

Frequently Asked Questions

From Preferred Office-Based Addiction Treatment (OBAT) Manual Updates Training

April 26, 2022

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1. Can care coordination be used for any other disorders except opioids?
 - It has been expanded to treat all substance use disorders (SUD) except tobacco use and non-SUD disorders. The medical necessity criteria now for Preferred OBATs requires the member have a primary diagnosis of SUD as defined by the Diagnostic and Statistical Manual (DSM)-5, with the exception of tobacco-related disorders and non-substance-related addictive disorders (ARTS Manual Chapter 4).

2. Can transportation support be considered a care coordination billable activity? For example - helping patients navigate their Medicaid transport requests - or not?
 - Billing of transportation can be included as a part of the care coordination. However, it cannot be a standalone activity.

 - Please see the following steps for transportation issues:
 - Ensure the Member is calling the Non-Emergency Medicaid Transportation (NEMT) Ride Assist telephone number and file a complaint or tell the customer service relations staff the provider hasn't returned for the transport; ensure the Member gets a complaint number.
 - If the issue continues, send the following information to Transportation@DMAS.Virginia.gov
 - Name of Member
 - Member Medicaid ID (not the managed care organization (MCO) ID number)
 - Member Telephone number
 - MCO they are enrolled with if known
 - Address of the clinic and what days they go
 - Complaint numbers and any info given Member from their NEMT program Ride Assist
 - Give a brief description of the issue.

3. Are physicians required to sign the Individual Services Plan (ISP) too?
 - Within the OBAT, the Credentialed Addiction Treatment Professional (CATP) is required to sign off on the ISP; this can include a physician or physician extender (Preferred Office-Based Addiction Treatment and Opioid Treatment Programs supplement, ARTS Manual Chapter 4).

4. If my client has an alcohol use disorder (AUD), can I bill for SUD care coordination?

- Yes, you can bill for care coordination for AUD since the Preferred OBAT now treats all SUD except tobacco use and non-SUD disorders. The minimal requirements as detailed in the supplemental manual must be met for billing care coordination.
5. If a patient moves from OBAT to Medication Assisted Treatment (MAT) (*ASAM Level 1.0*), do we need a new ISP and or comprehensive ISP?
 - With a change in service, a new ISP and/or comprehensive ISP must be developed.
 6. Can care coordination be billed for individuals receiving IOP?
 - Care Coordination is not a separate billable service in ASAM 2.1, rather it is included in the per diem rate for IOP and PHP. Please refer to the Exhibits in the Supplemental manual that details what services Preferred OBATs can bill for if the member is also open to other ASAM levels of care.
 7. When providing case management instead of care coordination; are quarterlies acceptable in place of Interdisciplinary Plan of Care (IPOC)?
 - The IPOC must be reviewed every 30 days from the last review in an interdisciplinary team meeting to bill SUD care coordination in the Preferred OBAT setting; meeting outcomes can be documented in the form of a monthly progress note. The IPOC is only required if you are billing for and providing Care Coordination to a member. If care coordination is not provided, the requirement is to complete a comprehensive ISP. The comprehensive ISP is still required quarterly, so you can complete this on your ISP form OR use the IPOC in its place; once completed, documents must be signed within 24 hours and in the member's medical record no later than seven calendar days post review.
 8. If a provider is licensed to provide SUD Case Management can we bill for and provide this service in place of Care Coordination? Is this documented anywhere?
 - Substance Use Care Coordination may not be billed if the member is currently receiving Substance Use Case Management services (H0006) in the same month. Community Service Boards (CSBs), Behavioral Health Administrators (BHAs), or private providers with Substance Use Case Management licensing may choose to provide either Substance Use Case Management services (H0006) or Substance Use Case Coordination (G9012) and must follow the program requirements for billing.
 9. Can CSAC's sign the ISP/IPOC?
 - Yes, however, it must have the final sign off by the licensed professional supervising the CSAC.
 10. Is it still true that if you are already a preferred OBOT, you can automatically be a preferred OBAT?
 - Yes, there is no action needed on behalf of providers who are already approved as a Preferred OBOT.

11. How will I know if my agency is approved for case management?

- SUD case management services are licensed through DBHDS. You can look up Department of Behavioral Health and Developmental Services (DBHDS) licensing site and see if your agency is licensed to provide SUD Case Management at:
<https://vadbhdsprod.glsuite.us/GLSuiteWeb/Clients/vadbhds/Public/ProviderSearch/ProviderSearchSearch.aspx>

12. Questions regarding final clarity regarding IPOC versus ISP. Our company is using an ISP/Comprehensive ISP for our OBOT setting. We are billing Care Coordination, so based on the response, do we need to do an IPOC and a comprehensive ISP since we are billing Care Coordination?

- If you are doing an IPOC and updating based on the policy, then you do not have to do the Comprehensive ISP as the IPOC meets that requirement.

13. To clarify, G9012 for OUD and H0006 for other SUD/AUD?

- Yes, code G9012 is for care coordination and specific to OBAT and OTPs only. If your agency is licensed to bill SUD Case Management, H0006 is the appropriate code. SUD Case Management and Care Coordination cannot be reimbursed in the same month.

