

Opioid Treatment Program Reimbursement Re-bundling Proposal

Maryland Department of Health and Mental Hygiene | April 22, 2016

The Department reviewed close to 50 letters and emails submitted by stakeholders providing comments and suggestions regarding the December 14th re-bundling proposal. After carefully reviewing all stakeholder input the Department is presenting the revised proposal for a second review, including an additional stakeholder comment period. This document presents changes proposed by the Department and integrates them with the original proposal.

Executive Summary

Maryland Medicaid proposes re-bundling the methadone reimbursement rates to include a \$ 56.00 per week per patient bundle for methadone maintenance, and adds the ability for Opioid Treatment Programs (OTP) to bill for outpatient counseling (H0004 and H0005) separately, as clinically necessary.

In response to stakeholder comments on the December 14, 2015 proposal, the Department proposes the following changes (described in more detail throughout this proposal):

1. Increase the proposed bundled rate for methadone maintenance (H0020) from \$ 42.00 per week to \$ 56.00 per week
2. Increase the proposed guest dosing rate for the guest OTP from \$ 3.00 per day to \$ 8.00 per day (the daily equivalent of the weekly rate)
3. Increase the proposed bundled rate for buprenorphine maintenance (H0047) from \$ 35.00 per week to \$ 49.00 per week (same weekly rate as methadone less the cost of the medication which is reimbursed separately)
4. Add the ability for OTPs to bill for H0016 Medication Assisted Treatment Induction for methadone treatment (\$ 200.00 for the initial induction)
5. Add the ability for OTP Physicians and Nurse Practitioners to bill for periodic medication management visits

The goal of this program is to address the practical needs of providers and participants and create flexibility in the administration of Medication Assisted Treatment in order to better integrate the provision of counseling and medical services. This proposal aims to strengthen continuity of care across the substance use disorder service spectrum. The re-bundled weekly rate will allow providers to bill for the outpatient counseling services provided by an OTP but also allow participants to continue receiving their methadone when they need to attend more intensive levels of treatment, such as treatment in an intensive outpatient program. This change will also enable the Department to address the needs of participants requiring temporary dosing at their non-home OTP site (guest dosing) and creates a mechanism of payment for providers whose participants are clinically appropriate to receive take home medication.

Current Methadone Reimbursement Structure

In accordance with federal and state regulation, OTPs are required to provide counseling as clinically indicated to their patients¹. Currently Maryland Medicaid reimburses OTPs for methadone maintenance through a bundled rate of \$80.00 per week per patient (H0020). According to COMAR 10.09.80.05.E, this bundle includes a comprehensive substance use disorder assessment; an individualized treatment plan; methadone dosing; substance use disorder and related counseling; medical services; ordering and administering drugs; and discharge planning. Clinically appropriate counseling is currently an expected part of the bundle for methadone maintenance. Additionally, this weekly bundled rate can only be billed by OTPs when a patient is seen in the clinic at least once that week.

Proposed OTP Methadone Maintenance Reimbursement Structure

OTP providers will continue to bill the current reimbursement code for methadone maintenance (H0020). This code will be adjusted to be a weekly bundled rate of \$ 56.00 per week per participant, which includes the following services:

- Managing medical plan of care
- A minimum of one face to face meeting in a month
- Methadone dosing
- Nursing services related to dispensing methadone
- Ordering and administering drugs
- Point of care toxicology testing (G0477)
- Coordination with other clinically indicated services

Updates to the proposal post review of stakeholder comments include the following:

1. The Department reconsidered the original proposed rate of \$ 42.00 per week and has adjusted by more than 30%. The new proposed rate for the bundled service (which now excludes initial medical services which will be separately reimbursed) is \$ 56.00 per week.
2. The Department proposes to add the ability for OTPs to bill for medication assisted treatment induction using the H0016 code that is currently used for buprenorphine induction (\$ 200.00 per induction), in recognition of the time intensity involved with the induction process.
3. Additionally, the Department proposes allowing OTP Physicians and Nurse Practitioners to bill for up to five visits for medication management annually (E&M codes).

