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MEDICAID MEMO

TO: All Substance Use Disorder Providers, Prescribers, Managed Care Organizations (MCOs) and Magellan of Virginia Participating in the Virginia Medical Assistance Program

FROM: Jennifer S. Lee, M.D., Director
Department of Medical Assistance Services (DMAS)

MEMO: Special

DATE: 6/8/18

SUBJECT: Updates to the ARTS Service Authorization for ASAM Levels 2.1 to 4.0 – Effective July 1, 2018; and Information for Providers on Virginia Medicaid’s Implementation of the Centers for Medicare and Medicaid Services (CMS) Requirement for Medicated Assisted Treatment (MAT) in Addiction and Recovery Treatment Services (ARTS) Intensive Outpatient Programs, Partial Hospitalization Programs, and Residential Treatment Settings (RTS) - Effective December 1, 2018

The purpose of this memorandum is to inform Substance Use Disorder (SUD) providers of the update to the Addiction and Recovery Treatment Services (ARTS) Service Authorization Form effective July 1, 2018.

This memo also serves to notify the SUD providers for: Intensive Outpatient Programs (IOPs)/American Society of Addiction Medicine (ASAM) Level 2.1; Partial Hospitalization Programs (PHPs) (ASAM Level 2.5); and Residential Treatment Service (RTS) programs (ASAM Levels 3.3, 3.5 and 3.7) about a new requirement implemented by the Centers for Medicare and Medicaid Services (CMS) for States that have obtained a 1115 SUD Demonstration Waiver. This CMS requirement was detailed in a letter to State Medicaid Directors. CMS published requirements that “residential treatment facilities offer Medication Assisted Treatment (MAT) on site or facilitate access off-site” (Table 1, Milestone 3, specification 3). The letter also stated that there be “sufficient provider capacity at critical levels of care, including for MAT for Opioid Use Disorder (OUD)” (Table 1, Milestone 4). (<https://www.medicare.gov/federal-policy-guidance/downloads/smd17003.pdf>.) This memo describes the changes needed to meet the CMS requirements.

Update to the ARTS Service Authorization for ASAM Levels 2.1 to 4.0

DMAS, DMAS contracted Managed Care Organizations (MCOs), and the DMAS contracted Behavioral Health Services Administrator (BHSA), along with providers, recognize MAT as the standard of care for OUD. Thus, effective July 1, 2018, DMAS and its contractors will require documentation on the ARTS Service Authorization for ASAM Levels 2.1 to 4.0 Form that the

provider has assessed for MAT and performed all service coordination necessary to ensure the member receives MAT, if that is the member's choice of treatment and determined medically necessary. MAT shall include access to Buprenorphine containing products or Vivitrol (naltrexone extended-release injectable suspension), or to Methadone dispensed by Opioid Treatment Programs licensed by the Department of Behavioral Health and Developmental Services (DBHDS).

Requirement that Intensive Outpatient Programs (IOPs), Partial Hospitalization Programs (PHPs), and Residential Treatment Services (RTS) ensure access to MAT

Effective December 1, 2018, IOPs, PHPs and RTS Medicaid providers shall ensure that Medicaid and FAMIS enrolled members with OUD admitted to any of these programs have **access to evidence-based MAT, including buprenorphine**. This requirement is grounded in substantial evidence that has shown that MAT, when used for those recently discharged from institutional settings, is effective by sustaining recovery and reducing the likelihood of death by overdose, due to the loss of tolerance to opioids during treatment. **The use of MAT has shown reductions in the overdose death rate of 75% compared to no MAT.** MAT provides life-saving medication options, which DMAS requires providers to make available to these individuals while in treatment in these levels of care, not after they have been stepped down to outpatient (ASAM Level 1.0) treatment and/or discharged back to the community. To discharge individuals from these programs who are considered to have an elevated risk of overdose, without having access to MAT as medically necessary, is not evidenced based practice since MAT is the recognized and accepted standard of care for individuals with OUD. **Thus, DMAS requires that discharge planning for these individuals shall document realistic plans for the continuity of MAT services with an in-network Medicaid provider.**

