

## Substance Use Disorder (SUD) Services

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### Overview

Substance use disorder (SUD) services include assessment of needs, treatment planning and interventions to address client needs as a result of substance use.

### 1115 Substance Use Disorder System Reform Demonstration

Minnesota is implementing a Substance Use Disorder (SUD) System Reform Demonstration that incorporates the American Society of Addiction Medicine (ASAM) criteria to establish specific residential and outpatient levels of care for SUD treatment services for Medical Assistance (MA) under the authority of section 1115(a) of the Social Security Act. The demonstration, through the implementation of ASAM criteria, seeks to enhance evidence-based assessment and placement criteria for the purpose of matching individual risk with the appropriate ASAM level of care. The demonstration also increases standards for treatment coordination to ensure transitions to needed services across a comprehensive continuum of care.

### Eligible Providers

A provider must be enrolled as a Minnesota Health Care Programs (MHCP) provider for [Substance Use Disorder \(SUD\) Services](#) to provide, bill and receive payment for SUD services

Providers must enroll and participate in the Drug and Alcohol Abuse Normative Evaluation System (DAANES). You will not receive reimbursement as a SUD treatment provider unless you have complied with the DAANES requirements for each Behavioral Health Fund (BHF) recipient. All SUD clients regardless of funding need to be entered into DAANES for each admission episode. Contact DAANES office by email [dhs.daanes@state.mn.us](mailto:dhs.daanes@state.mn.us) to obtain the documents and training to participate in DAANES.

Eligible providers may include the following:

- Licensed Residential SUD treatment programs
- Licensed Nonresidential (Outpatient) SUD treatment programs
- Counties
- Tribes
- Recovery Community Organizations (RCOs)
- Hospitals
- Federally Qualified Health Clinics, and Rural Health Clinics (As long as they also have a substance use disorder program license)
- Licensed Professionals in Private Practice
- Licensed Withdrawal Management programs

### 1115 Substance Use Disorder System Reform Demonstration

Providers must enroll, meet the requirements and submit the forms listed under the 1115 SUD System Reform Demonstration heading on the [Substance Use Disorder \(SUD\) Services Enrollment Criteria and Forms](#) provider enrollment webpage to be eligible to provide, bill and be paid by MHCP for SUD services within the 1115 SUD System Reform Demonstration.

- Licensed Residential SUD treatment programs
- Licensed Nonresidential (Outpatient) SUD treatment programs
- Tribes
- Licensed Withdrawal Management programs
- Approved out-of-state SUD providers

After approval, the effective date of the provider's participation will be determined by MHCP Provider Eligibility and Compliance based on when the assurance statement was received, and will be communicated to providers in a letter.

### **Eligible Members**

SUD services are available to fee-for-service members with major program code MA, OO (Behavioral Health Fund) and MinnesotaCare. Providers are encouraged to verify member eligibility in MN-ITS on a monthly basis.

If an individual is not already enrolled with Medicaid and has SUD treatment needs, they may be eligible for services through Behavioral Health Fund (BHF) if they meet clinical and financial eligibility requirements:

- BHF financial eligibility determinations are made by the member's tribe or county of residence. For a person to be eligible for BHF, they must meet the financial eligibility guidelines in [Behavioral Health Funds \(BHF\) Eligibility Determination \(DHS-6770\) \(PDF\)](#).
- Clinical eligibility is determined via a comprehensive assessment. See exceptions in the SUD Withdrawal Management Services section of the MHCP Provider Manual.
- Incarcerated individuals who meet financial eligibility guidelines are eligible for payment through the Behavioral Health Fund (major program code OO).

Refer members enrolled through a managed care organization (MCO) to their MCO health plans for details on coverage and accessing SUD services. See exceptions in the [SUD Withdrawal Management Services](#) section of the MHCP Provider Manual.

### **1115 Substance Use Disorder System Reform Demonstration**

All MHCP members are eligible for SUD services delivered by MHCP-enrolled 1115 SUD System Reform Demonstration providers. Only members in major program MA qualify for the enhanced rate.

