STATE OF MARYLAND
DHMH
Maryland Department of Health and Mental Hygiene
201 W. Preston Street • Baltimore, Maryland 21201
Martin O'Malley, Governor – Anthony G. Brown, Lt. Governor – Joshua M. Sharfstein, M.D., Secretary

NOV 15 2011

The Honorable Edward J. Kasemeyer
Chairman
Senate Budget and Taxation Committee
3 West Miller Senate Office Bldg.
Annapolis, MD 21401-1991

The Honorable Norman H. Conway
Chairman
House Appropriations Committee
121 House Office Bldg.
Annapolis, MD 21401-1991

Re: 2011 Joint Chairmen's Report (p. 81) – Report on Addiction Treatment Spending For Individuals In The Primary Adult Care Program

Dear Chairmen Kasemeyer and Conway:

In keeping with the requirements of the 2011 Joint Chairmen's Report (p. 81), enclosed is a copy of a report on addiction treatment spending for individuals enrolled in the Primary Adult Care program, including the number of individuals provided with substance abuse treatment services and the number of denials of service. The report also includes similar information for substance abuse treatment services provided through HealthChoice and the fee-for-service system.

If you have any questions or need more information on this subject, please contact Marie Grant, Director of Governmental Affairs at (410) 767-6480.

Sincerely,

Joshua M. Sharfstein, M.D.
Secretary

Enclosure

cc: Tom Cargiulo
Tricia Roddy

Executive Summary

Improving access to substance abuse treatment services is a high priority for the State of Maryland and the Department of Health and Mental Hygiene (the Department). Both the Maryland Medicaid Program and the Alcohol and Drug Abuse Administration (ADAA) devote considerable resources toward this purpose: Medicaid's HealthChoice, Primary Adult Care (PAC), and Fee-for-Service (FFS) programs include substance abuse treatment as part of the benefit packages. ADAA administers a state-funded grant-based program providing substance abuse treatment services.[1]

In January 2010, the Department strengthened its commitment to treatment through three initiatives: (1) increasing service reimbursement rates to Medicaid providers; (2) expanding the benefit package of the PAC program to include outpatient substance abuse treatment; and (3) improving the ability of enrollees to self-refer for services. The Department has partially financed this expansion by annually transferring state-only funds from the ADAA grant program to the Medicaid program, enabling Medicaid to draw-down federal matching funds and thereby expanding the total funding in the system.

During the 2011 legislative session, the Senate Budget and Taxation Committee and House Appropriations Committee requested a report from the Department providing the following information for the HealthChoice, PAC, and Medicaid FFS systems in regard to substance abuse treatment funding:

- Number of enrollees receiving substance abuse treatment services
- Number of denials of service
- Total funds being spent by the Department to provide substance abuse treatment services

In addition to the data requested by the committee, the Department included information on ADAA funding and a breakdown of total funding by jurisdiction to present a more comprehensive summary of substance abuse treatment funding in the state. The report also quantifies the initial impact of the 2010 provider rate increase, new self-referral policy, and PAC benefit expansion.

In this report, the term "outpatient substance abuse treatment" with respect to the Medicaid program refers to outpatient services exclusive of pharmacy. Because pharmaceutical costs typically represent an additional 23 percent of total substance abuse expenditures, this report underestimates the net increase in substance abuse spending in Maryland. For subsequent reports, DHMH intends to include pharmacy costs as well.

[1] The Primary Adult Care (PAC) program provides access to community-based substance abuse services. Hospital outpatient and inpatient services are not covered under the program. Federal Medicaid rules prevent coverage of residential treatment programs for adults. Maryland Medicaid covers intermediate care facilities-addictions for children.

