Opioid Treatment

The Medicaid program provides coverage for medically necessary Medication-Assisted Treatment (MAT) delivered in Opioid treatment programs (OTPs), including but not limited to Methadone treatment to all Medicaid-eligible adults and adolescents with Opioid Use Disorder (OUD).

Components

Screening

A screening is conducted to determine eligibility and appropriateness for admission and referral.

Physician Examination

A complete physical examination, including a drug screening test, by the OTP's physician must be conducted before admission to the OTP. A full medical exam, including results of serology and other tests, must be completed within 14 days of admission. The physician must ensure members have a substance use or Opioid use disorder (OUD). The member must have been addicted to opiates for at least one year before admission for treatment, or meet exception criteria, as set in federal regulations, as determined by a physician.

Alcohol and Drug Assessment and Referrals

A comprehensive bio-psychosocial assessment must be completed within the first seven days of admission, which substantiates treatment. For new admissions, the American Society of Addiction Medicine (ASAM) 6 Dimensional risk evaluation must be included in the assessment. The assessment must be reviewed and signed by a licensed mental health professional (LMHP). The comprehensive bio-psychosocial assessment must contain the following:

1. Circumstances leading to admission;
2. Past and present behavioral health concerns;
3. Past and present psychiatric and addictive disorders treatment;
4. Significant medical history and current health status;
5. Family and social history;

6. Current living situation;

7. Relationships with family of origin, nuclear;

8. Family and significant others;

9. Education and vocational training;

10. Employment history and current status;

11. Military service history and current status;

12. Legal history and current legal status;

13. Emotional state and behavioral functioning, past and present; and

14. Strengths, weaknesses, and needs.

Ongoing assessment and referral services for individuals presenting a current or past use pattern of alcohol or other drug use is essential in the treatment of substance use disorders. The assessment is designed to gather and analyze information regarding a member's biopsychosocial, substance use and treatment history. The purpose of the assessment is to provide sufficient information for problem identification and, if appropriate, substance use-related treatment or referral. A licensed provider must comply with licensing standards and any further Louisiana Department of Health (LDH) standards outlined below in regard to assessment practices. Once an individual receives an assessment, a staff member must provide the individual with the identified clinical recommendations, including referral to alternative level of care or services. Assessments must include the consideration of appropriate psychopharmacotherapy. There must be evidence that the member was assessed to determine if MAT was a viable option of care, based on the substance use disorder (SUD) diagnosis, and an appropriate assignment to level of care was determined, with referral to other appropriate services as indicated.

OTP providers, when clinically appropriate, must address the following during the assessment and referral process:

1. Educate members on the proven effectiveness, benefits and risks of Food and Drug Administration approved MAT options for their SUD;

2. Refer to other MAT offsite as applicable; and

3. Document member education, access to MAT and member response in the progress notes.

Treatment Planning Process

Treatment plans must be based on the assessments to include person-centered goals and objectives. The treatment plan must be developed within seven days of admission by the treatment team.

The treatment plan must:

1. Identify the services intended to reduce the identified condition, as well as the anticipated outcomes of the individual;
2. Include a referral to self-help groups such as Alcoholics Anonymous (AA), Al-Anon, and Narcotics Anonymous (NA);
3. Must specify the frequency, amount and duration of services. (Refer to 2.6 Record Keeping.);
4. Must be signed by the LMHP or physician responsible for developing the plan; and
5. Specify a timeline for re-evaluation of the plan that is, at least, an annual redetermination.

The re-evaluation must involve the individual, family and providers and must determine whether services have contributed to meeting the stated goals. The treatment plan must be updated and revised if there is no measureable reduction of disability or restoration of functional level. The updated plan must identify different rehabilitation strategies with revised goals and services. If the services are being provided to a youth enrolled in the Coordinated System of Care (CSoC) program, the wrap-around agency (WAA) must be notified, and the substance use treatment provider must either be on the Child Family Team (CFT) or will work closely with the CFT. Substance use service provision will be part of the youth's plan of care (POC) developed by the team.