DMAS will issue a new survey via Survey Monkey for IOP, PHP and RTS providers to attest to meeting these requirements which shall be completed by October 1, 2018. IOP, PHP and RTS providers will also need to document how they met this requirement on the ARTS ASAM Level 2.1 to 4.0 Service Authorization Form as indicated in this memo. The new ARTS ASAM Level 2.1 to 4.0 Service Authorization Form will be posted online at http://www.dmas.virginia.gov/Content_pgs/bh-sa.aspx and shall be used beginning July 1, 2018. Providers who are initiating becoming an ARTS provider for ASAM Level 2.1 to 3.7 will need to submit the updated ARTS Attestation Form for ASAM Level 2.1 to 3.7 located online at http://www.dmas.virginia.gov/Content_pgs/bh-cred.aspx as of July 1, 2018.

Please note that the ARTS rates for IOP and PHP providers are designed to build an infrastructure for quality care. This includes the assurance of member access to MAT, the evidence-based treatment for opioid use disorder. DMAS will work with the MCOs to develop accountability using financial incentives. **In the future, payment of the full ARTS rates will require providers to meet structural requirements, report quality and outcome metrics, and have a significant portion of payments at risk.** By 2020, providers must meet thresholds for process and outcome measures. Two of the key measures that will determine payment rates will be the percent of members with opioid use disorder who receive MAT in an IOP, PHP, or RTS program and the percent of members who are discharged from an IOP, PHP, or RTS program with sufficient discharge planning. Sufficient discharge planning will include, at minimum, scheduling appointments with outpatient MAT providers and "warm hand-offs" to these providers to ensure

continuity of care beyond the IOP, PHP, and RTS settings. The MCOs will also be encouraged to develop risk-based alternative payment models such as bundled payments and medical homes. These value-based payments will support the goal of the ARTS program.

The goal of the ARTS program is to improve access to high quality, clinically appropriate treatment for OUD and other SUDs. A significant improvement in access to OUD and SUD treatment was approval of the 1115 Waiver by CMS, which allows DMAS to cover SUD treatment in RTS settings with greater than 16 beds (Institutions of Mental Disease or IMDs). With approval of the 1115 Waiver, CMS requires Virginia to demonstrate how the inpatient and residential levels of care will supplement and coordinate with community based care to ensure a robust continuum of care. Over the course of the 1115 Waiver, CMS is requiring DMAS to report on specific milestones and measures demonstrating progress toward meeting the goals for this demonstration. Federal Medicaid funds for services in IMDs may be withheld if Virginia is not making adequate progress meeting milestones such as ensuring that all Medicaid members in ASAM Levels of Care have access to MAT.

Specific Requirements for Residential Treatment Services

All ARTS residential treatment providers (ASAM Levels 3.3, 3.5, and 3.7) are strongly encouraged to employ or contract with buprenorphine waived practitioners, and/or to ensure their prescribers already on staff obtain their buprenorphine waiver, so they can provide access to MAT on-site at their facility. If these programs can demonstrate that they are unable to hire a buprenorphine-waivered practitioner and if their current practitioners are unwilling to obtain their buprenorphine waiver despite recognition that MAT is the standard of care for OUD, residential treatment providers may fulfill this CMS requirement by coordinating care with outpatient MAT providers. These outpatient MAT providers include Preferred Office-Based Opioid Treatment (OBOT) Providers, Community Services Boards (CSB), Opioid Treatment Programs (OTP), or in-network Medicaid buprenorphine waiver practitioners. The residential treatment setting will be required to facilitate access to the off-site MAT provider; this includes, but is not limiting to, scheduling appointments and arranging transportation to all MAT related appointments and needs.

