Residential Substance Use Disorder Treatment for Adults Frequently Asked Questions # 6

June 23, 2017

IMPORTANT!! PROGRAMS WHO CURRENTLY HAVE INDIVIDUALS IN THEIR CARE: YOU MUST SUBMIT YOUR APPLICATION TO MEDICAID TO BE ENROLLED AS A PROVIDER TYPE 54 IN ORDER TO OBTAIN AUTHORIZATIONS.

*****Please get your applications to: <u>mdh.bhenrollment@maryland.gov</u> to initiate this process. Applications received after 6/26 may not be able to obtain authorizations or payment for services on 7/1/2017.******

1. How will providers bill for residential SUD for adults?

Providers will bill a daily rate for the level of care provided and on the second line bill the room and board code. Providers CANNOT bill date spans. All days must be billed individually.

ASAM Level	Billing code	Daily rate
Level 3.3	W7330	\$189.44
Level 3.5	W7350	\$189.44
Level 3.7	W7370	\$291.65
Level 3.7WM	W7375	\$354.67
Room and Board	RESRB	\$45.84

Find the appropriate procedure codes and rates below:

Example: For a level 3.5 stay (meeting MNC and authorized), providers should bill as follows for each date of service:

Date of Service	Billing Code	Daily Rate
7/1/2017	W7350	\$189.44
7/1/2017	RESRB	\$45.84
7/2/2017	W7350	\$189.44
7/2/2017	RESRB	\$45.84
7/3/2017	W7350	\$189.44
7/3/2015	RESRB	\$45.84

2. Some providers have indicated that they are experiencing delays in obtaining new NPI numbers that may cause them not to be able to acquire them in time to include with the

Residential SUD Medicaid application, due June 26th. What could be done should this indeed turn out to be the case?

Providers should submit their applications to <u>mdh.bhenrollment@maryland.gov</u> as soon as possible. The Department and Beacon Health Options will work with these providers on a case by case basis.

3. Will there be training on submitting claims for Residential SUD services?

Please follow the directions provided in response to question #1 for information on how to bill for residential SUD for adults. Providers who have additional questions or are unfamiliar with billing Beacon may contact Beacon Health Options at 800-888-1965 or at Maryland.providerrelations@beaconhealthoptions.com

4. After reviewing the most recent FAQs, it is still not clear to us why the staffing requirements are set up the way they are for 3.3 and 3.5 and what is meant by the descriptions of the needs of individuals in these levels of care?

While there are fewer clinical services at level 3.3 versus level 3.5, there is a medical component that is included in level 3.3. The identical rate for 3.3 and 3.5 is a reflection of the service shift from higher level of clinical need to higher level of medical need.

For more information about ASAM levels of care please review the ASAM criteria (https://www.asam.org/qualitypractice/guidelines-and-consensus-documents/the-asam-criteria). Additionally, providers who require technical assistance may request it from Trina Ja'far at trina.ja'far@maryland.gov.

5. Is all mental health counseling, including that which would normally be included in an outpatient mental health service, to be provided (or paid for) by the residential SUD provider as a part of the package of services included in the residential rate? Is there any outpatient mental health counseling that can be reimbursed separately from the residential SUD provider?

The residential SUD for adults rate is inclusive of all counseling and therapeutic services. Residential SUD providers are required per the proposed regulations and the Department's agreement with CMS to have licensed clinicians on staff. Counseling services may not be billed to Maryland Medicaid outside of the all-inclusive residential SUD for adults rate. Visits with a psychiatrist for a co-occurring psychiatric condition may be reimbursed separately.

6. In reviewing the current process and forms for uninsured exceptions, it appears that the form may need to be revised. For example, there is no indication of level of care requested on the form. Also, will we be using the same eligibility criteria?

The Behavioral Health Administration will update the form and follow-up with Beacon. Additional information will be shared before or during the June 28 transfer of grants meeting.

7. When should providers request authorizations for those individuals who are currently in treatment and meet ASAM medical necessity criteria on July 1, 2017?

To reduce the administrative burden on providers for those individuals who are currently in treatment and the individuals continue to meet ASAM medical necessity criteria for residential treatment on or after 7/1/17, providers can request authorizations for those individuals during the following time-frames:

- ASAM Level 3.7 and Level 3.7WM: Between 6/26/17 and 7/7/17
- All other levels including 3.5 and 3.3 Between 6/26/17 and 7/15/17

NOTE: Programs must obtain prior authorization for individuals entering treatment on or after 7/1/17.

Providers must also be registered in the Beacon Health Options ProviderConnect system. If you are not sure if you have been registered, please send an email to: <u>marylandproviderrelations@beaconhealthoptions.com</u>.

8. I have been entering data for the admissions to my residential program as instructed by Beacon/BHA for levels 3.3, 3.5 and 3.7. What do I do with those authorizations?

Beacon Health Options will discharge those authorizations on your behalf, so that you may receive an initial authorization starting 7-1-17 for the new residential program. From now until 7-1-17 you will no longer need to enter authorizations for data entry purposes.

9. Update on 10.09.06 regulations:

10.09.06 regulations post in the Maryland Register

(<u>http://www.dsd.state.md.us/MDR/mdregister.html</u>) today, June 23, 2017. The formal comment period begins, although the Department has been accepting comments already. Except for comments that require immediate clarification related to enrollment, all comments will be responded to after the close of the comment period (July 24). If you have already submitted a comment during the informal comment period, you do NOT need to re-submit the comment during the formal process. All comments received will be responded to.