

Title of Rule: Revision to the Medical Assistance Program Rule Concerning Outpatient Fee-For-Service Substance Use Disorder Treatment Services, Section 8.746  
Rule Number: MSB 16-06-28-B  
Division / Contact / Phone: Health Programs Benefits & Operations Division / Amanda Forsythe / x6459

## STATEMENT OF BASIS AND PURPOSE

1. Summary of the basis and purpose for the rule or rule change. (State what the rule says or does and explain why the rule or rule change is necessary).

This proposed revision removes Section 8.746, Appendix A: Outpatient Fee-For-Service Substance Use Disorder Treatment Benefit Coverage Standard, and inserts its content into the body of the rule at Section 8.746. The proposed rule revision is primarily technical; it makes minor changes to the language in order to best conform to standard rule formatting. However, the changes to the language do not substantively alter the Department's current Outpatient Fee-For-Service Substance Use Disorder Treatment benefit policy.

2. An emergency rule-making is imperatively necessary

- to comply with state or federal law or federal regulation and/or
- for the preservation of public health, safety and welfare.

Explain:

3. Federal authority for the Rule, if any:

42 U.S.C. § 1396d(a)(2)(A); 42 C.F.R. § 440.230

4. State Authority for the Rule:

25.5-1-301 through 25.5-1-303, C.R.S. (2015);  
C.R.S. 25.5-5-202(1)(s)(I)

Initial Review

**08/12/2016**

Final Adoption

**09/09/2016**

Proposed Effective Date

**10/30/2016**

Emergency Adoption

**DOCUMENT #04**

Title of Rule: Revision to the Medical Assistance Program Rule Concerning  
Outpatient Fee-For-Service Substance Use Disorder Treatment Services, Section 8.746  
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## REGULATORY ANALYSIS

1. Describe the classes of persons who will be affected by the proposed rule, including classes that will bear the costs of the proposed rule and classes that will benefit from the proposed rule.

Currently, the language at Section 8.746 refers readers to Appendix A: Outpatient Fee-For-Service Substance Use Disorder Treatment Services Benefit Coverage Standard, which is located at the end of the entire Section 8.700. As a result of the current format, readers are required to follow multiple steps in order to locate the policy language for this benefit.

By inserting the language from the Benefit Coverage Standard into the body of the rule at Section 8.746, the proposed revision is aimed at simplifying the organization of the Department's rules, while also increasing their readability.

2. To the extent practicable, describe the probable quantitative and qualitative impact of the proposed rule, economic or otherwise, upon affected classes of persons.

None.

3. Discuss the probable costs to the Department and to any other agency of the implementation and enforcement of the proposed rule and any anticipated effect on state revenues.

None.

4. Compare the probable costs and benefits of the proposed rule to the probable costs and benefits of inaction.

N/A

5. Determine whether there are less costly methods or less intrusive methods for achieving the purpose of the proposed rule.

There are no less costly or less intrusive methods for achieving the purpose of the proposed rule revision.

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6. Describe any alternative methods for achieving the purpose for the proposed rule that were seriously considered by the Department and the reasons why they were rejected in favor of the proposed rule.

None.

## 8.746 OUTPATIENT FEE-FOR-SERVICE SUBSTANCE USE DISORDER TREATMENT

8.746.A. ~~Outpatient Fee for Service Substance Use Disorder Treatment benefits are provided in accordance with the provisions of Appendix A, which details the benefit coverage standards.~~

### 8.746.1 DEFINITIONS

Community Behavioral Health Services Program means the program described at 10 CCR 2505-10 Section 8.212, by which program-enrolled Medicaid clients receive behavioral health treatment services.

Day Treatment Program means a non-residential treatment program designed for children and adolescents under the age of 21 who have an emotional, behavioral, and neurobiological, or substance use disorder diagnosis, and may be at high risk for out-of-home placement. Day Treatment Program services include family, group, and individual psychotherapy; parent-child education; skill and socialization training focused on improving functional and behavioral deficits; and intensive coordination with schools or other child service agencies.

Health First Colorado is Colorado's Medicaid Program, the free or low cost public health insurance program that provides health care coverage to low-income individuals, families, children, pregnant women, seniors, and people with disabilities. Colorado Medicaid is funded jointly by the federal and state government, and is administered by the Colorado Department of Health Care Policy and Financing.

Intensive Outpatient Psychiatric Rehabilitation Services are those that focus on maintaining and improving functional abilities for the client through a time-limited, multi-faceted approach to treatment.

