursement rates to include a \$ 56.00 per week per patient bundle for methadone maintenance, and adds the ability for Opioid Treatment Programs (OTP) to bill for outpatient counseling (H0004 and H0005) separately, as clinically necessary.

In response to stakeholder comments on the December 14, 2015 proposal, the Department proposes the following changes (described in more detail throughout this proposal):

1. Increase the proposed bundled rate for methadone maintenance (H0020) from \$ 42.00 per week to \$ 56.00 per week
2. Increase the proposed guest dosing rate for the guest OTP from \$ 3.00 per day to \$ 8.00 per day (the daily equivalent of the weekly rate)
3. Increase the proposed bundled rate for buprenorphine maintenance (H0047) from \$ 35.00 per week to \$ 49.00 per week (same weekly rate as methadone less the cost of the medication which is reimbursed separately)
4. Add the ability for OTPs to bill for H0016 Medication Assisted Treatment Induction for methadone treatment (\$ 200.00 for the initial induction)
5. Add the ability for OTP Physicians and Nurse Practitioners to bill for periodic medication management visits

The goal of this program is to address the practical needs of providers and participants and create flexibility in the administration of Medication Assisted Treatment in order to better integrate the provision of counseling and medical services. This proposal aims to strengthen continuity of care across the substance use disorder service spectrum. The re-bundled weekly rate will allow providers to bill for the outpatient counseling services provided by an OTP but also allow participants to continue receiving their methadone when they need to attend more intensive levels of treatment, such as treatment in an intensive outpatient program. This change will also enable the Department to address the needs of participants requiring temporary dosing at their non-home OTP site (guest dosing) and creates a mechanism of payment for providers whose participants are clinically appropriate to receive take home medication.

## Current Methadone Reimbursement Structure

In accordance with federal and state regulation, OTPs are required to provide counseling as clinically indicated to their patients<sup>1</sup>. Currently Maryland Medicaid reimburses OTPs for methadone maintenance through a bundled rate of \$80.00 per week per patient (H0020). According to COMAR 10.09.80.05.E, this bundle includes a comprehensive substance use disorder assessment; an individualized treatment plan; methadone dosing; substance use disorder and related counseling; medical services; ordering and administering drugs; and discharge planning. Clinically appropriate counseling is currently an expected part of the bundle for methadone maintenance. Additionally, this weekly bundled rate can only be billed by OTPs when a patient is seen in the clinic at least once that week.

## Proposed OTP Methadone Maintenance Reimbursement Structure

OTP providers will continue to bill the current reimbursement code for methadone maintenance (H0020). This code will be adjusted to be a weekly bundled rate of \$ 56.00 per week per participant, which includes the following services:

- Managing medical plan of care
- A minimum of one face to face meeting in a month
- Methadone dosing
- Nursing services related to dispensing methadone
- Ordering and administering drugs
- Point of care toxicology testing (G0477)
- Coordination with other clinically indicated services

### *Updates to the proposal post review of stakeholder comments include the following:*

1. The Department reconsidered the original proposed rate of \$ 42.00 per week and has adjusted by more than 30%. The new proposed rate for the bundled service (which now excludes initial medical services which will be separately reimbursed) is \$ 56.00 per week.
2. The Department proposes to add the ability for OTPs to bill for medication assisted treatment induction using the H0016 code that is currently used for buprenorphine induction (\$ 200.00 per induction), in recognition of the time intensity involved with the induction process.
3. Additionally, the Department proposes allowing OTP Physicians and Nurse Practitioners to bill for up to five visits for medication management annually (E&M codes).

**Summary of changes:** In the first week an OTP provider will be able to bill for H0020 Methadone Maintenance (\$ 56.00 per week), H0001 Alcohol and/ drug assessment (\$ 142.00 per assessment), and H0016 Medication Assisted Treatment Induction (\$ 200.00). E&M codes will not be reimbursed in the first week of treatment, concurrently with H0016 Induction.

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<sup>1</sup> CFR 42 §8.12; COMAR 10.09.80.05

### ***Counseling:***

Under this proposal, counseling services may be billed by OTPs in addition to the bundled rate. However, in the first week OTPs may not bill for counseling codes as counseling is included in the MAT Induction code (H0016 \$ 200.00). After the induction week, OTPs may choose to bill H0004 and H0005 procedure codes for individual and group counseling respectively, as clinically indicated. OTPs are responsible for Level 1 outpatient counseling to their enrolled patients. No other provider can be reimbursed for Level 1 outpatient counseling while the participant is receiving Medication Assisted Treatment from an OTP.

If there is clinical necessity for a more intensive level of treatment, OTPs would refer their patient to a Certified Addictions Program (PT 50). OTP providers that are certified to deliver IOP level of care would then need to be enrolled with Medicaid as a Provider Type 50 in order to obtain authorization and claims payment for IOP services.

### ***Labs:***

In this proposal, there are no changes to billing of lab codes from the current methadone maintenance bundle. Urinalysis (random drug testing) is included in the proposed bundled rate for methadone maintenance. The proposed rate includes G0477 (previously G0434) drug tests which may be billed by appropriately licensed providers. All other lab testing must be sent to labs.

### ***Guest Dosing for Methadone***

When a patient needs to receive methadone treatment at an OTP other than the one they regularly attend, they may need a guest dose from another OTP. Currently, there is no mechanism for Maryland Medicaid to reimburse the guest OTP treatment site. Under this proposal the Department would authorize payment of \$ 8.00 per day to the provider delivering the guest dosing. The guest dosing provider would need to coordinate with the “home” provider to ensure correct dosage and avoid duplicative dosing.

The Department recognizes that guest dosing requires a significant amount of time and effort that is equivalent to a normal week. Therefore the Department is proposing that the home OTP will receive the bundled weekly rate (\$ 56.00 per week) and the guest dosing OTP will receive a daily equivalent of the weekly bundled rate (\$ 8.00 per day or \$56.00 per week) only for days medication is managed by the guest dosing provider.

Participants will be allowed up to 30 days of guest dosing per year, with the ability for their home provider to request additional units for special circumstances through clinical review. It will be the responsibility of the guest provider to be in touch with the home provider in order to receive information about dosing and ensure that the home provider is not dosing while the participant is receiving their doses from the guest OTP.

## Proposed OTP Buprenorphine Reimbursement Structure

Similar to the proposed methadone reimbursement plan, OTP providers will continue to bill the current reimbursement code for buprenorphine maintenance (H0047). However, this code will be reduced to be a bundled rate of \$ 49.00 per week per patient, to cover the following:

- Medical plan of care
- Once a month face to face meeting
- Buprenorphine dosing
- Nursing services related to dispensing
- Ordering and administering drugs
- Point of care toxicology testing (G0477)
- Coordination with clinically indicated services

### *Updates to the proposal post review of stakeholder comments include the following:*

1. The Department reconsidered the original proposed rate of \$ 35.00 per week and has adjusted by more than 30%. The new proposed rate for the bundled service (which now excludes initial medical services which will be separately reimbursed) is \$ 49.00 per week.
2. Additionally, the Department proposes allowing OTP Physicians and Nurse Practitioners to bill for up to five visits for medication management annually (E&M codes).

The reimbursement rate for buprenorphine inductions will remain the same (H0016 \$200.00); as will the reimbursement rate for buprenorphine itself when purchased and administered by the OTP (J8499).

## Face to Face Requirements

According to federal regulations 42 CFR 8.12, the maximum time allowed for take home methadone treatment is for 31 days. This means all patients must be seen at least once a month in person.

OTPs are required to update the individualized treatment plan according to state regulations every 90 days via a face to face evaluation (COMAR 10.47.02.04; 10.47.02.11). However, if a patient at an OTP is receiving take home methadone treatment and has been stable for one year, the treatment plan may be updated every 180 days.

## Process

Providers and stakeholders will have 21 days to comment on this revised proposal. All comments should be sent to [dhmh.medic aidsud@maryland.gov](mailto:dhmh.medic aidsud@maryland.gov). The Department will be accepting comments until Monday, May 13, 2016.

At the conclusion of that comment period, the Department will evaluate the next steps, which will include seeking approval from CMS and promulgating regulations.

| Overview of Current Medication Assisted Treatment Reimbursement Compared to Proposed Reimbursement |                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|----------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                                                                                    | Current                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Proposed                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| <b>Services included in the bundle</b>                                                             | <ul style="list-style-type: none"> <li>• Comprehensive substance use disorder assessment;</li> <li>• An individualized treatment plan;</li> <li>• Once a week face to face meeting</li> <li>• Medication Assisted Treatment dosing;</li> <li>• Substance use disorder and related counseling;</li> <li>• Medical services;</li> <li>• Ordering and administering drugs;</li> <li>• Point of care toxicology testing (G0477); and</li> <li>• Discharge planning</li> </ul> | <ul style="list-style-type: none"> <li>• Medical plan of care</li> <li>• Once a month face to face meeting</li> <li>• Medication Assisted Treatment dosing</li> <li>• Nursing services related to dispensing methadone</li> <li>• Ordering and administering drugs</li> <li>• Point of care toxicology testing (G0477)</li> <li>• Coordination with other clinically indicated services</li> </ul>                                                                                                                                                                                                                |
| <b>Allowed Methadone Reimbursement Codes</b>                                                       | <ul style="list-style-type: none"> <li>• H0020 Methadone Maintenance (\$ 80.00 per week)</li> <li>• H0001 Alcohol and/or drug assessment (\$ 142.00 per assessment)</li> </ul>                                                                                                                                                                                                                                                                                            | <ul style="list-style-type: none"> <li>• H0020 Methadone Maintenance (\$ 56.00 per week)</li> <li>• H0001 Alcohol and/or drug assessment (\$ 142.00 per assessment)</li> <li>• H0016 Medication Assisted Treatment Induction (\$ 200.00 per induction)</li> <li>• H0004 Individual Outpatient Counseling (\$ 20.00 per 15 minutes)</li> <li>• H0005 Group Outpatient Counseling (\$ 39.00 per 60-90 minute session)</li> <li>• E&amp;M codes for medication management (up to 5 visits per year), not to be billed concurrently with induction (H0016)</li> </ul>                                                 |
| <b>Allowed Buprenorphine Reimbursement Codes</b>                                                   | <ul style="list-style-type: none"> <li>• H0016 Buprenorphine Induction (\$ 200.00)</li> <li>• H0047 Buprenorphine Maintenance (\$ 75.00)</li> <li>• H0001 Alcohol and/or drug assessment (\$ 142.00 per assessment)</li> <li>• J8499 Buprenorphine (8mg or 2mg)</li> </ul>                                                                                                                                                                                                | <ul style="list-style-type: none"> <li>• H0016 Medication Assisted Treatment Induction (\$ 200.00 per induction)</li> <li>• H0047 Buprenorphine Maintenance (\$ 49.00 per week)</li> <li>• H0001 Alcohol and/or drug assessment (\$ 142.00 per assessment)</li> <li>• H0004 Individual Outpatient Counseling (\$ 20.00 per 15 minutes)</li> <li>• H0005 Group Outpatient Counseling (\$ 39.00 per 60-90 minute session)</li> <li>• E&amp;M codes for medication management (up to 5 visits per year), not to be billed concurrently with induction (H0016)</li> <li>• J8499 Buprenorphine (8mg or 2mg)</li> </ul> |
| <b>IOP Services</b>                                                                                | When a patient is receiving MAT from an OTP and requires higher intensity services such as IOP from a                                                                                                                                                                                                                                                                                                                                                                     | When a patient is receiving MAT from an OTP and requires higher intensity services such as IOP from a type 50, both providers can be                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |



|                                   |                                                                                                      |                                                                                                                                                                                                                                           |
|-----------------------------------|------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                   | type 50, only one of the providers can be reimbursed.                                                | authorized and receive reimbursement for services.                                                                                                                                                                                        |
| <b>Guest Dosing for Methadone</b> | Currently there is no formalized way for guest dosing providers to be reimbursed by Medicaid.        | <u>Home OTP</u> : Reimbursed \$ 56.00 per week<br><u>Guest dosing OTP</u> : Reimbursed a daily equivalent of the weekly bundled rate (\$ 8.00 per day or \$56.00 per week) only for days medication is managed by the guest dosing agency |
| <b>Face to Face Requirement</b>   | In order to be reimbursed the weekly bundle, the participant must be seen in person during the week. | For participants receiving take home doses, the OTP may be reimbursed the weekly bundle as long as the participant is seen once during the month.                                                                                         |



