OHIO
Coverage for Substance Use Disorder in General

- Federal law does not require state Medicaid programs to cover specific substance use disorder interventions
  - States have the option
  - Coverage differs state-by-state
- Prior authorizations are often necessary
- Coverage can differ based on whether Medicaid recipient is on Medicaid, Medicare, private insurance, or other insurance
- The Affordable Care Act (ACA) mandated that all health insurance marketplace plans cover mental health and SUD services without annual and lifetime limits
Private Insurance Coverage in General

- 7% of people with a SUD who had private insurance received treatment (abt. 0.6% of spending)
- Private insurance share of SUD coverage increased from 13% to 18% in 2014 largely due to MHPAEA
- Coverage often based on:
  - Medical necessity
  - Are medications covered in a plan?
  - Copayments
  - Are MAT medications on the drug formulary?

- Out-of-Pocket
- Private Insurance
- Other Private
- Medicare
- Medicaid
- Other Federal
- Other State and Local

<table>
<thead>
<tr>
<th>Year</th>
<th>SUD Spending</th>
<th>Percent Distribution</th>
</tr>
</thead>
<tbody>
<tr>
<td>1986</td>
<td>$9 Billion</td>
<td>13%</td>
</tr>
<tr>
<td>2009</td>
<td>$24 Billion</td>
<td>11%</td>
</tr>
<tr>
<td>2014</td>
<td>$31 Billion</td>
<td>9%</td>
</tr>
<tr>
<td>2020</td>
<td>$42 Billion</td>
<td>9%</td>
</tr>
</tbody>
</table>

Note: Percentages may not add to 100 due to rounding.

Source: SAMHSA Spending Estimates.
The Medicaid Program

- Public health insurance program for low-income individuals
  - Created by 1965 amendments to the Social Security Act of 1935
- Federal/State partnership where federal government provides matching funds to states to help them provide medical assistance to low-income individuals
- Beneficiaries must meet certain eligibility requirements
- Largest public health insurance program for people with low incomes
The Affordable Care Act (ACA) of 2010 expanded the Medicaid program.

Before ACA, beneficiaries had to be categorically eligible:
- Pregnant women, children, etc.

After ACA, individuals below 138% of the federal poverty level qualified for coverage in states that expanded Medicaid:
- 32 states & DC
Changes to Medicaid in Ohio

- Ohio has been undergoing a “Behavioral Health Redesign” project which (more later):
  - Elevated the state Medicaid authority to a cabinet-level agency (2013)
  - Expanded Medicaid coverage (2012)
  - Modernized benefits by recoding for certain behavioral health services (New Codes effective July 1, 2017)
  - Moves all behavioral health services into managed care effective (Begins January 1, 2018)
Following elevation of state Medicaid agency to cabinet-level status, the Ohio Department of Medicaid (ODM) now administers Medicaid.

Ohio Department of Mental Health & Addiction Services (OHMAS) certifies treatment programs.

Funding for ODM:
- Federal: 62.3%, Ohio: 37.7%

Two types of Medicaid coverage:
- Fee-for-service (FFS)
- Managed care (MC): 88% of enrollees

Behavioral health services remain covered under FFS until January 2018.
Becoming a Medicaid FFS Participating Provider

- Become certified by OHMAS
- Enroll in Medicaid as a rendering provider
- Fulfill other requirements as listed in slide 20
- Pay any necessary fees
## Medicaid Enrollment and OHMAS Certification

<table>
<thead>
<tr>
<th>Medicaid Enrollment for Most Providers</th>
<th>Medicaid Enrollment for SUD Providers</th>
</tr>
</thead>
<tbody>
<tr>
<td>To provide reimbursable Medicaid services to patients, physicians and other clinicians must enroll in Medicaid and become a “rendering provider”</td>
<td>To provide reimbursable Medicaid SUD treatment services to patients, physicians and other clinicians must enroll in Medicaid <strong>AND</strong> become certified by OHMAS</td>
</tr>
<tr>
<td></td>
<td>Physicians and other clinicians cannot enroll in Medicaid until they have become certified by OHMAS</td>
</tr>
</tbody>
</table>
Get a Certification from OMHAS

