

Opioid Treatment Program Reimbursement Re-bundling Initiative

Maryland Department of Health and Mental Hygiene | September 6, 2016

The Department reviewed close to 25 letters and emails submitted by stakeholders providing comments and suggestions regarding the April 22, 2016 re-bundling proposal. The final iteration, which will be effective March 1, 2017, is being shared with providers along with our responses to the comments received. There will not be another informal comment period associated with this posting as the Department will begin drafting our State plan amendment. . State regulations will also be proposed through the Administrative, Executive, and Legislative Review process, where additional public comments can be made about this initiative. During this comment period we encourage providers to strongly consider the positive impact these changes will make to their practice and more importantly to the effectiveness of treatment on this population which has diverse and serious needs.

Executive Summary

Maryland Medicaid proposes re-bundling the methadone reimbursement rate to include a \$ 63.00 per week per patient bundle for methadone maintenance (or \$ 56.00 for buprenorphine 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 April 22, 2016 proposal, the Department proposes the following changes:

1. The Department heard concerns from providers that more flexibility in medication management was needed. In response, we have included the ability for methadone recipients to receive 6 medication management visits per year with the flexibility, when clinically indicated, to go up to 12 medication management visits in a year. For buprenorphine recipients, we have included the ability to receive the standard of 12 medication management visits in a year.
2. The Department also heard concerns from providers about labs being included in the rate, and have reviewed the SAMHSA Federal Guidelines for OTPs that requires eight random drug tests beyond point of collection tests and calculated an increase in the rate to account for these labs.

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. It also takes a lead in aligning financial reimbursement with services and positive outcomes. This initiative 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 and 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 patients¹. Currently Maryland Medicaid reimburses OTPs for methadone maintenance through a bundled rate of \$81.60 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 \$ 63.00 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
- Presumptive drug screens and definitive drug tests
- Coordination with other clinically indicated services

In addition to weekly methadone maintenance (H0020), providers may be separately reimbursed for:

- Alcohol and/ or drug assessment (H0001);
- Medication assisted treatment induction (H0016);
- Six medication management visits annually, with the ability for up to twelve if clinically indicated (E&M codes); and
- Individual and group counseling (H0004 and H0005).

Therefore, in the first week an OTP provider will be able to bill for H0020 Methadone Maintenance (\$ 63.00 per week), H0001 Alcohol and/or drug assessment (\$ 144.84 per assessment), H0016 Medication Assisted Treatment Induction (\$ 204.00), and individual and group counseling as clinically appropriate. E&M codes will not be reimbursed in the first week of treatment, concurrently with H0016 induction.

¹ CFR 42 §8.12; COMAR 10.09.80.05

Proposed OTP Buprenorphine Reimbursement Structure

The buprenorphine reimbursement structure will be identical to the methadone reimbursement structure except that the bundled rate for buprenorphine is \$ 7.00 lower since the cost of the drug is separately reimbursed. The proposed bundle will be \$ 56.00 per week per patient. The reimbursement rate for buprenorphine induction will remain the same (H0016 \$204.00); as will the reimbursement rate for buprenorphine itself when purchased and administered by the OTP.

In addition to weekly buprenorphine maintenance (H0047), providers may be separately reimbursed for:

- Alcohol and/ or drug assessment (H0001);
- Medication assisted treatment induction (H0016);
- Up to twelve medication management visits annually (E&M codes);
- Individual and group counseling (H0004 and H0005); and
- J0572/ J0573 Zubsolv.

Therefore, in the first week an OTP provider will be able to bill for H0047 buprenorphine maintenance (\$ 56.00 per week), H0001 Alcohol and/or drug assessment (\$ 144.84 per assessment), H0016 Medication Assisted Treatment Induction (\$ 204.00), and individual and group counseling as clinically appropriate. E&M codes will not be reimbursed in the first week of treatment, concurrently with H0016 induction.

