

IHCP *bulletin*

INDIANA HEALTH COVERAGE PROGRAMS BT201755 AUGUST 17, 2017

IHCP issues revised reimbursement policy and billing guidance for OTP-specific services

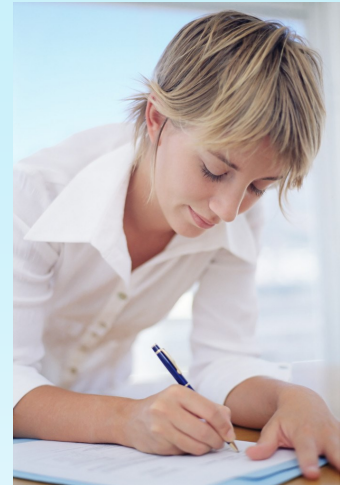
On June 29, 2017, the Indiana Health Coverage Programs (IHCP) issued *IHCP Bulletin BT201744*, outlining IHCP policy regarding opioid treatment programs (OTPs) and the rendering and reimbursement of opioid treatment services to be effective August 1, 2017. After reviewing public comments from the State's comment period that concluded on July 28, 2017, the IHCP announced the following changes related to *BT201744*:

- Implementation of the policies regarding provider enrollment and coverage of OTP-specific services would be delayed until September 1, 2017.
- The IHCP would pursue modifications to the reimbursement policy and billing guidelines related to OTP-specific services as a result of certain public comments.

Effective September 1, 2017, the IHCP will proceed with implementing policy previously issued in *BT201744*, as outlined:

- The IHCP will establish a provider type of *Addiction Services* and a specialty of *Opioid Treatment Program* that will be eligible to bill for services specific to opioid treatment. OTPs wanting to bill for the administration of methadone and other related services exclusive to OTPs must be enrolled under the Addiction Services/Opioid Treatment Program provider type and specialty. The option for an OTP to enroll as other provider types, including as an ordering, prescribing, and referring (OPR) provider, remains unchanged. All OTP providers enrolling with the IHCP under the Addiction Services/OTP provider type and specialty or as an OPR will be required to have a Drug Enforcement Administration (DEA) license, as well as certification from the State's Division of Mental Health and Addiction (DMHA).
- OTP services will be covered for members enrolled in all IHCP programs, except for those in the benefit plans identified in *BT201744*. Coverage of OTP services is subject to the restrictions outlined, and individuals must meet the defined medical necessity criteria. Prior authorization (PA) is not required for OTP services. However, providers must maintain documentation demonstrating medical necessity and that the coverage criteria were met, as well as indicating the individual's length of treatment.

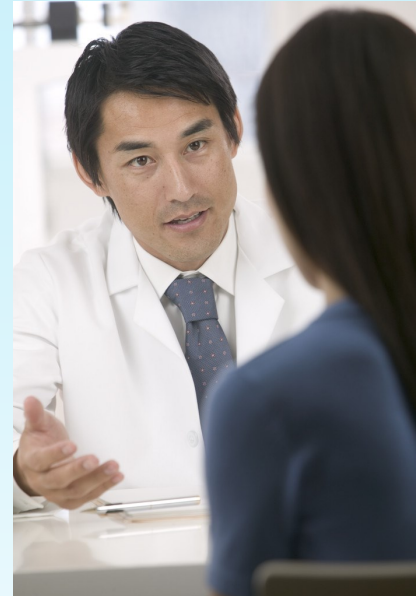
In response to public comment, the IHCP is revising its reimbursement policy and billing guidance for OTP services. The reimbursement policy and billing guidance published in *BT201744* are null and void and are replaced with the information published in this bulletin. This reimbursement policy and billing guidance applies to dates of service (DOS) on or after September 1, 2017.



