

## CHAPTER 503 BEHAVIORAL HEALTH REHABILITATION SERVICES

**Definition:** Comprehensive Medication Services; Mental Health is utilized for Clozaril Case Management or other scheduled, face-to-face assessment of medication compliance or efficacy. These services include obtaining the sample for necessary blood work and the laboratory results for a member by a registered nurse and subsequent evaluation of the results by the physician and/or physician extender as necessary for the medical management of the drug Clozaril/Clozapine or other psychotropic medications which require consistent and intensive monitoring. This is a physician directed service, a physician or physician extender must be on site and available for direct service as needed. Members may be served individually or by a group/clinic model. Methadone, Buprenorphine, and Vivitrol® are **not** covered medications under this code.

Members receiving this service are not precluded from receiving other Behavioral Health Rehabilitation Services on the same day (except for those indicated in this service's definition or "Payment Limits") as long as the actual time frames do not overlap.

**Documentation:** Documentation must contain a written note of the assessment results as completed by the registered nurse, and other laboratory results, and current psychotropic medication dosage with authorized pharmacy name. The documentation must include: place of service, start/stop time and date of service, and signature of qualified staff providing the service.

### 503.19.2 Medication Assisted Treatment

#### Medication Assisted Treatment Guidelines:

West Virginia Medicaid covers Medication Assisted Treatment Services under the following circumstances:

- An initial evaluation may be completed by a staff member other than the physician; however, no medication may be prescribed until the physician has completed their evaluation.
- Individuals seeking opioid addiction treatment with Methadone, Buprenorphine or Vivitrol® for the treatment of opioid/alcohol dependence must be evaluated by an enrolled physician, as specified below, before beginning medication assisted treatment.
- Members seeking treatment must have an appropriate diagnosis for the medication utilized.
- All physicians must agree to adhere to the Coordination of Care Agreement ([See Appendix 503B](#)) which will be signed by the member, the treating physician, and the treating therapist.
- Each member receiving medication assisted treatment must also be actively participating in individual therapy and/or group therapy as specified in the Coordination of Care Agreement.
- If a change of physician or therapist takes place, a new Coordination of Care Agreement must be signed. This agreement must be placed in the member's record and updated annually.
- The Coordination of Care Agreement is not required if the member is receiving services at an agency where both the physician and therapist are employed.

**Physician Requirements:** The physician responsible for prescribing and monitoring the member's treatment must have a degree as a Medical Doctor and/or Doctor of Osteopathic Medicine, and must be licensed and in good standing in the state of West Virginia. Requirements for the Drug Addiction Treatment Act of 2000 (DATA 2000) must be met by the physician unless indicated by Substance Abuse Mental Health Services Administration (SAMHSA). The physician must be an enrolled WV Medicaid provider.

To enroll as a Buprenorphine provider for Medicaid, the provider must send a request on official letterhead to the BMS fiscal agent with a copy of the DEA-X certificate. A series of background checks will be completed by BMS to ensure the provider does not have conflicts of interest to perform duties as a medication assisted provider.

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Methadone may only be distributed for the treatment of substance abuse by the facilities approved by the West Virginia Health Care Authority and OHFLAC.

**Therapy Services:** Therapy for Medication Assisted Treatment Patients is the treatment of behavioral health conditions in which the qualified health care professional, through definitive therapeutic communication, attempts to alleviate emotional disturbances, reverse or change maladaptive patterns of behavior, and encourage personality growth and development. This process includes ongoing assessment and adjustment of psychotherapeutic interventions and may include involvement of family members or others in the treatment process. Behavioral Health Counseling, Professional, is a face to face medically necessary service provided to the member and/or family member; however, the member must be present for some or all of the service.

Any therapeutic intervention applied must be performed by a minimum of a Master's Degree in a Human Service Field. (See [Glossary](#))

Physician and Professional Therapy services must be provided for individuals utilizing Buprenorphine, Methadone, or Vivitrol®.

**Documentation:** Documentation for a coordinated care member must include a Master Service Plan that includes individual therapeutic interventions. The plan must also include a schedule detailing the frequency for which therapy services are to be provided.

A member receiving focused care (Physician and Professional Therapy only) will require a treatment strategy in lieu of a Master Service Plan. The documentation must include the signature and credentials of the staff providing the service, place of service, date of service, start and stop times, and the objectives utilizing individual therapeutic interventions. The activity note must include the reason for the service, symptoms and functioning of the member, a therapeutic intervention grounded in a specific and identifiable theoretical base that provides framework for assessing change, and the member's response to the intervention and/or treatment.

### **Program Guidelines:**

**Note:** These are the minimum requirements that are set forth in this manual. Physicians and/or agencies may have more stringent guidelines set forth in their internal policy.

