



Paying for PCP Services - SUD  
Setting/MAT Billing Process  
September 24/25, 2018

# Terms

- OBOT- Office based opioid treatment
- OTP- Opioid Treatment Program
- SUD- Substance use disorder inpatient or outpatient
- MAT- Medication Assisted Treatment

# Welcome

- Housekeeping
  - Please mute your phone if you are not speaking
  - Please do not put call on hold
  - “raise hand” on webinar to ask a question or make a comment please indicate if the question is related to the MAT enhancement or the PCP services in an SUD setting

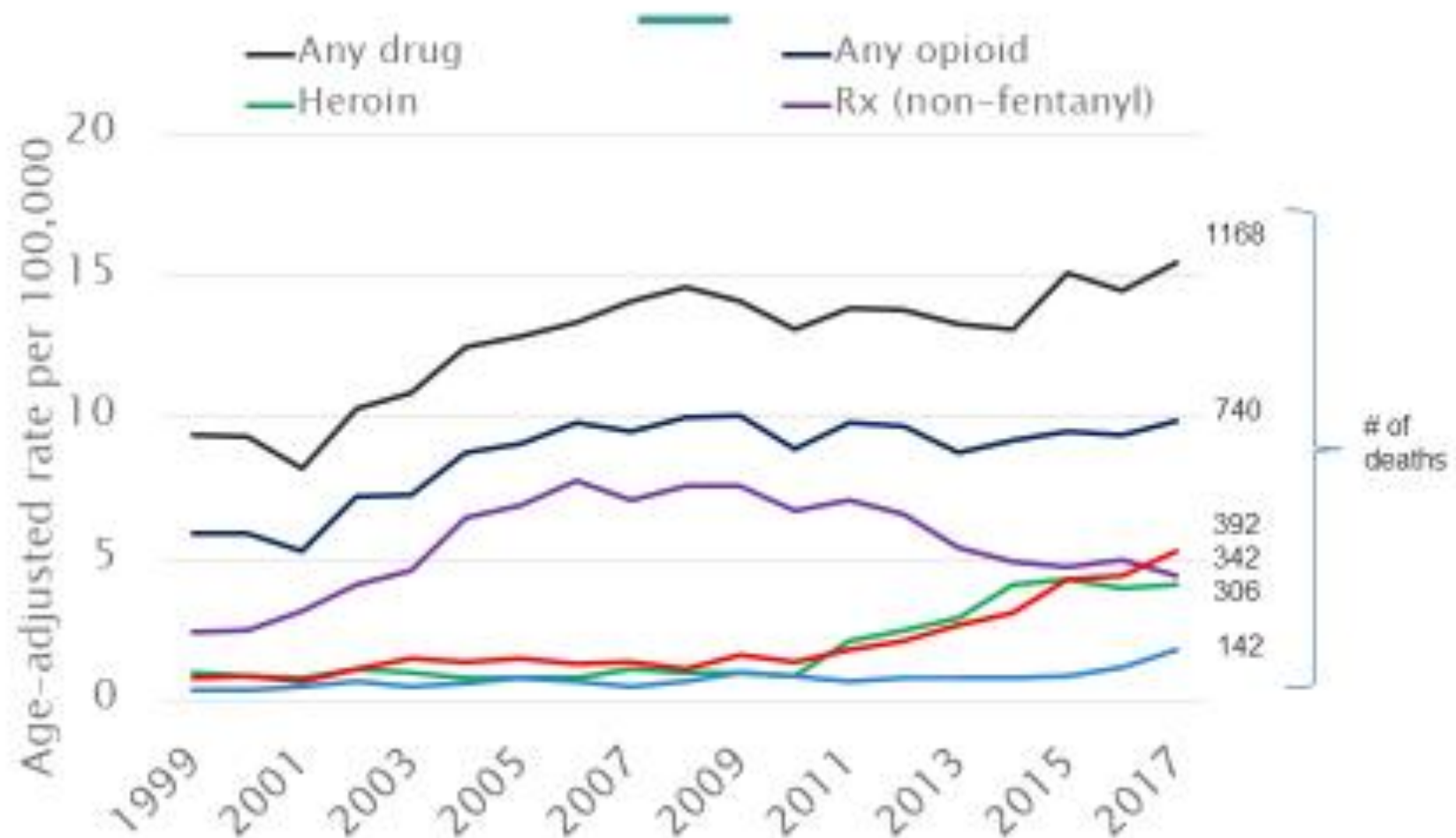
# Agenda Review

- Topics: Medication Assisted Treatment and PCP services in SUD setting
- Background
- MAT
- Questions and Answers
- PCP Services
- Questions and Answers