The report finds:

- Medicaid expenditures for outpatient substance abuse treatment increased by 74 percent from FY 2009 to FY 2010, from $24.2 to $42.2 million in total funds. Of note, this increase reflects only six months of the new policy in FY 2010, from January to June.[2]

- Medicaid managed care organizations (MCOs) paid for at least 400,089 substance abuse treatment encounters in FY 2010, an increase of 70 percent over FY 2009. Of note again, this increase reflects only six months of the new policy in FY 2010, from January to June. (Table 2)

- It is projected that in FY 2012, Medicaid will provide $65.5 million in funds for outpatient substance abuse treatment and ADAA will provide $77.3 million in grant funds for substance abuse services in Maryland, for a total of $142.8 million.[3] (Table 3)

- From FY 2009 to FY 2012, the projected net increase in substance abuse treatment funding in the state is expected to be more than $26 million. (Table 4)

- The number of Marylanders receiving substance abuse treatment services through Medicaid has continually increased from FY 2009, with 17,995 in FY 2009, 30,809 in FY 2010, a projected 35,043 in FY 2011, and a projected 38,697 in FY 2012. All 24 Maryland counties experienced increases in the number of Medicaid enrollees served.[4] (Table 5)

Medicaid Expenditures on Outpatient Substance Abuse Treatment

This section presents Medicaid expenditures for outpatient substance use disorder treatments provided to HealthChoice, PAC, and FFS enrollees. In FY 2009, expenditures in the Medicaid program on substance abuse treatment were $24.2 million, with HealthChoice, FFS, and PAC spending accounting for 91.1, 8.8 and less than 1 percent of this total, respectively. In FY 2010, total expenditures on substance abuse treatments were $42.2 million, with HealthChoice, FFS, and PAC spending accounting for 77.1, 7.7, and 15.2 percent of this total, respectively. The $18 million increase is largely due to the treatment expansion that began on January 1, 2010.

Table 1 lists the total HealthChoice, FFS, and PAC substance abuse treatment payments for FYs 2009 and 2010.

[2] The Medicaid expenditures do not include pharmacy expenditures.
[3] The Medicaid expenditures do not include pharmacy expenditures.
[4] These numbers reflect those receiving outpatient services.

The Department collaborated with the Hilltop Institute to generate these figures, identifying all MCO encounters and FFS claims that occurred in FYs 2009 and 2010. To obtain payments for MCO HealthChoice and PAC encounters, each MCO was provided a dataset containing its SUD encounters for FYs 2009 and 2010, and was requested to enter the amounts paid to providers for each service. This information was used to calculate the total HealthChoice and PAC SUD expenditures. To obtain the cost of FFS claims, the Department and Hilltop used the payment field in the Medicaid Management Information System (MMIS). The definitions used to identify SUD services are described in Appendix A and include a selected list of procedure and diagnostic codes for SUD treatments. Those codes were determined based on consultations with the Department and Hilltop.

Table 1. FFS, HealthChoice, and PAC Outpatient SUD Payments FY 2009 – FY 2010

	FY 2009	FY 2010
	Non-Pharmacy	Non-Pharmacy
FFS	$2,116,018	$3,241,193
MCO	$22,031,368	$32,545,041
PAC	$23,768	$6,412,953
Total	**$24,171,154**	**$42,199,187**

Non-Pharmacy = Non-pharmacy transactions such as outpatient visits and methadone clinic visits. Expenditures include services provided by out-of-state providers.

MCO Payment of Substance Abuse Treatment Encounters

In consultations between the Department and Hilltop, a methodology was devised in order to determine the number of claims paid by the MCO's for substance abuse treatment encounters. If the MCO priced an encounter, then the encounter was assumed to be paid. If the MCO left the payment amount blank or entered $0.00, then the encounter was assumed to be unpaid (i.e., there was no evidence of a monetary transfer from the MCO to the provider). This analysis, however, may underestimate the number of encounters actually paid. The analysis looks at the number paid at a point in time; it does not account for encounters that may have been paid at a later date by the MCOs. Although some paid encounters may not be captured, this should not significantly affect the numbers since the analysis occurs at least six months after the service has been provided.

