

	Addictive and Mental Disorders Division Medicaid Services Provider Manual for Substance Use Disorder and Adult Mental Health
	Date effective: July 1, 2020 Date revised: July 1, 2020
Policy Number: 550	Subject: Medication Assisted Treatment (MAT)

Definition

MAT is the use of medications approved by the US Food and Drug Administration (FDA), in combination with behavioral therapies and support services, to provide a whole-patient, patient-centered approach to the treatment of alcohol and opioid use disorders. These rules pertain to the following MAT providers:

- (1) Opioid Treatment Program (OTP), is an accredited treatment program with SAMHSA certification and Drug Enforcement Administration (DEA) registration to administer and dispense opioid agonist medications, including Methadone, that are approved by the FDA to treat opioid addiction. OTPs must provide medical, counseling, vocational, educational, and other assessment and treatment services, either onsite or by referral to an outside agency or practitioner through a formal agreement, as identified in the members ITP; or
- (2) Office-based Opioid Treatment (OBOT), which is an organization that employs or contracts with a provider who holds a current waiver with SAMHSA and has been assigned a DEA identification number for buprenorphine prescribing for opioid use disorders. OBOTs may only provide buprenorphine opioid treatment. OBOTs must provide medical, counseling, vocational, educational, and other assessment and treatment services, either onsite, or by referral to an outside agency or practitioner through a formal agreement, as identified in the member’s ITP.

Medical Necessity Criteria

- (1) Member must:
 - (a) have a diagnosed moderate or severe opioid use disorder;
 - (b) be determined clinically appropriate for MAT; and
 - (c) agree to initiate MAT and receive other services identified in the ITP.

- (2) The member must require at least one face to face or by telemedicine check-in per month for dispensing of medication.
- (3) The member must have at least one of the following:
 - (a) significant psychological or social challenges;
 - (b) failure to successfully initiate treatment in previous attempt; or
 - (c) lack of solid social supports.

Provider Requirements

Providers are expected to follow federal regulations in the provision of all Medication Assisted Treatment (MAT) services.

- (1) Members must be assessed at intake for the MAT program by a Medicaid approved provider who meets the requirements listed below.
- (2) The following MAT services are bundled services and must be billed using the appropriate reimbursement codes for:
 - (a) MAT Intake; and
 - (b) MAT Established.
- (3) MAT Intake may only be reimbursed for the first week of the members enrollment into the MAT program, and no more than once every 30 days if the member has discharged from the program and is re-enrolling.
- (4) MAT Intake includes:
 - (a) a face to face assessment by a physician or mid-level practitioner;
 - (b) substance use disorder assessment;
 - (c) mental health assessment or screening and referral, if appropriate;
 - (d) tobacco screening (if clinically appropriate);
 - (e) screening for alcohol misuse / abuse (AUDIT/CRAFFT);
 - (f) presumptive drug screening;
 - (g) urine pregnancy test (if clinically appropriate); and
 - (h) induction of medication.
- (5) MAT Established, which may be reimbursed beginning week two and weekly thereafter, as clinically indicated, must include the following:
 - (a) one visit with a physician or mid-level provider, face to face or by telemedicine, per month;
 - (b) member check-in, at the clinic, the members home, or via telemedicine, a minimum of once a week;
 - (c) monthly pregnancy test for HCG, when clinically appropriate;

- (d) monthly presumptive drug testing; and
 - (e) update of the ITP every 30 days.
- (6) Medication and labs, as clinically appropriate, that are not included within the bundled rate may be reimbursed outside of the bundled rates.
- (7) Clinically appropriate screening and laboratory services associated with the provision of MAT may not be billed more than once per month, fee for service, for the member who:
- (a) is being assessed for enrollment into the MAT program as described in (2);
 - (b) is enrolled in the MAT program as described in (4) and (5); or
 - (c) has completed the MAT program is but is still receiving MAT services via fee for service.
- (8) Montana Healthcare Programs do not authorize payment of opioids, Tramadol, or Carisoprodol when members are utilizing the services of a Medication Assisted Treatment (MAT) provider, or after treatment with MAT administered Methadone, or outpatient prescription Buprenorphine-containing products has begun. If a member subsequently discontinues MAT, and/or the Buprenorphine-containing product, all opioids, Tramadol formulations, and Carisoprodol will remain as non-covered for the member. These medications will require prior authorization for any future prescriptions. Approval may be granted short-term for an acute injury, hospitalization, or other appropriate diagnosis only after the case is reviewed with the treating provider and the provider prescribing the Buprenorphine-containing product or providing the Methadone treatment.

Service Requirements

- (1) A MAT provider must present the member with the following information as evidenced by signature of the member:
- (a) all relevant facts concerning the use of MAT that is clearly and adequately explained;
 - (b) other treatment options and detoxification rights;
 - (c) a written estimate of expenditure including the amount expected to be covered by insurance and/or other payment sources and out of pocket expenditures for the member;
 - (d) written program participation expectations and a list of incidents that require termination of program participation;
 - (e) written procedures for non-compliance and discharge including administrative medication withdrawal; and
 - (f) education pertaining to their prescription.
- (2) The provider must review the Montana Prescription Drug Registry for the member's past and current use of Category II and III prescriptions prior to the induction of MAT.
- (3) The provider must employ or have a written agreement on file for SUD counseling services provided by:

- (a) a licensed addiction counselor; or
 - (b) a licensed mental health professional with SUD within their scope of practice.
- (4) The provider must offer behavioral health counseling services to the member, if clinically appropriate, and document it in the ITP;
- (5) Services must be based on a physical, exam, screening, and assessment described above and documented in the member's ITP.
- (6) If a member meets the requirements for high risk pregnancy as described in ARM 37.86.3402, prenatal care must be included in the member's ITP.
- (7) An initial ITP must be completed within seven days of enrollment into MAT, updated every 30 days, and include the following medication addiction treatment services:
- (a) medication prescribing and adjustment by prescribing professional;
 - (b) nursing assessment of medication tolerance and vital signs;
 - (c) lab test outcomes and compliance with MAT;
 - (d) medication distribution;
 - (e) plans for behavioral health services;
 - (f) care coordination services to address identified medical, social, SUD, and mental health issues; and
 - (g) signature of the member and the staff who prepared the ITP.
- (8) The provider must complete and submit the Montana Healthcare Programs Medication Assisted Treatment Member Form as directed on the form for all new members utilizing MAT services, and all members discharging from MAT services, within 7 days of enrollment or termination of services, located at: <https://medicaidprovider.mt.gov/forms#240933960-forms-m--o>.
- (9) The provider must refer to the Montana Prescription Drug Registry to determine if the member is receiving an opioid or tramadol prescription concurrently with MAT services.
- (10) The provider must notify the member that they will be locked out of opioid prescriptions, once enrolled in a MAT program, unless a prior authorization is granted for a specified episode of care.
- (11) Telemedicine must be provided in accordance with applicable federal and state laws and policies and follow the Controlled Substances Act (CSA)(28 USC 802) for prescribing and administration of controlled substances.

Utilization Management

- (1) Prior authorization is not required.
- (2) Continued stay review not required.

(3) The provider must document in the file of the member that he or she meets the medical necessity criteria.