

# Sustainable Reimbursement of MAT Webinar Series 2: Drug Medi-Cal, DMC-ODS & MAT Reimbursement

## Follow-Up Questions & Answers

1. Q: What is the basic structural difference between Drug Medi-Cal and regular Medi-Cal?

A: Presently, alcoholism and other substance use disorders are treated via a statewide, carved-out benefit that tangentially dovetails with the bigger, broader medical and mental health sets of benefits and services covered by Medi-Cal (California's Medicaid). California has obtained waiver permissions to develop specific managed care types of strategies, and each of those waivers also has a name.

The Drug Medi-Cal (DMC) Organized Delivery System (ODS) waiver is one such example. <https://www.dhcs.ca.gov/provgovpart/Pages/Drug-Medi-Cal-Organized-Delivery-System.aspx> DHCS has approved some 30 implementation plans from participating counties, plus the Partnership Health implementation plan which represents an additional 8 counties. The biggest difference in SUD coverage for counties participating in the DMC-ODS pilot is adoption of the American Society of Addiction Medicine (ASAM) levels of care and ASAM Patient Placement Criteria to assess clinical and medically necessary placement at particular levels of care. <https://www.asam.org/asam-criteria/about>

The ability to offer reimbursement for residential treatment to any client for which it is a recommended part of a treatment plan developed by a qualified provider is one significant difference between Medi-Cal and Drug Medi-Cal ODS benefits. Additional services covered by the ODS model include case management and recovery support services.

2. Q: If our clinic is an NTP/OTP, do we have the flexibility to treat AUD?

A: Yes. NTP/OTPs can dispense oral naltrexone for treatment of AUD. NTP/OTPs in DMC-ODS pilot counties can dispense all approved medications for treatment of AUDs.

3. Q: For clarity, are you suggesting that we can bill for MAT services provided in an outpatient setting? It is my understanding that IMS certification does not exist for outpatient setting.

A: Non-OTP providers of outpatient MAT services in counties participating in the DMC-ODS pilot can bill for those services on an outpatient basis at rates included in each county's plan. Outpatient MAT is not contingent upon IMS. IMS certification (incidental medical services) applies to residential treatment programs/facilities.

4. Q: What is the reimbursement for H004, H005, and H015? Is it the same as Medi-Cal? To bill for those codes, do you have to "apply" for Drug Medi-Cal, separately from being a regular Medi-Cal provider?

A: No. As long as the service provider is enrolled as a Medi-Cal provider, they can bill individual counseling, group counseling, and intensive outpatient services to codes H0004, H0005, and H0015, respectively. Participation in the DMC-ODS pilot is not required; however, those same codes are used to bill for these services in DMC-ODS counties. Rates of reimbursement vary from county to county. Please contact your county for more information.

5. Q: If we are a county contract provider, how do we bill for the case management code? This seems like what we would need to bill in our outpatient setting to provide MAT, is that correct?

A: Each county is uniquely managing Drug Medi-Cal ODS services. The billing code for case management referenced in the presentation slides applies (H006). However, case management is only covered by Medi-Cal in DMC-ODS counties. Rates are determined by each county. For county-specific questions such as this one, please contact your county's provider relations staff and consult your county contract, certification standards and billing manual.

6. Q: If your agency is also benefitting from the Payroll Protection Program via CARES are you still eligible for this?

A: Yes. PPP is specific to staffing levels and payroll whereas the CARES Act Relief fund for Medicaid and CHIP providers is to offset some of the non-reimbursable care and services and other infrastructure investments you may have provided and made during this difficult time. However, please consult the links provided in the presentation slides for information on the various deadlines involved.

7. Q: It looks like the bedrock of OBOT billing will continue to be the fee-for-service 99214, just with some additional add-ons like withdrawal management for new patient visits. Is that a fair assessment? And what are the criteria for billing for care coordination?

A: Yes, that is a fair assessment. Although there is no specific billing code for care coordination, it is a requirement for DMC-ODS counties. It is usually billed as case management or sometimes under other billing codes, depending on the specifics. MMC plans and billing rates for care coordination may vary from one county to another, so please consult your county contract, county billing manual and county provider relations staff.