# HCA Initiatives

1. To reimburse at an enhanced rate for medication assisted treatment (MAT) for Medicaid eligible clients by a qualified provider
2. To assure HCA FFS & managed care enrolled medical providers are reimbursed for medical services rendered to Medicaid eligible clients in an Substance Use Disorder (SUD) setting.

# Drug Overdose Deaths, 2000–2017\*

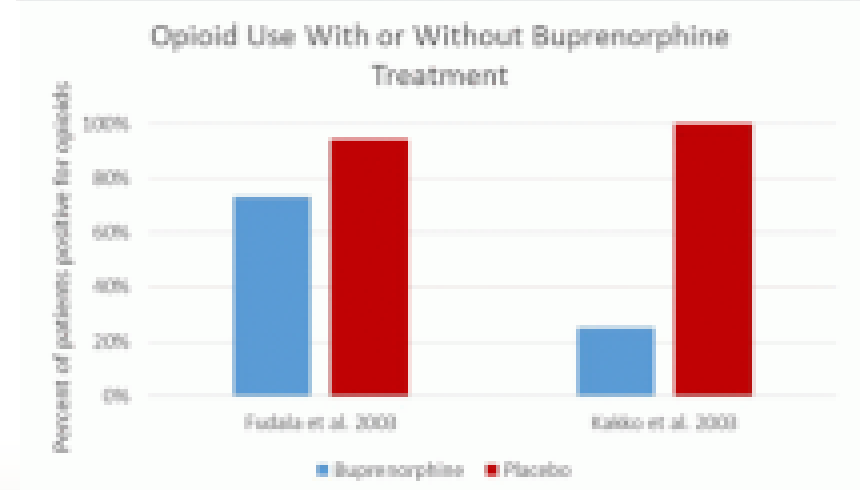
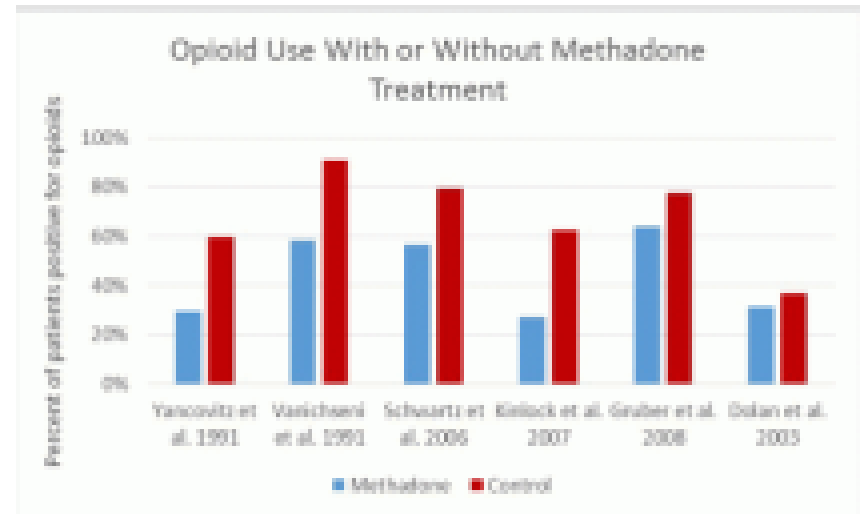


Source: DOH Death Certificates (Note: prescription opioid overdoses exclude synthetic opioid overdoses)

\*Data for 2017 are preliminary as of 7/30/2018.

# Why Add Medication?

- Reduces relapse on illicit drugs
- Increased retention in treatment
- Reduces overdose risk
- Reductions in recidivism
- Reduction in other health issues such as Hep C and HIV



# Part 1-MAT Rate Enhancement

Goal: We want to encourage providers to deliver MAT services and increase access to treatment.