Reimbursement of bundled OTP services

Addiction Services/OTP providers will be reimbursed a daily bundled rate that includes payment for required opioid treatment services. Providers should bill one unit of Healthcare Common Procedure Coding System (HCPCS) code H0020 – *Alcohol and/or drug services; methadone administration and/or service (provision of the drug by a licensed program)* for each day a member presents for treatment. Reimbursement for code H0020 will be based on a daily bundled rate. The daily bundled rate includes reimbursement for the following services:

- Oral medication administration, direct observation, daily
- Methadone, daily
- Drug testing, monthly
- Specimen collection and handling, monthly
- Pharmacologic management, daily
- One hour of case management, per week
- Group or individual psychotherapy, as required by DMHA
- Hepatitis A, B, and C testing, as needed
- Pregnancy testing, as needed
- One office visit every 90 days
- Tuberculous testing, as needed
- Syphilis testing, as needed
- Complete blood count, as needed



Providers that allow members take-home doses of methadone must bill code H0020 with modifier UA – *Take home Methadone Dose (Medicaid Specific)* (H0020 UA) for each DOS for which a take-home dose of methadone is dispensed. Methadone dispensed for unsupervised, take-home use should be dispensed in alignment with federal opioid treatment standards, per *Code of Federal Regulations* [42 CFR 8.12](#).

OTP services billable outside the bundled rate

A psychiatric diagnostic evaluation with medical services, as well as psychotherapy services over and above the therapy covered under the bundled rate, may be rendered and billed separately from the daily bundled rate. These services should be billed with the procedure codes below, and are subject to the limitations stated:

- 90792 – *Psychiatric diagnostic evaluation with medical services*: Limited to one per rolling year without PA. Additional units may be rendered and billed after obtaining PA.
- 90832-90838 (*psychotherapy*): Available to individuals in the event of a relapse and subject to the restrictions regarding provider oversight and limitations listed in the [Mental Health and Addiction Services](#) provider reference module. Any psychotherapy services billed outside the bundled rate must be billed with modifier SC – *Medically necessary service or supply*. PA may apply.

Any services billed outside the bundled rate are subject to postpayment review and must comply with all medical necessity requirements.

Other billing guidance

Other billing guidelines are as follows:

- The daily bundled rate is only billable for individuals who are receiving daily methadone maintenance treatment. If a member is using an alternative medication for treatment, such as Suboxone or Vivitrol, the medication, along with any related services rendered, must be billed separately. Providers enrolled as Addiction Services/OTP providers cannot be reimbursed for alternate medication-assisted treatment. To be reimbursed for these services, an OTP must be enrolled and must bill under another IHCP provider type and specialty appropriate for delivering these services.
- The IHCP will recognize the following credentials, under the direction of a physician or health service provider in psychology (HSPP), for individuals rendering individual, group, or family counseling services in an OTP setting:
 - A licensed psychologist
 - A licensed clinical social worker (LCSW)
 - A licensed marriage and family therapist (LMFT)
 - A licensed mental health counselor (LMHC)
 - A licensed clinical addiction counselor (LCAC)
 - A physician assistant
 - A nurse practitioner
 - A clinical nurse specialist
 - An individual credentialed in addiction counseling by a nationally recognized credentialing body approved by the DMHA*



**Note: The Medication Assisted Treatment Specialist (MATS) credential is not currently recognized by DMHA and will not be allowed by the IHCP.*

- Individuals who are presumptively eligible for the IHCP due to pregnancy are eligible for OTP services only if services are billed with specific pregnancy-related diagnoses. Providers are encouraged to use diagnosis codes O99.320, O99.321, O99.322, or O99.323, as appropriate. The comprehensive list of Presumptive Eligibility for Pregnant Women (PEPW) diagnosis codes is available on the [Code Sets](#) page at indianamedicaid.com.
- For IHCP members who also have Medicare coverage, providers should bypass Medicare billing and bill the IHCP directly for OTP services. Other third-party insurers, however, should be billed before billing the IHCP. Copays may apply to OTP services, depending on the member's health plan.
- Providers should contact the applicable managed care entity (MCE) for additional information on billing OTP services for members enrolled in a managed care program.
- Additional rules surrounding OTP services can be found in *Indiana Administrative Code* [440 IAC 10](#).

QUESTIONS?

If you have questions about this publication, please contact Customer Assistance at 1-800-457-4584.

COPIES OF THIS PUBLICATION

If you need additional copies of this publication, please [download them](#) from indianamedicaid.com.

SIGN UP FOR IHCP EMAIL NOTIFICATIONS



To receive email notices of IHCP publications, subscribe by clicking the blue subscription envelope here or on the pages of indianamedicaid.com.

TO PRINT

A [printer-friendly version](#) of this publication, in black and white and without graphics, is available for your convenience.