8. Q: Is the only way to bill for MAT in an outpatient setting to use the case management billing code?

A: No. In DMC-ODS counties a variety of billing codes may apply to MAT services in an outpatient setting, especially if the county has opted to include enhanced MAT services, such as physician consultation, counseling, and recovery support services. MAT in OP settings can be billed using codes H2010, S5000 and S5001.

9. Q: We bill case management in OP and Res. I am trying to figure out how to bill for MAT in OP. The case management rate is too low to cover cost of provider and RN's who provide MAT

A: MAT in OP settings can be billed using codes H2010, S5000 and S5001.

In DMC-ODS counties, rates for outpatient MAT services in non-NTP/OTP settings are set by each county (for all counties under the Partnership Health umbrella, billing rates are the same). If you are enrolled as a DMC-ODS provider, there may be billing codes for clinical care that allow reimbursement at higher rates than case management. In DMC-ODS counties a variety of billing codes may apply to clinical care that is a part of MAT services in an outpatient setting, such as physician consultation and counseling; however, rates are set by each county. You are encouraged to contact your county's provider relations team for further information.

10. Q: Can NTPs in CA provide smoking cessation medications and be paid by Medi-Cal? Other states permit this.

A: Yes. The ACA requires including coverage of smoking cessation and more intense smoking cessation interventions for pregnant women. California's smoking cessation legislation widens the scope of interventions available to all beneficiaries and requires educating providers on the availability of these benefits. California is considered a model of the high degree of cost savings available to the states through preventive policies and widely available of cessation support.

11. Q: How will medication management and education be billed?

A: Physician Consultation can be billed using G9008 code. Patient education may be billed under Case Management using H0006 code or under Recovery Services using Procedure Code Modifier U6. Medication management under DCM-ODS sites can be billed under various codes, depending on the nature of the service. For example, physician to physician consultation could be appropriate and is billed under a specific code. For pilot counties whose plan includes offering optional enhanced MAT services, it can also be billed under a separate code for ordering, prescribing, administering & monitoring meds. Patient education might be billed as case management or recovery support.

12. Q: What CPT codes can I use to bill for MAT work? Can I use the regular codes for evaluations and follow-ups? The codes I am familiar with are 93011 and 99212 thru 99215. Is there any reason why I can't use those codes?

A: The presentation featured an overview of HCPCS codes used in billing MAT. HCPCS codes are generally used in a managed care context, and Drug Medi-Cal ODS plans are managed care. That said, your county administers contracting and claims so it is most prudent to contact the county in question and ensure that (1) you are properly contracted to provide services and (2) that your contract specifies the codes you are entitled to bill and the rate at which you will be reimbursed.

13. Q: Can we have our nurses provide case management in our outpatient programs?

A: Likely BUT the county may have a single rate for bachelor level social workers, and it may not be commensurate with RN pedigree. Please contact your county to learn more.

14. Q: Can our nurses bill the MAT codes?

A: Probably not for some clinical care services that are reserved for waived MDs and NPs. However, methadone dispensing is covered by a billing code that applies to NTP/OTPs in both

DMC and DMC-ODS counties. For ODS counties NTP/OTPs can bill for dispensing of methadone and other medications. For DMC-ODS counties who have included optional enhanced MAT services in their plan additional codes are included for:

- Ordering, prescribing, administering & monitoring meds
- Administering long-acting injectable naltrexone at facilities, including NTPs
- Medically necessary services in accordance w/treatment plan developed by a licensed physician or prescriber.

Also, it is possible to bill for some services from nurses under withdrawal management.

15. Q: Can we bill the Physician Consult HCPCS code when our doctors and NPs are consulting with primary care doctor, for example?

A: Most likely yes, under the billing code G9008, in any setting, so long as it is bona fide consulting that is going on. If consultation is through Telehealth, billing codes included in the presentation slides from the telehealth webinar apply.

16. Q: Other than what was mentioned in the webinar, how does billing differ for FQHCs and RHC?

A: Revenue codes may differ for Medi-Cal Fee for Service and Managed Care Plans, while some crossover codes apply to both. There are also billing codes and requirements that may apply to patients covered by Medicare, including some billing for bundled services and verification of Medicare denials. For more information refer to the RHC and FQHC section of Medi-Cal provider and billing manuals.