

JULY 2019 SUD Waiver FAQs

Q1. As referenced in the Provider Manual - Chapter 503 - *Licensed Behavioral Health Centers - Section 503.15.2*, the payment limit refers to 96101. We understand 96101 is a deleted procedure as of 01/01/19. Which procedure(s) should replace 96101 for this payment limit?

A1. 96101 was replaced by these four codes:

- Psychological Testing Administration	96130	RVS	\$81.36
- Psychological Testing Administration-Add On	96131	RVS	\$61.75
- Psychological Testing Scoring	96136	RVS	\$18.29
- Psychological Testing Scoring Add-on	96137	RVS	\$14.38

Q2. In the Provider Manual, *Chapter 503 Licensed Behavioral Health Centers (LBHC) - 503.20.2 Comprehensive Community Support Services - H2015* the payment limit states service cannot be billed concurrently with any other LBHC service. Can you please clarify "concurrently"? Does the intent of "concurrently" mean same day, month, or other length of time?

A2. Concurrently means at the same time. No other service can be billed while H2015 is being billed. It is all-inclusive.

Q3. Where in the Policy Manuals does it speak to Medication Assisted Treatment?

A3. For more information about Methadone Medication Assisted Treatment, consult Chapter 504, Section 504.13. Non-Methadone Medication Assisted Treatment is covered in Chapter 503, Section 503.19.2 and in Chapter 521, Section 521.13.4.

Q4. If I remember the last ASAM meeting correctly, BMS is requesting residential to use ASAM screening, but not out-patient treatment?

A4. The use of the ASAM Criteria on all levels of care from Level 2.1 through level 4.0, including Intensive Outpatient, Partial Hospitalization, all levels of Residential Adult Services and Inpatient Hospitalization, is required.

Q5. I need some clarification on the IMD regulation. Did it get lifted as part of our 1115 Waiver?

A5. Yes. The IMD regulation was lifted for the SUD Waiver program.

Q6. Can a peer become certified before they are affiliated with a LBHC?

A6. Yes, a peer can become certified before they are affiliated with a LBHC. There is a grandfathering clause in Chapter 504, Section 504.15.1 where BMS accepts any peer recovery specialist/coach/etc. certification prior to July 1, 2018 for credentialing purposes. Anyone certified after that date must complete the BMS webinar in addition to obtaining their certification.

Q7. Can a LBHC establish a MOU or something other sharing agreement to hire and bill for a peer, but the peer works in an alternative setting?

A7. All PRSSs must be employed by either an LBHC or a CMHC. Peer Support services may be provided in any location **except** for the Peer Recovery Support Specialist's home. However, Telehealth may be utilized for these services. A fundamental feature of Peer Support is that the services are provided in the natural environment as much as possible. Meetings are not allowed by phone call only. The PRSS is still employed by the LBHC wherever he provides the service.

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Q8. Do you track the LBHC's that have certified peers?

A8. The LBHC/employer of the PRSS is required to send in the certifications of PRSSs they employ. These are recorded.

Q9. Are more than two events per year of 90791 and 90792 allowed under Chapter 504?

A9. There is a two-event-per-year limitation. However, if there's an emergency and medical necessity is met, you may receive additional authorizations. These services are also included in the residential bundle and can be provided as needed. The program would still bill their authorized Residential Adult Services code for the daily per diem. That rate doesn't change regardless of the number of services provided.