### **Covered Services**

Covered services must be delivered as outlined in the Minnesota Statutes listed under [Legal References](#). Providers must be enrolled with MHCP as an eligible provider of specific services, specialties or complexity add-ons to receive reimbursement from MHCP. Providers are responsible for knowing and understanding the rules and regulations pertaining to any services they submit for reimbursement. See the [BHF Service Rate Grid with Dollar Amounts \(DHS-7612\) \(PDF\)](#) for covered services and complexity add-on rates.

Covered SUD services include the following:

- Nonresidential (outpatient) individual and group treatment services
- Residential high, medium, and low-intensity treatment services
- Hospital-based inpatient treatment
- Room and board (when associated with SUD residential treatment)
- Freestanding room and board (when associated with SUD nonresidential (outpatient) treatment)
- Comprehensive assessment
- Treatment coordination
- Recovery peer support
- Residential withdrawal management (245F license)
- Smoking Cessation\*

- Medication assisted therapies (MAT). MAT services are reimbursed on a per diem basis and may also be included as an add-on to the residential treatment service per diem. MAT may include:
  - MAT-Methadone
  - MAT-all other
  - MAT-Methadone-PLUS
  - MAT-all other-PLUS

The IHS encounter rate is not available for self-administered medication therapy.

\*Smoking cessation when provided as counseling by an alcohol and drug counselor and indicated as needed on a treatment plan can be provided in an individual or group counseling session (H2035 or H2035 HQ). Providing coordination to smoking cessation resources can fall under the role of a treatment coordination (T1016 HN U8) by assisting in coordination with and follow up for medical services as identified in the treatment plan or facilitating referrals to SUD services as indicated by a client's medical provider, comprehensive assessment, or treatment plan.

Providers may deliver some SUD services via telehealth. Review the [Telehealth Delivery of Substance Use Disorder Services](#) section of the MHCP Provider Manual for more information.

### **1115 Substance Use Disorder System Reform Demonstration**

All SUD services provided by MHCP-enrolled 1115 SUD System Reform Demonstration providers must meet the standards for each level of care provided as published in the [1115 Level of Care Requirements \(DHS-7326\) \(PDF\)](#) and be implemented by the dates identified in the **"Date the requirement will be implemented" column in the** enrolled provider's [1115 Substance Use Disorder System Reform Enrollment Checklist \(DHS-7325\) \(PDF\)](#).

### **Residential**

Rates for residential treatment services delivered for the applicable level of care will be enhanced by 15 percent over the basic per diem rates identified in the [BHF Service Rate Grid with Dollar Amounts \(DHS-7612\) \(PDF\)](#).

The 15 percent Residential Treatment rate enhancement is effective July 22, 2020.

To receive the 15 percent rate enhancement when billing services, include the Value code 24 and the appropriate five-digit rate code from the [Residential 5-digit Value Codes for Billing Direct Access](#).

The following are not eligible for the 1115 Demonstration residential rate enhancement: hospitals and Withdrawal Management services:

### **Outpatient**

Individual and group treatment services will be increased by 10 percent over the base rates identified in the [BHF Service Rate Grid with Dollar Amounts \(DHS-7612\) \(PDF\)](#) when delivered for the applicable level of care as outlined in the [1115 Level of Care Requirements \(DHS-7326\) \(PDF\)](#).

Rate enhancements for nonresidential (outpatient) treatment services effective Jan. 1, 2021.

### **Medication Assisted Treatment**

Programs providing medication assisted treatment (MAT) and licensed according to Minnesota Statute sections [245G.01](#) to [245G.17](#) and [245G.22](#), or applicable tribal license, must enroll in the demonstration as a Level 1.0 Outpatient or 2.1 Intensive Outpatient provider. MAT services will be enhanced by 10 percent over the basic per diem rates identified in the [BHF Service Rate Grid with Dollar Amounts \(DHS-7612\)](#) when delivered for the applicable level of care as outlined in the [1115 Level of Care Requirements \(DHS-7326\) \(PDF\)](#).

MAT services are reimbursed on a per diem basis and may also be included as an add-on to the residential treatment service per diem. Participating demonstration providers licensed as residential SUD programs must offer medication-assisted treatment services on site or facilitate access to medication-assisted treatment services off site. MAT may include:

- MAT-Methadone-PLUS
- MAT-all other-PLUS
- MAT services may be provided through consultation off-site by a qualified practitioner and reimbursed through the member's medical benefits.

When providers are paid an encounter rate, encounter payments are not available for self-administered medication.

