

## **Medication Assisted Treatment (MAT)**

### **Definition**

MAT is the use of medications approved by the US Food and Drug Administration (FDA), in combination with behavioral therapies and support services, to provide a whole-patient approach to the treatment of alcohol and opioid use disorders. These rules pertain to the following MAT providers:

- 1) Opioid Treatment Program (OTP), is an accredited treatment program with SAMHSA certification and Drug Enforcement Administration (DEA) registration to administer and dispense opioid agonist medications, including Methadone, that are approved by the FDA to treat opioid addiction. OTPs must provide medical, counseling, vocational, educational, and other assessment and treatment services, either onsite or by referral to an outside agency or practitioner through a formal agreement, as identified in the member's behavioral health individual treatment plan (ITP); or
- 2) Office-based Opioid Treatment (OBOT), is an organization that employs or contracts with a provider who holds a current waiver with SAMHSA and has been assigned a DEA identification number for buprenorphine prescribing for opioid use disorders. OBOTs may only provide buprenorphine opioid treatment. OBOTs must provide medical, counseling, vocational, educational, and other assessment, and treatment services, either onsite, or by referral to an outside agency or practitioner through a formal agreement, as identified in the member's behavioral health ITP.

### **Provider Requirements**

Services must be provided by a practitioner who possess a current DEA-X number or by a practitioner affiliated with a MAT program accredited by a SAMHSA-Approved Opioid Treatment Program Accrediting Body.

The billing provider must be enrolled with a specialty of 509 – Methadone.

### **MEDICAL SERVICES**

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## **Criteria for Coverage**

- 1) Member must:
  - a. have a diagnosed moderate or severe opioid use disorder;
  - b. be determined clinically appropriate for MAT; and
  - c. agree to initiate MAT and receive other services identified in the member's behavioral health ITP.
- 2) The member must require at least one face to face or by telemedicine check-in per month for prescribing or dispensing of OBOT/OTP medication.
- 3) The member must have at least one of the following:
  - a. significant psychological or social challenges;
  - b. failure to successfully initiate treatment in previous attempt; or
  - c. lack of solid social supports.
- 4) For those receiving buprenorphine-based treatment, the Data Waived prescriber has deemed it medically necessary to treat the member's opioid addiction with buprenorphine products.

## **Service Requirements**

- 1) A MAT provider must present the member with the following information as evidenced by signature of the member:
  - a. all relevant facts concerning the use of MAT that is clearly and adequately explained;
  - b. other treatment options and detoxification rights;
  - c. a written estimate of expenditure including the amount expected to be covered by insurance and/or other payment sources and out of pocket expenditures for the member;
  - d. written program participation expectations and a list of incidents that require termination of program participation;
  - e. written procedures for non-compliance and discharge including administrative medication withdrawal; and
  - f. education pertaining to their prescription.
- 2) The provider must review the PDMP for the member's past and current use of Category II and III prescriptions prior to the induction of MAT.
- 3) The provider must offer behavioral health counseling services to the member, if clinically appropriate, and document it in the member's behavioral health ITP;

- 4) Services must be based on a comprehensive physical, exam, screening, and assessment described above and documented in the member's behavioral health ITP.
- 5) An initial behavioral health ITP must be completed within seven days of enrollment into MAT, updated at least every two months, and include the following medication addiction treatment services:
  - a. plans for behavioral health services;
  - b. care coordination services to address identified medical, social, SUD, and mental health issues; and
  - c. signature of the member and the staff who prepared the behavioral health ITP.
- 6) The provider must document the following:
  - a. medication prescribing and adjustment by prescribing professional;
  - b. nursing assessment and medication tolerance and vital signs;
  - c. lab test outcomes and treatment progress with MAT; and
  - d. medication distribution.
- 7) The provider must review the PDMP to determine if the member is receiving opioid or tramadol prescriptions concurrently with MAT services.
- 8) Telemedicine must be provided in accordance with applicable federal and state laws and policies and follow the Controlled Substances Act (CSA)(28 USC 802) for prescribing and administration of controlled substances.

### **Covered Services**

- 1) Members must be assessed at intake for the MAT program by an enrolled Medicaid provider.
- 2) The following MAT services are bundled services and must be billed using the appropriate reimbursement codes for:
  - a. MAT Intake; and
  - b. MAT Established.
- 3) MAT Intake will not be reimbursed more than once every twelve months for a member with the same provider clinic. MAT Intake will not be reimbursed if the member has seen a practitioner at the provider clinic within the last twelve months.
- 4) MAT Intake, which may be reimbursed for the first week of the member's enrollment into the MAT program, includes:

- a. a face to face assessment by a physician, psychiatrist, nurse practitioner or physician assistant;
  - b. behavioral health assessment by a licensed addiction counselor;
  - c. drug testing;
  - d. pregnancy test for HCG (if clinically appropriate);
  - e. any other labs or tests performed as part of clinic protocols for their addiction treatment members; and
  - f. induction of medication.
- 5) MAT Established, which may be reimbursed beginning week two and weekly thereafter, as clinically indicated, must include the following:
- a. The member received their MAT medication for the week being billed;
  - b. For OTPs, a clinical assessment that meets the requirements in 42 CFR § 8.12(f)(4) must be conducted, face to face or by telemedicine, as clinically appropriate, at least once every three months for the first year of continuous treatment, and at least once every six months for each subsequent year;
  - c. For OBOTs, a visit with the prescriber every three months for the first year of continuous treatment, and at least once every six months for each subsequent year;
  - d. pregnancy tests for HCG, when clinically appropriate;
  - e. drug testing, when clinically appropriate;
  - f. any other labs or tests performed as part of clinic protocols for their addiction treatment members; and
  - g. update of the behavioral health ITP at least every two months.
- 6) Medication can only be billed in conjunction with receiving MAT Intake or MAT Established weekly bundled services.
- 7) Medication (except medication used during induction) is not included within the bundled rate and may be reimbursed outside of the bundled rate.
- 8) Buprenorphine (oral or implant) may be reimbursed outside of the bundled rate.
- 9) Insertion and/or removal of Buprenorphine implant may be reimbursed outside of the bundled rate.
- 10) Clinically appropriate screening and laboratory services associated with the provision of MAT may not be billed separately.

## Service Authorization

Service Authorization is not required.

## Billing Guidelines

Meeting the requirements for covered services outlined above allows the provider to bill the weekly bundled rate and medication. For instance, when an ITP is updated, the provider can bill for the subsequent two months, and when an established patient in their second year has a visit for their required six month clinical assessment, the provider can then bill for the subsequent six months.

The following HCPCS<sup>®</sup> Codes and modifiers must be used when billing for MAT weekly bundled services.

These codes may not be billed by Federally Qualified Health Centers (FQHCs).

<b>HCPCS<sup>®</sup> Code</b>	<b>Modifier</b>	<b>Service</b>	<b>Frequency</b>	<b>Rate</b>
H0016	U7	MAT Intake	Weekly	\$296.74
H0016		MAT Established	Weekly	\$85.28
H0020		Methadone & Administration at OTP setting	Daily as provided	\$3.23
H2010		Medication & Take Home Packaging	Daily as provided	\$3.23
Applicable code		Buprenorphine	Based on code	NDC pricing
Applicable CPT code		Insertion or removal of implant	Based on procedure	Fee Schedule

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