Counseling:

Under this initiative, counseling services may be billed by OTPs in addition to the bundled rate. 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 may 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 initiative, there are no changes to billing of lab codes from the current methadone maintenance bundle. The proposed rate includes presumptive drug screens and definitive drug tests.

Guest Dosing

When a patient needs to receive medication assisted 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 initiative the Department would authorize payment of \$ 9.00 per day for methadone and \$ 8.00 per day for buprenorphine 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 and the guest dosing OTP will receive a daily equivalent of the weekly bundled rate 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.

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

The Department will begin drafting a State plan amendment and associated regulation changes.

Stakeholders will have another comment period during this process. We encourage providers to strongly consider the positive impact these changes will make to their practice and more importantly to the effectiveness of treatment on this population which has diverse and serious needs. We thank you for all you do to help this vulnerable population.

Overview of Current Medication Assisted Treatment Reimbursement Compared to Proposed Reimbursement		
	Current	Proposed
Services included in the bundle	<ul style="list-style-type: none"> • Comprehensive substance use disorder assessment; • An individualized treatment plan; • Once a week face to face meeting • Medication Assisted Treatment dosing; • Substance use disorder and related counseling; • Medical services; • Ordering and administering drugs; • Urinalysis; and • Discharge planning 	<ul style="list-style-type: none"> • Medical plan of care • Once a month face to face meeting • Medication Assisted Treatment dosing • Nursing services related to dispensing methadone • Ordering and administering drugs • Presumptive drug screens and definitive drug tests • Coordination with other clinically indicated services
Allowed Methadone Reimbursement Codes	<ul style="list-style-type: none"> • H0020 Methadone Maintenance (\$ 81.60 per week) • H0001 Alcohol and/or drug assessment (\$ 144.84 per assessment) 	<ul style="list-style-type: none"> • H0020 Methadone Maintenance (\$63.00 per week) • H0001 Alcohol and/or drug assessment (\$ 144.84 per assessment) • H0016 Medication Assisted Treatment Induction (\$ 204.00 per induction) • H0004 Individual Outpatient Counseling (\$ 20.40 per 15 minutes) • H0005 Group Outpatient Counseling (\$ 39.78 per 60-90 minute session) • E&M codes for medication management, not to be billed concurrently with induction (H0016)
Allowed Buprenorphine Reimbursement Codes	<ul style="list-style-type: none"> • H0016 Buprenorphine Induction (\$ 204.00) • H0047 Buprenorphine Maintenance (\$ 76.50) • H0001 Alcohol and/or drug assessment (\$ 144.84 per assessment) • J0572/ J0573 Zubsolv 	<ul style="list-style-type: none"> • H0016 Medication Assisted Treatment Induction (\$ 204.00 per induction) • H0047 Buprenorphine Maintenance (\$56.00 per week) • H0001 Alcohol and/or drug assessment (\$ 144.84 per assessment) • H0004 Individual Outpatient Counseling (\$ 20.40 per 15 minutes) • H0005 Group Outpatient Counseling (\$ 39.78 per 60-90 minute session) • E&M codes for medication management, not to be billed concurrently with induction (H0016) • J0572/ J0573 Zubsolv
IOP Services	When a patient is receiving MAT from an OTP and requires higher intensity services such as IOP from a type 50, only one of the providers can be reimbursed.	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 authorized and receive reimbursement for services.

<p>Guest Dosing</p>	<p>Currently there is no formalized way for guest dosing providers to be reimbursed by Medicaid.</p>	<p><u>Home OTP</u>: Reimbursed \$ 63.00 per week for methadone or \$ 56.00 per week for buprenorphine. <u>Guest dosing OTP</u>: Reimbursed a daily equivalent of the weekly bundled rate only for days medication is administered by the guest dosing agency</p>
<p>Face to Face Requirement</p>	<p>In order to be reimbursed the weekly bundle, the participant must be seen in person during the week.</p>	<p>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.</p>