

FAQ's for 12.6.18 SUD Monthly Provider Call

1. Q: Is there a specific NPI number providers must use for billing?
A: Providers should use their rehabilitation NPI number.

2. Q: Are there specific components that should be included in the daily summaries documentation?
A: A daily summary should provide information on the member's participation in both supportive and therapeutic services. Some may consider these similar to documentation of "shift notes".

3. Q: In regards to weekly team meetings, scheduling the psychiatrist occasionally becomes an issue. What can be done to ease this difficulty?
A: The provider may utilize physician extenders and telehealth for psychiatrist involvement in weekly team meetings.

4. Q: What E&M codes are included in the bundles? Evaluation and Management (E&M) codes are included in the Residential Adult Service Level 3.7 only.
A: While they were previously included in the 3.5 level, they have been removed and are able to be billed separately from the bundle.

5. Q: What are the authorization spans for the Residential Adult Service levels?
A: Authorization spans for each residential adult level is as follows:
 - a. Residential Levels 3.1, 3.3, and 3.5 receive initial authorization of 20 calendar days and continued stay of 10 calendar days.
 - b. Residential level 3.7 receives initial authorization of 5 calendar days and continued stay of 7 calendar days.
 - c. All authorized days are based on medical necessity.

6. Q: Will BMS cover long term treatment?
A: Under the SUD Waiver approval from CMS, BMS is approved to provide short-term residential adult services.

7. Q: Is there any access to care if the member does not meet Medicaid eligibility?
A: BMS now allows members with dual Medicaid/Medicare coverage to receive SUD Waiver services.