- Effective date: October 1, 2018
- Pay Medicare rate for specified E/M codes
  - 99201-99205; 99211-99215; 99251-99255 (inpt consults)
- Physicians, ARNP's, and PA's who have a DEA waiver to prescribe Buprenorphine and Naltrexone
- Visit must include opioid related counseling



# What about Manage care Covered Clients?

All Medicaid Managed Care Organizations have been told of this change in reimbursement policy for MAT.

Depends on the MCO contract; this may or may not be paid at a code level, i.e. if payment is a capitation rate.

Check with the MCOs you contract with about their implementation of this reimbursement policy and how to bill.

# How to Bill for MAT enhancement

Bill with the EPA attesting that provider meets one of the following sets of criteria:

1. The provider has a DATA 2000 waiver; and
  - a) Currently uses the waiver to prescribe MAT (i.e. Buprenorphine) to clients with opioid use disorder; and
  - b) Bills for treating a client with a qualifying diagnosis of opioid use disorder; and
  - c) Provides opioid related counseling during the visit (must be documented in clinical notes).

# Codes and Payment

- EPA # 870001537
- Codes will be reimbursed at a Medicare rate.
- Examples of enhanced rate

Code	Current Maximum allowable Non-Facility Fee	Enhanced Maximum allowable Non-Facility Fee	Percent of rate increase	Current Maximum allowable Facility Fee	Enhanced Maximum allowable Facility Fee	Percent of rate increase
99211	\$11.95	\$22.09	85%	\$4.93	\$9.35	90%
99212	\$24.09	\$44.78	86%	\$13.65	\$25.86	89%
99213	\$39.83	\$74.32	87%	\$27.69	\$52.11	88%
99214	\$58.79	\$109.66	87%	\$42.48	\$79.81	88%

# Conditions for Payment

- Pays once per client per day
- Does not pay the enhanced reimbursement if the provider rendered the MAT services to the client in an opioid treatment program facility licensed by DOH, where the service is included in the daily rate

# Resources

## Claim submission information:

- <https://www.hca.wa.gov/billers-providers-partners/providerone/providerone-billing-and-resource-guide>

## Policy and fee schedule:

- <https://www.hca.wa.gov/billers-providers-partners/prior-authorization-claims-and-billing/provider-billing-guides-and-fee-schedules#p>

# Resources continued

## Provider enrollment-

- <https://www.hca.wa.gov/billers-providers-partners/apple-health-medicaid-providers/enroll-provider>

## SUD webpage

- <https://www.hca.wa.gov/billers-providers-partners/behavioral-health-recovery/substance-use-treatment>
- <https://www.hca.wa.gov/billers-providers-partners/behavioral-health-recovery/medication-assisted-treatment-mat>

# Questions

## Part 2

# Paying for Medical Services - SUD Setting

Goal: To assure HCA or Managed care enrolled providers are reimbursed for medical services rendered to Medicaid eligible clients in an Substance Use Disorder (SUD) or any appropriate setting.

Effective date: October 1, 2018



# What is an eligible medical service?

- Any covered service that would be rendered by a medical provider practicing within his/her scope of practice in an office setting. For example; treatment of strep throat, open wound, infection or respiratory illness.

# Paying for Medical Services in an SUD (or any) Setting

**In order to bill**, the servicing and billing providers must:

- Be enrolled with ProviderOne for fee for service billing and/or with the managed care organization when billing managed care, as applicable
- Bill with a taxonomy associated with medical services
  - a taxonomy that identifies you as an SUD provider does not work for reimbursement for medical services
- Have the correct taxonomy on the claim

# Paying for Medical Services in an SUD (or any) Setting continued

**In order to bill, the servicing and billing provider must:**

- Bill an E/M or appropriate medical service code
- Bill using appropriate place of service
- Use an appropriate medical diagnosis, can include an opioid dependence code
- Bill using appropriate taxonomy code- this cannot be the taxonomy the SUD facility uses for SUD services, (261QR0405X, 261QM2800X, 324500000X, 32450500X, 251B00000X, and 261QM3000X)