Table 2 presents a summary of the HealthChoice and PAC SUD encounters in FY 2009 and FY 2010 that were sent to the MCOs. The first row in the table presents the number of encounters sent to each MCO for pricing (277,046 in FY 2009 and 447,597 in FY 2010). The second and third rows present the number and percentage of encounters, respectively, that the MCOs priced with a non-zero/non-missing payment amount (84.8 percent in FY 2009 and 89.4 percent in FY 2010). The fourth and fifth rows present the number and percentage of encounters, respectively, that the MCOs priced with a zero or missing payment amount (15.2 percent in FY 2009 and 10.6 percent in FY 2010). For encounter pricing displayed by individual MCO and by program, please refer to Appendix B.

The Department has contacted the MCO's and requested information regarding these

claims that were priced with a zero or missing payment amount in order to ensure that properly submitted claims are being reimbursed. The Department will include its review of this issue in the next report.

Table 2. HealthChoice and PAC MCO Outpatient SUD Encounters Sent to MCOs, FY 2009 and FY 2010

	FY 2009	FY 2010
Encounters	**Non-Pharmacy**	**Non-Pharmacy**
Number Sent to MCOs	277,046	447,597
Number Priced by MCOs	234,820	400,089
% Priced by MCOs	84.80%	89.40%
Number Not Priced	42,226	47,508
% Not Priced by MCOs	15.20%	10.60%

Medicaid Expenditures to Support Coverage Expansion

In January 2010, the Medicaid program increased provider reimbursement rates for certain outpatient substance abuse treatments, expanded the PAC program benefit package to include community-based substance abuse treatments and enhanced the ability of enrollees to self-refer for these services.

Table 3 shows projected FY 2012 expenditures for substance abuse treatment services by jurisdiction. The table shows expenditures on services that are covered as part of the Medicaid coverage policy that existed before the 2010 expansion, and services that are covered as part of the coverage policy that existed after the expansion. The table also includes funding data for the ADAA grant funded system for FY 2012 in order to provide a more comprehensive summary of total funding statewide.

Projected FY 2012 Medicaid expenditures were calculated using actual substance abuse treatment expenditures for FYs 2009 and 2010. The substance abuse treatment use rate between January 1, 2010 and June 30, 2010 was annualized to account for the provider rate and benefit expansion. Based on these annualized use rates and expenditures, FY 2011 and FY 2012 expenditures were projected to increase based on enrollment projections; no service cost increases were built into the projections. The Department assumed that substance abuse treatment users would increase at the same rate as overall enrollment projections. The projected FY 2012 enrollment growth rate was arrived at using actual historical data for FYs 2010 and 2011.[5] FY 2011 expenditures could not be used because the Department will not possess a complete set of FY 2011 claims until roughly six months after the fiscal year ends. This six-month "run-out" occurs because providers are able to bill for services up to six months after the

[5] Between 2010 and 2011, HealthChoice, PAC and FFS enrollment grew 10.5, 35.6, and -6.0 percent, respectively. Between 2011 and 2012, HealthChoice, PAC and FFS enrollment is projected to grow 8.0, 23.0, and 0 percent, respectively.

Table 3. Projected FY12* Expenditures on Substance Abuse Treatment Services, by Jurisdiction
(Note: Medicaid expenditures do not include pharmacy expenditures)