## **OPIOID TREATMENT PROGRAMS**

**EFFECTIVE FOR SERVICES PROVIDED  
JANUARY 1, 2017 AND AFTER**

Release Date: September 25, 2019  
Final Version: 1.2

For updates on behavioral health redesign, visit  
[bh.medicaid.ohio.gov](http://bh.medicaid.ohio.gov).

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| January 1 – June 30 Billing Manual Updates |                                                                                                                   |                   |              |
|--------------------------------------------|-------------------------------------------------------------------------------------------------------------------|-------------------|--------------|
| Version                                    | Description of Changes                                                                                            | Last Editor       | Release Date |
| Version 1.0                                | Final Version 1.0                                                                                                 | State Policy Team | 12.16.16     |
| Version 1.0.a                              | Added “HG” modifier to J8499 in Table 1-3                                                                         | State Policy Team | 12.23.16     |
| Version 1.0.b                              | Updated pricing reference for J2310 – Injectable/Nasal Naloxone<br>Deleted “Preparation for July 1, 2017” section | State Policy Team | 6.8.17       |
| Version 1.1                                | Rate updates                                                                                                      | State Policy Team | 9.16.19      |
| Version 1.2                                | Correct hyperlink for S5000 and S5001                                                                             | State Policy Team | 9.25.19      |

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## Introduction

The Ohio Departments of Medicaid (ODM) and Mental Health and Addiction Services (OhioMHAS) has created this Opioid Treatment Program (OTP) Medicaid manual to document changes that are being made for OTP services provided on and after January 1, 2017. All other changes associated with the behavioral health redesign will be implemented July 1, 2017 at which time this manual will be incorporated into the broader Ohio Medicaid behavioral health provider manual.

## SECTION 1

### MITS Enrollment: Adding an OTP Provider Specialty

Providers already enrolled as a provider type 95 (community substance use disorder program) with provider specialty 950 AND either licensed by OhioMHAS as a methadone administration program (provider specialty 951) AND/OR certified by the Substance Abuse and Mental Health Services Administration (SAMHSA) as an OTP (provider specialty 953) may request the addition of a provider specialty for methadone administration and/or buprenorphine based medication administration. OTPs must contact OhioMHAS via e-mail at [MHAS-BHSupport@mha.ohio.gov](mailto:MHAS-BHSupport@mha.ohio.gov). Please indicate in the subject line “Request to add OTP specialty” and include in the e-mail the following:

- 1) Request to add provider specialty for methadone administration and/or buprenorphine based medication administration.

**NOTE: Existing methadone administration programs that are enrolled in the Ohio Medicaid program must follow this process to add the buprenorphine based medication administration provider specialty to bill this service coding.**

- 2) Attach the appropriate certification: OhioMHAS methadone license and/or SAMHSA OTP certificate.
- 3) Contact name, phone number and agency billing provider id for any follow-up.

### National Drug Code (NDC)

With the exception of hospital claims, federal law requires that any code for a drug covered by Medicaid must be submitted with the 11-digit NDC assigned to each drug package. The NDC specifically identifies the manufacturer, product and package size. Each NDC is an 11-digit number, sometimes including dashes in the format 55555-4444-22. When submitting claims to Medicaid, providers should submit each NDC using the 11-digit NDC **without** dashes or spaces. The NDC included on the claim must be the exact NDC that is on the package used by the provider.

Some drug packages include a 10-digit NDC. In this case, the provider should convert the 10 digits to 11 digits when reporting this on the claim. When converting a 10-digit NDC to an 11-digit NDC, a leading zero should be added to only one segment:

- If the first segment contains only four digits, add a leading zero to the segment;
- If the second segment contains only three digits, add a leading zero to the segment;
- If the third segment contains only one digit, add a leading zero to the segment.

All claims reporting NDC information must be submitted either as an Electronic Data Interchange (EDI) transaction or through the MITS Web Portal. The NDC will be required at the detail level when a claim is submitted with a code that represents a drug (e.g., J-codes and S-codes).

The following table contains abbreviations for professional practitioners referenced in this manual:

| <b>Practitioner Abbreviation Key</b> |                              |
|--------------------------------------|------------------------------|
| <b>MD/DO</b>                         | Physician                    |
| <b>CNS</b>                           | Clinical nurse specialist    |
| <b>CNP</b>                           | Certified nurse practitioner |
| <b>PA</b>                            | Physician assistant          |
| <b>RN</b>                            | Registered nurse             |
| <b>LPN</b>                           | Licensed practical nurse     |

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## SECTION 2 – Billing Guidance

The following medication code will continue to be available for all substance use disorder (SUD) treatment providers (Medicaid provider type 95 with provider specialty 950). It is listed here as OTPs will have a dual use for it. Under their general SUD program (95/950) it is used for induction/titration in accordance with current Ohio Medicaid policy

| Table 1-1 SUD Treatment Programs |                            |       |          |        |
|----------------------------------|----------------------------|-------|----------|--------|
| Provider Type 95/950             |                            |       |          |        |
| Service                          | Medication                 | Code  | Modifier | Rate   |
| Medication                       | Buprenorphine, oral, 1 mg. | J8499 | -        | \$0.55 |
| Unit Value                       | HCPCS designation          |       |          |        |

As an OTP (95/951 or 95/953), J8499 will be used for oral naltrexone (see following OTP sections for additional details).

### OhioMHAS Licensed Opioid Treatment Programs (Methadone)

The following section applies to services delivered on or after January 1, 2017 by a substance use disorder Medicaid provider type 95 with provider specialty 951:

1. Ohio Medicaid recognizes and enrolls OTPs that are licensed by OhioMHAS under Ohio Administrative Code 5122-29-35. These OhioMHAS licensed programs are authorized to administer methadone.
2. OTPs must bill for the administration of methadone using H0020 with the HF modifier for a daily administration **or** H0020 with the appropriate modifier for take home doses administered.
  - a. If patient is seen every day in order to receive methadone, modifier HF must be used with H0020.
  - b. OTPs will bill H0020 with a modifier representing 1, 2, 3 or 4 weeks of take home medication for patients who have met the requirements of 42 CFR § 8.12(h)(4)(i). The OTP must maintain documentation in the patient record that supports the amount of take home doses administered.
  - c. If any weekly administration modifier has been billed, the OTP cannot bill for any other face-to-face visits of H0020 during that time period.
  - d. Date of service on the claim for H0020 must be the date the patient was seen in the office by the OTP in order to receive their medication.
3. OTPs may bill 99211 for the nasal administration of naloxone (J2310). This coding combination is only used when the naloxone is administered nasally on site.
4. OTPs may bill 96372 for the injectable administration of naloxone (J2310). This coding combination is only used when the naloxone is administered by injection on site.

5. OTPs may bill for the cost of injectable/nasal naloxone (J2310) under their Ohio Board of Pharmacy license and in conformance with the Ohio Board of Pharmacy requirements.
6. OTPs may bill for the cost of injectable/nasal naloxone (J2310) when provided in accordance with Ohio Revised Code 4731.941.
7. OTPs may bill for the cost of oral naltrexone (J8499) under their Ohio Board of Pharmacy license.
8. OTPs may bill for the collection of blood using venipuncture (36415), per draw when the sample is sent to an outside laboratory for testing.
9. All of the OTP services must be performed by one of the following medical professionals within their scope of practice: physician, physician assistant, clinical nurse specialist, certified nurse practitioner, licensed practical nurse, or a registered nurse.

Please reference Table 1-2 on the following page for additional information on service coding, rates and modifiers.

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| Table 1-2 Opioid Treatment Programs                     |                                                                                                               |                                 |       |          |                                                                             |
|---------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|---------------------------------|-------|----------|-----------------------------------------------------------------------------|
| Provider Type 95/951 – State Licensed Methadone Program |                                                                                                               |                                 |       |          |                                                                             |
| Service                                                 | Description                                                                                                   | Provider Type                   | Code  | Modifier | Rate                                                                        |
| Methadone Administration                                | Daily                                                                                                         | MD/DO, CNS, NP, PA, RN, LPN     | H0020 | HF       | \$16.38                                                                     |
|                                                         | Weekly (2 – 7 days)                                                                                           |                                 |       | TV       | \$114.66                                                                    |
|                                                         | Two Weeks (8 – 14 days)                                                                                       |                                 |       | UB       | \$229.32                                                                    |
|                                                         | Three Weeks (15 – 21 days)                                                                                    |                                 |       | TS       | \$343.98                                                                    |
|                                                         | Four Weeks (22 – 28 days)                                                                                     |                                 |       | HG       | \$458.64                                                                    |
| Other Medication Administration                         | E&M Established Patient (for OTP use with Nasal Narcan Administration)                                        | MD/DO, CNS, CNP, PA, RN, LPN    | 99211 | -        | \$22.31                                                                     |
|                                                         | Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); subcutaneous or intramuscular | MD/DO, CNS, CNP, PA, RN, LPN    | 96372 | -        | \$21.39                                                                     |
| Medications                                             | Oral Naltrexone, per 50 mg tablet                                                                             | -                               | J8499 | HG       | \$1.20                                                                      |
|                                                         | Injection/Nasal, naloxone (Narcan), 1mg                                                                       | -                               | J2310 | -        | See <a href="#">Medicaid fee schedule</a> in effect for date of service     |
| Laboratory Services                                     | Collection of venous blood by venipuncture                                                                    | Per CPT guidelines <sup>1</sup> | 36415 | -        | \$ See <a href="#">Medicaid fee schedule</a> in effect for date of service. |
| Unit Value                                              | CPT or HCPCS designation                                                                                      |                                 |       |          |                                                                             |

<sup>1</sup> Medicaid will not reimburse for the collection of venous blood when providers performs testing in their facilities. Nor will Medicaid pay when it is part of an E&M visit. Medicaid will only reimburse separately for the collection of venous blood when a provider draws the blood and sends it to a non-related outside facility without performing any testing.



## **SAMHSA Certified Opioid Treatment Programs (Buprenorphine)**

The following section applies to services delivered on or after January 1, 2017 by a substance use disorder Medicaid provider type 95 with provider specialty 953:

1. Ohio Medicaid recognizes and enrolls OTPs that are certified the by the Substance Abuse and Mental Health Services Administration (SAMHSA) under 42 CFR §8.11(21 U.S.C. 823(g)(1)). These SAMHSA certified programs are authorized to provide medication assisted treatment by administering buprenorphine based medications.
2. OTPs must bill for the administration of buprenorphine based medications using T1502 with the HF modifier for a daily administration **or** T1502 with the appropriate modifier for take home doses.
  - a. If patient is seen every day in order to receive a buprenorphine based medication, modifier HF must be used with T1502.
  - b. OTP will bill T1502 with a modifier to represent 1, 2, 3 or 4 weeks of take home medication. The OTP must maintain documentation in the patient record that supports the amount of take home doses administered.
  - c. If any weekly administration modifier has been billed, the OTP cannot bill for any other face-to-face visits of T1502 during that time period.
  - d. Date of service on the claim for T1502 must be the date the patient was seen in the office by the OTP in order to receive their medication.
3. OTPs must bill the appropriate J code (see chart below) for the buprenorphine based medication that was administered. OTPs may bill for take home doses using S5000 or S5001.
4. OTPs may bill 99211 for the nasal administration of naloxone (J2310). This coding combination is only used when the naloxone is administered nasally on site.
5. OTPs may bill 96372 for the injectable administration of naloxone (J2310). This coding combination is only used when the naloxone is administered by injection on site.
6. OTPs may bill for the cost of injectable/nasal naloxone (J2310) under their Ohio Board of Pharmacy license and in conformance with the Ohio Board of Pharmacy requirements.
7. OTPs may bill for the cost of injectable/nasal naloxone (J2310) when provided in accordance with Ohio Revised Code 4731.941.
8. OTPs may bill for the cost of oral naltrexone (J8499) under their Ohio Board of Pharmacy license.
9. OTPs may bill for the collection of blood using venipuncture (36415), per draw when the sample is sent to an outside laboratory for testing.
10. All of the OTP services must be performed by one of the following medical professionals within their scope of practice: physician, physician assistant, clinical nurse specialist, certified nurse practitioner, licensed practical nurse, or a registered nurse.

**Table 1-3 Opioid Treatment Programs**

**Provider Type 95/953 – SAMHSA Certified Opioid Treatment Program**

| Service                                      | Description                                                                                                               | Provider Type                            | Code  | Modifier | Rate                                                                    |
|----------------------------------------------|---------------------------------------------------------------------------------------------------------------------------|------------------------------------------|-------|----------|-------------------------------------------------------------------------|
| Buprenorphine/<br>Naloxone<br>Administration | Daily                                                                                                                     | MD/DO,<br>CNS,<br>CNP,<br>PA,<br>RN, LPN | T1502 | HF       | \$16.38                                                                 |
|                                              | Weekly<br>(2 – 7 days)                                                                                                    |                                          |       | TV       | \$114.66                                                                |
|                                              | Two Weeks<br>(8 – 14 days)                                                                                                |                                          |       | UB       | \$229.32                                                                |
|                                              | Three Weeks<br>(15 – 21 days)                                                                                             |                                          |       | TS       | \$343.98                                                                |
|                                              | Four Weeks<br>(22 – 28 days)                                                                                              |                                          |       | HG       | \$458.64                                                                |
| Other<br>Medication<br>Administration        | E&M Established Patient<br>(for OTP use with Nasal<br>Narcan Administration)                                              | MD/DO,<br>CNS,<br>CNP,<br>PA,<br>RN, LPN | 99211 | -        | \$22.31                                                                 |
|                                              | Therapeutic, prophylactic,<br>or diagnostic injection<br>(specify substance or<br>drug); subcutaneous or<br>intramuscular | MD/DO,<br>CNS,<br>CNP,<br>PA,<br>RN, LPN | 96372 | -        | \$21.39                                                                 |
| Medications                                  | Buprenorphine, oral, 1 mg.                                                                                                | -                                        | J0571 | -        | See <a href="#">Medicaid fee schedule</a> in effect for date of service |
|                                              | Buprenorphine/naloxone,<br>oral, less than or equal to 3<br>mg.                                                           | -                                        | J0572 | -        | See <a href="#">Medicaid fee schedule</a> in effect for date of service |
|                                              | Buprenorphine/naloxone,<br>oral, greater than 3 mg, but<br>less than or equal to 6 mg.                                    | -                                        | J0573 | -        | See <a href="#">Medicaid fee schedule</a> in effect for date of service |
|                                              | Buprenorphine/naloxone,<br>oral, greater than 6 mg, but<br>less than or equal to 10 mg.                                   | -                                        | J0574 | -        | See <a href="#">Medicaid fee schedule</a> in effect for date of service |
|                                              | Buprenorphine/naloxone,<br>oral, greater than 10 mg.                                                                      | -                                        | J0575 | -        | See <a href="#">Medicaid fee schedule</a> in effect for date of service |
|                                              | Buprenorphine/naloxone,<br><i>generic</i> , per 1mg<br>buprenorphine/0.25mg<br>naloxone <sup>2</sup>                      | -                                        | S5000 | -        | See <a href="#">Medicaid fee schedule</a> in effect for date of service |
|                                              | Buprenorphine, <i>generic</i> ,<br>per 1 mg.                                                                              | -                                        | S5000 | HD       | See <a href="#">Medicaid fee schedule</a> in effect for date of service |
|                                              | Buprenorphine/naloxone,<br><i>brand</i> , per 1mg                                                                         | -                                        | S5001 | -        | See <a href="#">Medicaid fee schedule</a> in effect for date of service |

|                        |                                               |                                    |       |    |                                                                             |
|------------------------|-----------------------------------------------|------------------------------------|-------|----|-----------------------------------------------------------------------------|
|                        | buprenorphine/0.25mg<br>naloxone <sup>2</sup> |                                    |       |    |                                                                             |
|                        | Oral Naltrexone, per 50 mg<br>tablet          | -                                  | J8499 | HG | \$1.20                                                                      |
|                        | Injection/Nasal, naloxone<br>(Narcan), 1mg    | -                                  | J2310 | -  | See <a href="#">Medicaid fee schedule</a> in effect for date of service     |
| Laboratory<br>Services | Collection of venous blood<br>by venipuncture | Per CPT<br>guidelines <sup>1</sup> | 36415 | -  | \$ See <a href="#">Medicaid fee schedule</a> in effect for date of service. |
| Unit Value             | CPT or HCPCS designation                      |                                    |       |    |                                                                             |

<sup>1</sup> Medicaid will not reimburse for the collection of venous blood when providers performs testing in their facilities. Nor will Medicaid pay when it is part of an E&M visit. Medicaid will only reimburse separately for the collection of venous blood when a provider draws the blood and sends it to a non-related outside facility without performing any testing.

<sup>2</sup> Per FDA regulations, the maximum recommended milligrams of a buprenorphine based medication and individual patient should be taking per day is twenty-four.

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# Appendix B: Virginia Medicaid Rates

## MAGELLAN VA MEDICAID/DMAS RATES

EFFECTIVE: 7/1/2018

| DESCRIPTION                                                        | CPT®   |                |              | PHYSICIAN | PSYCHOLOGIST | MASTER'S | CLINICAL NURSE |
|--------------------------------------------------------------------|--------|----------------|--------------|-----------|--------------|----------|----------------|
|                                                                    | CODE   | Age or Setting | Modifier     |           |              | LEVEL    | SPECIALIST     |
| Psychiatric Diagnostic Evaluation - no medical svcs*               | 90791  | IP             | w/ or w/o GT | \$104.18  | \$93.76      | \$70.32  | \$70.32        |
| Psychiatric Diagnostic Evaluation - no medical svcs*               | 90791  | OP             | w/ or w/o GT | \$110.91  | \$99.82      | \$74.86  | \$74.86        |
| Psychotherapy w/ patient, 30 min*                                  | 90832  | IP             | w/ or w/o GT | \$51.80   | \$46.62      | \$34.97  | \$34.97        |
| Psychotherapy w/ patient, 30 min*                                  | 90832  | OP             | w/ or w/o GT | \$53.85   | \$48.47      | \$36.35  | \$36.35        |
| Psychotherapy w/ patient, 45 min*                                  | 90834  | IP             | w/ or w/o GT | \$69.06   | \$62.15      | \$46.62  | \$46.62        |
| Psychotherapy w/ patient, 45 min*                                  | 90834  | OP             | w/ or w/o GT | \$71.99   | \$64.79      | \$48.59  | \$48.59        |
| Psychotherapy w/ patient, 60 min*                                  | 90837  | IP             | w/ or w/o GT | \$103.89  | \$93.50      | \$70.13  | \$70.13        |
| Psychotherapy w/ patient, 60 min*                                  | 90837  | OP             | w/ or w/o GT | \$107.98  | \$97.18      | \$72.89  | \$72.89        |
| Family/Couples Psychotherapy w/o patient present, 50 min*          | 90846  | IP             | w/ or w/o GT | \$83.70   | \$75.33      | \$56.50  | \$56.50        |
| Family/Couples Psychotherapy w/o patient present, 50 min*          | 90846  | OP             | w/ or w/o GT | \$86.91   | \$78.22      | \$58.66  | \$58.66        |
| Family/Couples Psychotherapy w/ patient present, 50 min*           | 90847  | IP             | w/ or w/o GT | \$87.21   | \$78.49      | \$58.87  | \$58.87        |
| Family/Couples Psychotherapy w/ patient present, 50 min*           | 90847  | OP             | w/ or w/o GT | \$90.43   | \$81.39      | \$61.04  | \$61.04        |
| Group Psychotherapy*                                               | 90853  | IP             | w/ or w/o GT | \$20.48   | \$18.43      | \$13.82  | \$13.82        |
| Group Psychotherapy*                                               | 90853  | OP             | w/ or w/o GT | \$21.66   | \$19.49      | \$14.62  | \$14.62        |
| Interactive Complexity Add-on                                      | +90785 | IP             |              | \$11.41   | \$10.27      | \$7.70   | \$7.70         |
| Interactive Complexity Add-on                                      | +90785 | OP             |              | \$12.00   | \$10.80      | \$8.10   | \$8.10         |
| Psychiatric Diagnostic Evaluation - w/ medical svcs*               | 90792  | IP             | w/ or w/o GT | \$117.35  | N/B          | N/B      | \$79.21        |
| Psychiatric Diagnostic Evaluation - w/ medical svcs*               | 90792  | OP             | w/ or w/o GT | \$124.08  | N/B          | N/B      | \$83.75        |
| Psychotherapy w/ patient, 30 min, w/ E&M svc*                      | +90833 | IP             | w/ or w/o GT | \$54.14   | N/B          | N/B      | \$36.54        |
| Psychotherapy w/ patient, 30 min, w/ E&M svc*                      | +90833 | OP             | w/ or w/o GT | \$56.19   | N/B          | N/B      | \$37.93        |
| Psychotherapy w/ patient, 45 min, w/ E&M svc*                      | +90836 | IP             | w/ or w/o GT | \$68.19   | N/B          | N/B      | \$46.03        |
| Psychotherapy w/ patient, 45 min, w/ E&M svc*                      | +90836 | OP             | w/ or w/o GT | \$70.82   | N/B          | N/B      | \$47.80        |
| Psychotherapy w/ patient, 60 min, w/ E&M svc*                      | +90838 | IP             | w/ or w/o GT | \$90.13   | N/B          | N/B      | \$60.84        |
| Psychotherapy w/ patient, 60 min, w/ E&M svc*                      | +90838 | OP             | w/ or w/o GT | \$93.65   | N/B          | N/B      | \$63.21        |
| Electroconvulsive Therapy (E.C.T.)                                 | 90870  | IP             |              | \$91.60   | N/B          | N/B      | N/B            |
| Electroconvulsive Therapy (E.C.T.)                                 | 90870  | OP             |              | \$145.15  | N/B          | N/B      | N/B            |
| Office Outpatient Visit, New patient, minor*                       | 99201  | <21/IP         | w/ or w/o GT | \$20.72   | N/B          | N/B      | \$13.99        |
| Office Outpatient Visit, New patient, minor*                       | 99201  | <21/OP         | w/ or w/o GT | \$34.35   | N/B          | N/B      | \$23.19        |
| Office Outpatient Visit, New patient, minor*                       | 99201  | >20/IP         | w/ or w/o GT | \$18.17   | N/B          | N/B      | \$12.26        |
| Office Outpatient Visit, New patient, minor*                       | 99201  | >20/OP         | w/ or w/o GT | \$30.12   | N/B          | N/B      | \$20.33        |
| Office Outpatient Visit, New patient, low to moderate severity*    | 99202  | <21/IP         | w/ or w/o GT | \$38.98   | N/B          | N/B      | \$26.31        |
| Office Outpatient Visit, New patient, low to moderate severity*    | 99202  | <21/OP         | w/ or w/o GT | \$57.79   | N/B          | N/B      | \$39.01        |
| Office Outpatient Visit, New patient, low to moderate severity*    | 99202  | >20/IP         | w/ or w/o GT | \$34.18   | N/B          | N/B      | \$23.07        |
| Office Outpatient Visit, New patient, low to moderate severity*    | 99202  | >20/OP         | w/ or w/o GT | \$50.68   | N/B          | N/B      | \$34.21        |
| Office Outpatient Visit, New patient, moderate severity*           | 99203  | <21/IP         | w/ or w/o GT | \$59.15   | N/B          | N/B      | \$39.93        |
| Office Outpatient Visit, New patient, moderate severity*           | 99203  | <21/OP         | w/ or w/o GT | \$83.14   | N/B          | N/B      | \$56.12        |
| Office Outpatient Visit, New patient, moderate severity*           | 99203  | >20/IP         | w/ or w/o GT | \$51.87   | N/B          | N/B      | \$35.01        |
| Office Outpatient Visit, New patient, moderate severity*           | 99203  | >20/OP         | w/ or w/o GT | \$72.91   | N/B          | N/B      | \$49.21        |
| Office Outpatient Visit, New patient, moderate to high severity*   | 99204  | <21/IP         | w/ or w/o GT | \$99.77   | N/B          | N/B      | \$67.34        |
| Office Outpatient Visit, New patient, moderate to high severity*   | 99204  | <21/OP         | w/ or w/o GT | \$126.75  | N/B          | N/B      | \$85.56        |
| Office Outpatient Visit, New patient, moderate to high severity*   | 99204  | >20/IP         | w/ or w/o GT | \$87.49   | N/B          | N/B      | \$59.06        |
| Office Outpatient Visit, New patient, moderate to high severity*   | 99204  | >20/OP         | w/ or w/o GT | \$111.15  | N/B          | N/B      | \$75.03        |
| Office Outpatient Visit, New patient, moderate to high severity*   | 99205  | <21/IP         | w/ or w/o GT | \$130.30  | N/B          | N/B      | \$87.95        |
| Office Outpatient Visit, New patient, moderate to high severity*   | 99205  | <21/OP         | w/ or w/o GT | \$159.46  | N/B          | N/B      | \$107.64       |
| Office Outpatient Visit, New patient, moderate to high severity*   | 99205  | >20/IP         | w/ or w/o GT | \$114.26  | N/B          | N/B      | \$77.13        |
| Office Outpatient Visit, New patient, moderate to high severity*   | 99205  | >20/OP         | w/ or w/o GT | \$139.84  | N/B          | N/B      | \$94.39        |
| Office Outpatient Visit, Established patient, minimal*             | 99211  | <21/IP         | w/ or w/o GT | \$7.09    | N/B          | N/B      | \$4.79         |
| Office Outpatient Visit, Established patient, minimal*             | 99211  | <21/OP         | w/ or w/o GT | \$16.63   | N/B          | N/B      | \$11.23        |
| Office Outpatient Visit, Established patient, minimal*             | 99211  | >20/IP         | w/ or w/o GT | \$6.21    | N/B          | N/B      | \$4.19         |
| Office Outpatient Visit, Established patient, minimal*             | 99211  | >20/OP         | w/ or w/o GT | \$14.58   | N/B          | N/B      | \$9.84         |
| Office Outpatient Visit, Established patient, minor*               | 99212  | <21/IP         | w/ or w/o GT | \$19.63   | N/B          | N/B      | \$13.25        |
| Office Outpatient Visit, Established patient, minor*               | 99212  | <21/OP         | w/ or w/o GT | \$33.80   | N/B          | N/B      | \$22.82        |
| Office Outpatient Visit, Established patient, minor*               | 99212  | >20/IP         | w/ or w/o GT | \$17.21   | N/B          | N/B      | \$11.62        |
| Office Outpatient Visit, Established patient, minor*               | 99212  | >20/OP         | w/ or w/o GT | \$29.64   | N/B          | N/B      | \$20.01        |
| Office Outpatient Visit, Estbl patient, low to moderate severity*  | 99213  | <21/IP         | w/ or w/o GT | \$39.53   | N/B          | N/B      | \$26.68        |
| Office Outpatient Visit, Estbl patient, low to moderate severity*  | 99213  | <21/OP         | w/ or w/o GT | \$56.15   | N/B          | N/B      | \$37.90        |
| Office Outpatient Visit, Estbl patient, low to moderate severity*  | 99213  | >20/IP         | w/ or w/o GT | \$34.66   | N/B          | N/B      | \$23.40        |
| Office Outpatient Visit, Estbl patient, low to moderate severity*  | 99213  | >20/OP         | w/ or w/o GT | \$49.24   | N/B          | N/B      | \$33.24        |
| Office Outpatient Visit, Estbl patient, moderate to high severity* | 99214  | <21/IP         | w/ or w/o GT | \$60.51   | N/B          | N/B      | \$40.84        |
| Office Outpatient Visit, Estbl patient, moderate to high severity* | 99214  | <21/OP         | w/ or w/o GT | \$82.87   | N/B          | N/B      | \$55.94        |
| Office Outpatient Visit, Estbl patient, moderate to high severity* | 99214  | >20/IP         | w/ or w/o GT | \$53.07   | N/B          | N/B      | \$35.82        |

