



STATE OF MARYLAND

DHMH

Maryland Department of Health and Mental Hygiene

Larry Hogan, Governor - Boyd K. Rutherford, Lt. Governor - Dennis R. Schrader, Secretary

MARYLAND MEDICAL ASSISTANCE PROGRAM

Substance Use Disorder Transmittal No. 22

March 28, 2017

TO: Substance Use Disorder Providers

FROM: *Susan J. Tucker*
Susan J. Tucker, Executive Director
Office of Health Services

RE: Combination of Services Limitations: Level 1, Level 2.1, and Level 2.5

NOTE: Please ensure that appropriate staff members in your organization are informed of the contents of this transmittal

For patients who meet American Society of Addiction Medicine (ASAM) criteria for Level 2.1 Intensive Outpatient Treatment (IOP) and are authorized by the Administrative Service Organizations (ASO) for IOP level of care, providers may not be reimbursed by Maryland Medicaid for the delivery of other levels of service during that period of time. According to COMAR 10.09.80.06B, providers may not be reimbursed for Level 1 group or individual counseling during the same week as Level 2.1 IOP or overlapping episodes of Level 2.1 IOP and Level 2.5 Partial Hospitalization (PHP).

ASAM Level 2.1 IOP provides structured outpatient SUD treatment including a combination of group and individual services for patients who require outpatient treatment for a **minimum of nine hours weekly** for adults and a **minimum of six hours weekly** for adolescents. According to COMAR 10.09.80.06C, the IOP per diem session shall include a minimum of two hours in order to be reimbursed. Providers may bill Medicaid for IOP services for a maximum of four days per week. The total number of hours per week must meet the minimum of nine hours for adults and six hours for adolescents but could be more based on the individualized needs of those receiving services. Therapeutic interventions should be constructed to maximize effectiveness during this short term, high intensity treatment period.

Counseling is not a linear process, but the expectation is that all treatment is individualized and follows an expected recovery process from addiction. There is an expected natural progression between levels of care that may require IOP at times, but also step down to Level 1 services for those who have experienced longer time in treatment.

If a patient is receiving Level 1 outpatient services at the beginning of one week and is determined to meet ASAM criteria for Level 2 in the middle of a week, providers should bill the remaining days of the week at Level 1 and begin billing for IOP the following week. Conversely, if a patient is in IOP treatment at the beginning of the week and is determined to meet ASAM criteria for Level 1 in the

middle of the week, the provider should bill for IOP each day the individual was treated for the minimum time of 2 hours, up to 4 days that week.

Providers may not bill Maryland Medicaid for the delivery of Level 1 services concurrent with Level 2 services. This is true regardless of whether it is the same provider offering both Level 1 outpatient and Level 2 IOP services, or different providers. Level 1 outpatient therapy authorization may remain open while the patient is receiving another level of care, however, there can be no overlap in the week in which Level 1 or Level 2 services occur. When a patient no longer meets ASAM for Level 2 IOP counseling, the authorization needs to be closed.

The Department reminds providers that under the existing reimbursement structure, OTPs are reimbursed based on a bundled weekly rate. IOP and OTP services can never both be billed by a provider in one week for the same participant. If an individual is receiving care in an OTP, all clinical services up to and including PHP level of care are included in the bundle. Under re-bundling, IOP and PHP will both be reimbursable in the same week as OTP services.