

Billing for medical care in an SUD setting

Can the medical service be provided by a psychiatric provider addressing an mental health diagnosis?

Yes, if the provider has a core provider agreement with Health Care Authority and/or is contracted with the managed care plan to provide the service. Refer to your MCO contract for what services are covered and billable in that setting. The scope of an MCO contract can always be negotiated.

Can providers retro bill?

Providers have 365 days from the time of service to submit a claim to Health Care Authority (ProviderOne).

Refer to your MCO contract regarding “timeliness” for billing and retro billing.

Is there ability for physicians to bill for other medical services in the SUD setting?

Providers are able to bill for any Apple Health (Medicaid) covered service that is rendered by a medical provider practicing within his/her scope of practice in an office setting.

Refer to your MCO contract for what services are covered and billable in that setting. The scope of an MCO contract can always be negotiated.

These would normally be billing E/M codes is that correct?

Providers would be able to provide any covered medical service that is appropriate in an SUD setting and bill the corresponding CPT codes.

We are a DOH state certified Substance Use Disorder Treatment Agency. Can we begin MAT by working with DEA licensed Physician at our treatment agency?

To prescribe MAT a physician must obtain a DATA 2000 waiver from the federal government in addition to their DEA license as a physician. More information on how to obtain a DATA 2000 waiver can be found on the following SAMHSA’s website:

<https://www.samhsa.gov/programs-campaigns/medication-assisted-treatment/training-materials-resources/buprenorphine-waiver>

What about crossover claims?

If the client is dual eligible the claim and a Medicare/ or primary carrier covered service the provider should submit the claim to Medicare or that primary carrier. If the service provided is not a Medicare/ or primary carrier covered service then the provider should submit the claim to Washington Apple Health (Medicaid).

MAT Enhancement

Can you get enhanced payment for opioid dependence as well as OUD? There must be an F11 diagnosis on the claim to receive the MAT enhanced rate.

Do Rural Health Clinics (RHC) and Federally Qualified Health Clinics (FQHC) qualify for the enhanced rate?

RHC's and FQHC's already receive an enhanced rate. They do not qualify for this enhancement.

Can the physician bill for the counseling?

The provider that is prescribing MAT would be providing medical OUD counseling that is appropriate for that client at that time. During a medical appointment, the provider could include the following information; education about OUD, discussion about the diagnosis, the need for mental health services, medication education, treatment plan and symptoms to look for that would be concerning and require a return visit.

Can you tell us more about how you want the content of the counseling documented in the chart?

The provider should include all pertinent information, including time spent, that is necessary to document the medical counseling involved with OUD and MAT that occurred (see above) that day.

If the medical provider counsels the client about the medication and refers to a formal counseling agency for additional treatment, would that count if it was documented in the chart?

If there was counseling provided, which is documented, which then results in a referral to an outside service as part of that counseling one could receive the MAT rate, but the referral alone, no does not qualify.

If an OTP has a OBOT can they bill?

If an OTP and OBOT are owned by the same parent organization, an OTP client would never be an OBOT client. For example: A physician prescribing Buprenorphine and to an OUD client in an OBOT owned by Agency X would be eligible for the enhancement. A physician ordering and dispensing Buprenorphine for an OUD client in an OTP owned by Agency X would not be eligible for the enhancement.

Can providers retro bill?

The effective date of this new policy is 10/1/18. MAT services that are rendered on or after 10/1/18 are eligible for the enhanced reimbursement.

Is there anyway HCA can coordinate this presentation done by the plans, since the vast majority of clients are in Medicaid Managed Care.

Each of the Managed Care Organizations are aware of the new policies and they will be implementing them within their own organization. To understand how they are implementing these policies you will need to contact the MCO you are contracted with and ask them for more specific information.

If you are a current MAT provider at a Behavioral Health Agency, how do you obtain "enhanced payment" and where can you point us to do that?

Any physician prescriber meeting the criteria outlined in WAC 182-531-2040 would be eligible for an enhanced payment. There could be physician prescribers working in state licensed behavioral health agencies who will meet the criteria noted in WAC 182-531-2040.

Can the physician, ARNP or PA who prescribes the buprenorphine be the same person who provides "opioid related counseling"?

To receive the MAT enhanced rate all of the following must apply:

- Have a DATA 2000 Waiver.
 - Currently use the waiver to prescribe MAT to clients with opioid use disorder.
 - Bill for treating a client with a qualifying diagnosis for opioid use disorder.
 - Provide opioid-related counseling during the visit.
 - Bill with the appropriate EPA number
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- ❖ The agency payment for MAT under this section is limited to one enhanced reimbursement, per client, per day
 - ❖ The agency does not pay an enhanced reimbursement for services a client receives for opioid use disorder through an opioid treatment program facility licensed by the Department of Health.

If the patient is Molina, Amerigroup etc does this still apply or only FFS patients?

This policy is for all Medicaid clients. However, you will need to check with the MCOs you contract with about their implementation of this reimbursement policy and how to bill.

How do I know if the client is fee for service or in a managed care plan?

Please review the information in the ProviderOne Billing and Resource Guide-
“*Is the client enrolled in a managed care plan?*” section.

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

The insurance type of the client receiving a service is the indicator to how a treatment agency will know if they should bill a claim through an MCO or Fee for Service.