- All facilities wishing to provide treatment for substance use disorder (SUD) as an Other Drug (AOD) provider (including OTP’s) in Ohio must be certified by OMHAS.
- Contact OMHAS to begin certification process
  - *(614) 644-8317*
- Once application is complete, notify OMHAS by email.
- Facilities and providers can then enroll in the Medicaid program and affiliate individual providers after OMHAS has confirmed facility certification.
Becoming a Rendering Medicaid Provider

1. Review the “Enrolling Provider Checklist” to see what documents you will need
2. Enroll through the Ohio Department of Job and Family Services Medicaid Web Portal
3. Upon completion of the application, system may ask you to submit additional documentation
4. Pay application fee if you’re an organizational provider. Fee does not apply to individual providers or practitioner groups.
5. ODM reviews the application
6. Check application status on the Medicare Provider Portal
7. Providers will be sent an email confirmation once successfully enrolled

*Providers must be affiliated with their agency if they aren’t billing Medicaid directly
Common Items Needed for Participating Provider Application in FFS

- Signed Provider Agreement
- IRS form W-9
- Letter/email received from NPPES showing your NPI number
- Board license indicating the license number and issue
- Board license renewal indicating the next license renewal date
- DEA certificate
- Medicare certification letter (if applicable)
- CLIA certificate (if applicable)

*Please reference the provider checklist
Buprenorphine Prescribing Requirements for Physicians

Requirements to prescribe buprenorphine treatment to Medicaid beneficiaries:

- All physicians must have a state license, state DEA registration and federal X-number
- If prescribing buprenorphine in an Opioid Treatment Program (OTP), it must be certified by the Ohio Department of Mental Health & Addiction Services (OMHAS)
- All physicians must be a rendering provider in Medicaid to provide reimbursable SUD services
Do I need a PA for Ohio Medicaid?
Prior Authorization (PA) Explained

- Utilization management technique
- Used by payers to ensure that only patients meeting appropriate criteria are covered for the medication or procedure
- Sometimes burdensome on providers
  - Complex process → increased paperwork → less time with patients
- Different payers have different PA policies
Obtaining a Buprenorphine PA in Ohio

- Initial buprenorphine prescription for Ohio FFS Medicaid requires initial and subsequent prior authorization
- Initial prior authorization lasts 30 days
- Subsequent PAs last 6 months

- This process can be different for each of the Medicaid MCO’s and commercial payers
FFS Medicaid

- FFS
  - PA form available on Ohio Medicaid’s Pharmacy webpage
  - Submission
    - Fax: 1-800-396-4111
Ohio Medicaid PA Form

**OHIO DEPARTMENT OF MEDICAID**
Prior Authorization Form Suboxone/Zubsolv

**Form must be completed and submitted by a physician with a Drug Addiction Treatment Act (DATA) 2000 waiver ID**

**Please ensure supporting documentation is provided**

<table>
<thead>
<tr>
<th>Patient Medicaid ID#</th>
<th>Prescriber’s Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name:</td>
<td>NPI#:</td>
</tr>
<tr>
<td>DOB:</td>
<td>X-DEA#:</td>
</tr>
<tr>
<td>M/F</td>
<td>Prescriber Ph#:</td>
</tr>
<tr>
<td></td>
<td>Fax#:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>If Known:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pharmacy Name:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Regimen Requested:</th>
<th>Frequency:</th>
<th>Duration of Therapy:</th>
<th>Quantity:</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ New</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>□ Renewal</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**FOR NEW PRESCRIPTIONS (Suboxone/Zubsolv SL):**

1. Has physician reviewed the OARRS report within 7 days prior to the prior authorization request?
   - □ YES □ NO

2. Diagnosis (not approvable for pain): ICD-10 Code:
   - □ YES □ NO

3. Has patient been referred to counseling for addiction treatment?
   - □ YES □ NO

4. For doses of Suboxone ≥ 16 mg per day or ≥ Zubsolv 11.4mg per day:
   - □ YES □ NO
   - Was the dose established before 1/31/2015?
   - □ YES □ NO
   - Please provide the prescriber’s specialty:
RENEWAL CRITERIA (Suboxone/Zubsolv SL):

