

Appendix E – SUD Treatment & Low Threshold MOUD Treatment

- This initiative is funded solely by the State Opioid Response Grant. To be eligible, providers must provide all 3 forms of FDA approved medication for opioid use disorder or have a referral process to a provider who can provide these medications. Clients are eligible for this grant if they:
 - 1) Do not have a 3rd Party Payer (Recovery Works, Medicaid, Insurance, etc...)
 - 2) Must have a diagnosis of opioid or stimulant use disorder
 - 3) Must complete a GPRA intake and 6 month follow up

Medication for Treatment of Opioid and Substance Use Disorders; Actual pharmacy expense will be reimbursed for medication; (unit = \$1); must maintain receipts in record

Who can claim for this service: DATA Waivered Prescribers acting within the scope of their practice.

Billing Guidelines: Organizations billing for reimbursement of this service must maintain and be prepared to produce the following records upon DMHA request:

- Date service was rendered
- Start time and end time of service
- Report of the participant's status on the identified outcome measures
- Description of what happened in the session
- How this interaction will assist the participant in moving forward in their recovery
- What is the specific plan for next steps, including the participants actionable items, include date, time and type of next contact
- Rendering staff – individual who dispensed medication to participant

Organizations can choose to include additional information at their discretion as long as minimal requirements are met. Inappropriate billing of this service can be construed as fraud and can result in consequences from return of the funds paid for the services up to and including federal prosecution. Additionally, services that are properly funded under other DEBS service categories are not to be funded under this service category.

Medication Assisted Treatment (Treatment Bundle) Buprenorphine - \$125/unit (unit= 1 week/7 days)

Organizations providing Medication Assisted treatment are expected to prescribe or dispense pharmacotherapies approved by the Food and Drug Administration (FDA) for the treatment of Opioid use disorders and be recognized by the Division of Mental Health and Addictions to offer this service. All recognized protocols eligible for billing under a treatment bundle must include the statutorily required services for medication assisted opiate treatment, as well as:

- Assessment by DATA-waivered prescriber (MD, DO, NP, PA) at initial intake; to include a basic medical evaluation, including a checking of patient's vital signs
- Full DMHA approved bio-psychosocial assessment at initial intake
- Ongoing Evaluation & Management services delivered by DATA-waived prescriber
- Supervised medication distribution or prescription of Medication to local pharmacy
- Regular counseling; Weekly at minimum
- Regular multi-panel point of care AOD testing, both scheduled and random
- Ongoing referrals for other needed treatment and recovery support services
- Screening and/or referral for the treatment of co-occurring mental health needs

All of these services are to be provided as one bundled service for the purpose of DEBS claims. DEBS claims will only pay for Medication Assisted Treatment in support of individual participant's recovery activities as listed in his/her individualized recovery plan. Service standards for bundled rate must be adhered to in conjunction with related services in these business rules (i.e. – Counseling, AOD Screening).

Who can claim for this service: Indiana Opioid Treatment Programs who meet the DMHA Certification Requirements under Indiana Code 440 Article 10; DATA Waivered Prescribers acting within the scope of their practice (OBOTS included). Prescribers must meet licensure requirements and be DATA waived under Indiana and Federal law. This service may only be claimed if each of these services is performed by the billing provider with no extra charge coming to the individual participant, except for charges to individuals for Medication in cases where medication is prescribed and dispensed at local pharmacies.

Billing Guidelines: Organizations billing for reimbursement of this service must maintain and be prepared to produce the following records upon DMHA request:

- Date service was rendered
- Start time and end time of service
- Report of the participant's status on the identified outcome measures as determined in participant's treatment plan
- Description of what happened in the session
- How this interaction will assist the participant in moving forward in their recovery
- What is the specific plan for next steps, including the participants actionable items, include date, time and type of next contact
- Rendering staff

Organizations can choose to include additional information at their discretion as long as minimal requirements are met. Inappropriate billing of this service can be construed as fraud and can result in consequences from return of the funds paid for the services up to and including federal prosecution. Additionally, services that are properly funded under other DEBS service categories are not to be funded under this service.

