



# REIMBURSEMENT POLICY STATEMENT OHIO MEDICAID

<b>Original Issue Date</b>	<b>Next Annual Review</b>	<b>Effective Date</b>
08/17/2017	08/17/2018	12/01/2017
<b>Policy Name</b>		<b>Policy Number</b>
Substance Use Disorder Residential Treatment		PY-0137
<b>Policy Type</b>		
Medical	Administrative	Pharmacy
<b>REIMBURSEMENT</b>		

Reimbursement Policies prepared by CSMG Co. and its affiliates (including CareSource) are intended to provide a general reference regarding billing, coding and documentation guidelines. Coding methodology, regulatory requirements, industry-standard claims editing logic, benefits design and other factors are considered in developing Reimbursement Policies.

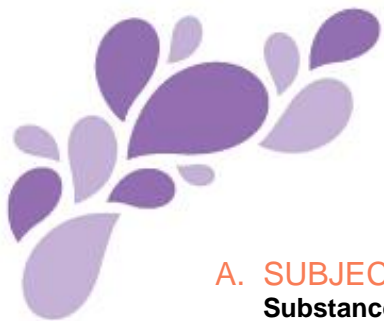
In addition to this Policy, Reimbursement of services is subject to member benefits and eligibility on the date of service, medical necessity, adherence to plan policies and procedures, claims editing logic, provider contractual agreement, and applicable referral, authorization, notification and utilization management guidelines. Medically necessary services include, but are not limited to, those health care services or supplies that are proper and necessary for the diagnosis or treatment of disease, illness, or injury and without which the patient can be expected to suffer prolonged, increased or new morbidity, impairment of function, dysfunction of a body organ or part, or significant pain and discomfort. These services meet the standards of good medical practice in the local area, are the lowest cost alternative, and are not provided mainly for the convenience of the member or provider. Medically necessary services also include those services defined in any federal or state coverage mandate, Evidence of Coverage documents, Medical Policy Statements, Provider Manuals, Member Handbooks, and/or other policies and procedures.

This Policy does not ensure an authorization or Reimbursement of services. Please refer to the plan contract (often referred to as the Evidence of Coverage) for the service(s) referenced herein. If there is a conflict between this Policy and the plan contract (i.e., Evidence of Coverage), then the plan contract (i.e., Evidence of Coverage) will be the controlling document used to make the determination.

CSMG Co. and its affiliates may use reasonable discretion in interpreting and applying this Policy to services provided in a particular case and may modify this Policy at any time.

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## A. SUBJECT

### **Substance Use Disorder Residential Treatment**

## B. BACKGROUND

Reimbursement policies are designed to assist you when submitting claims to CareSource. They are routinely updated to promote accurate coding and policy clarification. These proprietary policies are not a guarantee of payment. Reimbursement for claims may be subject to limitations and/or qualifications. Reimbursement will be established based upon a review of the actual services provided to a member and will be determined when the claim is received for processing. Health care providers and their office staff are encouraged to use self-service channels to verify member's eligibility.

It is the responsibility of the submitting provider to submit the most accurate and appropriate CPT/HCPCS code(s) for the product or service that is being provided. The inclusion of a code in this policy does not imply any right to reimbursement or guarantee claims payment. CareSource provides a benefit for treatment services for members with substance use disorder (SUD) in Residential Treatment Facilities (RTF). A referral is required. RTF's offer crisis intervention, counseling and psychotherapy, medications and diagnostic assessment. Most substance use disorders can be managed on an outpatient basis, including substance dependence and withdrawal. Members needing this level of care have withdrawal signs and symptoms that are sufficiently severe to require and emphasis on 24 hour structured and support rather than medical and nursing care (sometimes referred to as "social detox"). There may be a risk of potential harm to self or others, but there is an absence of imminent life-threatening conditions. Serious deficits in self-care or role functioning are present that cannot be managed at a lower level of care. Residential treatment may be needed when there is a marked barrier to change, or the living situation is inadequate to meet the member's needs and the member lacks the ability to cope.

