

Proposed Medication Assisted Treatment (MAT)

Overview

MAT is the use of FDA-approved medications, 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. This rule, if adopted, would only apply to providers who are Opioid Treatment Programs (OTP) and ~~Office-based Opioid treatment (OBOT) programs~~ stand-alone clinic based providers whose primary service is MAT; who employs or contracts with a provider who holds a current waiver with SAMHSA; and has been assigned a DEA identification number for Buprenorphine/Naloxone prescribing for opioid use disorders.

OTPs must be certified by SAMHSA and accredited by an independent, SAMHSA-approved accrediting body to dispense opioid treatment medications. All OTPs also must be licensed by the state in which they operate and must register with the Drug Enforcement Administration (DEA), through a local DEA office. ~~An OBOT, for the purpose of this discussion,~~ 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/Naloxone prescribing for opioid use disorders.~~

The goal of this rulemaking is to create a payment bundle for MAT services provided by Montana Medicaid. The proposed rules also align Montana's Medicaid funded MAT program with federal requirements and clinical standards for the medical management of chronic substance use disorders and provides a bundled rate of reimbursement.

Reimbursement

MAT providers will provide two (2) bundled sets of services using the proposed rates; MAT ~~Induction-Intake~~ Intake for the first week and MAT Established weekly thereafter contingent on the member meeting the medical necessity criteria. Services prior to ~~Induction-Intake~~ and post discharge will be billed outside of the bundled rates. Counseling is not included in the bundled rates and if a member accepts a referral, it may be billed separately. It is estimated that each member receiving MAT services will receive one (1) week of ~~Induction-Intake~~ Intake and eight (8) weeks of Established, though this will vary based upon the member's individualized treatment plan.

Utilization Management

There is currently no prior authorization or continued stay review requirements being proposed for MAT services. An individual must meet the medical necessity criteria of MAT services as documented in the member's file.

Proposed Rule/Manual Language

The following is an excerpt which, upon proposal/adoption of the Administrative Rules of Montana (ARM), would be inserted into the Addictive and Mental Disorder

Division's Medicaid Services Provider Manual for Substance Use Disorder and Adult Mental Health. This Manual is adopted and incorporated into rule in ARMs 37.27.902 and 37.88.101, and can be found at: <https://dphhs.mt.gov/amdd.aspx>. The projected effective date for this amendment is March 1, 2019 but is subject to change.

Medication Assisted Treatment (MAT)

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. For the purpose of this rule, MAT may be provided by either an:

- (1) Opioid Treatment Program (OTP), which 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.~~ A stand-alone clinic based provider whose primary service is MAT; who employs or contracts with a provider who holds a current waiver with SAMHSA; and has been assigned a DEA identification number for Buprenorphine/Naloxone prescribing for opioid use disorders.
~~OBOTs~~ This provider may only provide buprenorphine/naloxone opioid treatment. ~~OBOTs~~ Stand-alone clinics 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.

Program Requirements:

- (1) Members must be assessed for enrollment into the MAT program by Medicaid approved ~~OTP or OBOT~~ provider who meet the requirements listed below.
- (2) Assessment for the MAT program includes the following, as determined medically necessary, and is reimbursed fee for service:
 - (a) history and physical by physician or mid-level provider, face to face;
 - (b) substance use disorder assessment;
 - (c) mental health assessment or screening;
 - (d) tobacco screening (if clinically appropriate);
 - (e) screening for alcohol misuse / abuse (AUDIT/CRAFFT);
 - (f) lab work including (if clinically appropriate):
 - (i) drug panel (NIDA-5);

- (ii) liver functions;
 - (iii) sexually transmitted diseases;
 - (iv) hepatitis B and C serology;
 - (v) human immunodeficiency virus (HIV) serology;
 - (vi) urinalysis: presumptive test; and
 - (vii) pregnancy test for HCG.
- (3) The following MAT services are bundled services and must be billed using the appropriate reimbursement codes:
- (a) MAT ~~Induction~~Intake; and
 - (b) MAT Established.
- (4) MAT ~~Induction~~Intake, which may be reimbursed the first week of the member's enrollment into the MAT program, must include the following:
- (a) induction of medication
 - (b) evaluation and diagnostics;
 - (c) presumptive drug screening; and
 - (d) urine pregnancy testing.
- (5) MAT Established, which may be reimbursed beginning week two and weekly thereafter, as clinically indicated, must include the following:
- (a) two visits 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 twelve times per month,
 - (c) monthly pregnancy test for HCG, when clinically appropriate;
 - (d) monthly presumptive drug testing; and
 - (e) update of the ITP every 30 days.
- (6) 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.