## MAGELLAN VA MEDICAID/DMAS RATES

EFFECTIVE: 7/1/2018

| DESCRIPTION                                                          | CPT®   |                | PHYSICIAN    | PSYCHOLOGIST | MASTER'S LEVEL | CLINICAL NURSE SPECIALIST |
|----------------------------------------------------------------------|--------|----------------|--------------|--------------|----------------|---------------------------|
|                                                                      | CODE   | Age or Setting |              |              |                |                           |
| Office Outpatient Visit, Estbl patient, moderate to high severity*   | 99214  | >20/OP         | w/ or w/o GT | \$72.67      | N/B            | \$49.05                   |
| Office Outpatient Visit, Estbl patient, moderate to high severity*   | 99215  | <21/IP         | w/ or w/o GT | \$85.59      | N/B            | \$57.77                   |
| Office Outpatient Visit, Estbl patient, moderate to high severity*   | 99215  | <21/OP         | w/ or w/o GT | \$111.76     | N/B            | \$75.44                   |
| Office Outpatient Visit, Estbl patient, moderate to high severity*   | 99215  | >20/IP         | w/ or w/o GT | \$75.06      | N/B            | \$50.67                   |
| Office Outpatient Visit, Estbl patient, moderate to high severity*   | 99215  | >20/OP         | w/ or w/o GT | \$98.01      | N/B            | \$66.16                   |
| Observation Care Discharge                                           | 99217  | <21            |              | \$56.43      | N/B            | N/B                       |
| Observation Care Discharge                                           | 99217  | >20            |              | \$49.48      | N/B            | N/B                       |
| Initial Observation Care; straightforward/low complexity             | 99218  | <21            |              | \$77.14      | N/B            | N/B                       |
| Initial Observation Care; straightforward/low complexity             | 99218  | >20            |              | \$67.65      | N/B            | N/B                       |
| Initial Observation Care; moderate complexity                        | 99219  | <21            |              | \$104.95     | N/B            | N/B                       |
| Initial Observation Care; moderate complexity                        | 99219  | >20            |              | \$92.03      | N/B            | N/B                       |
| Initial Observation Care; high complexity                            | 99220  | <21            |              | \$143.65     | N/B            | N/B                       |
| Initial Observation Care; high complexity                            | 99220  | >20            |              | \$125.97     | N/B            | N/B                       |
| Initial Hospital Care, low complexity*                               | 99221  | <21            | w/ or w/o GT | \$78.23      | N/B            | N/B                       |
| Initial Hospital Care, low complexity*                               | 99221  | >20            | w/ or w/o GT | \$68.60      | N/B            | N/B                       |
| Initial Hospital Care, moderate complexity*                          | 99222  | <21            | w/ or w/o GT | \$105.49     | N/B            | N/B                       |
| Initial Hospital Care, moderate complexity*                          | 99222  | >20            | w/ or w/o GT | \$92.51      | N/B            | N/B                       |
| Initial Hospital Care, high complexity*                              | 99223  | <21            | w/ or w/o GT | \$156.47     | N/B            | N/B                       |
| Initial Hospital Care, high complexity*                              | 99223  | >20            | w/ or w/o GT | \$137.21     | N/B            | N/B                       |
| Subsequent Hospital Care, low complexity*                            | 99231  | <21            | w/ or w/o GT | \$30.26      | N/B            | \$20.43                   |
| Subsequent Hospital Care, low complexity*                            | 99231  | >20            | w/ or w/o GT | \$26.53      | N/B            | \$17.91                   |
| Subsequent Hospital Care, moderate complexity*                       | 99232  | <21            | w/ or w/o GT | \$56.15      | N/B            | \$37.90                   |
| Subsequent Hospital Care, moderate complexity*                       | 99232  | >20            | w/ or w/o GT | \$49.24      | N/B            | \$33.24                   |
| Subsequent Hospital Care, high complexity*                           | 99233  | <21            | w/ or w/o GT | \$80.41      | N/B            | \$54.28                   |
| Subsequent Hospital Care, high complexity*                           | 99233  | >20            | w/ or w/o GT | \$70.52      | N/B            | \$47.60                   |
| Observation or Inpatient Care, low complexity                        | 99234  | <21            |              | \$102.77     | N/B            | N/B                       |
| Observation or Inpatient Care, low complexity                        | 99234  | >20            |              | \$90.12      | N/B            | N/B                       |
| Observation or Inpatient Care, moderate complexity                   | 99235  | <21            |              | \$130.57     | N/B            | N/B                       |
| Observation or Inpatient Care, moderate complexity                   | 99235  | >20            |              | \$114.50     | N/B            | N/B                       |
| Observation or Inpatient Care, high complexity                       | 99236  | <21            |              | \$168.46     | N/B            | N/B                       |
| Observation or Inpatient Care, high complexity                       | 99236  | >20            |              | \$147.73     | N/B            | N/B                       |
| Discharge Day management -30 min or less                             | 99238  | <21            |              | \$56.43      | N/B            | N/B                       |
| Discharge Day management -30 min or less                             | 99238  | >20            |              | \$49.48      | N/B            | N/B                       |
| Discharge Day management -more than 30 min                           | 99239  | <21            |              | \$83.14      | N/B            | N/B                       |
| Discharge Day management -more than 30 min                           | 99239  | >20            |              | \$72.91      | N/B            | N/B                       |
| ER Consultation, minor                                               | 99281  |                |              | \$14.98      | \$13.48        | N/B                       |
| ER Consultation, low to moderate complexity                          | 99282  |                |              | \$29.21      | \$26.29        | N/B                       |
| ER Consultation, moderate complexity                                 | 99283  |                |              | \$43.70      | \$39.33        | N/B                       |
| ER Consultation, high complexity                                     | 99284  |                |              | \$82.90      | \$74.61        | N/B                       |
| ER Consultation, high complexity/life threatening                    | 99285  |                |              | \$122.10     | \$109.89       | N/B                       |
| Prolonged Service, in office or outpatient setting; 60 min           | +99354 | <21/IP         |              | \$94.04      | \$84.64        | \$63.48                   |
| Prolonged Service, in office or outpatient setting; 60 min           | +99354 | <21/OP         |              | \$100.59     | \$90.53        | \$67.90                   |
| Prolonged Service, in office or outpatient setting; 60 min           | +99354 | >20/IP         |              | \$82.47      | \$74.22        | \$55.67                   |
| Prolonged Service, in office or outpatient setting; 60 min           | +99354 | >20/OP         |              | \$88.20      | \$79.38        | \$59.54                   |
| Prolonged Service, in office or outpatient setting; addtl 30 min     | +99355 | <21/IP         |              | \$70.60      | \$63.54        | \$47.66                   |
| Prolonged Service, in office or outpatient setting; addtl 30 min     | +99355 | <21/OP         |              | \$76.05      | \$68.45        | \$51.33                   |
| Prolonged Service, in office or outpatient setting; addtl 30 min     | +99355 | >20/IP         |              | \$61.91      | \$55.72        | \$41.79                   |
| Prolonged Service, in office or outpatient setting; addtl 30 min     | +99355 | >20/OP         |              | \$66.69      | \$60.02        | \$45.02                   |
| Prolonged Service, in inpatient or observation setting; 60 min       | +99356 | <21            |              | \$71.15      | \$64.04        | \$48.03                   |
| Prolonged Service, in inpatient or observation setting; 60 min       | +99356 | >20            |              | \$62.39      | \$56.15        | \$42.11                   |
| Prolonged Service, in inpatient or observation setting; addtl 30 min | +99357 | <21            |              | \$71.42      | \$64.28        | \$48.21                   |
| Prolonged Service, in inpatient or observation setting; addtl 30 min | +99357 | >20            |              | \$62.63      | \$56.37        | \$42.28                   |
| Office Emergency Services                                            | 99058  |                |              | \$30.57      | \$27.51        | \$20.63                   |
| Smoking and tobacco cessation counseling; 3 to 10 min                | 99406  | IP             | HD           | \$8.37       | \$7.53         | \$5.65                    |
| Smoking and tobacco cessation counseling; 3 to 10 min                | 99406  | OP             | HD           | \$9.80       | \$8.82         | \$6.62                    |
| Smoking and tobacco cessation counseling; > 10 min                   | 99407  | IP             | HD           | \$17.45      | \$15.71        | \$11.78                   |
| Smoking and tobacco cessation counseling; > 10 min                   | 99407  | OP             | HD           | \$18.88      | \$16.99        | \$12.74                   |
| Alcohol/SA structured screening and brief intervention 15-30 min     | 99408  | <21/IP         |              | \$24.24      | \$21.82        | \$16.36                   |
| Alcohol/SA structured screening and brief intervention 15-30 min     | 99408  | <21/OP         |              | \$25.78      | \$23.20        | \$17.40                   |
| Alcohol/SA structured screening and brief intervention 15-30 min     | 99408  | >20/IP         |              | \$22.47      | \$20.22        | \$15.17                   |
| Alcohol/SA structured screening and brief intervention 15-30 min     | 99408  | >20/OP         |              | \$23.90      | \$21.51        | \$16.13                   |

## MAGELLAN VA MEDICAID/DMAS RATES

EFFECTIVE: 7/1/2018

| DESCRIPTION                                                     | CPT®  |                 | PHYSICIAN  | PSYCHOLOGIST | MASTER'S LEVEL | CLINICAL NURSE SPECIALIST |
|-----------------------------------------------------------------|-------|-----------------|------------|--------------|----------------|---------------------------|
|                                                                 | CODE  | Age or Setting  |            |              |                |                           |
| Alcohol/SA structured screening and brief intervention > 30 min | 99409 | <21/IP          | \$48.73    | \$43.86      | \$32.89        | \$32.89                   |
| Alcohol/SA structured screening and brief intervention > 30 min | 99409 | <21/OP          | \$50.02    | \$45.02      | \$33.76        | \$33.76                   |
| Alcohol/SA structured screening and brief intervention > 30 min | 99409 | >20/IP          | \$45.18    | \$40.66      | \$30.50        | \$30.50                   |
| Alcohol/SA structured screening and brief intervention > 30 min | 99409 | >20/OP          | \$46.37    | \$41.73      | \$31.30        | \$31.30                   |
| Therapeutic, prophylactic, or diagnostic injection              | 96372 |                 | \$16.97    | N/B          | N/B            | \$11.45                   |
| Therapeutic or Diagnostic Injection; Intravenous Push           | 96374 |                 | \$38.34    | N/B          | N/B            | \$25.88                   |
| Psychological Testing                                           | 96101 | IP              | \$65.55    | \$59.00      | N/B            | N/B                       |
| Psychological Testing                                           | 96101 | OP              | \$68.19    | \$61.37      | N/B            | N/B                       |
| Psychological Testing Admin by Technician                       | 96102 | IP              | \$19.61    | \$17.65      | N/B            | N/B                       |
| Psychological Testing Admin by Technician                       | 96102 | OP              | \$50.92    | \$45.83      | N/B            | N/B                       |
| Psychological Testing Admin by Computer                         | 96103 | IP              | \$21.95    | \$19.75      | N/B            | N/B                       |
| Psychological Testing Admin by Computer                         | 96103 | OP              | \$22.83    | \$20.54      | N/B            | N/B                       |
| Neurobehavioral Status Exam*                                    | 96116 | IP w/ or w/o GT | \$70.82    | \$63.74      | N/B            | N/B                       |
| Neurobehavioral Status Exam*                                    | 96116 | OP w/ or w/o GT | \$77.55    | \$69.80      | N/B            | N/B                       |
| Neuropsychological Testing                                      | 96118 | IP              | \$64.97    | \$58.47      | N/B            | N/B                       |
| Neuropsychological Testing                                      | 96118 | OP              | \$80.18    | \$72.16      | N/B            | N/B                       |
| Neuropsychological Testing Admin by Technician                  | 96119 | IP              | \$19.61    | \$17.65      | N/B            | N/B                       |
| Neuropsychological Testing Admin by Technician                  | 96119 | OP              | \$65.84    | \$59.26      | N/B            | N/B                       |
| Neuropsychological Testing Admin by Computer                    | 96120 | IP              | \$21.36    | \$19.22      | N/B            | N/B                       |
| Neuropsychological Testing Admin by Computer                    | 96120 | OP              | \$39.51    | \$35.56      | N/B            | N/B                       |
| Telehealth, originating site fee*                               | Q3014 |                 | GT \$20.00 | \$20.00      | \$20.00        | \$20.00                   |