**Phase 1:** Members in phase 1 (less than 12 months of compliance with treatment) will attend a **minimum** of four (4) hours of professional therapeutic services per month. The four hours must contain a **minimum** of one (1) hour individual professional therapy session per month. Frequency of therapeutic services may increase based upon medical necessity.

**Phase 2:** Members in phase 2 (12 months or more of compliance with treatment) will attend a minimum of (1) hour of professional individual, family, or group therapeutic services per month. Frequency of therapeutic services may increase based upon medical necessity.

**Drug Screens:** A minimum of two random urine drug screens per month are required for members in phase 1. A minimum of one random urine drug screen per month is required for members in phase 2. A record of the results of these screens must be maintained in the member's record. The drug screen must test for, at a minimum, the following substances:

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- Opiates
- Oxycodone
- Methadone
- Buprenorphine
- Benzodiazepines
- Cocaine
- Amphetamine
- Methamphetamine

### **Instructions for non-compliance with treatment:**

Non-compliance is defined as failure of a drug screen or failure to meet the monthly requirement of therapeutic services.

Members in phase 1 must demonstrate increased treatment frequency after two instances of non-compliance such as: two failed drug screens, two months of not meeting therapeutic requirements, or a combination of one failed drug screen and one month of failed therapeutic requirements. If increase in treatment frequency is not demonstrated consistently within seven days, the patient may be terminated from the program at the physician's discretion. The physician and/or treatment program has the option to allow the patient to reapply to the program after 30 days with proven participation in professional therapies. With three violations within six months, the physician will terminate the individual from the program. The program has the option to allow the patient to reapply after 30 days during which time the patient must demonstrate compliance with professional therapies. An exception is made for pregnant women at physician discretion.

Members in phase 2 will be returned to phase 1 of treatment after one instance of non-compliance (see Phase 1 required timelines).

**Individuals discharged for non-compliance and ineligible for re-start must receive information describing alternative methods of treatment and a list of contact information for alternative treatment providers as appropriate.**

**Titration Policy:** Titration for Buprenorphine due to non-compliance is per physician order when the Medicaid member is found to be non-compliant during treatment. Titration must be completed within four (4) weeks of the physician's order to stop medication assisted treatment. Vivitrol® will be discontinued immediately due to non-compliance.

See Chapter 518 Pharmacy Services for prescribing and titration requirements for Methadone.

These requirements are in addition to the requirements that can be found in WV State Code §69-7-1.

Medicaid follows the take-home policy for methadone under the WV State Code §69-7-1 pg. 52.

Any physician that prescribes medication under Medication Assistance Treatment must have a plan in place for when they are unavailable to address any medical issues or medication situations that should arise. The Physician must work with another physician that has a DEA-X. The physician taking responsibility for prescribing and monitoring the member's treatment while the primary physician is unavailable must also meet the Physician

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Requirements stated in this section so that treatment is not interrupted for any reason. If a physician fails to have a plan in place, **a hold will be placed on all Medication Assistance Treatment Rx authorizations for that Physician.**

### 503.20 COMPREHENSIVE PROGRAMS OF SERVICES

Comprehensive services are all-inclusive and may have only a few services which can be billed separately.

#### 503.20.1 Day Treatment

**Procedure Code:** H2012  
**Service Unit:** 60 minutes  
**Telehealth:** Not Available  
**Service Limits:** All units must be prior authorized

**Payment Limits:** Day Treatment services are all-inclusive. This service cannot be billed concurrently with any other Behavioral Health Rehabilitation Service.

**Prior Authorization:** Refer to Utilization Management Guidelines.

**Definition:** Behavioral Health Rehabilitation Day Treatment is a structured program of on-going, regularly scheduled therapeutic activities to increase a member's skill level, produce behavioral change which improves adaptive functioning, and/or which facilitates progress toward more independent living in accordance with member's potential and interest as reflected in the Service Plan.

Day Treatment Services for adults have a maximum staff-to-member ratio of one staff person per five members. They must be available for five days a week for a minimum of four hours each day.

For children under age five, the maximum ratio is one staff per four children. Day Treatment Services for children under the age of five must not be utilized to provide therapeutic activities for more than four hours per day and no more than four days per week.

Day Treatment Services must only be provided at a site listed on the provider's behavioral health provider license. **Activities provided for the purpose of leisure or recreations are not billable services.**

Day Treatment Services include activities occurring in a therapeutic environment designed to increase the members' skills in specific areas. These activities may consist of small group activities using training modules or structured developmental exercises which present the opportunities for members to practice and use developing skills, or participate in member meetings designed to develop social skills. The intensity, frequency, and type of Day Treatment activities must be appropriate to the age and functional level of the member.

Progress on all objectives must be reviewed at 90 day intervals. Any objective that results in no progress after two consecutive 90 day intervals must be discontinued or modified. Areas of intervention may include but are not limited to the following: