

Substance Use Disorder Benefits to Change for Texas Medicaid January 1, 2019

Effective for dates of service on or after January 1, 2019, substance use disorder (SUD) benefits will change for Texas Medicaid.

Overview of Benefit Changes

Major changes to this medical benefit policy include the following:

- Updated benefit language
- Prior authorization changes
- Procedure code updates
- Diagnosis code updates

Updated Benefit Language

SUDs are chronic, relapsing medical illnesses that require an array of best practice medical and psychosocial interventions of sufficient intensity and duration to achieve and maintain remission and support progress toward recovery. SUD may include problematic use of alcohol, prescription drugs, illegal drugs (e.g., cannabis, opioids, stimulants, inhalants, hallucinogens, “club” drugs, other synthetic euphorants), and other substances that may be identified in the future.

Treatment for SUD is a benefit of Texas Medicaid for individuals who meet the criteria for a substance-related disorder, as outlined in the current edition of the *American Psychiatric Association’s Diagnostic and Statistical Manual of Mental Disorders (DSM)*.

SUD treatment services are individualized, age-appropriate medical and psychosocial interventions designed to treat an individual’s problematic use of alcohol or other drugs, including prescription medication.

SUD services may include the following:

- Withdrawal management services
- Individual and group SUD counseling in an outpatient setting
- Residential treatment services
- Medication assisted treatment
- Evaluation and treatment (or referral for treatment) for co-occurring physical and behavioral health conditions

Level of care (e.g., outpatient, residential, inpatient hospital) and specific services provided must adhere to current evidence-based industry standards and guidelines for SUD treatment, such as those outlined in the current edition of the *American Society of Addiction Medicine’s Treatment Criteria for Addictive Substance-Related and Co-Occurring Conditions*, as well as the licensure requirements outlined in Texas Administrative Code (TAC) Title 25 Chapter 448 pertaining to Standards of Care.

SUD treatment services (outpatient or residential) may only be delivered in a licensed chemical dependency treatment facility (CDTF). Medication assisted treatment (MAT) may also be

delivered by appropriately trained physicians, nurse practitioners (NPs), clinical nurse specialists (CNSs), and physician assistants (PAs) in the office setting.

SUD withdrawal management in an inpatient hospital setting may be provided for individuals who meet hospital level of care requirements as a result of the severity of their withdrawal syndrome and/or the severity of their co-occurring conditions. These services may be reimbursed as general hospital inpatient services.

The treatment setting and the intensity or level of services will vary depending on the severity of the individual's SUD and what is clinically appropriate. The intensity or level of services refers to the number of hours of services per week, as well as the types of services the individual receives.

Upon admission into a treatment setting, a face-to-face multi-dimensional assessment must be conducted by a qualified credentialed counselor (QCC) or intern as defined in DSHS TAC §448.101 to determine a course of treatment that is medically necessary and clinically appropriate. The assessment must be signed off by a QCC.

Evaluation, Treatment, or Referral for Co-Occurring Conditions

CDTFs shall facilitate access to physical health, mental health, and ancillary services if those services are not available through the program and are necessary to meet treatment goals or individual needs.

Individuals in residential CDTFs commonly require medications unrelated to their SUD treatment for which costs are not covered in the reimbursement for SUD or MAT services. These medications, if included in the Medicaid formulary, may be obtained and reimbursed through the individual's Medicaid pharmacy benefit.

Individuals in residential CDTFs also commonly require other services that are benefits of Texas Medicaid, but not included in the CDTF rate. Claims for these services can be submitted by the appropriate providers.

CDTFs should screen each individual for risk for contracting tuberculosis, Hepatitis B and C, HIV antibody, and sexually transmitted infections, and if appropriate, provide access to testing and follow up. Testing may be performed on site and billed by the ordering provider if appropriate testing facilities are available that are compliant with the rules and regulations for the Clinical Laboratory Improvement Amendments (CLIA). Providers that do not comply with CLIA are not reimbursed for laboratory services.

Withdrawal Management Services

Withdrawal management, formerly known as detoxification, is the medical and behavioral treatment of individuals experiencing or potentially experiencing withdrawal symptoms as a result of ceasing or reducing substance use.

Withdrawal management involving opioids, alcohol, sedatives, hypnotics, or anxiolytics will vary depending on the severity of the withdrawal symptoms experienced but will typically involve medications to treat symptoms in addition to supportive care, observation, and monitoring. Withdrawal management involving stimulants, inhalants, and cannabis typically involves supportive care, observation and monitoring, and medications to treat withdrawal symptoms as required.

