

**Bulletin Number:** MSA 21-19

**Distribution:** Practitioners, Medicaid Health Plans (MHP), Local Health Departments (LHD), Prepaid Inpatient Health Plans (PIHP), Community Mental Health Services Programs (CMHSP), Federally Qualified Health Centers (FQHC), Hospitals-Outpatient, Rural Health Clinics (RHC), Tribal Health Centers (THC), Pharmacy Providers, Integrated Care Organizations (ICO)

**Issued:** July 2, 2021

**Subject:** Fee-for-Service Coverage of Alcohol Use Disorder and Opioid Use Disorder Treatment Services

**Effective:** August 1, 2021

**Programs Affected:** Medicaid, Healthy Michigan Plan, Maternity Outpatient Medical Services (MOMS), MICHild

Pursuant to Michigan's Medicaid State Plan and federally approved managed care waiver (revised April 1, 2021), community-based mental health, substance abuse, and developmental disability specialty services and supports are covered by Medicaid when delivered under the auspices of an approved Prepaid Inpatient Health Plan (PIHP). These services include assessment, treatment, and counseling for people with developmental disabilities, mental illness, serious emotional disturbance, and prevention and treatment services for substance use disorders. Providers contracted with the PIHP include Community Mental Health Services Program (CMHSP) providers and other approved entities. All providers are encouraged to utilize this system when and wherever appropriate.

The purpose of this bulletin is to expand access to services by updating and expanding reimbursement policy for office-based Alcohol Use Disorder (AUD) treatment and Opioid Use Disorder (OUD) treatment provided by primary care providers in an office-based setting (i.e., providers who do not have a specialty Substance Use Disorder (SUD) benefit services contract with the PIHP). This policy supersedes bulletin MSA 15-56.

As used in this bulletin, "primary healthcare providers" encompasses healthcare providers (Physicians (MD/DO), Nurse Practitioners, Physician Assistants, Clinical Nurse Specialists, Clinical Nurse Midwives, Obstetricians/Gynecologists, Pediatricians) in an office-based setting who are licensed or otherwise trained to provide SUD services and behavioral health providers (Licensed Psychologist (Doctoral Level), Licensed Social Worker (Master's level), Licensed Marriage and Family Therapist (Master's or Doctoral

level), Licensed Professional Counselor (Master's or Doctoral level), Limited Licensed Psychologist (Master's or Doctoral Educational level) under the supervision of an enrolled, fully licensed psychologist (except as noted in Section 333.18223 of the Public Health Code) who are associated with them, and who do not have a specialty SUD benefit services contract with a PIHP.

Effective August 1, 2021, primary healthcare providers can be reimbursed for services provided in an office-based primary care setting related to AUD/OD through the Medicaid Fee-for-Service (FFS) program.

Services currently delivered by the PIHP/CMHSP or Medicaid Health Plan (MHP) are still available and reimbursed as usual through the PIHP or MHP. All service providers who are contracted with PIHPs or MHPs must seek reimbursement through the PIHP/MHP for PIHP/MHP-enrolled beneficiaries. Primary healthcare providers must contract and bill the ICO/PIHP for services rendered to beneficiaries in MI Health Link.

Physicians not associated with a PIHP/CMHSP may be reimbursed for AUD/OD services through the Medicaid FFS program for beneficiaries enrolled either in FFS or in an MHP.

### **Provider Qualifications**

Working within their scope of practice, primary healthcare providers who render services related to AUD/OD may receive reimbursement through the FFS program so long as the following criteria is met: they comply with all licensing laws and regulations applicable to the provider's practice or business in Michigan, they are not currently excluded from participating in Medicaid by state or federal sanction or exclusion, they are a valid provider type in CHAMPS, their services are directly reimbursable per MDHHS policy, and they enroll as a FFS Medicaid provider in the Community Health Automated Medicaid Processing System (CHAMPS). Refer to the [MDHHS Medicaid Provider Manual](#) for further details on provider qualifications and billing and reimbursement.

Primary healthcare providers are required to deliver services consistent with clinical practice guidelines (examples may include guidelines published by the American Society of Addiction Medicine [ASAM], Centers for Disease Control and Prevention [CDC], Substance Abuse and Mental Health Services Administration [SAMHSA], American Psychiatric Association, American Academy of Addiction Psychiatry [AAAP], etc.).

## **FFS Reimbursement Criteria, Services and Requirements**

The following services related to AUD/OD treatment will qualify for FFS reimbursement when a beneficiary meets ASAM criteria for outpatient treatment, and has a primary diagnosis of opioid use, abuse and dependence or alcohol use, abuse and dependence as classified by the International Classification of Diseases Version 10 (ICD-10):

- Evaluation and Management services (e.g., 99202-99205, 99211-99215)
- Consultation services (e.g., 99241-99245)
- Psychotherapy services (e.g., 90785, 90791, 90792, 90832, 90834, 90836, 90847)
- Psychiatric Collaborative Care Management services (e.g., 99492-99494, G0512)
- Behavioral Health Care Management (99484)
- Drug Testing services (e.g., 80305-80307)
- Other Laboratory services (e.g., 80076, 81025, 86580, 86701-86706, 86708, 86709, 86803)
- Screening, Brief Intervention and Referral to Treatment (SBIRT) (e.g., 99408, 99409, G0396, G0397, G2011)
- Medications for the treatment of AUD/OD

**NOTE:** Current Procedural Terminology (CPT) coding changes occur frequently. Providers should consult with MDHHS fee schedules for current allowable codes which can be accessed on the MDHHS website at [www.michigan.gov/medicaidproviders](http://www.michigan.gov/medicaidproviders) >> Billing and Reimbursement >> Provider Specific Information >> Physicians/Practitioners/Medical Clinics >> Practitioner. The Medicaid Code and Rate Reference Tool, located via the External Links menu in CHAMPS, may also be used to determine eligible reimbursement codes.