	Medicaid FY12 Projected Expenditures on SA Services			ADAA FY12 Budgeted Grant Funds****	Total Projected Expenditures Including Expansion
	Expenditures on Services Covered Prior to 2010 Coverage Expansion**	Increase on Expenditures as a Result of 2010 Coverage Expansion***	Total Expenditures		
Allegany	$1,173,247	$593,921	$1,767,168	$3,980,017	$5,747,185
Anne Arundel	$2,321,586	$2,034,278	$4,355,864	$3,727,482	$8,083,346
Baltimore City	$19,157,819	$17,759,725	$36,917,544	$30,672,874	$67,590,418
Baltimore County	$5,294,804	$4,263,847	$9,558,652	$4,164,441	$13,723,093
Calvert	$88,593	$146,283	$234,876	$605,060	$839,936
Caroline	$172,898	$37,787	$210,686	$445,444	$656,130
Carroll	$573,070	$639,173	$1,212,243	$2,578,672	$3,790,915
Cecil	$819,894	$551,850	$1,371,744	$1,031,548	$2,403,292
Charles	$252,418	$88,009	$340,427	$1,743,817	$2,084,244
Dorchester	$109,074	$256,294	$365,369	$1,368,776	$1,734,145
Frederick	$591,516	$313,723	$905,238	$1,585,154	$2,490,392
Garrett	$164,109	$33,795	$197,904	$422,793	$620,697
Harford	$431,338	$1,083,400	$1,514,738	$1,467,963	$2,982,701
Howard	$338,263	$273,363	$611,627	$1,171,391	$1,783,018
Kent	$96,194	$49,691	$145,885	$2,788,281	$2,934,166
Montgomery	$806,485	$275,941	$1,082,426	$2,911,203	$3,993,629
Prince George's	$420,393	$263,029	$683,422	$6,995,682	$7,679,104
Queen Anne's	$101,208	$97,200	$198,409	$536,189	$734,598
Somerset	$145,722	$50,256	$195,978	$586,326	$782,304
St. Mary's	$100,180	$4,757	$104,937	$2,369,534	$2,474,471
Talbot	$54,981	($6,129)	$48,852	$622,812	$671,664
Washington	$929,128	$812,225	$1,741,352	$2,166,056	$3,907,408
Wicomico	$824,919	$619,283	$1,444,202	$1,235,847	$2,680,049
Worcester	$123,724	$179,753	$303,478	$2,163,516	$2,466,994
Total	$35,091,565	$30,421,454	$65,513,019	$77,340,880	$142,853,899

*Based on enrollment growth for 2010-2011 and projected growth for 2011-2012. Between 2010 and 2011, HealthChoice, PAC and FFS enrollment grew 10.5, 35.6, and -6.0 percent, respectively. Between 2011 and 2012, HealthChoice, PAC and FFS enrollment is projected to grow 8.0, 23.0, and 0 percent, respectively.
**Projections based on a starting point of July - December 2009, prior to rate increase and PAC benefit expansion.
***Projections based on a starting point of January - June 2010, after rate increase and PAC benefit expansion. This six month use rate is annualized and then projected to increase based on the enrollment growth percentages above.
****These amounts reflect the $9,373,831 transfer to Medicaid. ADAA pays for residential and community-based treatment, including buprenorphine.

date that service is rendered. The Department is in the process of reconciling the first six months of FY 2011 data with the MCOs.

As mentioned previously, the mechanism by which the expansion is financed involves a transfer of ADAA funds to the Medicaid program to maximize federal matching dollars. The State expects to spend approximately $30.4 million (total funds) in the Medicaid program on the expansion of substance abuse services in FY 2012.[6] At present, Medicaid has received a $9.4 million transfer from ADAA. The total expansion, however, is estimated to cost $15.2 million (state-only funds), resulting in a need for $5.8 million in state general funds to support the rapid increase in demand for services at the new rates. Due to the unanticipated need for additional general funds in FY 2012, the Medicaid program is reviewing enrollment projections and cost assumptions in determining the FY 2013 transfer from ADAA to fund the expansion.

Based on the Department's projections, total FY 2012 expenditures on substance abuse treatment are expected to be $142.9 million.[7] As illustrated in Table 4 on the following page, this represents a projected net increase of $26.0 million statewide since 2009 to provide these services. In order to assist those jurisdictions that have seen a decrease in overall funding for substance abuse treatment, DHMH will be providing technical assistance for outreach and enrollment efforts.

Service Utilization

This section presents the number of HealthChoice, PAC, and FFS enrollees that utilized or are projected to utilize outpatient substance abuse services. (*see* Table 5.) For HealthChoice and PAC, figures were created using actual data for FYs 2009 and 2010. For FY 2011, actual program enrollment is available but actual unique users are not. The Department assumed the number of unique users would mirror the overall enrollment growth rates. For FY 2012, unique users also were projected to grow at the same rate as overall enrollment projections. Based on our analysis, unique users of HealthChoice outpatient substance abuse services are projected to grow from 12,329 (FY09) to 17,044 (FY10) to 18,832 (FY11) to 20,047 (FY12), while unique users of PAC community-based substance abuse services are projected to grow from 1,939 (FY09) to 7,798 (FY10) to 10,572 (FY11) to 13,011 (FY12). FFS figures were created using actual utilization data for FY 2009, FY 2010 and FY 2011, and projections for FY 2012. FFS unique users increased from 3,727 (FY09) to 5,967 (FY10), while declining slightly to 5,639 in FY 2011. FFS unique users are not projected to increase in FY 2012.

Table 5 shows unique users of substance abuse service by program and jurisdiction, for FY 2009 through FY 2012. Regarding increasing amount of funds transferred from ADAA and its impact on service utilization, the Department's analysis shows that the total number of unique users across Medicaid has increased by 115 percent over a three-year period, from 17,995 (FY09) to 30,809 (FY10) to 35,043 (FY11) to 38,697 (projected FY12).

[6] The analysis includes the service expansion under PAC and calculates the effect on the rate increases under HealthChoice and FFS.
[7] Does not include pharmacy expenditures.

Conclusion

This report sought to quantify the substance abuse treatment services being provided by the Medicaid program and provide a comprehensive summary of funding for these services statewide. Substance abuse treatment funding increased more than $26 million from FY 2009 – FY 2012, providing almost 21,000 additional Marylanders with substance abuse treatment services in the Medicaid program.

The next report will update the data included in this initial report. The report will also include:

- Pharmaceutical claims data for the Medicaid program
- Number of individuals receiving treatment services through the ADAA grant funded system
- Actual Medicaid data for the first six months of FY 2011
- A summary of the responses of the MCO's regarding the zero or missing payment data in Table 2 and in Appendix B

The Department remains committed to ensuring access to substance abuse treatment services in both Medicaid and ADAA. Future reports will seek to provide additional information regarding the funding and number of services provided for each of these programs.

Table 4 Substance Abuse Treatment Expenditures - FY 2009 and FY 2012

County	Medicaid			ADAA			Total Difference
	FY09	FY12*	Difference	FY09	FY12**	Difference	
Allegany County	$790,989	$1,767,168	$976,179	$4,558,817	$3,980,017	-$578,800	**$397,379**
Anne Arundel	$1,289,421	$4,355,864	$3,066,443	$4,446,290	$3,727,482	-$718,807	**$2,347,636**
Baltimore City	$15,126,507	$36,917,544	$21,791,037	$38,501,355	$30,672,874	-$7,828,482	**$13,962,556**
Baltimore County	$3,122,484	$9,558,652	$6,436,167	$5,629,239	$4,164,441	-$1,464,798	**$4,971,370**
Calvert	$66,863	$234,876	$168,012	$717,970	$605,060	-$112,910	**$55,102**
Caroline	$50,405	$210,686	$160,280	$515,953	$445,444	-$70,509	**$89,771**
Carroll	$330,891	$1,212,243	$881,353	$3,053,672	$2,578,672	-$475,000	**$406,353**
Cecil	$459,255	$1,371,744	$912,489	$1,203,004	$1,031,548	-$171,456	**$741,033**
Charles	$73,588	$340,427	$266,839	$1,998,899	$1,743,817	-$255,082	**$11,757**
Dorchester	$88,899	$365,369	$276,470	$1,617,700	$1,368,776	-$248,925	**$27,545**
Frederick	$301,621	$905,238	$603,617	$1,979,761	$1,585,154	-$394,606	**$209,011**
Garrett	$71,032	$197,904	$126,872	$498,794	$422,793	-$76,001	**$50,871**
Harford	$270,412	$1,514,738	$1,244,326	$1,645,008	$1,467,963	-$177,044	**$1,067,281**
Howard	$234,509	$611,627	$377,118	$1,263,940	$1,171,391	-$92,548	**$284,570**
Kent	$60,940	$145,885	$84,945	$1,713,387	$2,788,281	$1,074,895	**$1,159,839**
Montgomery	$427,019	$1,082,426	$655,408	$3,553,007	$2,911,203	-$641,804	**$13,603**
Prince George's	$225,925	$683,422	$457,496	$8,151,546	$6,995,682	-$1,155,864	**-$698,368**
Queen Anne's	$47,383	$198,409	$151,026	$670,412	$536,189	-$134,223	**$16,804**
Somerset	$117,366	$195,978	$78,613	$557,788	$586,326	$28,538	**$107,151**
St. Mary's	$36,317	$104,937	$68,619	$2,602,828	$2,369,534	-$233,295	**-$164,675**
Talbot	$33,772	$48,852	$15,080	$765,966	$622,812	-$143,154	**-$128,074**
Washington	$451,060	$1,741,352	$1,290,292	$2,672,836	$2,166,056	-$506,781	**$783,512**
Wicomico	$389,493	$1,444,202	$1,054,709	$1,835,663	$1,235,847	-$599,816	**$454,894**
Worcester	$87,605	$303,478	$215,873	$2,506,778	$2,163,516	-$343,263	**-$127,390**
Total	$24,153,756	$65,513,019	$41,359,263	$92,660,613	$77,340,880	-$15,319,733	**$26,039,530**