Treatment Services

Treatment services include:

1. The administration and dispensing of medications;

2. Treatment phases 1 through 4:

    a. Initial treatment phase lasts from three to seven days. During this phase, the provider conducts orientation, provides individual counseling, and develops the initial treatment plan for treatment of critical health or social issues.

b. Early stabilization begins on the third to seventh day following initial treatment through 90 days in duration, whereas the provider:

i. Conducts weekly monitoring of the member's response to medication;

ii. Provides at least four individual counseling sessions;

iii. Revises the treatment plan within 30 days to include input by all disciplines, the member, and significant others; and

iv. Conducts random monthly drug screen tests.

3. Maintenance treatment follows the end of early stabilization and lasts for an indefinite period of time. The provider must:

a. Perform random monthly drug screen tests until the member has negative drug screen tests for 90 consecutive days as well as random testing for alcohol when indicated;

b. Thereafter, monthly testing to members who are allowed six days of take-home doses, as well as random testing for alcohol when indicated;

c. Continuous evaluation by the nurse of the member's use of medication and treatment from the program and from other sources;

d. Documented reviews of the treatment plan every 90 days in the first two years of treatment by the treatment team;

e. Documentation of response to treatment in a progress note at least every 30 days; and

f. Medically supervised withdrawal from synthetic narcotic with continuing care (only when withdrawal is requested by the member). The provider must:

i. Decrease the dose of the synthetic narcotic to accomplish gradual, but complete withdrawal, as medically tolerated by member;

ii. Provide counseling of the type and quantity based on medical necessity; and

iii. Conduct discharge planning as appropriate.

4. Take home dosing:

   a. Participants may receive take-home doses in accordance with state and federal regulations and the member's treatment plan phase. Take home dosing is a privilege contingent upon the member's progress in treatment and surroundings absent of criminal activity and based upon the probability of the member's risk of diversion, which is determined by assessment and clinical judgement; and

   b. Guidelines for take home medication privilege:

      i. Negative drug/alcohol screen for at least 30 days;

      ii. Regular clinic attendance;

      iii. Absence of serious behavioral problems and criminal activity during treatment;

      iv. Stability of home environment and social relationships; and

      v. Assurance that take-home medication can be safely stored (lock boxes provided by member).

5. Standard schedule:

   a. After the first 30 days and during the remainder of the first 90 days in treatment, one therapeutic privileged dose per week may be allowed (days 30-90);

   b. In the second 90 days, two therapeutic doses per week may be allowed (days 91-180);

   c. In the third 90 days of treatment, three therapeutic doses per week may be allowed;

   d. In the final 90 days of treatment of the first year, four therapeutic doses per week may be allowed;

   e. After one year in treatment, a six-day dose supply, consisting of take-home doses and therapeutic doses, may be allowed once a week if the treatment

team and medical director determine that the therapeutic privileged doses are appropriate; and

f. After two years in treatment, a 13-day dose supply, consisting of take-home doses and therapeutic doses, may be allowed once every two weeks if the treatment team and medical director determine that the therapeutic privileged doses are appropriate.

6. Exceptions:

a. When the OTP is closed for a legal holiday or Sunday, a take-home dose may be dispensed to members who have attended the clinic at least two times and who have been determined by the nurse to be physically stable and by the counselor to create a minimal risk for diversion; and

b. In the event of a Governor's Declaration of Emergency, emergency provisions for take-home dosing may be enacted, as approved by the State Opioid Treatment Authority (SOTA).

7. Loss of take home privilege:

a. Positive drug screens at any time for any drug other than prescribed will require a new determination to be made by the treatment team regarding take-home privileges; and

b. If the member has a urine drug screen with any substances other than Methadone, Methadone Metabolites, or a medication that the member does not have a valid prescription for, then take-home doses may be eliminated, and the member would then present to the provider's office in person.

8. Care coordination:

a. Services provided to members must include communication and coordination with the other health care providers as it relates to the member's OUD treatment. Coordination with other health care systems must occur, as needed, to achieve the treatment goals. All coordination must be documented in the member's treatment record.