Medication Assisted Treatment (OTP Treatment Bundles) Methadone Assisted Treatment Bundle - \$16.05/unit (unit= 1 day)

Organizations providing Medication Assisted treatment are expected to provide pharmacotherapies approved by the Food and Drug Administration (FDA) for the treatment of Opioid use disorders and be recognized by the Division of Mental Health and Addictions to offer this service. All recognized protocols eligible for billing under a treatment bundle must include the statutorily required services for medication assisted opiate treatment, as well as, must include:

- Full medical physical included at initial intake
- Full DMHA approved bio-psychosocial assessment at initial intake
- Ongoing medical supervision
- Supervised medication distribution
- Regular counseling
- Regular multi-panel AOD testing, both scheduled and random
- Ongoing referrals for other needed treatment and recovery support services

- Screening and/or referral for the treatment of co-occurring mental health needs

All of these services are to be provided as one bundled service for the purpose of DEBS claims. DEBS claims will only pay for Medication Assisted Treatment in support of individual participant's recovery activities as listed in his/her individualized recovery plan.

Who can claim for this service: Indiana Opioid Treatment Programs who meet the DMHA Certification Requirements under Indiana Code 440 Article 10. Prescribers must meet licensure requirements and be data waived under Indiana and Federal law.

Billing Guidelines: Organizations billing for reimbursement of this service must maintain and be prepared to produce the following records upon DMHA request:

- Date service was rendered
- Start time and end time of service
- Report of the participant's status on the identified outcome measures
- Description of what happened in the session
- How this interaction will assist the participant in moving forward in their recovery
- What is the specific plan for next steps, including the participants actionable items, include date, time and type of next contact
- Rendering staff

Organizations can choose to include additional information at their discretion as long as minimal requirements are met. Inappropriate billing of this service can be construed as fraud and can result in consequences from return of the funds paid for the services up to and including federal prosecution. Additionally, services that are properly funded under other DEBS service categories are not to be funded under this service.

Substance Use Disorder Counseling - Individual - \$14.58/unit (unit = 1/4 hour)

Substance Use Disorder Counseling is a planned and organized service with the participant, where Substance Use professionals and clinicians provide counseling intervention that works toward the goals identified in his/her recovery plan. Substance Use Disorder Counseling is designed to be a less intensive alternative to Intensive Outpatient Treatment. The participant is the focus of Substance Use Disorder Counseling. Documentation must support how Substance Use Disorder Counseling benefits the participant. Substance Use Disorder Counseling requires face-to-face contact with the participant. Substance Use Disorder Counseling consists of regularly scheduled sessions.

- Substance Use Disorder Counseling may include the following:
 - Education on Substance Use disorders; however, Substance Use Disorder Counseling sessions that consist of education services only are not reimbursable.
 - Skills training in communication, mood de-escalation, stress management, and relapse prevention; however, Substance Use Disorder Counseling sessions that consist only of skills training, without process work, should be billed under Skills Training and Development.
- Substance Use Disorder Counseling must demonstrate progress toward and achievement of participant treatment goals.
- Substance Use Disorder counseling goals are rehabilitative in nature.
- A licensed professional must supervise the program and approve the content and curriculum of the program.
- Substance Use Disorder Counseling must be individualized and person centered.
- Referral to available community-based support services is expected.

Who may claim for this service: Licensed Professionals; Qualified Behavioral Health Providers. A Bachelor's Level Staff with a CADAC II, III, or IV may also claim this service with prior authorization for DMHA.

Exclusions:

- Participants with withdrawal risk or symptoms whose needs cannot be managed at this level of care or who need detoxification services are not eligible for this service.

- Participants at imminent risk of harm to self or others are not eligible for this service.

Billing Guidelines: Organizations billing for reimbursement of this service must maintain and be prepared to produce the following records upon DMHA request:

- Date service was rendered
- Start time and end time of service
- Report of the participant's status on the identified outcome measures
- Description of what happened in the session
- How this interaction will assist the participant in moving forward in their recovery
- What is the specific plan for next steps, including the participants actionable items, include date, time and type of next contact
- Rendering staff

Organizations can choose to include additional information at their discretion as long as minimal requirements are met. Inappropriate billing of this service can be construed as fraud and can result in consequences from return of the funds paid for the services up to and including federal prosecution. Additionally, services that are properly funded under other DEBS service categories are not to be funded under this service category.