* Based on enrollment growth for 2010-2011 and projected growth for 2011-2012. Between 2010 and 2011, HealthChoice, PAC and FFS enrollment grew 10.5, 35.6, and -6.0 percent, respectively. Between 2011 and 2012, HealthChoice, PAC and FFS enrollment is projected to grow 8.0, 23.0, and 0 percent, respectively. Projections based on a starting point of January - June 2010, after rate increase and PAC benefit expansion. This six month use rate is annualized and then projected to increase based on the enrollment growth percentages above.

**These amounts reflect the $9,373,831 transfer to Medicaid. ADAA pays for residential and community-based treatment, including buprenorphine.

Table 5. Unique Users of Outpatient Substance Abuse Services - By Program and Jurisdiction - FY09 to FY12

	FY09				FY10				FY11				FY12			
	HC	PAC	FFS	**TOTAL**	HC	PAC	FFS	**TOTAL**	HC*	PAC*	FFS*	**TOTAL**	HC*	PAC*	FFS*	**TOTAL**
Allegany	448	42	186	676	577	159	200	936	611	198	193	1,003	633	227	193	1,054
Anne Arundel	804	112	243	1,159	1,140	671	330	2,141	1,308	1,035	315	2,658	1,424	1,380	315	3,119
Baltimore City	5,613	1,296	1,689	8,598	7,292	4,314	2,365	13,971	7,693	5,324	2,231	15,248	7,947	6,092	2,231	16,269
Baltimore County	1,672	203	465	2,340	2,313	851	860	4,024	2,768	1,272	783	4,822	3,094	1,658	783	5,535
Calvert	121	13	27	161	221	54	53	328	246	82	50	378	262	109	50	421
Caroline	80	13	17	110	151	24	33	208	165	38	30	233	174	51	30	255
Carroll	321	24	90	435	468	161	253	882	535	272	248	1,055	580	388	248	1,216
Cecil	400	7	33	440	574	109	129	812	653	190	122	965	707	276	122	1,106
Charles	152	14	56	222	261	64	80	405	299	89	75	462	325	110	75	509
Dorchester	128	10	55	193	169	39	91	299	182	62	87	330	190	83	87	361
Frederick	293	26	87	406	451	178	125	754	518	239	121	878	564	288	121	974
Garrett	68	6	29	103	112	36	38	186	117	47	37	201	121	56	37	214
Harford	337	40	75	452	484	277	141	902	539	389	136	1,063	575	486	136	1,197
Howard	131	21	25	177	210	76	93	379	247	106	87	440	273	131	87	492
Kent	75	2	21	98	116	35	25	176	125	52	24	201	130	68	24	222
Montgomery	364	17	142	523	492	110	258	860	563	149	252	965	613	181	252	1,047
Prince George's	150	9	43	202	255	90	127	472	293	127	115	536	320	160	115	595
Queen Anne's	107	9	30	146	166	56	57	279	186	94	57	337	199	134	57	391
Somerset	108	3	29	140	118	42	46	206	126	56	43	226	132	68	43	243
St. Mary's	54	5	25	84	154	24	66	244	174	34	62	270	187	43	62	292
Talbot	38	4	21	63	34	21	41	96	38	31	39	109	41	40	39	120
Washington	465	33	164	662	649	236	228	1,113	745	425	220	1,390	811	635	220	1,666
Wicomico	275	18	106	399	434	107	245	786	481	165	231	877	512	220	231	964
Worcester	107	9	60	176	179	59	71	309	198	88	68	354	211	115	68	393
Out of State/Missing	18	3	9	30	24	5	12	41	22	8	11	42	21	12	11	44
Total	12,329	1,939	3,727	17,995	17,044	7,798	5,967	30,809	18,832	10,572	5,639	35,043	20,047	13,011	5,639	38,697

