

DMHA Electronic Billing System (DEBS) Business Rules

Appendix - A

For Approved Jail Treatment Providers only:

Comprehensive Assessment

The assessment must include a DSM 5 or ICD 10 Diagnosis of Mental Health, Substance Use Disorder, or Co-Occurring; clear medical necessity for ongoing treatment; and the participant's statement of his/her individualized treatment goal. The GPRA Assessment may be completed during this service. This assessment can be billed one time per six (6) month period.

Unit = 1 Assessment

Rate = \$205 per Unit

GAIN-SS

The GAIN-SS is a screener to be used in general populations to quickly and accurately identify clients who would be flagged as having one or more behavioral health disorders. The GAIN-SS must be completed and billed within 30 days of admission.

Unit = 1 entry

Rate = \$30 per entry

Case Management

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. Billing for case management is limited to two (2) hours per week per individual.

Unit = ¼ Hour

Rate = \$14.53 per unit

Medication Assisted Treatment Assessment

Organizations providing clinical assessment are expected to provide each participant with an in depth analysis of strengths and needs in regard to his or her mental health disorders and/or substance use disorders, and any other co-occurring medical or developmental disorders. Such analysis must be conducted through the use of an evidence-based peer-reviewed standardized assessment tool in general use for mental health populations in the State of Indiana. Upon completion of the clinical assessment, the organization shall discuss the results of the assessment and recommendations of the clinician with the participant. *This line item can be billed one time per month.*

Unit = 1 Assessment

Rate = \$112.78

Medication Assisted Treatment with Daily Medication Administration

(Methadone)

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.

Unit = 1 Day

Rate = \$16.05 per day

Medication Assisted Treatment (Treatment Bundle) Buprenorphine – Modified Jail Rate - \$175/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.

Participants who are engaged in services less than seven (7) days should not bill the weekly rate, but instead utilize the daily rate for the days engaged in services.

Unit = 1 Week

Rate = \$175

Medication Assisted Treatment Buprenorphine

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. ***For Jail Treatment providers only, this does not include the cost of medication, but should include the costs of administering the medication.***

-Individual can get a long acting injectable of buprenorphine up to 90 days pre-release for a maximum of three (3) shots.

Unit= 1 Day
Rate= \$22.10 per day

Substance Use Disorder Counseling-Individual

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. Individual counseling under either mental health or substance use disorder is limited to two (2) hours per week per individual.

Unit= ¼ hour

Rate = \$14.58

Substance Use Disorder Counseling – Group

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 10 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. Group counseling under either mental health or substance use disorder is limited to two (2) hours per day with a maximum of four (4) hours per week per individual.

Unit = ¼ hour

Rate = \$3.65

Mental Health Counseling – Individual

Mental Health Counseling is a planned and organized service with the participant, where mental health professionals and clinicians provide counseling intervention that works toward the goals identified in his/her recovery plan. The participant is the focus of Mental Health Counseling. Documentation must support how Mental Health Counseling benefits the participant, including when the participant is not present. Mental Health Counseling requires face-to-face contact with the participant. Mental Health Counseling consists of regularly scheduled sessions.

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

Who may claim for this service: Licensed Professionals, including an LCAC with documentation of commensurate training and work experience; Qualified Behavioral Health Providers

Billing Guidelines: Organizations billing for reimbursement of this service must document via electronic/paper file the following:

- 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 participant's 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. Individual counseling under either mental health or substance use disorder is limited to two (2) hours per week per individual.

Unit = ¼ hour

Rate = \$28.65

Mental Health Counseling – Group

Mental Health Counseling is planned and organized service with the participant, where mental health professionals and clinicians provide counseling intervention that works toward the goals identified in his/her recovery plan. The participant is the focus of Mental Health Counseling. Documentation must support how Mental Health Counseling benefits the participant, including when the participant is not present. Mental Health Counseling requires face-to-face contact with the participant. Mental Health Counseling consists of regularly scheduled sessions.