Substance Use Disorder Counseling – Family - \$14.58/unit (unit = 1/4 hour); Family Group - \$3.65/unit (unit = 1/4 hour) – Involves the participant and at least 1 family member

Substance Use Disorder Counseling – Family is a planned and organized service with the participant and/or family members, or nonprofessional caregivers, where Substance Use professionals and clinicians provide counseling intervention that works toward the goals identified in his/her IRPB. Substance Use Disorder Counseling is designed to be a less intensive alternative to IOT. The participant is the focus of Substance Use Disorder Counseling. Documentation must support how Substance Use Disorder Counseling benefits the participant, including when the participant is not present.

Substance Use Disorder Counseling requires face-to-face contact with the participant and/or family members. Substance Use Disorder Counseling consists of regularly scheduled sessions.

- Substance Use Disorder Counseling may include the following:
 - Education on Substance Use disorders; however, Substance Use Disorder Counseling sessions that consist of education services only are not reimbursable.
 - Skills training in communication, anger management, stress management, and relapse prevention; however, Substance Use Disorder Counseling sessions that consist only of skills training, without process work, should be billed under Skills Training and Development.
- Substance Use Disorder Counseling must demonstrate progress toward and achievement of participant treatment goals identified in the IRPB.
- Substance Use Disorder counseling goals are rehabilitative in nature.
- A licensed professional must supervise the program and approve the content and curriculum of the program.
- Substance Use Disorder Counseling must be individualized and person centered.
- Referral to available community-based support services is expected.

Who may claim for this service: Licensed Professionals; Qualified Behavioral Health Providers

Exclusions:

- Participants with withdrawal risk or symptoms whose needs cannot be managed at this level of care or who need detoxification services are not eligible for this service.
- Participants at imminent risk of harm to self or others are not eligible for this service.

Billing Guidelines: Organizations billing for reimbursement of this service must maintain and be prepared to produce the following records upon DMHA request:

- Date service was rendered
- Start time and end time of service
- Report of the participant 's status on the identified outcome measures

- Description of what happened in the session
- How this interaction will assist the participant in moving forward in their recovery
- What is the specific plan for next steps, including the participants actionable items, include date, time and type of next contact

Organizations can choose to include additional information at their discretion as long as minimal requirements are met. Inappropriate billing of this service can be construed as fraud and can result in consequences from return of the funds paid for the services up to and including federal prosecution. Additionally, services that are properly funded under other DEBS service categories are not to be funded under this service category.

Substance Use Disorder Counseling – Group - \$3.65/unit (unit = 1/4 hour)
– Participant plus one other individual (non-family related)

Substance Use Disorder Counseling is a planned and organized service with the participant, where Substance Use professionals and clinicians provide counseling intervention that works toward the goals identified in his/her recovery plan. Substance Use Disorder Counseling is designed to be a less intensive alternative to Intensive Outpatient Treatment. The participant is the focus of Substance Use Disorder Counseling. Documentation must support how Substance Use Disorder Counseling benefits the participant. Substance Use Disorder Counseling requires face-to-face contact with the participant. Substance Use Disorder Counseling consists of regularly scheduled sessions.

- Substance Use Disorder Counseling may include the following:
 - Education on Substance Use disorders; however, Substance Use Disorder Counseling sessions that consist of education services only are not reimbursable.
 - Skills training in communication, mood de-escalation, stress management, and relapse prevention; however, Substance Use Disorder Counseling sessions that consist only of skills training, without process work, should be billed under Skills Training and Development.
- Substance Use Disorder Counseling must demonstrate progress toward and achievement of participant treatment goals.
- Substance Use Disorder counseling goals are rehabilitative in nature.

- A licensed professional must supervise the program and approve the content and curriculum of the program.
- Substance Use Disorder Counseling must be individualized and person centered.
- Referral to available community-based support services is expected.
- Group setting should be no larger than 12 participants.

Who may claim for this service: Licensed Professionals; Qualified Behavioral Health Providers

Exclusions:

- Participants with withdrawal risk or symptoms whose needs cannot be managed at this level of care or who need detoxification services are not eligible for this service.
- Participants at imminent risk of harm to self or others are not eligible for this service.