14. If peer supports are provided but not billed - do they still get added to the roster?

- We do not require Peer Support staff to be listed on the staff roster as they are designated as “if needed” or “optional”; the OBAT roster is primarily used for buprenorphine-waivered practitioners and licensed behavioral health providers. Per page 7 of the Peers supplement, providers of ARTS Peer Support Services and Family Support Partners shall be enrolled/credentialed with Medicaid or its contractor (s) for one of the following:

1. Acute Care General Hospital level 4.0 licensed by Virginia Department of Health (VDH) as defined in 12VAC30-130-5150.
2. Freestanding Psychiatric Hospital or Inpatient Psychiatric Unit (Levels 3.7 and 3.5) licensed by DBHDS as defined in 12VAC30-130-5130 through 5140.
3. Residential Placements (Levels 3.7, 3.5, 3.3, and 3.1) licensed by DBHDS as defined in 12VAC30-130-5110 through 12VAC30-130-5140.
4. Intensive Outpatient Programs (IOPs) and Partial Hospitalization Programs (PHPs) (Levels 2.5, 2.1) and licensed by DBHDS as defined in 12VAC30-130-5090 and 12VAC30-130-5100.
5. Outpatient Services (Level 1) as defined in 12VAC30-30-5080.
6. Opioid Treatment Program (OTP) as defined in 12VAC30-130-5050.
7. Preferred Office Based Opioid Treatment (OBOT) as defined in 12VAC30-130-5060.
8. Pharmacy Services licensed by VDH.

The Peer Recovery Support Services roster can be found here:

<https://www.dmas.virginia.gov/media/3771/mental-health-and-arts-peer-recovery-services-organizational-staff-roster-08-12-2021.pdf>

15. Is the daily schedule application needed for locations that have already been approved previously as an OBOT site?
 - If you have received approval as an OBOT prior to April 4, 2022, you are not required to resubmit the application packet for OBAT recognition. Staffing changes must be submitted on an updated staff roster to the MCOs as they occur.
16. If you are preferred OBAT, are you licensed for H0006?
 - No, your agency must be licensed by DBHDS to provide SUD Case Management Services.
17. Can staff provide both on-site and telehealth?
 - Yes. For new applications, DMAS requires applicants to document days that the provider will be on-site and/or telehealth on the daily schedule and staff roster.
18. If we are an existing OBAT and need to add more than one provider at our location, what should we do?
 - Staffing changes must be submitted on an updated staff roster to the MCOs as they occur.
19. If a patient is treated for stimulant use disorder as the primary diagnosis, would ARTS rates reimbursement be approved for higher ASAM Levels of care, e.g. 2.5 PHP, 3.7 inpatient detox?
 - In order for members to be covered in ASAM Level 2.1 and higher, a service authorization must be approved. If a Preferred OBAT is serving a member who is admitted to one of these levels of care, the specific services that the Preferred OBAT can bill and be reimbursed while members are receiving treatment in an ASAM Level of Care is indicated in the Exhibits in the Supplemental manual – Table 1.
20. Is there a reason that we need to reapply for a new physical location, even when our model is the same?
 - A new application is required if you are opening an entirely new OBAT site (i.e. ABC Counseling of Virginia has a site on 123 Main Street Richmond that has been approved as a Preferred OBAT and opening another site on 456 Charter Street Richmond) or if there has been a change in your organization's NPI.
21. When billing Care Coordination, do I complete an IPOC versus the comprehensive ISP?
 - The IPOC is required to use and complete if a provider is billing for SUD Care Coordination. If you are using the IPOC, then the comprehensive ISP is not required as the IPOC would meet that requirement.
22. Where would we get a list of all the diagnoses that are considered SUD?
 - ICD-10 look up: <https://www.icd10data.com/ICD10CM/Codes>
23. Can you bill for the multidimensional assessment separately in the ARTS program or is that covered by the G9012 or can the ISP also be billed in the first month?

- There is no separate billing code for the multidimensional assessment and it is currently reimbursed as part of the main service.
24. If all of our counseling and psychosocial services are co-located and comingled with our OBAT services and we are already following all requirements for treatment plans, ISPs, IPOCs etcetera, and all medical and psychosocial treatment is documented in the same chart -- do we have to also do a separate ISP specifically for the OBAT even when all the info is documented elsewhere in the chart and signed by the physician/NP?
- Yes, separate service requires separate ISPs.
25. Did Molina Complete Care of VA replace Magellan as one of the MCOs who need to receive our updated OBAT Staff Rosters?
- Yes, Molina Complete Care is the former Magellan Complete Care of Virginia.
26. How does the renewal of the Federal public health emergency (PHE) affect this new model?
- The foundation of the model has not changed; DMAS is following the current flexibilities under the Federal PHE.
27. Does a SUD diagnosis need to be primary to receive case management services?
- Yes for SUD case management. There are other types of case management services that have different diagnosis requirements.
28. To make sure I am clear an IPOC can replace an ISP but an ISP and or quarterly cannot replace the IPOC?
- The IPOC can serve as the comprehensive ISP.
29. Can we not bill for 90791 if it meets the requirements of that code?
- If providers are doing the diagnostic clinical interview, they can bill 90791 but this cannot be billed with an E&M or with the H0014 MD induction (which is equivalent to the Level 5 new patient E&M). Providers shall reference the Current Procedural Terminology (CPT) manual for specific requirements. For example, 90791 cannot be billed simultaneously with some E&M codes.