Eligibility Criteria

The medical necessity for substance use services must be determined by and recommended by a physician. Members who meet clinical criteria must be at least 18 years old, unless the member has consent from a parent or legal guardian, if applicable, and the SOTA. Members must also meet member admission criteria for federal opioid treatment standards in accordance with 42 CFR § 8.12, as determined by a physician.

Member Records

In addition to the general requirements for record keeping (refer to Section 2.6), each member's record must contain the following:

1. Recording of medication administration and dispensing in accordance with federal and state requirements;

2. Results of five most recent drug screen tests with action taken for positive results;

3. Physical status and use of additional prescription medication;

4. Contact notes and progress notes (monthly, or more frequently, as indicated by needs of client) that include employment/vocational needs, legal and social status, and overall individual stability;

5. Documentation and confirmation of the factors to be considered in determining whether a take-home dose is appropriate;

6. Documentation of approval of any exception to the standard schedule of take-home doses and the physician's justification for such exception; and

7. Any other pertinent information.

Additional Provider Responsibilities

OTPs must maintain an up-to-date disaster and emergency plan, which has been approved by the SOTA. In the event of an emergency leading to temporary closure of a program, an up-to-date plan for emergency administration of medications must be addressed. OTPs should have the capability to respond to emergencies on a 24-hour basis. The plan should include a contracted physician whom the provider can contact during emergencies. The plan should also include a mechanism for informing members of emergency arrangements and alternative dosing locations and a procedure for notifying SAMHSA, DEA, and state authorities of the event.

OTPs must coordinate access to the Methadone Central Registry (MCR) for employees who provide direct member care. Access should be coordinated through an email request to the SOTA. The OTP should assign access to more than one person to update the MCR. Updates should occur on a daily basis and/or as changes in prescribed doses occur.

Monthly census and capacity reports must be submitted to the SOTA by the fifth of each month using appropriate documentation format as approved by the SOTA.

Upon the death of a member, the OTP must:

1. Report the death of a member enrolled in its clinic to the SOTA within 24 hours of the discovery of the member's death;

2. Report the death of a member to the Health Standards Section (HSS) within 24 hours of discovery if the death is related to program activity;

3. Submit documentation on the cause and/or circumstances to SOTA and to HSS, if applicable, within 24 hours of the provider's receipt of the documentation; and

4. Adhere to all protocols established by LDH on the death of a member.

Guest dosing occurs when a member receives Methadone dosing at another OTP other than his or her primary/home based OTP clinic. Guest dosing can be coordinated with the SOTA during natural disasters if the prescriber is unable to contact the provider with whom the member is affiliated. The providers involved in a temporary transfer or guest dosing must ensure the following:

1. The receiving provider must verify dosage prior to dispensing and administering medication;

2. The sending provider must verify dosage and obtain approval and acceptance from receiving provider prior to member's transfer; and

3. Documentation to support all temporary transfers and guest dosing is maintained.

NOTE: Non-preferred forms of buprenorphine and buprenorphine/naloxone require prior authorization.

Services provided to adolescents must include communication and coordination with the family and/or legal guardian. Coordination with other child-serving systems should occur, as needed, to achieve the treatment goals. All coordination must be documented in the youth's medical record.

All substance use treatment services must offer the family component. Adolescent substance use programs must include family involvement, parent education, and family therapy.

Staffing for the facility must be consistent with State licensure regulations on a full-time employee (FTE) basis.