### Noncovered Services

The following are not covered:

- Services delivered before the completion of a comprehensive assessment
- Room-and-board services not clinically or medically necessary
- Treatment services delivered to people enrolled in a managed care plan, with the exception of room-and-board services
- Detoxification services
- Comprehensive assessment, treatment coordination, peer support and nonresidential (outpatient) treatment services when provided by the same residential provider receiving a per diem payment for the same date of service and for the same client.
- Medication assisted therapies (MAT) guest dosing
- Federally Qualified Health Clinics and Rural Health Clinics are not eligible for 1115 rate enhancements.

### Billing

Providers are encouraged to verify member eligibility in MN-ITS on a monthly basis.

### Direct Access billing

#### Residential program and room and board

- Residential treatment services from the [Residential 5-digit Value Codes for Billing Direct Access](#) list corresponding to the listed service combinations.
- Room and board services from the [Room and Board 5-digit Value 24 Codes \(DHS-7308\)](#) list corresponding to the listed service combinations.

#### Outpatient Nonresidential

- Outpatient services with the corresponding procedure code and rate enhancement modifiers from [BHF Service Rate Grid with Dollar Amounts \(DHS-7612\)](#)

### 1115 Substance Use Disorder (SUD) System Reform Demonstration residential treatment services billing

You must submit all residential treatment claims with the 1115 value 24 code to receive the residential rate increase for residential treatment services. Refer to the [Residential 5-digit Value Codes for Billing Direct Access](#) and enter the appropriate five-digit value 24 code from the column "1115 value 24 code."

See the [MN-ITS User Guides](#) for instructions on how to submit electronic claims.

### Revenue and Procedure Codes

Refer to the [BHF Service Rate Grid with Dollar Amounts \(DHS-7612\)](#) for all modifier combinations.

Service Description	Unit	Reven	HCPCS	Claim	Type	Service
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		ue Code	Procedure Code	Form at	of Bill	Limitations
Inpatient hospital – bundled room and board and treatment	Day	0101	None	837I	11X	Per diem
Inpatient hospital – room-and-board component only	Day	0118 0128 0138 0148 0158	None	837I	11X	Per diem
Inpatient hospital – treatment component only	Day	0944 0945	None	837I	11X	Per diem
Residential program – room-and-board component only	Day	1002	None	837I	86X	Per diem
Residential program – treatment component only	Day	0944 0945 0953	None	837I	86X	Per diem
Freestanding room and board	Day	1003	None	837I	86X	Per diem
Nonresidential (outpatient) individual treatment	Hour	0944 0945 0953	H2035	837I	89X or 13X	3 units per day
Nonresidential (outpatient) individual treatment	Hour		H2035	837P		3 units per day
Nonresidential (outpatient) group treatment	Hour	0944 0945 0953	H2035 with modifier HQ	837I	89X or 13X	10 units per day
Nonresidential (outpatient) group treatment	Hour		H2035 HQ	837P		10 units per day
Nonresidential (outpatient) treatment – medication-assisted therapy (all other)	Day		H0047	837P		Per diem
Nonresidential (outpatient) treatment – medication-assisted therapy plus (all other)	Day		H0047 with modifier UB	837P		Per diem
Nonresidential (outpatient) treatment – medication-assisted therapy (methadone)	Day		H0020	837P		Per diem
Nonresidential (outpatient) treatment – medication-assisted therapy plus (methadone)	Day		H0020 with modifier UA	837P		Per diem
Treatment Coordination	15 minute		T1016 with modifier U8	837P		8 units per day

	s		HN			
Peer Recovery Support	15 minute s		H0038 with modifier U8	837P		8 units per day
Comprehensive Assessment	1 sessio n		H0001	837P		

### Billable Units and Time Requirements

#### Nonresidential (Outpatient) Services

H2035 is used for individual counseling and H2035 HQ is used for group treatment services provided in their respective settings. The code is defined as "alcohol and/or drug counseling per hour." The code is defined by a unit of time. Unit of time is attained when the mid-point is passed, and more than half of the time must be spent performing the service for reporting a specific code, excluding any breaks.