| DESCRIPTION                                                              | HCPCS CODE | Designation | MODIFIER     | RATE     |
|--------------------------------------------------------------------------|------------|-------------|--------------|----------|
| One on one Support in Residential - per hour                             | H2027      |             |              | \$25.61  |
| Cmnty-Based Residential Group Home, Level B - Per Diem                   | H2020      | <21         | HW (CSA)     | \$146.22 |
| Cmnty-Based Residential Group Home, Level B - Per Diem                   | H2020      | <21         | HK (non-CSA) | \$146.22 |
| Crisis Stabilization, per hour                                           | H2019      | Urban       |              | \$89.00  |
| Crisis Stabilization, per hour                                           | H2019      | Rural       |              | \$81.00  |
| Crisis Intervention, MH - per 15 min*                                    | H0036      | Urban       | w/ or w/o GT | \$30.79  |
| Crisis Intervention, MH - per 15 min*                                    | H0036      | Rural       | w/ or w/o GT | \$18.61  |
| Crisis Intervention, MH (ECO) - per 15 min*                              | H0036      | Urban       | 32 or GT, 32 | \$30.79  |
| Crisis Intervention, MH (ECO) - per 15 min*                              | H0036      | Rural       | 32 or GT, 32 | \$18.61  |
| Assessment, Therapeutic Day Treatment for Children                       | H0032      |             | U7           | \$36.53  |
| Assessment, Therapeutic Day Treatment for Adults*                        | H0032      |             | U7 or U7, GT | \$36.53  |
| Therapeutic Day Treatment, Child - per unit                              | H0035      | <21         | HA           | \$36.53  |
| 1 unit = 2 to 2.99 hours                                                 |            |             |              |          |
| 2 units = 3 to 4.99 hours                                                |            |             |              |          |
| 3 units = 5 plus hours                                                   |            |             |              |          |
| Day Treatment, Adult - per unit                                          | H0035      | >20         | HB           | \$34.78  |
| 1 unit 2-3.99 hours                                                      |            |             |              |          |
| 2 units 4-6.99 hours                                                     |            |             |              |          |
| 3 units 7 or more hours                                                  |            |             |              |          |
| Intensive In-Home Assessment                                             | H0031      | <21         |              | \$60.00  |
| Intensive In-Home Services, per hour                                     | H2012      | <21         |              | \$60.00  |
| In-Home Behavioral Therapies for juveniles, per 15 min                   | H2033      | <21         |              | \$15.00  |
| Initial Assessment, In-Home Behavioral Therapies for juveniles, per hour | H0032      | <21         | UA           | \$60.00  |
| Assessment, Psychosocial Rehab*                                          | H0032      |             | U6 or U6, GT | \$24.23  |
| Straightforward SMI Assessment for Eligibility Determination Short Form* | H0032      |             | UB or UB, GT | \$37.00  |
| Complex SMI Assessment for Eligibility Determination Long Form*          | H0032      |             | UC or UC, GT | \$75.00  |
| Psychosocial Rehabilitation svcs; per unit                               | H2017      |             |              | \$24.23  |
| 1 unit 2-3.99 hours                                                      |            |             |              |          |
| 2 units 4-6.99 hours                                                     |            |             |              |          |
| 3 units 7 or more hours                                                  |            |             |              |          |
| Assessment, Intensive Community Treatment*                               | H0032      | Urban       | U9 or U9, GT | \$153.00 |
| Assessment, Intensive Community Treatment*                               | H0032      | Rural       | U9 or U9, GT | \$139.00 |
| Intensive Community Treatment - per hour                                 | H0039      | Urban       |              | \$153.00 |
| Intensive Community Treatment - per hour                                 | H0039      | Rural       |              | \$139.00 |
| Assessment, Mental Health Skill Building Services                        | H0032      | Urban       | U8           | \$91.00  |
| Assessment, Mental Health Skill Building Services                        | H0032      | Rural       | U8           | \$83.00  |

## MAGELLAN VA MEDICAID/DMAS RATES

**EFFECTIVE: 7/1/2018**

| DESCRIPTION                                        | HCPCS CODE | Designation | MODIFIER     | RATE     |
|----------------------------------------------------|------------|-------------|--------------|----------|
| Mental Health Skill Building Services              | H0046      | Urban       |              | \$91.00  |
| 1 unit 1-2.99 hours                                |            |             |              |          |
| 2 units 3-4.99 hours                               |            |             |              |          |
| 3 units 5-6.99 hours                               |            |             |              |          |
| 4 units 7 or more hours                            |            |             |              |          |
| Mental Health Skill Building Services              | H0046      | Rural       |              | \$83.00  |
| 1 unit 1-2.99 hours                                |            |             |              |          |
| 2 units 3-4.99 hours                               |            |             |              |          |
| 3 units 5-6.99 hours                               |            |             |              |          |
| 4 units 7 or more hours                            |            |             |              |          |
| Case Management, Foster Care - Per Month           | T1016      |             |              | \$326.50 |
| Case Management, Mental Health, per month          | H0023      |             |              | \$326.50 |
| MH Case Management Low intensity*                  | H0023      |             | UB or UB, GT | \$195.90 |
| MH Case Management High intensity*                 | H0023      |             | UC or UC, GT | \$220.80 |
| Peer Support Services - Individual (Mental Health) | H0024      |             |              | \$6.50   |
| Peer Support Services - Group (Mental Health)      | H0025      |             |              | \$2.70   |

### EPSDT Therapeutic Group Home and EPSDT Residential Treatment Setting Only Services

| DESCRIPTION                                                                                                                                                                                                                                                                                                                                                                                                                        | CPT® CODE | RATE    |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|---------|
| Behavior identification assessment, by the physician or other qualified health care professional, face-to-face with patient and caregiver(s), includes admin of standardized and non-standardized tests, detailed behavioral history, patient observation and caregiver interview, interpretation of test results, discussion of findings and recommendations with the primary guardian(s)/caregiver(s), and preparation of report | 0359T     | \$91.28 |
| Observational behavioral follow-up assessment, includes physician or other qualified health care professional direction w/ interpretation & report, admin by 1 technician; 1st 30 min of tech time, face-to-face w/ the patient                                                                                                                                                                                                    | 0360T     | \$36.90 |
| Observational behavioral follow-up assessment, includes physician or other qualified health care professional direction w/ interp & report, admin by 1 technician; each addtl 30 min of tech time, face-to-face w/ the patient                                                                                                                                                                                                     | +0361T    | \$36.90 |
| Family adaptive behavior treatment guidance, admin by physician or other qualified health care professional w/o the patient present. Do not report in conjunction with 90791, 90792, 90846, 90847.                                                                                                                                                                                                                                 | 0370T     | \$73.97 |
| Multiple-family group adaptive behavior treatment guidance, admin by physician or other qualified health care professional w/o the patient present. Do not report in conjunction with 90791, 90792, 90846, 90847. Do not report if the group is larger than 8 members.                                                                                                                                                             | 0371T     | \$20.55 |

### IACCT Services

| DESCRIPTION                                                                                                                          | CPT® CODE | Modifier     | PHYSICIAN | PSYCHOLOGIST | MASTER'S | CLINICAL NURSE |
|--------------------------------------------------------------------------------------------------------------------------------------|-----------|--------------|-----------|--------------|----------|----------------|
|                                                                                                                                      |           |              |           |              | LEVEL    | SPECIALIST     |
| IACCT Initial Assessment*                                                                                                            | 90889     | HK or HK, GT | \$250.00  | N/B          | N/B      | N/B            |
| IACCT Follow-Up Assessment*                                                                                                          | 90889     | TS or TS, GT | \$120.00  | N/B          | N/B      | N/B            |
| Interprofessional telephone/Internet assessment and management service; 5-10 min of medical consultative discussion and review       | 99446     |              | \$13.97   | N/B          | N/B      | N/B            |
| Interprofessional telephone/Internet assessment and management service; 11-20 min of medical consultative discussion and review      | 99447     |              | \$27.67   | N/B          | N/B      | N/B            |
| Interprofessional telephone/Internet assessment and management service; 21-30 min of medical consultative discussion and review      | 99448     |              | \$41.64   | N/B          | N/B      | N/B            |
| Interprofessional telephone/Internet assessment and management service; 30 min or more of medical consultative discussion and review | 99449     |              | \$55.61   | N/B          | N/B      | N/B            |

### ADDICTION AND RECOVERY TREATMENT SERVICES (ARTS)

| Community Based Care                                        |                            |           |
|-------------------------------------------------------------|----------------------------|-----------|
| DESCRIPTION                                                 | HCPCS/Rev CODE             | RATE      |
| Substance Use Case Management (licensed by DBHDS)           | H0006                      | \$243.00^ |
| Peer Support Services - Individual (Substance Use Disorder) | T1012                      | \$6.50    |
| Peer Support Services - Group (Substance Use Disorder)      | S9445                      | \$2.70    |
| Intensive Outpatient - ASAM level 2.1                       | H0015 or rev 0906 w/ H0015 | \$250.00^ |
| Partial Hospitalization - ASAM level 2.5                    | S0201 or rev 0913 w/ S0201 | \$500.00^ |

# MAGELLAN VA MEDICAID/DMAS RATES

EFFECTIVE: 7/1/2018

## Opioid Treatment Programs (OTP) / Office Based Opioid Treatment (OBOT)

| DESCRIPTION                                                       | CPT® CODE | Age | PHYSICIAN | PSYCHOLOGIST | MASTER'S | CLINICAL NURSE |
|-------------------------------------------------------------------|-----------|-----|-----------|--------------|----------|----------------|
|                                                                   |           |     |           |              | LEVEL    | SPECIALIST     |
| Office Outpatient Visit, Established patient, minimal             | 99211     | <21 | \$16.63   | N/B          | N/B      | \$11.23        |
| Office Outpatient Visit, Established patient, minimal             | 99211     | >20 | \$14.58   | N/B          | N/B      | \$9.84         |
| Office Outpatient Visit, Established patient, minor               | 99212     | <21 | \$33.80   | N/B          | N/B      | \$22.82        |
| Office Outpatient Visit, Established patient, minor               | 99212     | >20 | \$29.64   | N/B          | N/B      | \$20.01        |
| Office Outpatient Visit, Estbl patient, low to moderate severity  | 99213     | <21 | \$56.15   | N/B          | N/B      | \$37.90        |
| Office Outpatient Visit, Estbl patient, low to moderate severity  | 99213     | >20 | \$49.24   | N/B          | N/B      | \$33.24        |
| Office Outpatient Visit, Estbl patient, moderate to high severity | 99214     | <21 | \$82.87   | N/B          | N/B      | \$55.94        |
| Office Outpatient Visit, Estbl patient, moderate to high severity | 99214     | >20 | \$72.67   | N/B          | N/B      | \$49.05        |
| Office Outpatient Visit, Estbl patient, moderate to high severity | 99215     | <21 | \$111.76  | N/B          | N/B      | \$75.44        |
| Office Outpatient Visit, Estbl patient, moderate to high severity | 99215     | >20 | \$98.01   | N/B          | N/B      | \$66.16        |