Provider Qualifications

Agency

To provide services, OTPs must meet the following requirements:

1. Licensed by the Louisiana Department of Health (LDH) per La. R.S. 40:2151 et seq.;

2. OTPs must be accredited by the Commission on Accreditation of Rehabilitation Facilities (CARF), the Council on Accreditation (COA), or The Joint Commission (TJC). Denial, loss of, or any negative change in accreditation status must be reported in writing immediately upon notification to the managed care entities with which the agency contracts or is being reimbursed;

3. Services must be provided under the supervision of a licensed mental health professional (LMHP) or physician who is acting within the scope of his/her professional license and applicable state law. (Refer to Appendices B and D for more information on LMHPs). The term supervision refers to clinical support, guidance, and consultation afforded to unlicensed staff, and should not be confused with clinical supervision of bachelor's or master's level individuals or provisionally licensed individuals pursuing licensure. Such individuals must comply with current, applicable scope of practice and supervisory requirements identified by their respective licensing boards;

4. Arrange for and maintain documentation that prior to employment (or contracting, volunteering, or as required by law) individuals pass criminal background checks, including sexual offender registry checks, in accordance with all of the below:

    a. The Behavioral Health Service Provider (BHSP) licensing regulations established by the Louisiana Administrative Code (LAC) 48:I.Chapter 56, which includes those for owners, managers, and administrators; any individual treating children and/or adolescents; and any unlicensed direct care staff;

b. La. R.S. 40:1203.1 et seq. associated with criminal background checks of un-licensed workers providing member care;

c. La. R.S. 15:587, as applicable; and

d. Any other applicable state or federal law.

5. Providers must not hire individuals failing to meet criminal background check requirements and regulations. Individuals not in compliance with criminal background check requirements and regulations must not be utilized on an employment, contract nor volunteer basis. Criminal background checks performed over 90 days prior to the date of employment will not be accepted as meeting the criminal background check requirement. Results of criminal background checks are to be maintained in the individual's personnel record;

6. The provider must review the Department of Health and Human Services' Office of Inspector General (OIG) List of Excluded Individuals and Entities (LEIE) and the LDH State Adverse Actions website prior to hiring or contracting with any employee or contractor that performs services that are compensated with Medicaid/Medicare funds, including but not limited to licensed and unlicensed staff, interns, and contractors. Once employed, the lists must be checked once a month thereafter to determine if there is a finding that an employee or contractor has abused, neglected, or extorted any individual or if they have been excluded from participation in the Medicaid or Medicare Program by Louisiana Medicaid or the Department of Health and Human Services' Office of Inspector General. The provider is prohibited from knowingly employing or contracting with, or retaining the employment of or contract with, anyone who has a negative finding placed on the Louisiana State Adverse Action List, or who have been excluded from participation in the Medicaid or Medicare Program by Louisiana Medicaid or the Department of Health and Human Services' Office of Inspector General;

7. Providers are required to maintain results in personnel records that checks have been completed. The OIG maintains the LEIE on the OIG website (https://exclusions.oig.hhs.gov) and the LDH Adverse Action website is located at https://adverseactions.ldh.la.gov/SelSearch;

8. Arrange for and maintain documentation that all persons, prior to employment, are free from Tuberculosis (TB) in a communicable state via skin testing (or chest exam if recommended by physician) to reduce the risk of such infections in members and staff. Results from testing performed over 30 days prior to date of employment will not be accepted as meeting this requirement;

9. Establish and maintain written policies and procedures inclusive of drug testing staff to ensure an alcohol and drug-free workplace and a workforce free of substance use. (Refer to Appendix D);

10. Maintain documentation that all direct-care staff who are required to complete First Aid, cardiopulmonary resuscitation (CPR), and seizure assessment training, complete American Heart Association (AHA) recognized training, within 90 days of hire, which must be renewed within a time period recommended by the AHA. (Refer to Appendices A and D);

11. Maintain documentation of verification of staff meeting educational and professional requirements and licensure (where applicable), as well as completion of required trainings for all staff. Quarterly trainings must be documented and submitted to the SOTA on a quarterly basis; and

12. Ensure and maintain documentation that all unlicensed persons employed by the organization complete training in a recognized crisis intervention (CI) curriculum prior to handling or managing crisis calls, which must be updated annually.