Primary healthcare providers who have a contract for specialty SUD services with PIHP/CMHSP entities are required to bill those entities for covered services.

## **Continuum of Care**

The treatment of AUD/OD requires a multi-faceted and individualized approach to reach full treatment potential that may include screening and assessment, medications and medication management, counseling and/or other psychosocial supports.

Providers are encouraged to utilize the distinct intervention of SBIRT techniques (consisting of standardized screening tools such as the Drug Abuse Screening Test [DAST] and the Alcohol Use Disorders Identification Test [AUDIT]) for all beneficiaries, and further screen and assess any beneficiaries with indications of SUD.

Decisions about treatment services, including counseling, should be made based on the beneficiary's needs, interests, and medical necessity. The beneficiary should be offered or referred to counseling based on their individual needs. However, a beneficiary's decision to decline counseling should not preclude or delay pharmacotherapy with appropriate medication management.

Decisions on counseling should be determined in collaboration with the beneficiary, the prescriber, the beneficiary's primary counselor and the clinical supervisor. This decision-making process should be documented in the clinical record, and the treatment plan should reflect the decisions that are made.

In addition, providers are encouraged to utilize Medication Assisted Treatment (MAT) services for beneficiaries with AUD and OUD. Some of the prescriptions for AUD/OUD MAT are listed on the [MDHHS Preferred Drug List](#), and as preferred they do not require prior authorization. To ensure optimal treatment results, prescribers must use a multi-faceted and individualized treatment approach which may include induction, stabilization, maintenance, and formal SUD counseling.

The duration of MAT should be determined based on medical necessity as well as the individual needs of the beneficiary and not on arbitrary criteria such as predetermined time, funding source, philosophy of the program staff, or payment limits. Some beneficiaries may continue use of medications to treat OUD for an extended or indefinite length of time.

Providers should note additional regulatory and care coordination considerations. This policy applies to primary healthcare providers, as defined previously. If an individual practice reaches more than the maximum number of beneficiaries receiving services per Michigan Law, they must apply for an Office-Based Opioid Treatment (OBOT) license and subsequently meet all the requirements of that designation. (Refer to the Drug Addiction Treatment Act of 2000 [DATA 2000] waiver and [Michigan Department of Licensing and Regulatory Affairs \[LARA\]](#) rules for more information.)

The provider must evaluate the effectiveness of the beneficiary's AUD/OUD treatment services and, if the services are not shown to be effective, should consider what approaches can be applied to enhance treatment outcome. This may include referral to the PIHP system or other treatment services. Beneficiaries also have the right to file a complaint with MDHHS if their care is not meeting their needs or if they feel that their rights have been violated. Primary healthcare providers are responsible to ensure beneficiaries are aware of this right.

### **Coordination of Care**

To reach optimal treatment, beneficiaries must be actively involved in their treatment and, as such, it is important that all providers coordinate care. Beneficiaries with significant AUD or OUD may require assistance with transportation, housing, job resources and other important life aspects that impact a beneficiary's recovery. Primary healthcare providers must ensure beneficiaries have access and receive referral to PIHPs for further assessment and treatment and any of the other supports and services that are available (i.e., PIHP specialty services, community-based services, and natural supports) as needed to ensure desired treatment results. PIHPs/CMHSPs, FFS and MHPs must partner as needed in overseeing and coordinating the treatment plan, knowing that office-based AUD/OUD treatment may be only part of the services necessary to achieve successful outcomes.

## **Michigan Automated Prescription System (MAPS) Requirement**

MAPS is the prescription monitoring program managed by the Department of Licensing and Regulatory Affairs (LARA). It is used to identify and prevent drug diversion at the provider, pharmacy, and beneficiary levels by collecting information on prescriptions for controlled substances prescribed and dispensed to beneficiaries from pharmacies and practitioners. Practitioners can query this data for beneficiary-specific reports which allow a review of the beneficiary's controlled substance prescription records. This enables the provider to determine if beneficiaries are receiving controlled substances from other providers and to assist in the prevention of prescription drug abuse. For more information on MAPS and how to register, visit [www.michigan.gov/mimapsinfo](http://www.michigan.gov/mimapsinfo).

It is expected that the provider will query the MAPS database prior to each new prescription as required for AUD and OUD treatment medications and will consult MAPS regularly throughout the beneficiary's course of treatment.

### **Manual Maintenance**

Retain this bulletin until the information is incorporated into the MDHHS Medicaid Provider Manual.

### **Questions**

Any questions regarding this bulletin should be e-mailed to Provider Inquiry, Department of Health and Human Services, at [ProviderSupport@michigan.gov](mailto:ProviderSupport@michigan.gov). When you submit questions, be sure to include your name, affiliation, NPI number, and phone number so you may be contacted if necessary. Providers may phone toll-free 1-800-292-2550.

An electronic version of this document is available at [www.michigan.gov/medicaidproviders](http://www.michigan.gov/medicaidproviders)  
>> Policy, Letters & Forms.

### **Approved**



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