

**Bulletin Number:** MMP 23-61

Corrected 12-6-2023 to update effective date within bulletin

**Distribution:** Practitioners, Medicaid Health Plans (MHP), Local Health Departments (LHD), Prepaid Inpatient Health Plans (PIHP), Community Mental Health Services Programs (CMHSP), Federally Qualified Health Centers (FQHC), Outpatient Hospitals, Rural Health Clinics (RHC), Tribal Health Centers (THC), Pharmacy Providers, Integrated Care Organizations (ICO)**Issued:** December 1, 2023**Subject:** Coverage of Office Based Substance Use Treatment (OBSUT) Services**Effective:** January 1, 2024**Programs Affected:** Medicaid, Healthy Michigan Plan, Maternity Outpatient Medical Services (MOMS), MICHild

Pursuant to Michigan's Medicaid State Plan and federally approved managed care waiver (revised April 1, 2021), community-based mental health, substance abuse, and developmental disability specialty services and supports are covered by Medicaid when delivered under the auspices of an approved Prepaid Inpatient Health Plan (PIHP). These services include assessment, treatment, and counseling for people with developmental disabilities, mental illness, serious emotional disturbance, and prevention and treatment services for substance use disorders. Providers contracted with the PIHP include Community Mental Health Services Program (CMHSP) providers and accredited and licensed contracted entities. All providers are encouraged to utilize this system when and wherever appropriate. Services currently delivered by the PIHP/CMHSP are still available and reimbursed as usual through the PIHP.

The purpose of this bulletin is to expand access to services by updating reimbursement policy for substance use treatment provided by primary healthcare providers in an office-based setting (i.e., providers who do not have a specialty substance use disorder [SUD] benefit services contract with the PIHP). This policy supersedes bulletins [MSA 13-13](#) and [MSA 21-19](#).

As used in this bulletin, "primary healthcare providers" encompasses healthcare providers (physicians [MD/DO], Nurse Practitioners, Physician Assistants, Clinical Nurse Specialists, Clinical Nurse Midwives) in an office-based setting who are licensed or otherwise trained to provide SUD services and behavioral health providers (Licensed Psychologist [Doctoral level], Licensed Social Worker [Master's level], Licensed Marriage and Family Therapist [Master's or Doctoral level], Licensed Professional Counselor [Master's or Doctoral level], Limited Licensed Psychologist [Master's or Doctoral Educational level] under the supervision of an enrolled, fully licensed psychologist [except as noted in Section 333.18223 of the Public Health Code]) who

are associated with them, and who do not have a specialty SUD benefit services contract with a PIHP.

To ensure beneficiary access for these essential services, effective January 1, 2024, primary healthcare providers will be reimbursed for services provided in an office-based primary care setting related to substance use treatment through the Medicaid Fee-for-Service (FFS) program or through the Medicaid Health Plan (MHP) depending upon beneficiary program enrollment status.

Primary healthcare providers not associated with a PIHP/CMHSP will be reimbursed for substance use treatment services through the Medicaid FFS program for beneficiaries enrolled in FFS.

For beneficiaries enrolled in an MHP, primary healthcare providers will be reimbursed for substance use treatment services through the MHP. MHPs must provide reimbursement for all office-based substance use treatment services outlined in this bulletin for all MHP enrolled beneficiaries including reimbursement for primary healthcare providers who are not contracted with the MHP.

Primary healthcare providers must contract with and bill the Integrated Care Organization (ICO)/PIHP for services rendered to beneficiaries in MI Health Link.

### **Provider Qualifications**

Working within their scope of practice, primary healthcare providers who render services related to Office Based Substance Use Treatment (OBSUT) may receive reimbursement through the FFS program or through the MHPs, so long as the following criteria are met: they comply with all licensing laws and regulations applicable to the provider's practice or business in Michigan, they are not currently excluded from participating in Medicaid by state or federal sanction or exclusion, they are an enrolled provider in the Community Health Automated Medicaid Processing System (CHAMPS), and their services are reimbursable per MDHHS policy. (Refer to the [MDHHS Medicaid Provider Manual](#) for further details on provider qualifications, billing and reimbursement.)