# SCENARIOS: OTP clinic

- Client receives daily methadone dose and is seen by a licensed medical provider for a respiratory illness at the same time in the same place
- Methadone and associated services – no change in billing, these services are included in the OTP services
- treatment for respiratory illness-bill with either the OTP as the billing provider or the medical provider as the billing provider. Note: The medical provider is always the servicing provider.
  - Bill an E/M or appropriate medical service code
  - Bill using appropriate place of service
  - Use an appropriate medical diagnosis, can include an opioid dependence code
  - Bill using appropriate taxonomy code- this cannot be the taxonomy the SUD facility uses for SUD services, (261QR0405X, 261QM2800X, 324500000X, 32450500X, 251B00000X, and 261QM3000X)

# SUD outpatient clinic setting

- Client receives daily SUD services and is seen by a provider for a respiratory illness.
- Daily SUD services– no change in billing, these services are included in the SUD services
- E/M for respiratory illness bill with either the SUD facility or the medical providers as the billing provider. Note: The medical provider is always the servicing provider.
  - Bill an E/M or appropriate medical service code
  - Bill using appropriate place of service
  - Use an appropriate medical diagnosis, can include an opioid dependence code
  - Bill using appropriate taxonomy code- this cannot be the taxonomy the SUD facility uses for SUD services, (261QR0405X, 261QM2800X, 324500000X, 32450500X, 251B00000X, and 261QM3000X)

# Inpatient SUD setting

- Client receives inpatient SUD services and is seen by a provider for a respiratory illness.
- Inpatient SUD services— no change in billing, these services are included in the SUD services
- Medical service for respiratory illness bill with either the SUD facility or the medical provider as the billing provider. Note: The medical provider is always the servicing provider.
  - Bill an E/M or appropriate medical service code
  - Bill using appropriate place of service
  - Use an appropriate medical diagnosis, can include an opioid dependence code
  - Bill using appropriate taxonomy code- this cannot be the taxonomy the SUD facility uses for SUD services, (261QR0405X, 261QM2800X, 324500000X, 32450500X, 251B00000X, and 261QM3000X)

# OBOT

- Client receives OBOT services and is also seen by the provider for a respiratory illness.
- These providers have always been able to provide both the SUD services and medical services
- Billing would be the same as all services they provide currently

# Resources

## Claim submission information:

- <https://www.hca.wa.gov/billers-providers-partners/providerone/providerone-billing-and-resource-guide>

## Policy and fee schedule:

- <https://www.hca.wa.gov/assets/billers-and-providers/physician-related-serv-bi-20180825.pdf>

## Provider enrollment-

- <https://www.hca.wa.gov/billers-providers-partners/apple-health-medicaid-providers/enroll-provider>



# Resources continued

## Service Encounter Reporting Instructions for BHOs (SERI)

- [https://www.dshs.wa.gov/sites/default/files/BHSIA/dbh/Mental%20Health/SERI\\_v2018-1EffectiveJuly1\\_2018.pdf](https://www.dshs.wa.gov/sites/default/files/BHSIA/dbh/Mental%20Health/SERI_v2018-1EffectiveJuly1_2018.pdf)

## SUD webpage/ MAT –

- <https://www.hca.wa.gov/billers-providers-partners/behavioral-health-recovery/substance-use-treatment>
- <https://www.hca.wa.gov/billers-providers-partners/behavioral-health-recovery/medication-assisted-treatment-mat>

# Questions

We will post the FAQ's from today on the SUD/Opioid website at –

- <https://www.hca.wa.gov/billers-providers-partners/behavioral-health-recovery/substance-use-treatment> and
- <https://www.hca.wa.gov/billers-providers-partners/behavioral-health-recovery/medication-assisted-treatment-mat>

Questions about policy or billing contact by email:

- [HCASUD@hca.wa.gov](mailto:HCASUD@hca.wa.gov)

Questions about rates contact the HCA rates email at:

- [ProfessionalRates@hca.wa.gov](mailto:ProfessionalRates@hca.wa.gov)

Questions related to managed care

- [HCAMCprograms@hca.wa.gov](mailto:HCAMCprograms@hca.wa.gov)