Billing Guidelines: Organizations billing for reimbursement of this service must maintain and be prepared to produce the following records upon DMHA request:

- Date service was rendered
- Start time and end time of service
- Report of the participant 's status on the identified outcome measures
- Description of what happened in the session
- How this interaction will assist the participant in moving forward in their recovery
- What is the specific plan for next steps, including the participants actionable items, include date, time and type of next contact
- Rendering staff

Organizations can choose to include additional information at their discretion as long as minimal requirements are met. Inappropriate billing of this service can be construed as fraud and can result in consequences from return of the funds paid for the services up to and including federal prosecution. Additionally, services that are properly funded under other DEBS service categories are not to be funded under this service category.

AOD (Alcohol and Other Drug) Screening – \$18.05/unit (unit = 1 screening)

This service should only be utilized in cases where AOD screening is clinically indicated as a means of removing barriers to recovery and/or triggers for relapse. This service should only be billed to DEBS when no other funding is available.

Organizations providing AOD Screenings are expected to provide collection and analysis of appropriate samples for the multi-substance drug testing. All tests must be at least a six panel drug tests administered with or without an accompanying alcohol breath or blood test. In addition to the six panel standard drug test, the participant must be tested for any substance they reported using at the time of intake. This means that the test will test for at least six classes of drugs commonly abused in the organization's area of service, as well as any substance being used by the participant at intake. EtG tests for alcohol may also be billed under this category, only when it is accompanying at least a six panel test for other drugs of abuse in the provider's service area. Organizations providing this service must have a policy in place that addresses and assures specimen validity by providing observed sample collection and maintains the chain of custody of the sample from collection to testing. Said policy and protocol must be established to be as minimally invasive as possible while meeting the above measures of accuracy.

The provider shall also ensure complete integrity of each specimen tested and the respective test results. Receiving, transferring and handling of all specimens by personnel shall be fully documented using the proper chain-of-custody. For those employing urine tests, diluted results must be reported on the result form. Testing shall not be conducted on any specimen that does not have a legal chain-of-custody. All specimens found to be "Adulterated" shall be treated as an Invalid Specimen. Any specimen without a valid chain-of-custody is to be destroyed. The referring location shall be notified in writing when a specimen has been rejected due to an invalid chain-of-custody or any other integrity problem.

Who may claim for this service: Organizations meeting the standards above; must have current documentation of the administering provider's training by an outside AOD collection provider in the process and procedures of administration of the AOD screenings. Recovery Residence participants with less than three (3) years of treatment may not administer AOD screens.

Exclusions: AOD screening that is not clinically indicated to address needs or barriers identified on the participant's individual recovery plan.

Billing Guidelines: Organizations billing for reimbursement of this service must maintain and be prepared to produce the following records upon DMHA request:

- Date and time of sample collection
- Specific substances or classes of substances for which testing was performed
- Results of test
- Reason/type of test (Random, Scheduled, Suspicion of use)
- Location/type of test (On site/Instant test or Laboratory test)
- Rendering staff performing screen

Organizations can choose to include additional information at their discretion as long as minimal requirements are met. Inappropriate billing of this service can be construed as fraud and can result in consequences including return of the funds paid for the services and federal prosecution.

Additionally, services that are properly funded under other DEBS service categories are not to be funded under this service category. Participants may request that AOD screening vouchers be authorized to providers that have a random or cause based drug testing policy in case the participant is selected for a test. All tests should test for a multitude of chemicals, not less than seven, and not only the drugs of choice of the individual participant. If questions exist, it is the responsibility of the DSP to contact DEBS prior to billing.

Case Management - \$14.53/unit (unit = 1/4 hour) 2 hours (8 units) per week maximum

Case Management consists of services that help participants gain access to needed medical, social, educational, and other services. This includes direct assistance in gaining access to services, coordination of care, oversight of the entire case, and linkage to appropriate services. Case Management does not include direct delivery of medical, clinical, or other direct services. Case Management is on behalf of the participant, not to the participant, and is management of the case, not the participant. Case Management must provide direct assistance in gaining access to needed medical, social, educational,

and other services. Case Management includes referrals to services and activities or contacts necessary for continuity of care.