**THCs Only** – To comply with the Indian Health Care Improvement Act (IHCIA) section 221 (amended by section 134), licensed health professionals employed by a THC must be licensed in good standing in at least one state, but do not need to be licensed in the state where they are practicing. Also, per 42 CFR 431.110, THCs are not required to obtain state licensure but must meet all applicable standards for licensure. These federal regulations supersede any licensing requirements identified in the preceding paragraph.

Primary healthcare providers are required to deliver services informed by clinical evidence-supported practice guidelines (examples include guidelines published by the American Society of Addiction Medicine [ASAM], Centers for Disease Control and Prevention [CDC], Substance Abuse and Mental Health Services Administration [SAMHSA], American Psychiatric Association, American Academy of Addiction Psychiatry [AAP], American College of Obstetrics and Gynecology [ACOG], etc.).

## **FFS Reimbursement Criteria, Services and Requirements**

The following primary care office-based services related to Substance Use Treatment will qualify for FFS/MHP reimbursement when a beneficiary meets ASAM level of care criteria for outpatient treatment, and has a primary diagnosis of substance use disorder (use, abuse or dependence) as classified by the International Classification of Diseases-Version 10 (ICD-10):

1. Services all primary healthcare providers may submit for reimbursement:
  - Evaluation and Management services (e.g., 99202-99205, 99211-99215)
  - Consultation services (e.g., 99241-99245)
  - Psychotherapy services (e.g., 90785, 90791, 90792, 90832, 90834, 90836, 90847)
  - Psychiatric Collaborative Care Management services (e.g., 99492-99494, G0512)
  - Behavioral Health Care Management (99484)
  - Screening, Brief Intervention and Referral to Treatment (SBIRT) (e.g., 99408, 99409, G0396, G0397, G2011)
  - Medications for Substance Use Treatment

All primary healthcare providers are required to be educated in the standards for a multidimensional assessment and ensure fidelity to the ASAM level of care criteria; and must document beneficiary appropriateness for outpatient treatment. If/when a beneficiary exceeds appropriateness for outpatient treatment, the primary healthcare provider must refer them to specialty services. During the transition to specialty services, within their scope of practice and to the extent that the beneficiary consents to recommended treatment, primary healthcare providers will be reimbursed for continued services listed in this policy.

2. Additional services FQHCs, RHCs and THCs may submit for FFS/MHP reimbursement (if/when all other criteria of this policy are met):
  - Alcohol and/or Drug Assessment (H0001)
  - Behavioral Health (Alcohol/Drug screening for admission into treatment program (H0002)
  - Behavioral Health Counseling and Therapy, per 15 minutes (H0004)
  - Alcohol and/or Drug Services, Group Counseling by a Clinician (H0005)

**NOTE:** Current Procedural Terminology (CPT) coding changes occur frequently. Providers should consult with MDHHS fee schedules for current allowable codes which can be accessed on the MDHHS website at [www.michigan.gov/medicaidproviders](http://www.michigan.gov/medicaidproviders) >> Billing and Reimbursement >> Provider Specific Information >> Physicians/Practitioners/Medical Clinics >> Practitioner. The Medicaid Code and Rate Reference Tool, located via the External Links menu in CHAMPS, may also be used to determine eligible reimbursement codes.

Primary healthcare providers who have a contract for specialty SUD services with PIHP/CMHSP entities are required to bill those entities for covered services.

## **Continuum of Care**

Substance Use Treatment requires a multi-faceted and individualized approach to reach full treatment potential that may include screening and assessment, medications and medication management, counseling and/or other psychosocial supports.

Providers are encouraged to employ standardized screening tools (for specific substances and classes of substances) and to utilize the distinct intervention of SBIRT techniques (consisting of standardized screening tools such as the Drug Abuse Screening Test [DAST] and the Alcohol Use Disorders Identification Test [AUDIT]) for all beneficiaries, and further screen and assess any beneficiaries with indications of SUD.

Decisions about treatment services, including counseling, should be made based on the beneficiary's needs, interests, and medical necessity. The beneficiary must be offered or referred to counseling and other services based on their individual needs. However, a beneficiary's decision to decline counseling should not preclude or delay pharmacotherapy with appropriate medication management.

Decisions on counseling should be determined in collaboration with the beneficiary, the prescriber, the beneficiary's primary counselor and the clinical supervisor. This decision-making process should be documented in the clinical record, and the treatment plan should reflect the decisions that are made.