| DESCRIPTION                                                                                      | CPT®/HCPCS |          | RATE      |
|--------------------------------------------------------------------------------------------------|------------|----------|-----------|
|                                                                                                  | CODE       | Modifier |           |
| Medication Assisted Treatment (MAT) induction - Physician                                        | H0014      |          | \$140.00  |
| Substance Use Care Coordination                                                                  | G9012      |          | \$243.00^ |
| Medication Administration                                                                        | H0020      |          | \$8.00    |
| Opioid treatment services - Individual                                                           | H0004      |          | \$24.00   |
| Opioid treatment services - Group                                                                | H0005      |          | \$7.25    |
| Definitive drug classes - 1-7 drug classes                                                       | G0480      |          | \$79.74   |
| Definitive drug classes - 8-14 drug classes                                                      | G0481      |          | \$122.99  |
| Definitive drug classes - 15-21 drug classes                                                     | G0482      |          | \$166.03  |
| Definitive drug classes - 22 or more drug classes                                                | G0483      |          | \$215.23  |
| Telehealth originating site facility fee*                                                        | Q3014      | GT       | \$20.00   |
| Pregnancy Test                                                                                   | 81025      |          | \$7.30    |
| Alcohol Breathalyzer                                                                             | 82075      |          | \$5.52    |
| Presumptive drug class screening, any drug class, direct optical observation only                | 80305      |          | \$14.96   |
| Presumptive drug class screening, any drug class, instrument assisted direct optical observation | 80306      |          | \$19.95   |
| Presumptive drug class screening, any drug class, instrument chemistry analyzers                 | 80307      |          | \$79.81   |
| TB Test                                                                                          | 86580      |          | \$6.73    |
| Syphilis test, non-treponemal antibody; qualitative                                              | 86592      |          | \$4.18    |
| Syphilis test, non-treponemal antibody; quantitative                                             | 86593      |          | \$4.82    |
| Treponema pallidum                                                                               | 86780      |          | \$16.02   |
| HIV-1 test                                                                                       | 86701      |          | \$10.27   |
| HIV-2 test                                                                                       | 86702      |          | \$9.20    |
| HIV-1 and HIV-2 test, single result                                                              | 86703      |          | \$11.48   |
| Hepatitis B core antibody (HBcAb); total                                                         | 86704      |          | \$13.93   |
| Hepatitis C antibody                                                                             | 86803      |          | \$16.49   |
| EKG with at least 12 leads, with interpretation and report                                       | 93000      |          | \$14.05   |
| EKG tracing only, without interpretation and report                                              | 93005      |          | \$7.02    |
| EKG, interpretation and report only                                                              | 93010      |          | \$7.02    |
| <b>Medication administration in clinic - ASAM Levels 2.1 to 3.7:</b>                             |            |          |           |
| Methadone oral 5 mg                                                                              | S0109      |          | \$0.26    |
| Buprenorphine, oral, 1 mg, per unit                                                              | J0571      |          | \$1.00    |
| Buprenorphine/naloxone oral <=3 mg, per unit                                                     | J0572      |          | \$4.34    |
| Buprenorphine/naloxone oral >=3 mg but <= 6 mg, per unit                                         | J0573      |          | \$7.76    |
| Buprenorphine/naloxone oral >=6 mg but <=10 mg, per unit                                         | J0574      |          | \$7.76    |
| Buprenorphine/naloxone oral >10 mg, per unit                                                     | J0575      |          | \$15.52   |
| Naltrexone Injection, depot form, 1 mg, per unit                                                 | J2315      |          | \$3.25    |

## Medication Assisted Treatment (MAT) - Outpatient Settings - non OTP/OBOT Settings

| DESCRIPTION                                                  | CPT®   | Age | Modifier     | PHYSICIAN | PSYCHOLOGIST | MASTER'S | CLINICAL NURSE |
|--------------------------------------------------------------|--------|-----|--------------|-----------|--------------|----------|----------------|
|                                                              |        |     |              |           |              | LEVEL    | SPECIALIST     |
| Psychotherapy w/ patient, 30 min - ASAM level 1*             | 90832  |     | w/ or w/o GT | \$53.85   | \$48.47      | \$36.35  | \$36.35        |
| Psychotherapy w/ patient, 30 min, w/ E&M svc - ASAM level 1* | +90833 |     | w/ or w/o GT | \$56.19   | N/B          | N/B      | \$37.93        |
| Psychotherapy w/ patient, 45 min - ASAM level 1*             | 90834  |     | w/ or w/o GT | \$71.99   | \$64.79      | \$48.59  | \$48.59        |
| Psychotherapy w/ patient, 45 min, w/ E&M svc - ASAM level 1* | +90836 |     | w/ or w/o GT | \$70.82   | N/B          | N/B      | \$47.80        |
| Psychotherapy w/ patient, 60 min - ASAM level 1*             | 90837  |     | w/ or w/o GT | \$107.98  | \$97.18      | \$72.89  | \$72.89        |
| Psychotherapy w/ patient, 60 min, w/ E&M svc - ASAM level 1* | +90838 |     | w/ or w/o GT | \$93.65   | N/B          | N/B      | \$63.21        |
| Family Psychotherapy w/o patient, 50 min - ASAM level 1*     | 90846  |     | w/ or w/o GT | \$86.91   | \$78.22      | \$58.66  | \$58.66        |
| Family Psychotherapy w/ patient, 50 min - ASAM level 1*      | 90847  |     | w/ or w/o GT | \$90.43   | \$81.39      | \$61.04  | \$61.04        |
| Group Psychotherapy - ASAM level 1*                          | 90853  |     | w/ or w/o GT | \$21.66   | \$19.49      | \$14.62  | \$14.62        |
| Office Outpatient Visit, New patient, minor                  | 99201  | <21 |              | \$34.35   | N/B          | N/B      | \$23.19        |



## MAGELLAN VA MEDICAID/DMAS RATES

EFFECTIVE: 7/1/2018

### Medication Assisted Treatment (MAT) - Outpatient Settings - non OTP/OBOT Settings (cont'd)

| DESCRIPTION                                                       | CPT®  |     | PHYSICIAN | PSYCHOLOGIST | MASTER'S LEVEL | CLINICAL NURSE SPECIALIST |
|-------------------------------------------------------------------|-------|-----|-----------|--------------|----------------|---------------------------|
|                                                                   | CODE  | Age |           |              |                |                           |
| Office Outpatient Visit, New patient, minor                       | 99201 | >20 | \$30.12   | N/B          | N/B            | \$20.33                   |
| Office Outpatient Visit, New patient, low to moderate severity    | 99202 | <21 | \$57.79   | N/B          | N/B            | \$39.01                   |
| Office Outpatient Visit, New patient, low to moderate severity    | 99202 | >20 | \$50.68   | N/B          | N/B            | \$34.21                   |
| Office Outpatient Visit, New patient, moderate severity           | 99203 | <21 | \$83.14   | N/B          | N/B            | \$56.12                   |
| Office Outpatient Visit, New patient, moderate severity           | 99203 | >20 | \$72.91   | N/B          | N/B            | \$49.21                   |
| Office Outpatient Visit, New patient, moderate to high severity   | 99204 | <21 | \$126.75  | N/B          | N/B            | \$85.56                   |
| Office Outpatient Visit, New patient, moderate to high severity   | 99204 | >20 | \$111.15  | N/B          | N/B            | \$75.03                   |
| Office Outpatient Visit, New patient, moderate to high severity   | 99205 | <21 | \$159.46  | N/B          | N/B            | \$107.64                  |
| Office Outpatient Visit, New patient, moderate to high severity   | 99205 | >20 | \$139.84  | N/B          | N/B            | \$94.39                   |
| Office Outpatient Visit, Established patient, minimal             | 99211 | <21 | \$16.63   | N/B          | N/B            | \$11.23                   |
| Office Outpatient Visit, Established patient, minimal             | 99211 | >20 | \$14.58   | N/B          | N/B            | \$9.84                    |
| Office Outpatient Visit, Established patient, minor               | 99212 | <21 | \$33.80   | N/B          | N/B            | \$22.82                   |
| Office Outpatient Visit, Established patient, minor               | 99212 | >20 | \$29.64   | N/B          | N/B            | \$20.01                   |
| Office Outpatient Visit, Estbl patient, low to moderate severity  | 99213 | <21 | \$56.15   | N/B          | N/B            | \$37.90                   |
| Office Outpatient Visit, Estbl patient, low to moderate severity  | 99213 | >20 | \$49.24   | N/B          | N/B            | \$33.24                   |
| Office Outpatient Visit, Estbl patient, moderate to high severity | 99214 | <21 | \$82.87   | N/B          | N/B            | \$55.94                   |
| Office Outpatient Visit, Estbl patient, moderate to high severity | 99214 | >20 | \$72.67   | N/B          | N/B            | \$49.05                   |
| Office Outpatient Visit, Estbl patient, moderate to high severity | 99215 | <21 | \$111.76  | N/B          | N/B            | \$75.44                   |
| Office Outpatient Visit, Estbl patient, moderate to high severity | 99215 | >20 | \$98.01   | N/B          | N/B            | \$66.16                   |

### CPT®/HCPCS

| DESCRIPTION                                                                                      | CODE  | Modifier | RATE     |
|--------------------------------------------------------------------------------------------------|-------|----------|----------|
| Definitive drug classes - 1-7 drug classes                                                       | G0480 |          | \$79.74  |
| Definitive drug classes - 8-14 drug classes                                                      | G0481 |          | \$122.99 |
| Definitive drug classes - 15-21 drug classes                                                     | G0482 |          | \$166.03 |
| Definitive drug classes - 22 or more drug classes                                                | G0483 |          | \$215.23 |
| Telehealth originating site facility fee*                                                        | Q3014 | GT       | \$20.00  |
| Pregnancy Test                                                                                   | 81025 |          | \$7.30   |
| Alcohol Breathalyzer                                                                             | 82075 |          | \$5.52   |
| Presumptive drug class screening, any drug class, direct optical observation only                | 80305 |          | \$14.96  |
| Presumptive drug class screening, any drug class, instrument assisted direct optical observation | 80306 |          | \$19.95  |
| Presumptive drug class screening, any drug class, instrument chemistry analyzers                 | 80307 |          | \$79.81  |
| TB Test                                                                                          | 86580 |          | \$6.73   |
| Syphilis test, non-treponemal antibody; qualitative                                              | 86592 |          | \$4.18   |
| Syphilis test, non-treponemal antibody; quantitative                                             | 86593 |          | \$4.82   |
| Treponema pallidum                                                                               | 86780 |          | \$16.02  |
| HIV-1 test                                                                                       | 86701 |          | \$10.27  |
| HIV-2 test                                                                                       | 86702 |          | \$9.20   |
| HIV-1 and HIV-2 test, single result                                                              | 86703 |          | \$11.48  |
| Hepatitis B core antibody (HBcAb); total                                                         | 86704 |          | \$13.93  |
| Hepatitis C antibody                                                                             | 86803 |          | \$16.49  |
| EKG with at least 12 leads, with interpretation and report                                       | 93000 |          | \$14.05  |
| EKG tracing only, without interpretation and report                                              | 93005 |          | \$7.02   |
| EKG, interpretation and report only                                                              | 93010 |          | \$7.02   |