1. Please provide the current duration of treatment as of the date of this request: ____________
2. Please indicate the frequency of physician meetings: ____________
3. Has patient been actively participating in counseling AND has been compliant with all sessions? ☐ YES  ☐ NO
   Date of last counseling: ____________ (1st year of treatment: attend minimum 12-step program meetings 3 times/week)
4. Has the dose been reduced in the past 6 months? ☐ YES  ☐ NO
5. Has there been an evaluation for a dose reduction?
   If NO, please provide explanation: ____________
   ☐ YES  ☐ NO
6. Has physician reviewed the OARRS report within 7 days prior to the PA request? ☐ YES  ☐ NO
7. If patient has received controlled substances for ≥ 12 weeks since the last authorization, has the physician coordinated with all prescribers of controlled substances and determined treatment should continue? ☐ YES  ☐ NO
   If YES, has an addiction specialist recommended to continue substance abuse treatment? ☐ YES  ☐ NO
8. Toxicology lab testing requirements met (monthly for 1st 6 months, then every 3 months)? ☐ YES  ☐ NO
9. For doses of Suboxone ≥ 16 mg per day or ≥ Zubsolv 11.4mg per day:
   • Was the dose established before 1/31/2015? ☐ YES  ☐ NO
   • Please provide the prescriber’s specialty: ____________

PLEASE CONTINUE ONTO THE NEXT PAGE. ALL PAGES MUST BE COMPLETED AND RETURNED.

Fax To: Ohio Department of Medicaid
Fax: (800) 396 - 4111  PA Helpdesk: (877) 518 - 1546
Hours: Monday – Friday 8:00 am – 8:00 pm EST

Page 1 of 2
Revised: (5/2016)
Obtaining a PA in Managed Care Medicaid

- Beginning January 1, 2018 – Ohio will provide behavioral health and SUD treatment under managed care Medicaid
- Each managed care entity may have different PA policies
- Best to contact each entity you are contracted under to understand PA requirements (see list of resources)
- Currently, five companies provide MC benefits for Ohio
  - Aetna
  - Buckeye
  - Caresource
  - Molina
  - Paramount
  - UnitedHealthcare
Other Requirements for OBOT

- Providers offering office-based opioid treatment (OBOT) are not bound by the same facility certification procedures as OTPs.
- However, all physicians (OTP & OBOT) must be registered with the DEA.
- All OBOT providers must also have a SAMHSA waiver to prescribe buprenorphine.
- Providers treating >30 patients that do not fit an exemption (ORC 4729.553) must have a Terminal Distributor License for Office-Based Opioid Treatment (TDDD-OBOT).
ORC 4729.553 Exemptions

- OBOTs that treat <30 patients
- Hospitals
- Facilities for the treatment of opioid dependence that are operated by hospitals
- Physician practices owned or controlled by hospitals
- Facilities that conduct clinical research on controlled substances
- Facilities that hold a category III terminal distributor of dangerous drugs license for the purpose of treating drug dependence or addiction as part of an OTP and are subject to SAMHSA certification
- Programs or facilities that are licensed or certified by the Ohio Department of Mental Health and Addiction Services
What codes do I use to bill Medicaid in Ohio?
# Common Billing Codes

<table>
<thead>
<tr>
<th>Description/Treatment</th>
<th>CPT Codes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assessment</td>
<td>New Patient: 99201-99205</td>
</tr>
<tr>
<td></td>
<td>Established Patient: 99211-99215</td>
</tr>
<tr>
<td>Visit for Buprenorphine Induction</td>
<td>New Patient E/M: 99201-99205</td>
</tr>
<tr>
<td></td>
<td>Established Patient E/M: 99211-99215</td>
</tr>
<tr>
<td></td>
<td>Prolonged Services:</td>
</tr>
<tr>
<td></td>
<td>First 60 minutes: 99354</td>
</tr>
<tr>
<td></td>
<td>Each Additional 30 minutes: 99355</td>
</tr>
<tr>
<td>Visit for Buprenorphine Maintenance</td>
<td>Established Patient: 99212-99215</td>
</tr>
<tr>
<td>Screening</td>
<td>Urine Drug Screening: H0048</td>
</tr>
<tr>
<td>Treatment</td>
<td>Case Management: H0006</td>
</tr>
</tbody>
</table>
### Ohio Medicaid SUD Benefit