Summary of changes: In the first week an OTP provider will be able to bill for H0020 Methadone Maintenance (\$ 56.00 per week), H0001 Alcohol and/ drug assessment (\$ 142.00 per assessment), and H0016 Medication Assisted Treatment Induction (\$ 200.00). E&M codes will not be reimbursed in the first week of treatment, concurrently with H0016 Induction.

¹ CFR 42 §8.12; COMAR 10.09.80.05

Counseling:

Under this proposal, counseling services may be billed by OTPs in addition to the bundled rate. However, in the first week OTPs may not bill for counseling codes as counseling is included in the MAT Induction code (H0016 \$ 200.00). After the induction week, OTPs may choose to bill H0004 and H0005 procedure codes for individual and group counseling respectively, as clinically indicated. OTPs are responsible for Level 1 outpatient counseling to their enrolled patients. No other provider can be reimbursed for Level 1 outpatient counseling while the participant is receiving Medication Assisted Treatment from an OTP.

If there is clinical necessity for a more intensive level of treatment, OTPs would refer their patient to a Certified Addictions Program (PT 50). OTP providers that are certified to deliver IOP level of care would then need to be enrolled with Medicaid as a Provider Type 50 in order to obtain authorization and claims payment for IOP services.

Labs:

In this proposal, there are no changes to billing of lab codes from the current methadone maintenance bundle. Urinalysis (random drug testing) is included in the proposed bundled rate for methadone maintenance. The proposed rate includes G0477 (previously G0434) drug tests which may be billed by appropriately licensed providers. All other lab testing must be sent to labs.

Guest Dosing for Methadone

When a patient needs to receive methadone treatment at an OTP other than the one they regularly attend, they may need a guest dose from another OTP. Currently, there is no mechanism for Maryland Medicaid to reimburse the guest OTP treatment site. Under this proposal the Department would authorize payment of \$ 8.00 per day to the provider delivering the guest dosing. The guest dosing provider would need to coordinate with the “home” provider to ensure correct dosage and avoid duplicative dosing.

The Department recognizes that guest dosing requires a significant amount of time and effort that is equivalent to a normal week. Therefore the Department is proposing that the home OTP will receive the bundled weekly rate (\$ 56.00 per week) and the guest dosing OTP will receive a daily equivalent of the weekly bundled rate (\$ 8.00 per day or \$56.00 per week) only for days medication is managed by the guest dosing provider.

Participants will be allowed up to 30 days of guest dosing per year, with the ability for their home provider to request additional units for special circumstances through clinical review. It will be the responsibility of the guest provider to be in touch with the home provider in order to receive information about dosing and ensure that the home provider is not dosing while the participant is receiving their doses from the guest OTP.

Proposed OTP Buprenorphine Reimbursement Structure

Similar to the proposed methadone reimbursement plan, OTP providers will continue to bill the current reimbursement code for buprenorphine maintenance (H0047). However, this code will be reduced to be a bundled rate of \$ 49.00 per week per patient, to cover the following:

- Medical plan of care
- Once a month face to face meeting
- Buprenorphine dosing
- Nursing services related to dispensing
- Ordering and administering drugs
- Point of care toxicology testing (G0477)
- Coordination with clinically indicated services

Updates to the proposal post review of stakeholder comments include the following:

1. The Department reconsidered the original proposed rate of \$ 35.00 per week and has adjusted by more than 30%. The new proposed rate for the bundled service (which now excludes initial medical services which will be separately reimbursed) is \$ 49.00 per week.
2. Additionally, the Department proposes allowing OTP Physicians and Nurse Practitioners to bill for up to five visits for medication management annually (E&M codes).

The reimbursement rate for buprenorphine inductions will remain the same (H0016 \$200.00); as will the reimbursement rate for buprenorphine itself when purchased and administered by the OTP (J8499).

Face to Face Requirements

According to federal regulations 42 CFR 8.12, the maximum time allowed for take home methadone treatment is for 31 days. This means all patients must be seen at least once a month in person.

