

Questions & Answers for 11/1/18 SUD Monthly Provider Call

1. Can you please clarify treatment plan requirements for residential services? Does the physician have to be present?
A. Yes. You must follow the same guidelines for service planning as described in Chapter 503.

2. Is accepting pregnant women on a Level 3.7 Treatment unit optional?
A. Yes. Providing services to a special population such as pregnant women is optional. If the program does admit pregnant women, then they should not require 3.2-WM services.

3. Are we going to get any guidance on how we are to submit for authorization of SUD Waiver services for BHHF clients, and which provider number we are supposed to use? Our programs were approved with a start date of 8/23/18, and we are getting further behind. We can't run BHHF through our rehab or clinic numbers without a Medicaid number, unless Molina is going to accept the "19" numbers. Currently, BHHF services are drawing down Charity care dollars and don't go through rehab or clinic.
A. Please contact BBH with any Charity Care questions.

4. I am a Licensed Independent Clinical Social Worker, (LICSW). I work in a small private practice. We have had more of a demand for counseling of substance abusers and families of substance abusers, as well as children with autism, than we can handle with myself and one other counselor. We would like to add one or two counselors. Can I supervise for billing purposes a master level psychologist or master level counselor if they do not have their own clinical license yet?
A. No. A Licensed Independent Clinical Social Worker, (LICSW) cannot sign off on a psychologist or counselor's note in a private practice setting.

5. Are group sessions limited to 12 people?
A. Yes. Group Therapy is limited to 12 people. This is found in Chapter 503.17.2 & 503.17.4 here:
https://dhhr.wv.gov/bms/Provider/Documents/Manuals/Chapter_503_LBHC_Services%20final%20draft%2007.10.18%20scb%207.12.18%20sky.pdf

6. What are the credentials needed for an intake specialist? Also, would the initial intake assessment be a billable service through us?
A. Refer to Chapter 503 in the Licensed Behavioral Health Center (LBHC) Services Manual. Assessment Services are found in Chapter 503.14, located here:
https://dhhr.wv.gov/bms/Provider/Documents/Manuals/Chapter_503_LBHC_Services%20final%20draft%2007.10.18%20scb%207.12.18%20sky.pdf

7. If the patient has a MEDICAL condition that requires attention (i.e. hypertension), and is evaluated, can we bill a separate E&M with a modifier since the condition being addressed is not related to the substance use?
A. Only Level 3.7 has E&M codes included in the bundled per diem payment. Policy will be updated to reflect this.

8. Does the patient bring all home maintenance medications to the facility for continued use while there, or does the facility provide these?
A. If an individual is on medication (any), they should bring it with them when they enter the program. You must have a nurse available to either administer the medications, or observe the member take their own medications.

9. If the facility is required to provide all medications for maintenance conditions, shouldn't these be separately billable to the insurance?
A. Pharmacy is carved out of the bundle.

10. As a licensed agency, can our recovery coaches work with anyone that fits the criteria, which we bill through Medicaid, or can our recovery coaches only work with people in facilities, or centers?
A. Comprehensive Behavioral Health Centers (CBHC) or Licensed Behavioral Health Centers (LBHC), as defined in Chapter 64 of the WV State Code, may provide Peer Recovery Support Services. PRSS services are for individuals with substance use disorders or co-occurring substance use and mental health disorders. Peer Recovery Support Services may be provided to eligible individuals ages 18 years or older who have a substance use disorder or co-occurring mental health and substance use disorders. The member must be a client/consumer of the CBHC or LBHC that is providing the PRSS service.

11. If I am the person signing the lease and opening a residential recovery home, but will be using a licensed behavioral health agency to come in and provide the clinical services, and they will employ the recovery coaches, who will submit the RAS application? I would be using MY business license with the name of the company to promote the home and the lease, utilities, and the day to day running of the facility would be my responsibility, but the behavioral health agency would be responsible for therapy, recovery coach employment, and also the MAT will be contracted out as well to a licensed provider.
A. If you are providing a behavioral health service you must have a behavioral health license. Behavioral Health services are found in 64 CSR 11, specifically 3.5. Exemptions follow in 3.7. 3.7.k. Licensure applications are found in 4.1.e. stating all service locations

must be included on the application. Residential locations must also meet the State Fire Marshall requirements and OHFLAC life safety code requirements. Also, please look at 7.1.b. stating what is needed when multiple service providers are involved.

The service provider is responsible for the physical environment. They would be cited for any deficient practice since the owner of the building is not a licensed provider. The lease agreement should stipulate the responsibilities of the landlord, for example, the landlord will maintain the physical plant in compliance with all applicable state and federal laws, etc.

12. What is the reimbursement rate for A0998?

A. The reimbursement rate for Naloxone is \$43.44.

13. Given that we take an emergent call for an overdose, and transport the patient to the ER, and the patient has Medicaid, do we bill the loading fee, the mileage and the Narcan?

A. You should continue to bill for transports as you normally would. For WV Medicaid members, you can also bill for the Naloxone administered (A0998) and the Referral to Treatment by EMS (H0050), if you provided those services. All SUD services are currently billed as Fee-for-service for all members, regardless of whether they are participating in an MCO or not. They are still billed as Fee-For-Service.

14. Given that we take an emergent call for an overdose and transport the patient to the ER, and the patient has commercial insurance, do we bill the loading fee and the mileage to the private company? And separately bill the Narcan to Medicaid?

A. How would a patient with commercial insurance also qualify for Medicaid? If they are not a WV Medicaid member, then you cannot bill for the administering of Naloxone or the Referral to Treatment by EMS.

15. We understand that recovery coaches will be billed through the rehab provider number as a SUD Waiver service. Can we bill recovery coaching concurrently while we are billing CRU for clients in the CRU?

A. Only a Peer Recovery Support Specialist can bill for Peer Recovery Support Services. If a Recovery Coach has met the criteria to be certified as a Peer Recovery Support Specialist, then they can bill for the PRSS services they provide. They must document the services. Appendix A is an example of a Peer Recovery Support Services documentation form. If a Recovery Coach is not a peer, or has not met the other requirements under Chapter 504.15 and 504.15.1, then they cannot bill for PRSS services. If appropriately credentialed, then the PRSS service can be provided to members while in CRU, although there is no reimbursement for their services.

16. We are opening up a new behavioral health center here in Chesapeake and I know that we have to do some sort of an SBIRIT assessment with our initial intake. Do you by chance have the form that we will need to use?

A. WV Medicaid does not mandate the use of a specific screener, but the one utilized must be an evidenced-based screener. Examples include the AUDIT-C, the Addiction Severity Index® (ASI) or the Substance Abuse Subtle Screening Inventory® (SASSI).

17. What is the difference between a Peer Recovery Support Specialist and a Recovery Coach?

A. For an LBHC to be reimbursed for Peer Recovery Support Services, the person providing the service must be a peer. A peer is an individual who shares the direct experience of addiction and recovery. They must be well-established in their own recovery, currently in recovery for a minimum of two years, and not received SUD treatment for the preceding six months, except for MAT which is considered a part of recovery. Not all Recovery Coaches are peers. Recovery Coaches must meet the requirements of Chapter 504.15 & Chapter 504.15.1 before billing and being reimbursed for PRSS services.