All ARTS residential treatment providers will also be required to ensure that members with OUD receive discharge planning that includes scheduling appointments with outpatient MAT providers and steps completed to ensure “warm hand-offs” to these providers. These outpatient MAT providers can include Preferred OBOTs, CSBs, OTPs, or in-network Medicaid buprenorphine waiver practitioners. Please visit http://www.dmas.virginia.gov/Content_pgs/bh-meet.aspx for a map to locate nearby outpatient MAT providers who you can contact. The ARTS website also has a list of the ARTS providers, including Preferred OBOTs and OTPs, in each region.

If the member refuses or does not follow through with the coordinated appointments, the provider shall document in the medical record the strategies attempted to address the barriers to treatment. This will support the provider meeting the DMAS requirements for care coordination to access MAT, as well as the documentation of the potential barriers for the member’s treatment compliance.

Specific Requirements for IOP and PHP Services

IOPs and PHPs are considered critical levels of care. Thus, DMAS will require IOP and PHP providers to meet the CMS requirements for offering or coordinating access for members to receive evidenced based MAT. IOP and PHP providers may utilize outpatient MAT providers as indicated in the section above to meet this requirement.

Similar to residential treatment providers, all ARTS IOP and PHP providers will also be required to ensure that members with OUD receive discharge planning including scheduling appointments with outpatient MAT providers and steps completed to ensure “warm hand-offs” to these providers. These outpatient MAT providers can include Preferred OBOTs, CSBs, OTPs, or in-network Medicaid buprenorphine waiver practitioners. Please visit http://www.dmas.virginia.gov/Content_pgs/bh-meet.aspx for a map to locate nearby outpatient MAT providers who you can contact. The ARTS website also has a list of the ARTS providers, including Preferred OBOTs and OTPs, in each region.

Buprenorphine Waiver Management Trainings and Other Supports for ARTS Providers

DMAS recognizes that ARTS providers may experience challenges in hiring buprenorphine waived practitioners, especially in regions of the Commonwealth with provider shortages. DMAS and the contracted MCOs and BHSA will work with ARTS providers who are experiencing difficulty securing these practitioners, to help identify and link existing buprenorphine waived prescribers who are already participating with MCOs and the BHSA.

DMAS, the Virginia Department of Health, and the American Society of Addiction Medicine are collaborating for a virtual "live" Medication Assisted Treatment waiver training, available for physicians, nurse practitioners, and physician assistants interested in seeking their waiver to prescribe buprenorphine in the treatment of opioid use disorders. This session will deliver the required live portion of the total training hours. Following the training, participants who have successfully completed their course may apply to the Substance Abuse and Mental Health Services Administration (SAMHSA) to obtain their waiver. These trainings can assist prescribers already on staff at your facility with obtaining their buprenorphine waiver in order to meet the December 1, 2018 deadline. Please save the date for one of these trainings starting this summer: July 6, 2018, August 3, 2018, September 7, 2018, October 19, 2018, and November 2, 2018. More information will be provided soon, which will include links to the required online portion of the total training hours. Additionally, links to connect to the virtual training will be posted online at: http://www.dmas.virginia.gov/Content_pgs/bh-meet.aspx.

Prescribers can also obtain the required training for their buprenorphine waiver (8 hours for physicians and 24 hours for nurse practitioners and physician assistants) online. For more information on online training opportunities, please visit: <https://www.samhsa.gov/programs-campaigns/medication-assisted-treatment/training-materials-resources/buprenorphine-waiver>

Preferred Medication Assisted Treatment (MAT) Providers - An Opportunity to Waive Prior Authorizations for Buprenorphine-Containing Products

ARTS IOP (ASAM Level 2.1), PHP (ASAM Level 2.5) and RTS providers (ASAM Levels 3.3, 3.5 and 3.7) who are providing MAT and who are currently credentialed with the MCO or the BHSA to provide ARTS services, can apply to be recognized by DMAS as a “Preferred Medication

Assisted Treatment Provider.” The Preferred MAT status will allow the buprenorphine waived practitioners at the facility to prescribe buprenorphine-containing products without completing service authorizations for preferred buprenorphine products prescribed at daily doses of 16 mg or less. The prescriptions can be filled by a local pharmacy. The Preferred MAT provider must meet the service requirements documented in the Opioid Treatment Services Supplement located online at: http://www.dmas.virginia.gov/Content_pgs/bh-pm.aspx. The Preferred Medication Assisted Treatment Provider application is located online at: http://www.dmas.virginia.gov/Content_pgs/bh-cred.aspx.