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; and
 - (d) requires at least 12-member check-ins per month for dispensing of medication.
- (2) In addition to (1), 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:

- (1) To continue to receive reimbursement for MAT services effective January 1, 2019, ~~an~~ ~~OTP and an OBOT~~ a MAT provider as defined above must enroll with Montana Medicaid as Provider Type 80 and select the applicable specialty code as described below:
 - (a) BP, Buprenorphine only;
 - (b) MC, Methadone only; or
 - (c) MB, both Buprenorphine and Methadone.
- (2) An OTP must:
 - (a) be accredited by a SAMHSA-approved accrediting body;
 - (b) be certified by SAMHSA; and
 - (c) comply with all federal requirements to operate as an OTP; a copy of current certification must be kept on file with the OTP.
- (3) An OTP may provide the following FDA-approved medications:
 - (a) Methadone: SAMHSA certified OTPs can provide methadone for daily onsite administration or at-home self-administration for stable patients.
 - (b) Buprenorphine: OTPs can administer / dispense buprenorphine by OTP physician order with a waiver.
 - (c) Naltrexone: Physicians or mid-levels with prescribing authority prescribe or order naltrexone administration by qualified healthcare professions.
- (4) ~~An OBOT~~ A stand-alone MAT clinic must have prescribing professionals; Physicians or mid-levels with prescribing authority, registered as a prescribing facility/professional(s) through SAMHSA, Center for Substance Abuse Treatment, Opioid Treatment Program Extranet through the Division of Pharmacologic Therapies found at <http://dpt.samhsa.gov/regulations/regindex.aspx> and must have a physician waiver pursuant to the Drug Addiction Treatment Act of 2000 (DATA 2000) from SAMHSA to provide MAT services.
- (5) ~~An OBOT~~ A stand-alone MAT clinic may provide the following FDA approved medications:
 - (a) Buprenorphine: ~~OBOTs~~ requires a physician order by a SAMHSA waived physician to can administer / dispense buprenorphine ~~with an OBOT physician order who has a SAMHSA waiver.~~
 - (b) Naltrexone: Physicians or mid-levels with prescribing authority prescribe or order naltrexone administration by qualified healthcare professionals.

Prior Authorization:

Prior Authorization is not required.

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 treatment with SUD within their scope of practice.
 - (4) The provider must offer behavioral health counseling services to the member and document it in the ITP;
 - (5) Services must be based on a comprehensive 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;
 - (e) care coordination services to address identified medical, social, SUD, and mental health issues; and
 - (f) 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>.
 - (10) 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.
 - (11) The provider must notify the member that they will be locked out of opioid prescriptions, when obtaining the services of MAT, unless a prior authorization is granted for a specified episode of care.

(12) 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.

DRAFT

MAT IntakeInduction – Week One	Procedure Code	Per Unit Rate	Number of Units Provided Week One for Reimbursement	Weekly Reimbursement
New Patient Office or Other Outpatient Visit (30 min)	99203	\$118.91	1	\$118.91
Evaluation and Diagnostic	90792	\$103.69	1	\$103.69
Established Office or Other OP Visit (10 min)	99212	\$47.83	1	\$47.83
Presumptive Drug Screening	80305 <u>80307</u>	\$13.45 <u>\$71.83</u>	1	\$13.45 <u>\$71.83</u>
Urine Pregnancy Test	81025	\$8.61	1	\$8.61
MAT Induction Weekly Bundled Reimbursement Amount			<u>Decision point- drug screening</u>	\$292.49/First Week <u>\$350.00</u> (Private Pay \$90-\$230/ week depending on drug)
MAT Established – Week Two +	Procedure Code	Per Unit Rate	Number of Units Provided Per Month for Reimbursement	Monthly Billable Charges
Established Office or Other Visit (10 min)	99212	\$47.83	2 1	\$95.66 \$47.83
Established Office or Other Visit (5 min)	99211	\$23.29	12 16	\$279.48 \$372.64
Presumptive Drug Screening	80305 <u>80307</u>	\$13.45 <u>\$71.83</u>	1	\$13.45 <u>\$71.83</u>
Urine Pregnancy Test	81025	\$8.61	1	\$8.61
Service Minimum Per Month				\$397.20/Month <u>\$500.91</u>
MAT Established Weekly Bundled Reimbursement Amount				\$99.30/ Week <u>\$125.25</u> (Private Pay \$75.00)