OTPs are required to update the individualized treatment plan according to state regulations every 90 days via a face to face evaluation (COMAR 10.47.02.04; 10.47.02.11). However, if a patient at an OTP is receiving take home methadone treatment and has been stable for one year, the treatment plan may be updated every 180 days.

Process

Providers and stakeholders will have 21 days to comment on this revised proposal. All comments should be sent to dhmh.medic aidsud@maryland.gov. The Department will be accepting comments until Monday, May 13, 2016.

At the conclusion of that comment period, the Department will evaluate the next steps, which will include seeking approval from CMS and promulgating regulations.

Overview of Current Medication Assisted Treatment Reimbursement Compared to Proposed Reimbursement		
	Current	Proposed
Services included in the bundle	<ul style="list-style-type: none"> • Comprehensive substance use disorder assessment; • An individualized treatment plan; • Once a week face to face meeting • Medication Assisted Treatment dosing; • Substance use disorder and related counseling; • Medical services; • Ordering and administering drugs; • Point of care toxicology testing (G0477); and • Discharge planning 	<ul style="list-style-type: none"> • Medical plan of care • Once a month face to face meeting • Medication Assisted Treatment dosing • Nursing services related to dispensing methadone • Ordering and administering drugs • Point of care toxicology testing (G0477) • Coordination with other clinically indicated services
Allowed Methadone Reimbursement Codes	<ul style="list-style-type: none"> • H0020 Methadone Maintenance (\$ 80.00 per week) • H0001 Alcohol and/or drug assessment (\$ 142.00 per assessment) 	<ul style="list-style-type: none"> • H0020 Methadone Maintenance (\$ 56.00 per week) • H0001 Alcohol and/or drug assessment (\$ 142.00 per assessment) • H0016 Medication Assisted Treatment Induction (\$ 200.00 per induction) • H0004 Individual Outpatient Counseling (\$ 20.00 per 15 minutes) • H0005 Group Outpatient Counseling (\$ 39.00 per 60-90 minute session) • E&M codes for medication management (up to 5 visits per year), not to be billed concurrently with induction (H0016)
Allowed Buprenorphine Reimbursement Codes	<ul style="list-style-type: none"> • H0016 Buprenorphine Induction (\$ 200.00) • H0047 Buprenorphine Maintenance (\$ 75.00) • H0001 Alcohol and/or drug assessment (\$ 142.00 per assessment) • J8499 Buprenorphine (8mg or 2mg) 	<ul style="list-style-type: none"> • H0016 Medication Assisted Treatment Induction (\$ 200.00 per induction) • H0047 Buprenorphine Maintenance (\$ 49.00 per week) • H0001 Alcohol and/or drug assessment (\$ 142.00 per assessment) • H0004 Individual Outpatient Counseling (\$ 20.00 per 15 minutes) • H0005 Group Outpatient Counseling (\$ 39.00 per 60-90 minute session) • E&M codes for medication management (up to 5 visits per year), not to be billed concurrently with induction (H0016) • J8499 Buprenorphine (8mg or 2mg)
IOP Services	When a patient is receiving MAT from an OTP and requires higher intensity services such as IOP from a	When a patient is receiving MAT from an OTP and requires higher intensity services such as IOP from a type 50, both providers can be

	type 50, only one of the providers can be reimbursed.	authorized and receive reimbursement for services.
Guest Dosing for Methadone	Currently there is no formalized way for guest dosing providers to be reimbursed by Medicaid.	<u>Home OTP</u> : Reimbursed \$ 56.00 per week <u>Guest dosing OTP</u> : Reimbursed a daily equivalent of the weekly bundled rate (\$ 8.00 per day or \$56.00 per week) only for days medication is managed by the guest dosing agency
Face to Face Requirement	In order to be reimbursed the weekly bundle, the participant must be seen in person during the week.	For participants receiving take home doses, the OTP may be reimbursed the weekly bundle as long as the participant is seen once during the month.