- Mental Health Counseling may include:
 - Education on mental health disorders; however, Mental Health Counseling sessions that consist of education services only are not reimbursable.
 - Skills training in communication, anger management, stress management, and relapse prevention; however, Mental Health Counseling sessions that consist only of skills training, without process work, should be billed under Skills Training and Development. (Batterer's Intervention Program and similar programming is not a covered service under Recovery Works).
- Mental Health Counseling must demonstrate progress toward and achievement of participant treatment goals.
- Mental Health Counseling goals are rehabilitative in nature.
- A licensed professional must supervise the program and approve the content and curriculum of the program.
- Mental Health Counseling must be individualized, and person centered.
- Referral to available community-based support services upon release is expected.
- Group setting should be no larger than 10 participants

Who may claim for this service: Licensed Professionals, including an LCAC with documentation of commensurate training and work experience; Qualified Behavioral Health Providers

Billing Guidelines: Organizations billing for reimbursement of this service must document via electronic/paper file the following:

- 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 participant's 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. Group counseling under either mental health or substance use disorder is limited to two (2) hours per day with a maximum of four (4) hours per week per individual.

Unit = ¼ hour

Rate = \$7.16

Peer Recovery Support Services

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. Peer recovery support services are limited to four (4) hours per week per individual.

Unit = ¼ hour

Rate = \$8.55

Psychiatric Assessment

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.

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.

Unit= ¼ hour

Rate= \$26.14

Skills Training and Development

Skills Training and Development involves face-to-face contact with the participant and/or family or nonprofessional caregivers that result in the participant's development of skills (for example, self-care, daily life management, or problem-solving skills), in an individual setting or group setting, directed toward eliminating psychosocial barriers. Development of skills is provided through structured interventions for attaining goals identified in the recovery plan and the monitoring of the participant's progress in achieving those skills. Participants are expected to show benefit from Skills Training and

Development, with the understanding that improvement may be incremental. Skills Training and Development must result in demonstrated movement toward, or achievement of, the participant's treatment goals identified in the recovery plan. Skills Training and Development includes monitoring the impact of training acquisition (i.e. structured opportunities for participant to demonstrate skills acquisition and improved functioning as a result). Skills Training and Development aims to restore participant's abilities essential to independent living (i.e. self-care and daily life management skills). Provide skills training specific to illness self-management. Skills training and development (individual or group) is limited to one (1) hour per day with a maximum of two (2) hours per week per individual billed under either individual or group.

Individual

Unit = ¼ hour

Rate = \$26.14

Group

Unit = ¼ hour

Rate = \$4.71

Tele-psychiatry

Tele-psychiatry is the use of a telecommunication system to provide psychiatric services between places of lesser and greater medical capability and/or expertise, for the purpose of evaluation and treatment. Tele-psychiatry is the delivery of acute mental health or substance abuse care, including diagnosis or treatment, by means of a secure, two-way real-time interactive audio and video by a health care provider in a remote location to an individual needing care at a referring site, known as the Originating Site.

Unit = ¼ hour

Rate = \$23.88

Buprenorphine (Medication Only)

Buprenorphine and buprenorphine/naloxone formulations are effective treatments for opioid use disorder (OUD). There are multiple formulations of buprenorphine, including but not limited to sublingual tablets, sublingual films, or extended release injections. Providers utilizing funds for the purchase of buprenorphine must have a documented partnership with a DATA waived prescriber who complies with best practices for prescribing, administering, and supervising the medication disbursement. Providers should keep invoices and receipts and only bill for the Medicaid Rate of Buprenorphine.

- Person can get a Buprenorphine injection up to 90 days pre-release for a maximum of 3 shots with an appointment for a follow up shot scheduled.

Unit = \$1

Rate = Medicaid Rate/Actual Cost

Naltrexone Protocol

Naltrexone in pill form has proven effective when taken daily. It is imperative that the person is given medication and watched to ensure taking medication. Best practice is to complete a liver enzyme test (AST or ALT) to monitor levels. This can be completed as a single blood draw/test and not part of a panel

(single blood draw is about \$30 compared to complete panel which is about \$400). Liver test for someone that has Hep C should be done about every 3 months but someone with a healthy liver needs the test at most every 6 months.

- Person can get a Vivitrol shot 90 days pre-release for a maximum of three (3) shots with appointment for follow up shot scheduled.

Unit = 1 Blood Draw

Rate = \$30

Unit = \$1

Rate = Medicaid Rate/Actual Cost