

Frequently asked questions: Required supplemental data for medication for opioid use disorder (MOUD) and medication assisted treatment (MAT) services

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Intended to be used in conjunction with the Behavioral Health Data Guide (BHDG)

Overview

Behavioral health services occur across the entire continuum of care, in many settings. These settings vary and may include hospitals, primary care clinics, Federally Qualified Health Centers (FQHCs), Rural Health Clinics, tribal health providers, group practices, sole proprietors, licensed Behavioral Health Agencies (BHAs).

HCA requires supplemental data reporting by licensed BHAs who are:

- Using the Service Encounter Reporting Instructions (SERI) guide to submit their service encounters.
- Contracted with either the Managed Care Organizations (MCOs) or the Behavioral Health Administrative Service Organizations (BH-ASOs).

More information about what specific data elements that behavioral health agencies (BHAs) need to report is available in the Behavioral Health Data Guide (BHDG).

This document is intended to address common questions about when supplemental data reporting is required for two specific types of behavioral health services: medication for opioid use disorder (MOUD) and medication assisted treatment (MAT).

When is supplemental data reporting required?

The Health Care Authority (HCA) requires supplemental data reporting for any services provided under the Medicaid State Plan Rehabilitative Services section (13d).

- Most common:
 - Services are provided by licensed or certified BHAs that are providing behavioral health services under a contract with an MCO or a BH-ASO, **and** are using the SERI guide.
- Also includes:
 - BHAs that provide outpatient and/or inpatient treatment services, including opioid treatment programs (OTPs).
 - Free standing Evaluation and Treatment facilities
 - Non-hospital based Secure Withdrawal Management facilities

- Crisis stabilization facilities
- BHAs providing MOUD services per the Physician's Billing Guide (*new as of January 1, 2025*)

When is supplemental data reporting NOT currently required?

HCA does NOT require supplemental data reporting for behavioral services that are provided under the physical health sections of the Medicaid State Plan. This includes **most** services that fall under the Physician's Services billing guide, as well as the Mental Health Billing Guide part 1 and the Applied Behavioral Analysis (ABA) billing guide.

This includes services that are provided:

- To Apple Health Clients on a **fee-for-service** basis by BHAs (e.g. the individual receiving services is NOT enrolled in a managed care plan, and the BHA providing services bills ProviderOne directly).
- By tribal health providers or tribal BHAs, *except* for Indian Health Care Providers (IHCPs) that are participating in pilot projects to submit supplemental data directly to the Behavioral Health Data System (BHDS).
- By long term civil commitment contracted beds, under fee-for-service payment contracts directly with HCA.
- By hospitals, when the facility is licensed as an acute care hospital providing medical and surgical treatment, or a psychiatric hospital that provides psychiatric and/or substance use disorder (SUD) treatment services but is NOT a licensed BHA.
- By ABA providers (e.g. providers contracted with MCOs to provide ABA services), when the services are billed under the ABA Billing Guide.
- By providers who are NOT at a licensed BHA and who are contracted with an MCO to provide mental health services. These services must be billed under the Mental Health Billing Guide part 1. The providers may be primary care clinics, rural health clinics, FQHCs, independent sole practitioners, group practices, specialty clinics, etc.
- By providers who are NOT at a licensed BHA and who are providing MOUD services billable under the Physician's Billing Guide.

Questions & answers

Is supplemental data reporting required for medication for MOUD services provided in a BHA setting?

Yes, as of January 1, 2025, supplemental data reporting is required for MOUD services provided in a BHA setting. This includes the following codes that are also included in the Physician's Billing Guide: 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, 99252, 99253, 99254, 99255

What billing taxonomy should BHAs use?

BHAs should be using one of the eight following **billing** provider taxonomies:

Taxonomy code	Type of provider
251S00000X	Ambulatory Health Care Facility- Mental Health- CMHC
251B00000X	Case Management
261QM0801X	Ambulatory Health Care Facility- Mental Health- CMHC
261QM2800X	Ambulatory Health Care Facility- Methadone Clinic
261QR0405X	Rehabilitation Facility, Substance Abuse
324500000X	Rehabilitation Facility, Substance Abuse
3245S0500X	Rehabilitation Facility, Children Substance Abuse
320800000X	Community Based Residential Treatment Facility- Mental Illness

How should FQHCs that are dually licensed as a BHA submit encounters?

All encounters at a Federally Qualified Health Center (FQHC) that is also licensed as a behavioral health agency **must** submit encounters per the instructions in the HCA FQHC provider/billing guide (*see also SERI guide, General Reporting Instructions*).

Qualified encounters must be submitted using:

- (i) The designated facility billing provider taxonomy 261QF0400X; This should be reported with the designated facility billing NPI.
- and -
- (ii) The servicing taxonomy for a community mental health center: 261QM0801X, 251S00000X, or 261QR0405X. This should be reported with the individual servicing/rendering provider NPI with the servicing/rendering community mental health center taxonomy.