MONTANA DPHHS Healthy People. Healthy Communities. Department of Public Health & Human Services	**Addictive and Mental Disorders Division** Medicaid Services Provider Manual for Substance Use Disorder and Adult Mental Health
	Date effective: July 1, 2020 **Date revised:** April 1, 2021
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 all providers who meet the federal requirements to provide MAT.

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 treatment plan.

(2) The member must require at least one in person 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

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

(2) MAT services are bundled services and must be billed using the appropriate reimbursement codes for:

(a) MAT Intake; and

(b) MAT Established.

(3) Once a member no longer requires the level of clinical care indicated in this policy, a provider may be reimbursed for follow-up services fee for service.

Service Requirements

(1) The provision of MAT services includes:

(a) assessment for enrollment into the MAT program;

(b) active enrollment into the MAT program; or

(c) MAT services provided fee for service once a member has completed the MAT program.

(2) Members must be assessed at intake for the MAT program by a Medicaid approved provider who meets the federal requirements to provide MAT.

(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) an in-person assessment by a physician or mid-level practitioner;

(b) an integrated behavioral health assessment;

(c) tobacco screening (if clinically appropriate);

(d) screening for alcohol misuse / abuse (AUDIT/CRAFFT);

(e) presumptive drug screening;

(f) urine pregnancy test (if clinically appropriate); and

(g) 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, in-person 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; and

(d) monthly presumptive drug testing, when clinically appropriate.

(6) Members receiving MAT must be referred to behavioral health services as indicated in the behavioral health assessments.

(7) Medication, screening, and labs, as clinically appropriate, that are not included within the bundled rate may be reimbursed outside of the bundled rates, fee for service once per month.

(8) When billing for definitive drug tests, a MAT provider must document the member's file that the definitive drug test is being billed upon a member's intake into the MAT program or for one of the following causes:

(a) the member is self-reporting behaviors, or an assessment presents a psychosocial factor, that would result in the reevaluation of the member's treatment plan; or

(b) a presumptive test was negative for prescribed medications with abuse potential and the provider was expecting the test to be positive for the prescribed medication, and the member disputes the drug testing results; or

(c) a presumptive test was positive for a prescription drug with abuse potential that was not prescribed to the member and the member disputes the drug testing results; or

(d) a presumptive test was positive for an illegal drug and the member disputes the presumptive drug testing results.

(9) 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.

(10) 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.

(11) The provider must offer behavioral health counseling services to the member, if clinically appropriate, and document it in the treatment plan;

(12) Services must be based on a physical, exam, screening, and assessment described above and documented in the member's treatment plan.

(13) 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 treatment plan.

(14) An initial treatment plan 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 treatment plan.

(15) 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.

(16) 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.

(17) 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.

(18) 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.

(19) 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.