#### Residential programs

0944, 0945, 0953 are per diem revenue codes used for treatment program services in a residential setting. The respective intensity level, high (30 hours), medium (15 hours) or low (5 hours) must be provided based on actual count of continuous minutes of treatment service provided. Breaks may not be included in these continuous minutes

#### Managed Care Organization (MCO) Enrollee

Coordinate services for MCO enrollees with their health plans. Room and Board are carved out from MCO plans. Bill treatment services to the plan and bill room and board to MHCP as follows:

#### Billing Freestanding and Residential Program Room-and-Board Charges

Bill freestanding or residential program room-and-board charges (revenue codes 1003 or 1002) that are authorized by the MCO directly to MHCP. Report the following information in the "Value Code" field:

- Value Code 80 and the number of inpatient covered days
- Enter Value Code 24 with the correct five-digit rate code from the [Value Code 24 MCO Room and Board Billing \(PDF\)](#) list that corresponds to the listed service combinations

Do not bill for services that require MCO authorization or services that are in an appeal process until the services are authorized.

At the Service Line:

- Use revenue code 1002 for residential treatment room and board
- Use revenue code 1003 for room and board associated with nonresidential (outpatient) treatment

#### Billing for Member Services in Institution for Mental Disease (IMD) facilities

Notify the county by submitting the [County Notice of IMD Status \(DHS 4145\) \(PDF\)](#) when a member is receiving services from an IMD facility. If you are an IMD facility currently enrolled in the 1115 Demonstration, mark "1115 Provider" clearly at the top of the form.

#### Interim Billing

Bill residential and inpatient hospital claims that span multiple months using interim billing method. Include the date of discharge on the final treatment claim along with appropriate patient status code.

### **Nonresidential (Outpatient) Medication-assisted therapy (MAT) billing**

Bill nonresidential (outpatient) MAT and MAT Plus using the professional (837P) claim format. Report the appropriate place of service to distinguish on-site dosages from take-home dosages. Itemize dosages by listing each date of service on a separate service line.

### **Medicare**

Certified Medicare facilities serving Medicare-eligible clients must follow the MHCP Medicare policy found in the MHCP Provider Manual; see [Medicare and Other Insurance](#) under [Billing Policy](#).

### **Third-Party Liability (TPL)**

Individuals with private insurance may qualify for behavioral health fund if their insurance does not cover 100 percent of their treatment. MHCP TPL policy applies to all SUD treatment providers. When a member has private commercial insurance, you must first bill the private commercial insurance before billing MHCP. Bill doing the following:

- Verify member eligibility in [MN-ITS](#) before submitting bills to MHCP. If MN-ITS indicates that TPL exists for the dates that you would like to bill for, then you must first bill the third party displayed in MN-ITS for the dates. If you bill MHCP for dates of service when TPL exists, MHCP will deny the claim.
- Submit appropriate documentation to MHCP after billing the TPL. You must follow the MHCP TPL policy found in the [Medicare and Other Insurance](#) section of the MHCP Provider Manual under [Billing Policy](#).

### **Utilization Management**

To comply with the federal requirement for utilization reviews within the 1115 SUD System Reform Demonstration, providers must document level of care determination using the [1115 Demonstration Assessment and Placement Grid](#) and submit this, along with the following supporting clinical documentation to the medical review agent, [Kepro](#):

- Provider Questionnaire (embedded in [Atrezzo](#))
- Comprehensive Assessment
- Initial Services or Initial Treatment Plan with measurable goals
- Documentation of treatment services; Treatment Plan Review
- Discharge/Transition Plan

### **Legal References**

[Minnesota Statutes, 245F](#) (Withdrawal Management Programs)

[Minnesota Statutes, 245G](#) (Chemical Dependency Licensed Treatment Facilities)

[Minnesota Statutes, 254A.03](#) (Alcohol and Drug Abuse)

[Minnesota Statutes, 254B](#) (Substance Use Disorder Treatment)

[Minnesota Statutes, 256B.031](#) (Prepaid Health Plans)

[Minnesota Statutes, 256B.0759](#) (Substance Use Disorder Demonstration)

[Minnesota Statutes, 256L](#) (MinnesotaCare)

[Minnesota Rules, 9530.6800 to 9530.7030](#) (Rule 24)

[Minnesota Rules, 9530.6510 to 9530.6590](#) (Rule 32)

[Code of Federal Regulations title 42, section 440.130\(d\)](#)