

## SUBSTANCE USE DISORDER TREATMENT SERVICES

Substance Use Disorder (SUD) Treatment are services provided to an individual with an impairment resulting from a SUD which are provided by a multidisciplinary team of health care professionals and are designed to stabilize the health of the individual. Services for treatment of SUD may be hospital-based or non-hospital-based.

### MEMBER ELIGIBILITY FOR SERVICES

ND Medicaid members receiving SUD treatment services must:

1. Meet diagnostic criteria for a substance use disorder as described in the DSM; and
2. Meet specifications in each of the American Society of Addiction Medicine (ASAM) dimensions required for the recommended level of care.

### COVERED SERVICES

ASAM Level 3 <sup>rd</sup> Edition	Service	Billing Code	Revenue Code (if applicable)	Hours per week
1	<b>Outpatient Services (individual)<sup>T</sup> - Adult</b>  Organized nonresidential service or an office practice that provides professionally directed aftercare, individual, and other addiction services to clients according to a predetermined regular schedule of fewer than 9 contact hours per week.	Use individual psychotherapy codes (professional fee schedule).	N/A	Offer no more than 8 hours of programming per week.
1	<b>Outpatient Services (individual)<sup>T</sup> - Youth</b>	Use individual psychotherapy codes (professional fee schedule).	N/A	Offer no more than 5 hours of programming per week.
1	<b>Group Outpatient Services<sup>T</sup></b>	H2035  Modifier UA must be appended to the line. Reimbursement is 25% of allowed amount.	N/A	See above hours for youth and adult.

2.1	<b>Intensive Outpatient Services<sup>T</sup> - Adult</b>  Treatment provided to clients requiring a primary, organized treatment program able to establish abstinence and recovery within the context of the client's usual environment and daily activities. Programming is in a structured environment and is typically offered in the evening hours.»	H0015	0906	Offer no less than 8 hours and no more than 19 hours of structured programming.
2.1	« <b>Intensive Outpatient Services</b> – Youth			Offer no less than 6 hours per week.
2.5	<b>Partial Hospitalization Services<sup>T</sup> - Youth and Adult</b>  SUD program that uses multidisciplinary staff and offers highly structured intensive treatment to those clients whose condition is sufficiently stable so as not to require twenty-four hour per day monitoring and care, but whose illness has progressed so as to require consistent near-daily treatment intervention.  « <sup>T</sup> Telehealth coverage is limited to 50% or 10 hours of the weekly 20 hours of structured programming requirement.»	S9475	0913	Offer no less than 20 hours of structured programming no less than 4 days per week.
3.1	<b>Clinically Managed Low-Intensity Residential Care - Youth and Adult</b>  ASAM 3.1 will only be reimbursed for members concurrently receiving ASAM 2.1 or 2.5.  Twenty-four hour a day staffed, ongoing therapeutic environment for clients requiring some structured support in which treatment is directed toward <ul style="list-style-type: none"> <li>• Applying recovery skills,</li> <li>• Preventing relapse,</li> <li>• Improving emotional functioning,</li> <li>• Promoting personal responsibility, and</li> <li>• Reintegrating the individual into the worlds of work, education, and family life, adaptive skills that may not have been achieved or have been diminished during the client's active addiction.</li> </ul> The residential component may be combined with low-intensity outpatient, intensive outpatient, or day treatment.	H2034	1003	Offer at least 5 hours of professionally directed treatment (must include two support or group sessions per week) in addition to other treatment services such as partial hospitalization or intensive outpatient treatment.

3.2	<b>Clinically Managed Residential Withdrawal</b>  Detoxification in an organized residential nonmedical setting delivered by appropriately trained staff who provide safe, 24-hour monitoring, observation, and support in a supervised environment for a client to achieve initial recovery from the effects of alcohol or another drug.	H0012^	1003	
3.5	<b>Clinically Managed High-Intensity Residential Services - Youth and Adult</b>  Therapeutic community or residential treatment center offering continuous observation, monitoring, and treatment by allied professional staff designed to treat clients who are not sufficiently stable to benefit from outpatient treatment no matter how intensive and who have significant psychological and social problems.  Onsite twenty-four hour per day clinical staff with specialized professional consultation.	H2036^	1002	Residential program offered no less than 7 days per week. The number of hours of programming must be approved through the licensing process by the Behavioral Health Division.
3.7	<b>Medically Monitored Intensive Inpatient Services – Youth and Adult</b>  Program providing a planned regimen of 24-hour professionally directed <ul style="list-style-type: none"> <li>• evaluation</li> <li>• observation</li> <li>• medical monitoring, and</li> <li>• addiction treatment</li> </ul> in an inpatient setting.	H0011^	1002	Offer inpatient treatment program 7 days per week.

<sup>T</sup> Indicates the service can be delivered via telehealth. See the Telehealth Chapter of the ND Medicaid General Information for Providers Manual for more information.

<sup>^</sup>Payment for ASAM 3.1, 3.2, and 3.5 is only for the service component. ND Medicaid payment is not available for room and board.