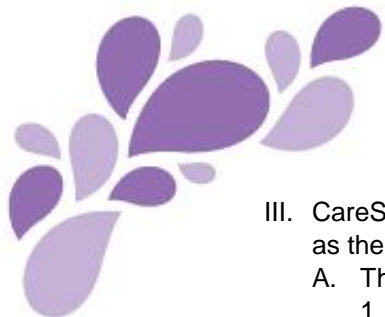
The member's treatment plan is to reduce and stabilize the current condition, provide supportive resources and progress to a less restrictive setting. RTF's provide continuous twenty-four hour observation, supervision and voluntary treatment services for members who do not require the intensive medical treatment of hospital based care.

## C. DEFINITIONS

- Substance use disorder (SUD) –refers to the current edition of the Diagnostic and Statistical Manual of Mental Disorders published by the American Psychiatric Association. .
- Healthcare Common Procedure Coding System (HCPCS) - is an alphanumeric medical coding system used by healthcare professionals, including medical coders and billers.
- Current Procedural Terminology (CPT) - is a numerical medical coding system is used by healthcare professionals, including medical coders and billers.

## D. POLICY

- I. Some residential treatment services for SUD require a prior authorization.
- II. CareSource follows rules and guidelines set forth by the Ohio Department of Medicaid (ODM), the American Society of Addiction Medicine (ASAM) and MCG and therefore, expects all practitioners to work within their scope of practice and submit claims with the appropriate diagnosis and corresponding HCPCS/CPT codes.



- III. CareSource follows the American Society of Addiction Medicine (ASAM) placement criteria as the standard of measurement for guiding treatment for individuals with SUD conditions.
  - A. The following billing codes do not require a prior authorization:
    - 1. H0010 - Clinically managed withdrawal management (ASAM 3.2)
    - 2. H0011 – Medically monitored withdrawal management (ASAM 3.7)
    - 3. H0012 – Withdrawal management hourly residential addiction program outpatient
  - B. The following billing codes:
    - 1. H2034 – Clinically Managed Low-Intensity Residential (ASAM 3.1)
    - 2. H2036 –
      - 2.1 Clinically - Managed Population-Specific High Intensity Residential Treatment (ASAM 3.3). Appropriate modifier is HI.
      - 2.2 Clinically-Managed High-Intensity Residential Treatment (ASAM 3.5). No modifier is needed.
      - 2.3 Medically-Monitored Intensive Inpatient Treatment (Adults) and Medically Monitored High-Intensity Inpatient Services (Adolescent) (ASAM 3.7). Appropriate modifier is TG.
        - a. Do not require a prior authorization for up to the first 30 consecutive days
        - b. This applies to first two (occurrences) up to 30 consecutive day stays
        - c. Any stays after the first 2 stays require prior authorization
    - 3. When billing for Residential Treatment the place of service code (POS) 55 should be used.
    - 4. For further information please refer to: <http://bh.medicaid.ohio.gov/Portals/0/Providers/20170810-FINAL-BH-Manual-V%201.1.pdf>

**Note:** Any stay under 30 consecutive days counts as a full 30 day occurrence

- IV. No SUD services may be billed outside of the per diem.

**Note:** CareSource may, through post payment audit, request documentation for those services that do not require a prior authorization or those services that do not initially require a prior authorization that supports medical necessity. Appropriate and complete documentation must be presented at the time of review to validate medical necessity.

### E. CONDITIONS OF COVERAGE

Reimbursement is dependent on, but not limited to, submitting Ohio Medicaid approved HCPCS and CPT codes along with appropriate modifiers. Providers must accurately identify and report on each claim detail line where a service took place using the most appropriate CMS place of service code.

### F. RELATED POLICIES/RULES

### G. REVIEW/REVISION HISTORY

	DATE	ACTION
Date Issued	08/17/2017	New Policy.
Date Revised		
Date Effective	12/01/2017	



#### H. REFERENCES

1. Text Manuals and Rates. (2017, July 24). Retrieved 7/24/2017 from <http://bh.medicaid.ohio.gov/manuals>
2. Residential Treatment Facilities (2017, July 24). Retrieved 7/24/2017 from <https://www.ltc.ohio.gov/ResidentialType1.aspx>

**The Reimbursement Policy Statement detailed above has received due consideration as defined in the Reimbursement Policy Statement Policy and is approved.**

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