If a provider is interested in Preferred MAT status, please complete the application and fax to **DMAS: 804-452-5450** for the panel of addiction credentialed physicians to review.

If DMAS approves the application, DMAS will notify the MCOs and the BHSA that the provider now has Preferred MAT status. The residential treatment providers will also need to submit applications for the individual buprenorphine waived practitioners to be credentialed by the MCOs and the BHSA if they are not already credentialed. The MCO Network staff are located online at: http://www.dmas.virginia.gov/Content_pgs/bh-cred.aspx.

The Code of Federal Regulations 455:410(b) states that State Medicaid agencies must require all ordering or referring physicians or other professionals providing services under the State plan or under a waiver of the plan to be enrolled as participating providers. For fee-for-service members, the practitioner will need to be enrolled with DMAS at a minimum as an “Ordering, Referring or Prescribing (ORP)” provider. More information may be located online at: www.virginiamedicaid.dmas.virginia.gov under Provider Services / Provider Enrollment. The provider may also meet this requirement by credentialing with the BHSA. For serving members enrolled in managed care, the provider must credential with the individual MCO. The BHSA and MCO Network contacts may be located online at: [ARTS Network Relations Contacts](#).

Licensing and Reimbursement Information

Providers of MAT services are **not** required to obtain a DBHDS OTP license in order to prescribe buprenorphine products. Please review the DBHDS Guidance Document “Opioid/Medication Assisted Treatment License & Oversight” [here](#), for more information. DMAS offers separate reimbursement for MAT services (e.g., physician visits, labs, urine drug screens, etc.) provided in residential treatment settings. Please see the attached Table 1 for the MAT Billing Codes and Authorization Chart for MAT services provided by IOP/ASAM Level 2.1, PHP/ASAM Level 2.5, and Residential Treatment Services/ASAM Levels 3.1, 3.3, 3.5, and 3.7.

Please see the attached Table 2 describing which MAT services can be billed by each ASAM level of care in community-based vs. facility settings.

If you have any questions concerning the relevant DMAS policy cited in this memorandum, please contact the SUD email address at SUD@dmas.virginia.gov.

Attachment 1: Table 1: MAT Billing and Authorization Chart
Attachment 2: Table 2: MAT Provided Simultaneously and Approved to be Reimbursed Separately from other ASAM Levels of Care

MAGELLAN BEHAVIORAL HEALTH OF VIRGINIA (Behavioral Health Services Administrator)

Providers of behavioral health services may check member eligibility, claims status, check status, service limits, and service authorizations by visiting www.MagellanHealth.com/Provider. If you have any questions regarding behavioral health services, service authorization, or enrollment and credentialing as a Medicaid behavioral health service provider please contact Magellan Behavioral Health of Virginia toll free at 1-800-424-4046 or by visiting www.magellanofvirginia.com or submitting questions to VAProviderQuestions@MagellanHealth.com.

MANAGED CARE PROGRAMS

Most Medicaid individuals are enrolled in one of the Department's managed care programs: Medallion 3.0, Commonwealth Coordinated Care Plus (CCC Plus), and Program of All-Inclusive Care for the Elderly (PACE). In order to be reimbursed for services provided to a managed care enrolled individual, providers must follow their respective contract with the managed care plan/PACE provider. The managed care plan/PACE provider may utilize different prior authorization, billing, and reimbursement guidelines than those described for Medicaid fee-for-service individuals. For more information, please contact the individual's managed care plan/PACE provider directly.