*Estimated

Note: Numbers may not sum to totals due to rounding.

Appendix A – Methodology for Identifying Substance Abuse Claims

To examine Medicaid expenditures on Substance Abuse costs, the Department used its Medicaid Management Information System (MMIS) to identify medical encounters of outpatient substance abuse disorders submitted by managed care organizations. The Department identified outpatient SUD using codes from the Current Procedural Terminology (CPT), the Healthcare Common Procedure Coding System (HCPCS), and the International Classification of Diseases, 9th Edition (ICD-9). An encounter that meets one of the two criteria presented in the table below was identified as an SUD encounter. Criterion 1 identifies any encounter containing the HCPCS procedure codes representing therapies for drug and alcohol treatments as an SUD encounter. Criterion 2 uses CPT procedure codes for professional services that are provided in conjunction with specific ICD-9 diagnosis codes relating to alcohol and drug use. Criterion 2 also excludes any encounter with a diagnosis code indicating tobacco use.

Criterion 1 & 2 - Codes to Identify SUD Visits

Criteria	CPT/HCPCS	Principal ICD-9-CM Diagnosis and Secondary ICD-9-CM Diagnosis
Criterion 1	H0001, H0004, H0005, H0014, H0015, H0020, H2034, H2035	
Criterion 2	90801, 90804, 90805, 90806, 90807, 90808, 90847, 90849, 90853, 90899, and	291.xx, 292.xx, 303.xx, 304.xx, 305.0x, 305.2x-305.9x, 648.3x, 760.70, 760.71, 760.72, 760.73, 760.75, 790.3x, 965.0x, 967.xx, 980.xx

Appendix B – Encounter Pricing by Program and MCO

HEALTHCHOICE PROGRAM

	FY 2009			FY 2010		
	Non-Pharmacy			Non-Pharmacy		
	Number of Encounters	Encounters Priced	Percent Priced	Number of Encounters	Encounters Priced	Percent Priced
AmeriGroup	45,937	39,358	85.7	61,871	54,433	88
Coventry	1,810	781	43.1	1,603	1,210	75.5
JAI Medical Systems	23,256	22,193	95.4	28,078	26,476	94.3
Maryland Physicians Care	65,696	64,415	98.1	85,476	84,465	98.8
MedStar Family Choice	13,325	11,491	86.2	13,003	9,431	72.5
Priority Partners	90,027	78,332	87	119,105	109,496	91.9
United Healthcare	36,443	17,775	48.8	50,304	35,920	71.4

PRIMARY ADULT CARE PROGRAM

	FY 2009			FY 2010		
	Non-Pharmacy			Non-Pharmacy		
	Number of Encounters	Encounters Priced	Percent Priced	Number of Encounters	Encounters Priced	Percent Priced
AmeriGroup	0	0	n/a	5,324	4,589	86.2
JAI Medical Systems	481	468	97.3	19,390	17,383	89.6
Maryland Physicians Care	0	0	n/a	33,141	32,917	99.3
Priority Partners	13	5	38.5	13,895	12,060	86.8
United Healthcare	58	2	3.4	16,407	11,709	71.4