Withdrawal management may be performed in an outpatient setting for individuals experiencing mild to moderate withdrawal symptoms that can be successfully, as well as safely, managed

outside of a residential setting or an inpatient hospital. Withdrawal management in a residential setting may be required for individuals whose multidimensional assessment indicates one or more of the following circumstances that would make outpatient withdrawal management unsafe and/or unsuccessful:

- A level of severity of withdrawal, medical, and/or mental health complication
- Sufficient challenges with readiness to change, ability to stop using, and/or social support

Withdrawal management in an inpatient hospital setting may be required for individuals whose severity of medical withdrawal (e.g., impending delirium tremens, severe withdrawal seizures), comorbid medical conditions (e.g., severe liver impairment, acute pneumonia, endocarditis, dementia), and/or comorbid psychiatric conditions (e.g., severe suicidality, acute and unstable psychosis or mania) requires a hospital level of care.

Individual and Group SUD Counseling in an Outpatient Setting

Counseling for substance use disorders is designed to assist individuals in developing a better understanding of their SUD, help to establish treatment goals and plans for achieving those goals, and provide interventions to assist individuals in accordance with the plan. The overall intent of the service is to assist individuals in understanding their SUD and developing the skills and supports needed to address their SUD over time. Counseling may be done individually or in a group setting with multiple members. Group counseling sessions are limited to a total of 16 individuals per session.

Outpatient counseling services are appropriate for the following:

- Individuals with less severe disorders
- Individuals who are in the early stages of change
- As a step down from more intensive services
- Individuals who are stable but for whom ongoing monitoring is appropriate

Note: *For individuals unable or unwilling to access SUD treatment services at a CDTF, psychotherapy delivered by a licensed practitioner of the healing arts (LPHA) may be an alternative treatment option to address an individual's SUD.*

Outpatient services may be appropriate at the start of treatment, throughout treatment, or after an episode of residential or inpatient treatment, depending on individual acuity, severity, comorbidity, needs, or preferences. Outpatient services can address active symptoms as well as provide ongoing treatment for individuals in partial or full remission who need continuing help to maintain progress. Abstinence should not necessarily be a requirement for participation in outpatient services.

Residential Treatment Services

Residential treatment programs provide a structured therapeutic environment where individuals reside with staff support and deliver comprehensive substance use disorder treatment with attention to co-occurring conditions as appropriate. The frequency and duration of services should be based on meeting the individual's needs and achieving the individual's treatment goals.

Residential services are appropriate for individuals who require a structured therapeutic environment to stabilize SUD and develop coping and recovery skills. Residential treatment

programs may specialize in the unique needs of a specific population such as adolescents, or pregnant or parenting women with children.

Episodes of residential treatment may be required for individuals with more severe SUD, more significant medical or psychiatric comorbidities, more significant challenges with sustaining motivation or maintaining control in an outpatient setting, and/or a living environment that jeopardizes their current ability to be successful in outpatient treatment.

Residential SUD treatment services may only be provided by a licensed CDTF.

Medication Assisted Treatment

MAT is the use of FDA-approved medications in combination with psychosocial treatment to treat substance use disorders, particularly alcohol and opioid use disorders.

MAT is a recognized best practice for alcohol use disorder (AUD) and opioid use disorder (OUD). All individuals with AUD and OUD should be educated about the availability of MAT and the evidence supporting MAT and have the opportunity to receive MAT regardless of where they are receiving SUD services. This could be accomplished on site or through a written agreement with a collaborating opioid treatment program (OTP) or office-based opioid treatment (OBOT) program.

Initiation or induction of MAT can appropriately occur in lieu of withdrawal management for opioid use disorders, may begin early in withdrawal management for either AUD or OUD, and can be initiated as appropriate at any point in time during the course of treatment. Duration of MAT is determined on an individual basis, depending on the individual's unique needs and treatment goals.

Determination of which MAT medication to use is also an individualized treatment decision based on provider assessment and the individual's needs and treatment goals. Providers are encouraged to offer as many treatment options as possible (within the parameters of their licensing and scope of practice) to maximize the individual's choice and access to care.

MAT may be utilized as appropriate, as part of the service array delivered by outpatient providers or residential treatment services programs at CDTFs.

Opioid treatment programs (also referred to as narcotic treatment programs) are the only settings permitted by law to provide methadone for OUD and must comply with additional federal and state requirements, rules on licensure and scope of practice, including physician delegation, supervision, and prescriptive authority. Opioid treatment programs can also provide or administer other forms of MAT.

CDTFs, physicians, NPs, and PAs may prescribe and provide for the administration of long acting injectable naltrexone (Vivitrol) to treat cravings associated with either opioid use disorder or alcohol use disorder.

Physicians, NPs, and PAs who have received a federal waiver to dispense buprenorphine may choose to incorporate this form of MAT into their medical practice while also providing or referring for other types of treatment services (also referred to as OBOT).

Certain MAT medications to treat alcohol and opioid use disorders (such as buprenorphine, disulfiram, acamprosate, and naltrexone), are available as a pharmacy benefit and may be prescribed to individuals by their physician or other qualified health care professional. Providers may refer to the Vendor Drug Program Formulary for additional information on covered medications.