Case Management may include:

- *Needs Assessment*: Focusing on needs identification of the participant to determine the need for any medical, educational, social, or other services. This cannot be completed each session, and should be conducted when necessary. Specific assessment activities may include:
 - Taking participant history
 - Identifying the needs of the participant
 - Completing the related documentation
 - Gathering information from other sources, such as family members or medical providers
- *Referral/Linkage*: Activities that help link the participant with medical, social, and educational providers, and/or other programs and services that are capable of providing needed rehabilitative services.
- *Monitoring/Follow-up*: Activities and contacts necessary to ensure continuity of care of the participant. The activities and contacts may be with the following:
 - Participant
 - Family members
 - Nonprofessional caregivers
 - Providers
 - Criminal Justice Providers
 - Other entities

Monitoring and follow-up are necessary to help determine if services are being furnished in accordance with the participant's recovery plan, the adequacy of the services in the treatment plan, and changes in the needs or status of the participant. However, monitoring must not include simply talking to the individual, but must include action on the part of the case manager.

- *Evaluation*: The provider must periodically reevaluate the participant's progress toward achieving the participant's goals. Based on the provider's review, a determination would be made whether changes should be made. Time devoted to formal supervision of the case between provider and licensed supervisor are included activities and should be documented accordingly. The supervision must be documented appropriately and billed under one provider only.

- Clinicians may bill up to a maximum of 30 minutes (2 units) of case management when completing Prior Authorizations. Please note, if the PA does not take 30 minutes to complete, you may not bill for both units, you will need to bill for the time it took to complete up to 30 minutes. When completing a Prior Authorization please note that answering all the questions completely is required and not an optional part of the process. It will expedite the approval process and reduce the likelihood of a denial if all the directions are followed. Should you need to select multiple services for a prior authorization, you will need to complete individual prior authorization forms for each service that you are requesting.

Who may claim for this service: Licensed Professionals; Qualified Behavioral Health Providers; Other Behavioral Health Providers

Exclusions: The actual or direct provision of medical services or treatment is excluded. Examples include, but are not limited to:

- Training in daily living skills
- Training in work skills and social skills
- Grooming and other personal services
- Training in housekeeping, laundry, or cooking
- Transportation services
- Individual, group, or family therapy services
- Crisis intervention services
- Informal or brief interactions discussing client case
- Services that go beyond assisting the participant in gaining access to needed services. Examples include, but are not limited to:
 - Paying bills and/or balancing the recipient's checkbook
 - Traveling to and from appointments with recipients
 - Court-ordered reports
 - Assistance completing Medicaid application or redetermination documentation
- Meeting the participant for "talking session" as a case manager with the exception of the initial and continuity of care meetings.

Billing Guidelines: Organizations billing for reimbursement of this service must maintain and be prepared to produce the following records upon DMHA request:

- Date service was rendered

- Start time and end time of service
- Report of the participant's status on the identified outcome measures
- Description of what happened in the session
- How this interaction will assist the participant in moving forward in their recovery
- What is the specific plan for next steps, including the participants actionable items, include date, time and type of next contact
- Rendering staff name

Organizations can choose to include additional information at their discretion as long as minimal requirements are met. Inappropriate billing of this service can be construed as fraud and can result in consequences from return of the funds paid for the services up to and including federal prosecution. Additionally, services that are properly funded under other DEBS service categories are not to be funded under this service category.

LIMIT: Organizations may only bill 2 hours, or 8 units, of Case Management per week.

Peer Recovery Services - \$8.55/unit (unit = 1/4 hour)

Peer Recovery Services are **individual face-to-face** services that provide structured, scheduled activities that promote socialization, recovery, self-advocacy, development of natural supports, and maintenance of community living skills. Organizations providing Peer recovery services are required to have personnel on staff that have completed and passed the Addiction Peer Recovery Coach training or the Certified Recovery Specialist-Substance Abuse (CRS-SA). These are the **ONLY** peer recovery services certifications that are accepted by DEBS.