Contact information for managed care plans/PACE providers can be found on the DMAS website for each program as follows:

- Medallion 3.0:
http://www.dmas.virginia.gov/Content_pgs/mc-home.aspx
- Medallion 4.0:
http://www.dmas.virginia.gov/Content_pgs/medallion_4-home.aspx
- Commonwealth Coordinated Care Plus (CCC Plus):
http://www.dmas.virginia.gov/Content_pgs/mltss-proinfo.aspx
- Program of All-Inclusive Care for the Elderly (PACE):
http://www.dmas.virginia.gov/Content_atchs/ltc/PACE%20Sites%20in%20VA.pdf

COMMONWEALTH COORDINATED CARE PLUS

Commonwealth Coordinated Care Plus is a required managed long term services and supports program for individuals who are either 65 or older or meet eligibility requirements due to a disability. The program integrates medical, behavioral health, and long-term services and supports into one program and provides care coordination for members. The goal of this coordinated delivery system is to improve access, quality and efficiency. Please visit the website at: http://www.dmas.virginia.gov/Content_pgs/mltss-home.aspx.

VIRGINIA MEDICAID WEB PORTAL

DMAS offers a web-based Internet option to access information regarding Medicaid or FAMIS member eligibility, claims status, payment status, service limits, service authorizations, and electronic copies of remittance advices. Providers must register through the Virginia Medicaid Web Portal in order to access this information. The Virginia Medicaid Web Portal can be accessed by going to: www.virginiamedicaid.dmas.virginia.gov. If you have any questions regarding the Virginia Medicaid Web Portal, please contact the Conduent Government Healthcare Solutions Support Help desk toll free, at 1-866-352-0496 from 8:00 a.m. to 5:00 p.m. Monday through Friday, except holidays. The MediCall audio response system provides similar information and can be accessed by calling 1-800-884-9730 or 1-800-772-9996. Both options are available at no cost to the provider.

KEPRO PROVIDER PORTAL

Providers may access service authorization information including status via KEPRO's Provider Portal at <http://dmas.kepro.com>. **"HELPLINE"**

The "HELPLINE" is available to answer questions Monday through Friday from 8:00 a.m. to 5:00 p.m., except on holidays. The "HELPLINE" numbers are:

1-804-786-6273	Richmond area and out-of-state long distance
1-800-552-8627	All other areas (in-state, toll-free long distance)

Please remember that the "HELPLINE" is for provider use only. Please have your Medicaid Provider Identification Number available when you call.

TO ALL MEDICAID PROVIDERS: PROVIDER APPEAL REQUEST FORM NOW AVAILABLE

There is now a form available on the DMAS website to assist providers in filing an appeal with the DMAS Appeals Division. The link to the page is http://www.dmas.virginia.gov/Content_pgs/appeal-home.aspx and the form can be accessed from there by clicking on, "Click here to download a Provider Appeal Request Form." The form is in PDF format and has fillable fields. It can either be filled out online and then printed or downloaded and saved to your business computer. It is designed to save you time and money by assisting you in supplying all of the necessary information to identify your area of concern and the basic facts associated with that concern. Once you complete the form, you can simply print it and attach any supporting documentation you wish, and send to the Appeals Division by means of the United States mail, courier or other hand delivery, facsimile, electronic mail, or electronic submission supported by the Agency.

PROVIDERS: NEW MEDICARE CARDS ARE COMING

CMS is removing Social Security Numbers from Medicare cards to help fight identity theft and safeguard taxpayer dollars. In previous messages, CMS has stated that you must be ready by April 2018 for the change from the Social Security Number based Health Insurance Claim Number to the randomly generated Medicare Beneficiary Identifier (the new Medicare number). Up to now, CMS has referred to this work as the Social Security Number Removal Initiative (SSNRI). Moving forward, CMS will refer to this project as the New Medicare Card.

To help you find information quickly, CMS designed a new homepage linking you to the latest details, including how to [talk to your Medicare patients](#) about the new Medicare Card. Bookmark the [New Medicare Card](#) homepage and [Provider](#) webpage, and visit often, so you have the information you need to be ready by April 1st.

