

Q&A Substance Use Disorder Program

Transmittal No. 25: IOP/PHP Drug testing

The Department appreciates and respects the concerns expressed by IOP/PHP programs and laboratories regarding Transmittal # 25. This transmittal followed 18 months of the Department’s efforts to provide appropriate guidance and corrective action regarding drug testing to providers, programs and to laboratories. Preventing fraud, waste and abuse is a requirement for all programs receiving Medicaid dollars.

The IOP and PHP levels of service are reimbursed an enhanced rate which supports costs associated with medically necessary testing. Programs have a responsibility to continue drug testing as clinically necessary to support patients’ treatment planning and implementation. The Department will monitor the overall impact to providers under the Public Behavioral Health System and work with SUD programs on delivering quality, effective care to achieve the shared goal of improving health outcomes for all Marylanders.

<i>QUESTIONS</i>	<i>MDH RESPONSES</i>
What Provider Types does this transmittal affect?	The transmittal is for Substance Use Disorder Programs (Provider Type 50) that provide Intensive Outpatient or Partial Hospitalization levels of care. These provider types are now responsible for the costs associated with drug testing for those levels of care, including those sent to laboratories, similar to the Opioid Treatment Programs, and Adult Residential SUD programs.
Please clarify whether the Department meant business or calendar days for the effective date.	The effective date should be calculated based on calendar days. The effective date is 30 days from the April 22, 2019, which will apply to dates of service beginning May 22, 2019.
Are Outpatient Services (SUD/ASAM Level 1) affected by this transmittal?	No. This does not apply for patients receiving level 1 outpatient individual and group counseling.
What billing codes does this transmittal effect?	Presumptive 80305, 80306, 80307 and Definitive G0480/G0481 will not be separately reimbursable for patients in Intensive Outpatient Treatment (H0015) or

<p>Is the expectation that providers only conduct presumptive testing? Who is responsible for any definitive testing on an IOP client?</p>	<p>Partial Hospitalization (H2036).</p> <p>IOP/PHP programs have a clinical responsibility to perform medically necessary drug testing in an individualized way specific to each individual’s treatment plan for SUD. This transmittal shifts the responsibility for those costs to the programs themselves.</p> <p>Programs may engage in contracts with a laboratory of their choosing to obtain the best rate for either or both presumptive and definitive testing as clinically necessary.</p> <p>Contracts may include a workflow that identifies the appropriate Payer to reduce labs experiencing denials and/or retractions from the State.</p>
<p>Are FQHCs affected by this transmittal?</p>	<p>Yes. Any program operating an IOP/PHP level of care using the above referenced billing codes is subject to this transmittal.</p>
<p>Are labs no longer allowed to bill for point of care testing and definitive drug panels?</p>	<p>Laboratories will no longer be reimbursed directly by Medicaid for drug testing for patients in IOP/PHP levels of care.</p> <p>This transmittal puts the responsibility for payment for clinically necessary testing onto the IOP/PHP ordering program. It is that program’s responsibility to notify the laboratory that a request for presumptive or definitive testing is for an IOP/PHP patient and therefore would be billed to that ordering program for payment.</p> <p>Laboratories will continue to be reimbursed by Medicaid via the ASO for drug testing for individuals who are not receiving services in IOP/PHP, OTP, Adult SUD Residential levels of care.</p>

<p>Does this transmittal impact programs using MAT?</p>	<p>Medicaid reimburses medical services including E&M codes, ambulatory withdrawal codes, and medication injection codes to support the provision of MAT in a number of settings and levels of care. This includes IOP/PHP levels of care. Similar to other levels of care where MAT is provided (OTP, ASAM residential levels of care) any patient enrolled in an IOP/PHP level of care would receive their drug testing from that provider.</p>
<p>How does this impact drug testing for a patient's initial visit if they enter IOP/PHP for only a partial week?</p>	<p>Medicaid via the ASO will exempt a week of treatment where there is an H0001 (Intake) code billed in the same week as IOP/PHP codes. IOP requires a minimum of 9 hours of service per week with a minimum of 2 hours per day for each billed day (up to 4 days) and PHP may be billed daily for up to 7 days for patients who require a minimum of 20 hours per week of structured outpatient treatment.</p>