Staff

To provide services, staff must meet the following requirements:

1. Licensed and unlicensed professional staff must be at least 18 years of age, have a high school diploma or equivalent according to the areas of competence as determined by degree, and have the required levels of experience as defined by State law and regulations and departmentally approved guidelines and certifications;

2. Effective six (6) months after publication date, staff must be at least three years older than any member served under 18 years of age. Licensed individual practitioners with no documentation of having provided substance use services prior to December 1, 2015, are required to demonstrate competency via the Alcohol and Drug Counselor (ADC) exam, the Advanced Alcohol and Drug Counselor (AADC) exam, or the Examination for Master Addictions Counselor (EMAC). Any licensed individual practitioner who has documentation of providing substance use services prior to December 1, 2015, and within the scope of practice, is exempt from (ADC, AADC, EMAC) testing requirements. Organizational agencies are required to obtain verification of competency (passing of accepted examinations) or exemption (prior work history/resume, employer letter);

3. Staff can include the Office of Behavioral Health (OBH) credentialed peer support specialists who meet all other qualifications. A peer specialist is a recommended position at all ASAM levels of care. A peer specialist is a person with lived experience with behavioral health challenges, who is in active recovery, and who is trained to assist others in their own recovery. The peer specialist uses his or her own unique, life-altering experience in order to guide and support others who are in recovery. This refers to individuals recovering from substance use disorders. Peer specialists work in conjunction with highly trained and educated professionals. They fill a gap by providing support from the perspective of someone who has first-hand experience;

4. The provider is prohibited from knowingly employing or contracting with, or retaining the employment of or contract with, a member of the direct care staff who has an alcohol or drug offense, unless the employee or contractor has completed his/her court-ordered sentence, including community service, probation, and/or parole and been sober per personal attestation for at least the prior two years;

5. Satisfactory completion of criminal background checks pursuant to the BHSP licensing regulations (LAC 48:I.Chapter 56), La R.S. 40:1203.1 et seq., La R.S. 15:587 (as applicable), and any applicable state or federal law or regulation;

6. Pass a TB test prior to employment;

7. Pass drug screening tests as required by agency's policies and procedures;

8. Employees and contractors must not be excluded from participation in the Medicaid or Medicare Program by Louisiana Medicaid or the Department of Health and Human Services' Office of Inspector General;

9. Direct care staff must not have a finding on the Louisiana State Adverse Action List;

10. Complete AHA recognized First Aid, CPR and seizure assessment training. Psychiatrists, advanced practical registered nurses (APRNs)/clinical nurse specialists (CNSs)/physician assistants (PAs), registered nurses (RNs), and licensed practical nurses (LPNs) are exempt from this training. (Refer to Appendix D);

11. All direct care staff must receive orientation and training for and demonstrate knowledge of the following, including, but not limited to:

    a. Symptoms of opiate withdrawal;

b. Drug screen testing and collections;

c. Current standards of practice regarding opiate addiction treatment;

d. Poly-drug addiction; and

e. Information necessary to ensure care is provided within accepted standards of practice.

12. Non-licensed direct care staff are required to complete a basic clinical competency training program approved by OBH prior to providing the service. (Refer to Appendix D).

Staffing Requirements

Personnel must consist of professional and other support staff that are adequate to meet the needs of the individuals admitted to the facility.

The OTP must have the following staff:

Medical Director

The provider must ensure that its medical director is a licensed physician with a current, valid unrestricted license to practice in the state of Louisiana with two years of qualifying experience in treating psychiatric disorders.

The medical director must provide the following services:

1. Decrease the dose to accomplish gradual, but complete withdrawal, only when requested by the member;

2. Provide medically approved and medically supervised assistance for withdrawal, only when requested by the member;

3. Participate in the documentation of reviews of treatment plan every 90 days in the first two years of treatment;

4. Order take-home doses; and

5. Participate in discharge planning.

Pharmacist or Dispensing Physician

The OTP must employ or contract with a pharmacist or dispensing physician to assure that any prescription medication dispensed on-site meets the requirements of applicable state statutes and regulations. The pharmacist or dispensing physician must have a current, valid unrestricted license to practice in the state of Louisiana and provide the following services:

1. Dispense all medications;

2. Work collaboratively with the Medical Director to decrease the dose to accomplish gradual, but complete withdrawal, only when requested by the member;

3. Contribute to the development of the initial treatment plan;

4. Contribute to the documentation for the treatment plan review every 90 days in the first two years of treatment; and

5. Document response to treatment in progress notes at least every 30 days.

Clinical Supervisor

State regulations require supervision of unlicensed professionals by a clinical supervisor, who:

1. Is an LMHP that maintains a current and unrestricted license with its respective professional board or licensing authority in the state of Louisiana;

2. Must be on duty and on call as needed;

3. Has two years of qualifying clinical experience as an LMHP in the provision of services provided by the provider; and

4. Must have the following responsibilities:

    a. Provide supervision utilizing evidenced-based techniques related to the practice of behavioral health counseling;

    b. Serve as a resource person for other professionals counseling persons with behavioral health disorders;

c. Attend and participate in care conferences, treatment planning activities, and discharge planning;

d. Provide oversight and supervision of such activities as recreation, art/music, or vocational education;

e. Function as member advocate in treatment decisions;

f. Ensure the provider adheres to rules and regulations regarding all behavioral health treatment, such as group size, caseload, and referrals;

g. Provide only those services that are within the person's scope of practice; and

h. Assist the clinical director and/or medical director and governing body with the development and implementation of policies and procedures.

Physician or APRN

The physician or APRN must have a current, valid unrestricted license to practice in the state of Louisiana. The physician or APRN must be on-site as needed or on-call as needed during the hours of operations to provide the following services:

1. Examine member for admission (physician only);

2. Administer medications;

3. Monitor the member's response to medications;

4. Evaluate of member's use of medication and treatment from the program and other sources;

5. Contribute to the development of the initial treatment plan;

6. Contribute to the documentation regarding the response to treatment for treatment plan reviews;

7. Contribute to the documentation for the treatment plan review every 90 days in the first two years of treatment;

8. Conduct drug screens; and

9. Participate in discharge planning.

Nursing Staff

Nursing staff must have a current, valid, and unrestricted nursing license in the State of Louisiana and provide the following services:

1. Administer medications;
2. Monitor the member's response to medications;
3. Evaluate of member's use of medication and treatment from the program and other sources;
4. Document response to treatment in progress notes at least every 30 days;
5. Contribute to documentation for the treatment plan review every 90 days in the first two years of treatment;
6. Conduct drug screens; and
7. Participate in discharge planning.

Licensed Mental Health Professional (LMHP)

Licensed Mental Health Professionals (LMHPs) must have a current, valid, and unrestricted license in the State of Louisiana, and must comply with current, applicable scope of practice and supervisory requirements identified by their respective licensing boards. The LMHP providing substance use treatment services must have documented credentials, experience, and/or training in working with members who have substance use disorders, which must be maintained in the individual's personnel record.

LMHPs provide the following services:

1. Conduct orientation;
2. Develop the initial plan for treatment;
3. Revise treatment to include input by all disciplines, members, and significant others;

4. Provide individual counseling;

5. Contribute to the development of as well as document the initial treatment plan;

6. Document response to treatment in progress notes at least every 30 days;

7. Contribute to the development of as well as document reviews of treatment plan every 90 days in the first two years of treatment by the treatment team; and

8. Conduct in discharge planning as appropriate.

Unlicensed professionals (UPs)

Unlicensed professionals (UPs) of substance use services must be registered with the Addictive Disorders Regulatory Authority (ADRA) and meet regulations and requirements in accordance with La. R.S. 37:3387 et seq. Written verification of ADRA registration and documentation of supervision when applicable must be maintained in the individual's personnel record. Unlicensed staff who fall under a professional scope of behavioral health practice with formal board approved clinical supervision and whose scope includes the provision of substance use services will not need to register with ADRA. Unlicensed substance use providers must meet at least one of the following qualifications:

1. Be a master's-prepared behavioral health professional that has not obtained full licensure privileges and is participating in ongoing professional supervision. When working in substance use treatment settings, the master's-prepared UP must be supervised by an LMHP, who meets the requirements of this Section;

2. Be a registered addiction counselor;

3. Be a certified addiction counselor; or

4. Be a counselor-in-training (CIT) that is registered with ADRA and is currently participating in a supervision required by the Addictive Disorders practice act.