### Residential and Inpatient Treatment

| DESCRIPTION                                                                                 | HCPCS/Rev CODE | Modifier | RATE                        |
|---------------------------------------------------------------------------------------------|----------------|----------|-----------------------------|
| Clinically managed low intensity residential services - ASAM level 3.1                      | H2034          |          | \$175.00                    |
| Clinically managed population-specific high intensity residential services - ASAM level 3.3 | H0010 Rev 1002 | TG       | \$393.50 (max)              |
| Clinically managed high-intensity residential services (Adult) - ASMA level 3.5             | H0010 Rev 1002 | HB       | \$393.50 (max)              |
| Clinically managed medium-intensity residential services (Adolescent) - ASAM level 3.5      | H0010 Rev 1002 | HA       | \$393.50 (max)              |
| Medically monitored intensive inpatient services (Adult) - ASAM level 3.7                   | H2036 Rev 1002 | HB       | Psychiatric per diem rate   |
| Psychiatric Units & Freestanding Psychiatric Hospitals                                      |                |          |                             |
| Medically monitored intensive inpatient services (Adult) - ASAM level 3.7                   | H2036 Rev 1002 | HB       | \$393.50 (max)              |
| Residential Treatment Services                                                              |                |          |                             |
| Medically monitored high intensity inpatient services (Adolescent) - ASAM level 3.7         | H2036 Rev 1002 | HA       | Psychiatric per diem rate   |
| Psychiatric Units & Freestanding Psychiatric Hospitals                                      |                |          |                             |
| Medically monitored high intensity inpatient services (Adolescent) - ASAM level 3.7         | H2036 Rev 1002 | HA       | \$393.50 (max)              |
| Residential Treatment Services                                                              |                |          |                             |
| Medically managed intensive inpatient services - ASAM level 4.0                             | H0011 Rev 1002 |          | Psychiatric per diem or DRG |

## MAGELLAN VA MEDICAID/DMAS RATES

**EFFECTIVE: 7/1/2018**

| Outpatient Treatment                                                            |              |     |              |           |              |                   |                              |
|---------------------------------------------------------------------------------|--------------|-----|--------------|-----------|--------------|-------------------|------------------------------|
| DESCRIPTION                                                                     | CPT®<br>CODE | Age | Modifier     | PHYSICIAN | PSYCHOLOGIST | MASTER'S<br>LEVEL | CLINICAL NURSE<br>SPECIALIST |
| Psychiatric Diagnostic Evaluation - no medical svcs - ASAM level 1*             | 90791        |     | w/ or w/o GT | \$110.91  | \$99.82      | \$74.86           | \$74.86                      |
| Psychotherapy w/ patient, 30 min - ASAM level 1*                                | 90832        |     | w/ or w/o GT | \$53.85   | \$48.47      | \$36.35           | \$36.35                      |
| Psychotherapy w/ patient, 45 min - ASAM level 1*                                | 90834        |     | w/ or w/o GT | \$71.99   | \$64.79      | \$48.59           | \$48.59                      |
| Psychotherapy w/ patient, 60 min - ASAM level 1*                                | 90837        |     | w/ or w/o GT | \$107.98  | \$97.18      | \$72.89           | \$72.89                      |
| Psychiatric Diagnostic Evaluation - w/ medical svcs - ASAM level 1*             | 90792        |     | w/ or w/o GT | \$124.08  | N/B          | N/B               | \$83.75                      |
| Psychotherapy w/ patient, 30 min, w/ E&M svc - ASAM level 1*                    | +90833       |     | w/ or w/o GT | \$56.19   | N/B          | N/B               | \$37.93                      |
| Psychotherapy w/ patient, 45 min, w/ E&M svc - ASAM level 1*                    | +90836       |     | w/ or w/o GT | \$70.82   | N/B          | N/B               | \$47.80                      |
| Psychotherapy w/ patient, 60 min, w/ E&M svc - ASAM level 1*                    | +90838       |     | w/ or w/o GT | \$93.65   | N/B          | N/B               | \$63.21                      |
| Family Psychotherapy w/o patient, 50 min - ASAM level 1*                        | 90846        |     | w/ or w/o GT | \$86.91   | \$78.22      | \$58.66           | \$58.66                      |
| Family Psychotherapy w/ patient, 50 min - ASAM level 1*                         | 90847        |     | w/ or w/o GT | \$90.43   | \$81.39      | \$61.04           | \$61.04                      |
| Group Psychotherapy - ASAM level 1*                                             | 90853        |     | w/ or w/o GT | \$21.66   | \$19.49      | \$14.62           | \$14.62                      |
| Interactive Complexity Add-on - ASAM level 1*                                   | +90785       |     | w/ or w/o GT | \$12.00   | \$10.80      | \$8.10            | \$8.10                       |
| Alcohol/SA structured screening and brief intervention 15-30 min - ASAM level 1 | 99408        | <21 |              | \$25.78   | \$23.20      | \$17.40           | \$17.40                      |
| Alcohol/SA structured screening and brief intervention 15-30 min - ASAM level 1 | 99408        | >20 |              | \$23.90   | \$21.51      | \$16.13           | \$16.13                      |
| Alcohol/SA structured screening and brief intervention > 30 min - ASAM level 1  | 99409        | <21 |              | \$50.02   | \$45.02      | \$33.76           | \$33.76                      |
| Alcohol/SA structured screening and brief intervention > 30 min - ASAM level 1  | 99409        | >20 |              | \$46.37   | \$41.73      | \$31.30           | \$31.30                      |

**INACTIVE/TERMED SERVICES (see corresponding termination end dates below)**

**Effective Through: 3/31/2017**

| DESCRIPTION                                                              | HCPCS CODE | Designation | MODIFIER     | RATE     |
|--------------------------------------------------------------------------|------------|-------------|--------------|----------|
| Case Management Substance Abuse, per 15 min                              | H0006      |             | HO or HN     | \$16.50  |
| Day Treatment Substance Abuse-for Pregnant & Postpartum Women, per day   | H0015      | Urban       | HD           | \$60.00  |
| Day Treatment Substance Abuse-for Pregnant & Postpartum Women, per day   | H0015      | Rural       | HD           | \$54.00  |
| Residential Substance Abuse -Pregnant & Postpartum Women                 | H0018      | Urban       | HD           | \$120.00 |
| Residential Substance Abuse -Pregnant & Postpartum Women                 | H0018      | Rural       | HD           | \$108.00 |
| Opioid Treatment services                                                | H0020      |             | HO           | \$4.80   |
| Opioid Treatment services                                                | H0020      |             | HN           | \$3.60   |
| Opioid Treatment services                                                | H0020      |             | HM           | \$2.70   |
| Day Treatment, Substance Abuse, per 15 min                               | H0047      |             | HO           | \$4.80   |
| Day Treatment, Substance Abuse, per 15 min                               | H0047      |             | HN           | \$3.60   |
| Day Treatment, Substance Abuse, per 15 min                               | H0047      |             | HM           | \$2.70   |
| Crisis Intervention Substance Abuse, per 15 min (One on One Monitoring)* | H0050      |             | HQ or HQ, GT | \$5.00   |
| Crisis Intervention Substance Abuse, per 15 min (Crisis Counseling)*     | H0050      |             | HO or HO, GT | \$25.00  |
| Crisis Intervention Substance Abuse, per 15 min*                         | H0050      |             | HN or HN, GT | \$5.00   |
| Crisis Intervention Substance Abuse, per 15 min*                         | H0050      |             | HM or HM, GT | \$5.00   |
| Intensive Outpatient, Substance Abuse, per 15 min                        | H2016      |             | HO           | \$4.80   |
| Intensive Outpatient, Substance Abuse, per 15 min                        | H2016      |             | HN           | \$3.60   |
| Intensive Outpatient, Substance Abuse, per 15 min                        | H2016      |             | HM           | \$2.70   |

**Beginning 4/1/2017 the HF (Substance Abuse Program) Modifier is no longer required to be billed with the following CPT codes:**

+90785, 90791, 90792, 90832, +90833, 90834, +90836, 90837, +90838, 90846, 90847, 90853, 96101, 96102, 96103, 99217, 99218, 99219, 99220, 99221, 99222, 99223, 99231, 99232, 99233, 99234, 99235, 99236, 99238, 99239

**Effective Through: 4/30/2018**

| DESCRIPTION                                            | HCPCS CODE | Designation | MODIFIER     | RATE     |
|--------------------------------------------------------|------------|-------------|--------------|----------|
| Cmnty-Based Residential Group Home, Level A - Per Diem | H2022      | <21         | HW (CSA)     | \$109.66 |
| Cmnty-Based Residential Group Home, Level A - Per Diem | H2022      | <21         | HK (non-CSA) | \$109.66 |

## MAGELLAN VA MEDICAID/DMAS RATES

EFFECTIVE: 7/1/2018

| Modifier | Description                                                            | Modifier | Description                                       |
|----------|------------------------------------------------------------------------|----------|---------------------------------------------------|
| GT       | Interactive telecommunication                                          | HW       | State MH Agency funded (CSA)                      |
| HA       | Child/Adolescent program                                               | TG       | Complex/High Tech level of care                   |
| HB       | Adult program, non-geriatric                                           | U6       | Medicaid care level 6 state defined               |
| HD       | Pregnant/Parenting Women's Program                                     | U7       | Medicaid care level 7 state defined               |
| HF       | Substance Abuse program <b>(no longer required beginning 4/1/2017)</b> | U8       | Medicaid care level 8 state defined               |
| HK       | Specialized MH programs for high-risk pop (non-CSA)                    | U9       | Medicaid care level 9 state defined               |
| HM       | Less than Bachelor degree level (Paraprofessional)                     | UA       | Medicaid care level 10 state defined              |
| HN       | Bachelor degree level                                                  | UB       | Medicaid care level 11 state defined              |
| HO       | Masters degree level                                                   | UC       | Medicaid care level 12 state defined              |
| HQ       | Group setting                                                          | 32       | Mandated services - Emergency Custody Order (ECO) |

**Notes:**

- \* Procedures with the asterisk are eligible for telehealth/telemedicine under DMAS guidelines and requirements. Use the GT modifier when performing these services via telehealth. The spoke site where the member is located may only bill the Q3014 code.
  - ^ The rates for Substance Use Case Management, Substance Use Care Coordination, Opioid Treatment Programs (OTPs), Office Based Opioid Treatment (OBOT) services, Partial Hospitalization Programs and Intensive Outpatient Programs are designed to build an infrastructure for quality care. DMAS will work with Managed Care Organizations to develop accountability using financial incentives. Full payment will require providers to meet structural requirements, report quality and outcome metrics, and have a significant portion of payments at risk. Within 3 years, providers must meet thresholds for process and outcome measures. Managed Care Organizations will also be encouraged in the next 3-5 years to develop risk-based alternative payment models such as bundled payments and medical homes.
1. This reimbursement schedule represents the most frequently utilized Current Procedural Terminology (CPT) codes for professional services. A '+' sign denotes an add-on code that must be submitted with an applicable base procedure code.
  2. N/B signifies that the service is non-billable for that provider type.
  3. Magellan will not accept expired or deleted CPT/HCPCS codes. Please use and submit current CPT/HCPCS codes for all services.
  4. Labs should only be billed if performed in-house. If patient or specimen is sent to a independent laboratory, the laboratory should bill.
  5. Rates for all services are subject to the provisions and limitations of the Member's benefit plan including authorization requirements. Nothing in this schedule should be construed as altering Member's benefits.
  6. If Provider submits a claim for Medically Necessary Covered Services for an amount less than the applicable rate set forth in this Agreement, Provider will be paid the lesser of the billed amount or the rate set forth in this Agreement.