Providers (which includes fee for service, Medicaid Managed Care Organizations, and Commonwealth Coordinated Care Plus) may share the following information with members:

MEMBERS: NEW MEDICARE CARDS ARE COMING

Medicare will mail new Medicare cards between April 2018 and April 2019. Your new card will have a new Medicare Number that's unique to you, instead of your Social Security Number. This will help to protect your identity.

Additional information is available at the following link:

<https://www.medicare.gov/forms-help-and-resources/your-medicare-card.html>

Attachment 1

Table 1: Medication Assisted Treatment (MAT) Billing and Authorization Chart		
Billing Code	Service Name	Prior Authorization Required
99201-99205	Evaluation and management services new patient	No
99211-99215	Evaluation and management services established patient	No
82075	Alcohol Breathalyzer	No
80305-80307	Presumptive drug class screening, any drug class	No
G0480-G0483	Definitive drug classes	No
86592 86593 86780	RPR Test	No
86704 86803 86701 86702 86703	Hepatitis B and C / HIV Tests	No
81025	Pregnancy Test	No
86580	TB Test	No
93000 93005 93010	EKG	No
90832 – alone or GT (w/o E&M)	Psychotherapy, 30 minutes with patient and/or family member	No
90833 – alone or GT (w/ E&M)	Psychotherapy, 30 minutes with patient and/or family member when performed with an evaluation and management service	No

Table 1 Continued : Medication Assisted Treatment (MAT) Billing and Authorization Chart		
Billing Code	Service Name	Prior Authorization Required
90834 – alone or GT (w/o E&M)	Psychotherapy, 45 minutes with patient and/or family member	No
90836 – alone or GT (w/ E&M)	Psychotherapy, 45 minutes with patient and/or family member when performed with an evaluation and management service	No
90837 – alone or GT (w/o E&M)	Psychotherapy, 60 minutes with patient and/or family member	No
90838 – alone or GT (w/ E&M)	Psychotherapy, 60 minutes with patient and/or family member when performed with an evaluation and management service	No
90846 alone or GT	Family psychotherapy (without patient present)	No
90847 – alone, GT or HF if SA	Family psychotherapy (with patient present)	No
90853 – alone, GT or HF if SA	Group psychotherapy (other than multi-family)	No
90863 – alone, GT or HF if SA	Pharmacologic management, including prescription and review of medication, when performed with psychotherapy services	No
Q3014 – GT	Telehealth originating site facility fee	No

Attachment 2

Table 2 Medication Assisted Treatment Provided Simultaneously and Approved to be Reimbursed Separately from other ASAM Levels of Care								
MAT Services	Procedure Code	ASAM Level 2.1 and 2.5	ASAM Level 3.1 Group Home	ASAM Level 3.3 RTS	ASAM Level 3.5 RTS	ASAM Level 3.5 Inpt Psych Unit (sub-acute)	ASAM Level 3.7 RTS	ASAM Level 3.7 Inpt Psych Unit (sub-acute)
Practitioner Induction Day 1	OBOT/OTP -H0014 Non OBOT/OTP = E&M Codes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Practitioner Visits after Day 1 (OBOT/OTP and non-OBOT/OTP)	E&M Codes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Psychotherapy* for MAT	CPT Psychotherapy Codes	No, included in IOP/PHP rate	Yes	Yes	Yes	Yes	Yes	Yes
Medications	Prescription filled at Pharmacy or Dispensed on site = HCPCS Codes S0109/J0571/J0572 /J0573/J0574/J0575/J2315	Yes	Yes	Yes	Yes	No	Yes	No
Urine drug screens	80305 - 80307	Yes	Yes	Yes	Yes	No	Yes	No
Labs	CPT Codes	Yes	Yes	Yes	Yes	No	Yes	No
Care Coordination	G9012	No, included in IOP/PHP rate	Yes	No	No	No	No	No

*MAT psychotherapy must be provided by the providers of ASAM Level of Care 2.1 – 4.0 and requires a credentialed addiction treatment professional practicing within the scope of their license. This does not replace the minimum requirements for psychotherapy as required in RTS. Professionally qualified practitioners affiliated with RTS providers may bill additional psychotherapy as an ancillary service.