Unlicensed professionals perform the following services under the supervision of a physician or LMHP:

1. Participate in conducting orientation;

2. Participate in discharge planning as appropriate; and

3. Provide support to the treatment team where applicable, while only providing assistance allowable under the auspices of and pursuant to the scope of the individual's license.

Staff Ratios

OTPs must maintain a sufficient level of staffing to meet the needs of the members. The caseload of each LMHP or UP must not exceed 75 active members.

Allowed Provider Types and Specialties

PT 68 Substance Use and Alcohol Use Center PS 70 Clinic/Group with Subspecialty 8V Methadone Clinic.

Allowed Modes of Delivery

1. Individual;
2. Group;
3. On-site; and
4. Tele-video (LMHPs only).

Telehealth

LMHP's providing assessments, evaluations, individual psychotherapy, family psychotherapy, and medication management services offered within Opioid treatment programs may be reimbursed when conducted via telecommunication technology. The LMHP is responsible for acting within the telehealth scope of practice as decided by the respective licensing board. The provider must bill the procedure code (CPT codes) with modifier "95", as well as the correct place of service, either POS 02 (other than home) or 10 (home). Reimbursement will be at the same rate as a face-to-face service.

Exclusions: Methadone admission visits conducted by the admitting physician within OTPs are not allowed via telecommunication technology.

Reimbursement

Reimbursement for Methadone for OUD treatment will only be made to OTPs, which are federally approved by SAMHSA and the DEA, and regulated by LDH, which includes OBH and HSS. A provider subspecialty code 8V has been established for the OTPs/Methadone clinics as sole source providers.

The 8V subspecialty has two bundled rate options. H0020 will be used for a bundled rate reimbursement for Methadone treatment. H0047 will be used for a bundled rate for Buprenorphine treatment, but excludes the ingredient cost of the medication. Buprenorphine medication will be billed separately using the applicable J-codes (J0571-J0575) depending on dosage amounts.

Bundled rates for the OTPs will facilitate the practical needs of member-centered treatment in the administration of Medication Assisted Treatment (MAT) to integrate the provision of counseling and medical services. It strengthens recovery and decreases recidivism in members diagnosed within the substance use disorder spectrum.

The table below provides an explanation of available codes for the OTPs/Methadone clinics.

Code	*Explanation of Benefits*
H0020	**Methadone Bundled Rate** Bundled rate includes all state and federal regulatory mandated components of treatment. Services include but are not limited to the following: 1. Medication: This includes the administration, dosing, and dispensing of Methadone as per the member's treatment plan; 2. Counseling: Members are required to participate in group or individual sessions as part of the member's treatment plan; 3. Urine drug testing: This includes the urine drug testing or other laboratory tests deemed medically necessary; 4. Physical examinations by a physician or advanced practice registered nurse; 5. Evaluation and management visits; 6. Care coordination; and 7. Laboratory services. The OTP may be reimbursed for the bundled rate for participants receiving take-home doses in accordance with state and federal regulations and the member's treatment plan phase. Guest dosing occurs when a member receives Methadone dosing at another OTP other than his or her primary/home-based OTP clinic. The guest dosing provider will bill for the bundled rate and provide clinical care, if appropriate, that is coordinated with the "home" provider and MCR to ensure correct dosing.

H0047	**Buprenorphine Bundled Rate** Bundled rate includes all components of treatment, except for the Buprenorphine medication. Services include, but are not limited to, the following: 1. Assessment and individualized treatment plan; 2. Individual and group counseling; 3. Urine drug testing or laboratory testing; and 4. Coordination of medically necessary services. Buprenorphine medication will be billed separately using the applicable J-codes (J0571-J0575) depending on dosage amounts.