Federal financial participation is not available for care or services to Medicaid members ages 21 to 64 residing in an Institution for Mental Disease (IMD); therefore ND Medicaid does not cover services for members ages 21 to 64 who reside in an IMD. The North Dakota Substance Use Disorder Voucher Program may be able to provide funding for individuals receiving treatment at an IMD. This is state-funded program. You can learn more [here](#).

Programs must offer the required number of hours of programming required

by ND Administrative Code 75-02-09.1 and must be approved through the licensing process by the Behavioral Health Division. The appropriate number of hours for the level of care must be included in the member's plan of care.

If the member misses programming hours, the reason must be documented. For outpatient levels of care, the provider may only bill for days that the member received programming. For residential and inpatient levels of care, the provider may bill for every day the member stayed at the facility, as long as

- the appropriate number of hours of programming are offered, as detailed in the member's care plan, and
  - if the member misses programming, the reason is documented.
- Providers must document programming hours not offered due to a holiday.

## **PROVIDER ENROLLMENT**

Licensed Addiction Counselors and licensed addiction programs may enroll as Medicaid providers for American Society of Addiction Medicine (ASAM) levels of care 1, 2.1, 2.5, 3.1, 3.2, 3.5 and 3.7 as prescribed in North Dakota Administrative Code chapter 75-09.1.

### **Providers billing ASAM 1**

LACs and licensed addiction programs must enroll the LAC rendering services.

### **Providers billing ASAM 2.1-3.7**

The licensed program must enroll as a group provider **and** the attending provider must enroll. Note: Licensed addiction programs are not required to enroll all members of the multidisciplinary team.

The rendering or attending provider must be Medicaid-enrolled «and affiliated with the billing provider.

Enrolled LACs are OLPs and may furnish non-ASAM services within their scope of practice according to State law.

## **BILLING GUIDELINES**

LACs billing ASAM 1 must bill on a CMS 1500 or electronically via an 837P claim transaction. The appropriate rendering provider's NPI and taxonomy must be reported in box 24J of the CMS 1500 or the electronic equivalent

of the 837P transaction.

Enrolled programs providing ASAM 2.1, 2.5, 3.1, 3.2, 3.5 and 3.7 must bill on CMS 1450 (UB 04) or electronically via an 837I claim transaction. The appropriate attending provider's name and NPI must be reported in box 76 of the CMS 1450 (UB-04) of the electronic equivalent of the 837I transaction. IHS/638 facilities and FQHCs should refer to those respective chapters of the General Information for Providers manual for further instruction on how to bill for their services.

## **ASSESSMENT AND PLAN OF CARE**

ND Medicaid members receiving SUD treatment services must have undergone a program-performed assessment in compliance with North Dakota Administrative Code § 75-09.1-01-14.

ND Medicaid members receiving SUD treatment services must have an individualized plan of care/treatment plan that meets the requirements of ND Administrative Code 75-09.1-01-15. The ND Medicaid-enrolled rendering or attending provider overseeing the services must approve the plan of care.

## **SERVICES PROVIDED WITHIN A RECOGNIZED INDIAN RESERVATION**

Licensed addiction counselors, operating within their scope of practice, performing ASAM 1, and practicing within a recognized Indian reservation in North Dakota, are not required to have licensure prescribed in North Dakota Administrative Code chapter 75-09.1 for services provided within a recognized Indian reservation in North Dakota.

## **DEFINITIONS**

*Attending provider* – Licensed practitioner, such as an LAC, who has overall responsibility for the patient's care and treatment reported on the claim. Attending providers are reported on claims for ASAM levels 2.1 and higher, as these claims are billed on a CMS 1450 (UB 04) or electronically via an 837I claim transaction.

*Institution for Mental Diseases (IMD)* - A hospital, nursing facility, or other institution of more than 16 beds that is primarily engaged in providing diagnosis, treatment, or care of persons with mental diseases, including medical attention, nursing care, and related services. This definition is in

§1905(i) of the Social Security Act and in 42 CFR 435.1009. The regulations also indicate that an institution is an IMD if its overall character is that of a facility established and maintained primarily for the care and treatment of individuals with mental diseases. For more information see the IMD Policy.

*Licensed Addiction Counselor (LAC)* – LACs, for purposes of this policy, include licensed clinical addiction counselors, licensed master addiction counselors and practitioners possessing a similar license in a border state and operating within their scope of practice in that state. Licensed addiction programs operating in a border state must provide documentation to the ND Medicaid Program of their state's approval for the operation of the addiction program.

*Program* – means a person, partnership, association, corporation, or limited liability company that establishes, conducts, or maintains a substance use disorder treatment program for the care of individuals addicted to alcohol or other drugs.

*Rendering provider* - licensed practitioner, such as a licensed addiction counselor, who renders the service. Rendering providers are reported on claims for ASAM level 1 services, as these claims are billed on a CMS 1500 or electronically via an 837P claim transaction.