In addition, providers are encouraged to utilize Medication Assisted Treatment (MAT) services for beneficiaries with SUD as appropriate. Some of the prescriptions for MAT are listed on the [MDHHS Preferred Drug List](#) and, as preferred, they do not require prior authorization. To ensure optimal treatment results, prescribers must use a multi-faceted and individualized treatment approach which may include induction, stabilization, maintenance, and SUD counseling by a licensed behavioral health provider (working within their scope of practice). Assessment of the beneficiary's dosage, as part of the tapering process, must occur as medically indicated and be documented in the beneficiary's records.

The duration of MAT should be determined based on medical necessity as well as the individual needs of the beneficiary and not on arbitrary criteria such as predetermined time, funding source, philosophy of the program staff, or payment limits. Some beneficiaries may continue use of medications to treat SUD for an extended or indefinite length of time.

Providers should note additional regulatory and care coordination considerations. This policy applies to primary healthcare providers, as defined previously. If an individual practice reaches more than the maximum number of beneficiaries receiving services per Michigan Law, they must apply for an Office-Based Opioid Treatment (OBOT) license and subsequently meet all the requirements of that designation. (Refer to the [Michigan Department of Licensing and Regulatory Affairs \[LARA\]](#) rules for more information.)

The provider must evaluate the effectiveness of the beneficiary's substance use treatment services and, if the services are not shown to be effective, should consider what approaches can be applied to enhance treatment outcome. This may include referral to the PIHP system or other treatment services. Beneficiaries also have the right to file a complaint with MDHHS if their care is not meeting their needs or if they feel that their rights have been violated. Primary healthcare providers are responsible to ensure beneficiaries are aware of this right.

### **Coordination of Care**

To reach optimal treatment, beneficiaries must be actively involved in their treatment and, as such, it is important that all providers coordinate care. Beneficiaries with significant SUD may require assistance with transportation, housing, job resources and other important life aspects that impact a beneficiary's recovery. Primary healthcare providers must ensure beneficiaries have access and receive referral to PIHPs for further assessment and treatment and any of the other supports and services that are available (i.e., PIHP specialty services, community-based services, and natural supports) to ensure desired treatment results. When making a referral to a PIHP, primary healthcare providers must communicate with the PIHP who is receiving the call to let them know they are about to transfer the beneficiary. The PIHP team should be supplied with the relevant background information and should have the necessary expertise to assist the beneficiary. Primary healthcare providers agree to track referrals and conduct further outreach if necessary. PIHPs/CMHSPs, FFS and MHPs must partner as needed in overseeing and coordinating the treatment plan, knowing that office-based substance use treatment may be only part of the services necessary to achieve successful outcomes.

### **Michigan Automated Prescription System (MAPS) Requirement**

MAPS is the prescription monitoring program managed by LARA. It is used to identify and prevent drug diversion at the provider, pharmacy, and beneficiary levels by collecting information on controlled substances prescribed and dispensed to beneficiaries from pharmacies and practitioners. Practitioners can query this data for beneficiary-specific reports which allow a review of the beneficiary's controlled substance prescription records. This enables the provider to determine if beneficiaries are receiving controlled substances from other providers and to assist in the prevention of prescription drug abuse. For more information on MAPS and how to register, visit [www.michigan.gov/mimapsinfo](http://www.michigan.gov/mimapsinfo).

It is expected that the provider will query the MAPS database prior to each new prescription as required for substance use treatment medications and will consult MAPS regularly throughout the beneficiary's course of treatment.

## Manual Maintenance

Retain this bulletin until the information is incorporated into the MDHHS Medicaid Provider Manual.

## Questions

Any questions regarding this bulletin should be directed to Provider Inquiry, Department of Health and Human Services, P.O. Box 30731, Lansing, Michigan 48909-8231, or e-mailed to [ProviderSupport@michigan.gov](mailto:ProviderSupport@michigan.gov). When you submit an e-mail, be sure to include your name, affiliation, NPI number, and phone number so you may be contacted if necessary. Typical Providers may phone toll-free 1-800-292-2550. Atypical Providers may phone toll-free 1-800-979-4662.

An electronic copy of this document is available at [www.michigan.gov/medicaidproviders](http://www.michigan.gov/medicaidproviders) >> Policy, Letters & Forms.

## Approved



Meghan E. Groen, Director  
Behavioral and Physical Health and Aging Services Administration