Prescribing of certain MAT medications may be done via telemedicine presuming all other applicable state and federal laws are followed.

A prescription for an opioid antagonist (e.g., naloxone) should be given to all individuals receiving treatment for opioid use disorder, and instruction should be provided on how to administer if needed.

Claims for urinalysis drug screens ordered by a physician, NP, or CNS to monitor compliance with MAT may be submitted by the individually-enrolled physician or other qualified health-care professional.

The following MAT procedure codes may be separately reimbursed from withdrawal management and treatment services in the outpatient or residential setting:

Procedure Codes					
H0020	H2010	J0570	J2315	Q9991	Q9992

Exclusions

SUD treatment services for tobacco use disorder as the primary diagnosis are not a covered benefit, although a comprehensive SUD treatment approach should address tobacco use if reducing or eliminating this substance is part of the individual's treatment goal.

With the exception of prescribing MAT medications via telemedicine, SUD treatment services may not be delivered via telemedicine or telehealth.

Prior Authorization Changes (Fee for Service)

All prior authorization requests must be completed and signed by a Qualified Credentialed Counselor (QCC).

Prior authorization requests for outpatient treatment services beyond the annual limitation of 135 units of group services and 26 hours of individual services per calendar year will no longer be limited to individuals who are 20 years of age and younger. Requests may be submitted for individuals of any age.

Prior authorization may be considered for individuals enrolled in a Medicaid MCO when admitted to SUD services, and whose eligibility changes to fee-for-service during treatment. Requests must be submitted within three business days after the date that fee-for-service eligibility started.

Revised Forms (Fee for Service)

Beginning January 1, 2019, the following revised prior authorization forms are to be used when submitting prior authorization requests:

- Outpatient Withdrawal Management Authorization Request Form
- Outpatient Substance Use Disorder Counseling Extension Request Form
- Residential Withdrawal Management Authorization Request Form
- Residential Substance Use Disorder Treatment Request Form (Revised August 31, 2018)

The following forms will no longer be accepted after January 31, 2019:

- Ambulatory (Outpatient) Detoxification Authorization Request Form

- Ambulatory (Outpatient) Substance Use Disorder Counseling Extension Request Form
- Residential Detoxification Authorization Request Form
- Residential Substance Use Disorder Treatment Request Form (Revised February 1, 2016)

If the discontinued forms are submitted on or after February 1, 2019, TMHP will return the form to the provider with a request that the revised form be submitted with all required documentation.

Providers may refer to the article titled, "Revised Prior Authorization Forms for Substance Use Disorder Services to be Effective January 1, 2019," which was published on this website November 16, 2018, for additional information about the revised forms.

Procedure Code Updates

Modifiers HF and HG will no longer be required to identify the SUD services performed.

The following providers will be added as payable for procedure codes H2010 and J2315:

Procedure Code	Place of Service	Provider Type
H2010	Office setting	NP, CNS, PA providers
J2315	Outpatient setting	CDTF

Diagnosis Codes

The following diagnosis codes will be added as payable for procedure codes H0004 and H0005:

Diagnosis Codes						
F10121	F1014	F10150	F10151	F10180	F10181	F10182
F10221	F10231	F1024	F10250	F10251	F1026	F1027
F10280	F10282	F10921	F1094	F10950	F10951	F1096
F1097	F10980	F10981	F10982	F11121	F11122	F11129
F1114	F11150	F11151	F11221	F1123	F1124	F11250
F11251	F1190	F11921	F1193	F1194	F11950	F11951
F12121	F12150	F12151	F12221	F12250	F12251	F1290
F12921	F12950	F12951	F1310	F13121	F1314	F13150
F13151	F1319	F13221	F13230	F13231	F13232	F13239
F1324	F13250	F13251	F1326	F1327	F1329	F1390
F13921	F13930	F13931	F13932	F13939	F1394	F13950
F13951	F1396	F1397	F14121	F1414	F14150	F14151
F14221	F1423	F1424	F14250	F14251	F1490	F14921
F1494	F14950	F14951	F15121	F1514	F15150	F15151
F15221	F1523	F1524	F15250	F15251	F1590	F15921
F1593	F1594	F15950	F15951	F16121	F1614	F16150
F16151	F1621	F16221	F1624	F16250	F16251	F1690

F16921	F1694	F16950	F16951	F18121	F1814	F18150
F18151	F1817	F18221	F1824	F18250	F18251	F1827
F1890	F18921	F1894	F18950	F18951	F1897	F19121
F1914	F19150	F19151	F1916	F1917	F19221	F19230
F19231	F19232	F19239	F1924	F19250	F19251	F1926
F1927	F1990	F19921	F19930	F19931	F19932	F19939
F1994	F19950	F19951	F1996	F1997		

The following diagnosis codes will no longer be payable for procedure codes H0004 and H0005:

Diagnosis Codes						
F17208	F17209	F17218	F17219	F17228	F17229	F17298
F17299						