#### Medicaid Substance Use Disorder Benefit – Pre July 1, 2017

<table>
<thead>
<tr>
<th>Outpatient</th>
<th>Residential</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Ambulatory Detoxification</td>
<td>• Ambulatory Detoxification</td>
</tr>
<tr>
<td>• Assessment</td>
<td>• Assessment</td>
</tr>
<tr>
<td>• Case Management</td>
<td>• Case Management</td>
</tr>
<tr>
<td>• Crisis Intervention</td>
<td>• Crisis Intervention</td>
</tr>
<tr>
<td>• Group Counseling</td>
<td>• Group Counseling</td>
</tr>
<tr>
<td>• Individual Counseling</td>
<td>• Individual Counseling</td>
</tr>
<tr>
<td>• Intensive Outpatient</td>
<td>• Intensive Outpatient</td>
</tr>
<tr>
<td>• Laboratory Urinalysis</td>
<td>• Laboratory Urinalysis</td>
</tr>
<tr>
<td>• Medical/Somatic</td>
<td>• Medical/Somatic</td>
</tr>
<tr>
<td>• Methadone Administration</td>
<td></td>
</tr>
</tbody>
</table>
# Ohio Medicaid SUD Benefit

## Medicaid Substance Use Disorder Benefit – July 1, 2017

<table>
<thead>
<tr>
<th><strong>Outpatient</strong></th>
<th><strong>Intensive Outpatient</strong></th>
<th><strong>Partial Hospitalization</strong></th>
<th><strong>Residential</strong></th>
</tr>
</thead>
</table>
| **Adolescents:** Less than 6 hrs/wk  
**Adults:** Less than 9 hrs/wk | **Adolescents:** 6 to 19.9 hrs/wk  
**Adults:** 9 to 19.9 hrs/wk | **Adolescents:** 20 or more hrs/wk  
**Adults:** 20 or more hrs/wk |  |
|   |   |   | **Per Diems** supporting all four residential levels of care including: |
|   |   |   |   |   |   |   |   | clinically managed |
|   |   |   |   |   |   |   |   | medically monitored |
|   |   |   |   |   |   |   |   | two residential levels of care for withdrawal management |
|   |   |   |   |   |   |   |   |  |
|   |   |   |   |   |   |   |   | Medications |
|   |   |   |   |   |   |   |   |  |
|   |   |   |   |   |   |   |   | Buprenorphine and Methadone Administration |
|   |   |   |   |   |   |   |   |  |
|   |   |   |   |   |   |   |   | Medicaid is federally prohibited from covering room and board/housing |
|   |   |   |   |   |   |   |   |  |
|   |   |   |   |   |   |   |   | Level 2 Withdrawal Management ( billed as a combination of medical services OR 23 hour observation bed per diem |

- Assessment
- Psychiatric Diagnostic Evaluation
- Counseling and Therapy
  - Psychotherapy – Individual, Group, Family, and Crisis
  - Group and Individual (Non-Licensed)
- Medical
- Medications
- Buprenorphine and Methadone Administration
- Urine Drug Screening
- Peer Recovery Support
- Case Management
- Level 1 Withdrawal Management ( billed as a combination of medical services)

- Assessment
- Psychiatric Diagnostic Evaluation
- Counseling and Therapy
  - Psychotherapy – Individual, Group, Family, and Crisis
  - Group and Individual (Non-Licensed)
- Medical
- Medications
- Buprenorphine and Methadone Administration
- Urine Drug Screening
- Peer Recovery Support
- Case Management
- Additional coding for longer duration group counseling/psychotherapy
- Level 2 Withdrawal Management ( billed as a combination of medical services)

- Assessment
- Psychiatric Diagnostic Evaluation
- Counseling and Therapy
  - Psychotherapy – Individual, Group, Family, and Crisis
  - Group and Individual (Non-Licensed)
- Medical
- Medications
- Buprenorphine and Methadone Administration
- Urine Drug Screening
- Peer Recovery Support
- Case Management
- Additional coding for longer duration group counseling/psychotherapy
- Level 2 Withdrawal Management ( billed as a combination of medical services)

- Per Diems supporting all four residential levels of care including:
  - clinically managed
  - medically monitored
  - two residential levels of care for withdrawal management
  - Medications
  - Buprenorphine and Methadone Administration
  - Medicaid is federally prohibited from covering room and board/housing
  - Level 2 Withdrawal Management ( billed as a combination of medical services OR 23 hour observation bed per diem
Once SUD coverage is transitioned to managed care in January 2018, MC entities must maintain FFS rates for services as a floor through December 31, 2018.

For more information, please see the “Additional Resources” information sheet.