Who may claim for this service: Peer Recovery Services must be provided by individuals meeting DMHA training and competency standards for CRS or Recovery Coach. Individuals providing Peer Recovery Services must be under the supervision of a licensed professional or QBHP.

Exclusions: Peer Recovery Services that are purely recreational or diversionary in nature, or have no therapeutic or programmatic content, may not be reimbursed.

- **Interventions targeted to groups are not billable as Peer Recovery Services.**
- Activities that may be billed under Skills Training and Development or Case Management services are not billable as Peer Recovery Services.

- Peer Recovery Services are not reimbursable for children under the age of sixteen (16).
- Peer Recovery Services that occur in a group setting are not reimbursable.
Peer Recovery Services are individual service support only.

Billing Guidelines: Organizations billing for reimbursement of this service must maintain and be prepared to produce the following records upon DMHA request:

- Date service was rendered
- Start time and end time of service
- Report of the participant 's status on the identified outcome measures
- Description of what happened in the session
- How this interaction will assist the participant in moving forward in their recovery
- What is the specific plan for next steps, including the participants actionable items, include date, time and type of next contact
- Rendering staff

Organizations can choose to include additional information at their discretion as long as minimal requirements are met. Inappropriate billing of this service can be construed as fraud and can result in consequences from return of the funds paid for the services up to and including federal prosecution. Additionally, services that are properly funded under other DEBS service categories are not to be funded under this service category.

Psychiatric Evaluation - \$26.14/unit (unit = 1/4 hr)

Psychiatric Assessment consists of a face-to-face activity that is designed to provide psychiatric assessment, consultation, and medication services to participants. Symptom assessment and intervention to observe, monitor, and care for the physical, nutritional, behavioral health, and related psychosocial issues, problems, or crises manifested in the course of a participant's treatment.

Monitoring a participant's medical and other health issues that are either directly related to the mental health- or substance-related disorder, or to the treatment of the disorder (for example, diabetes, cardiac and/or blood pressure issues, substance withdrawal symptoms, weight gain and fluid retention, and seizures).

To be a billable activity, consultation must be goal-oriented, focused on addressing barriers to fulfilling the participant's recovery plan, and documented in the clinical record in a way that reflects the complexity of the interaction.

Who may claim for this service: Licensed Physician; AHCP; Psychiatrist

Billing Guidelines: Organizations billing for reimbursement of this service must maintain and be prepared to produce the following records upon DMHA request:

- Date service was rendered
- Start time and end time of service
- Report of the participant's status on the identified outcome measures
- Description of what happened in the session
- How this interaction will assist the participant in moving forward in their recovery
- What is the specific plan for next steps, including the participants actionable items, include date, time and type of next contact

Organizations can choose to include additional information at their discretion as long as minimal requirements are met. Inappropriate billing of this service can be construed as fraud and can result in consequences from return of the funds paid for the services up to and including federal prosecution. Additionally, services that are properly funded under other DEBS service categories are not to be funded under this service category.

Laboratory Services associated with addiction treatment - \$1.00/unit (Unit = Actual Cost)

Reimbursement for Laboratory Services are to be directly linked to addiction treatment within the facility of a treatment provider. *These services can include testing for potential complications of opioid or stimulant use disorder, including a complete blood count (CBC), international normalized ratio (INR), and a comprehensive metabolic panel (CMP).* Documentation of medical necessity is required to be included in the patient file. *This service is to be billed at the Medicaid rate.*

Who may claim for this service: Licensed Physician; AHCP; Psychiatrist

Billing Guidelines: Organizations billing for reimbursement of this service must maintain and be prepared to produce the following records upon DMHA request:

- Date service was rendered
- Start time and end time of service
- Report of the participant 's status on the identified outcome measures
- Description of what happened in the session
- How this interaction will assist the participant in moving forward in their recovery
- What is the specific plan for next steps, including the participants actionable items, include date, time and type of next contact

Organizations can choose to include additional information at their discretion as long as minimal requirements are met. Inappropriate billing of this service can be construed as fraud and can result in consequences from return of the funds paid for the services up to and including federal prosecution. Additionally, services that are properly funded under other DEBS service categories are not to be funded under this service category.

LIMIT: Lifetime maximum of \$1,000