Masters Level Clinician means a provider who is clinical social worker licensed pursuant to CRS 12-43-404, marriage and family therapist licensed pursuant to CRS 12-43-504, professional counselor licensed pursuant to CRS 12-43-603, or advanced practice nurse licensed pursuant to CRS 12-38-111.5.

Peer Advocate Services means a scheduled therapeutic activity led by a trained client who is self-identified as receiving behavioral health services.

Psychologist, Psy.D/PhD means a provider who has a doctoral degree from an accredited program offering psychology courses approved by the American Psychological Association and is licensed as a psychologist by the State Board of Psychologist Examiners pursuant to CRS 12-43-304.

Physician Assistant means a provider who is a graduate of an education program accredited by the Accreditation Review Commission on Education for the Physician Assistant, certified by the National Commission on Certification of Physician Assistants, and licensed as a physician assistant pursuant to CRS 12-36-107.4.

Residential Treatment means a short-term residential treatment program offering 24-hour intensive residential treatment, habilitative, and rehabilitative services for up to 30 days in a highly structured, community-oriented environment.

State Fiscal Year (SFY) is July 1 – June 30.

### 8.746.2 ELIGIBLE PROVIDERS

1. Providers eligible to render services are limited to the following:

a. Licensed physicians who are also:

- 1           i) Certified in addiction medicine by the American Society of Addiction  
2           Medicine (ASAM); or
- 3           ii) Certified as Certified Addiction Counselors (CAC II or CAC III) or  
4           Licensed Addiction Counselors (LAC) by the Department of Regulatory  
5           Agencies (DORA); or
- 6           iii) Certified as National Certified Addiction Counselors II (NCAC II) or  
7           Master Addiction Counselors (MAC) by the National Association of  
8           Alcohol and Drug Abuse Counselors (NAADAC); or
- 9           iv) Certified in addiction psychiatry by the American Board of Psychiatry and  
10          Neurology certified in Addiction Psychiatry (ABPN).

11          b. Licensed non-physicians who are also:

- 12          i) Psychologists (PhD, PsyD),
- 13          ii) Nurse Practitioners,
- 14          iii) Licensed Addiction Counselors, or
- 15          iv) Master's Level Clinicians:
  - 16                1) Licensed Clinical Social Worker (LCSW)
  - 17                2) Licensed Professional Counselor (LPC)
  - 18                3) Licensed Marriage and Family Therapist (LMFT)
  - 19                4) Licensed Advanced Practice Nurse (LAPN)

20          and either:

- 21          i) Certified by DORA as a CAC II or CAC III; or
- 22          ii) Certified by NAADAC as an NCAC II or MAC.

23          c. Licensed facilities that are supervised by one or more licensed physicians or non-  
24          physicians; supervised professional personnel who are:

- 25          i) Working at a facility licensed by the Office of Behavioral Health to  
26          provide substance use disorder treatment services; and
- 27          ii) Supervised by one or more licensed physicians or licensed non-  
28          physicians found in Part 1 or 2 of this Eligible Providers section.

29          **8.746.3 TREATMENT PLANNING**

30          **8.746.3.A.** An approved treatment plan must be in place for each client prior to the client receiving  
31          services. An initial assessment is required to establish a treatment plan. Treatment plans  
32          require approval from a licensed provider indicated in Section 8.746.2 with the authority  
33          to approve treatment plans within their scope of practice.

1 8.746.3.B. All rendered services must be medically necessary, as defined in Section 8.076.1.8., and  
2 must be detailed in the client's treatment plan and progress notes. Initial substance use  
3 disorder assessments are exempt from inclusion in the treatment plan.

4 **8.746.4 ELIGIBLE CLIENTS**

5 1. To be eligible for the Outpatient Fee-for-Service Substance Use Disorder Treatment  
6 benefit, client:

7 a. Must currently be enrolled in Colorado Medicaid; and

8 b. Must not be enrolled in the Community Behavioral Health Services program  
9 pursuant to 10 C.C.R. 2505-10 Section 8.212.

10 i) All Colorado Medicaid clients are automatically enrolled in the  
11 Community Behavioral Health Services program, unless one of the  
12 following is true:

13 1) Client is not eligible for enrollment in the Community Behavioral  
14 Health Services program, per 10 CCR 2505-10 Section  
15 8.212.1.A.; or

16 2) Client is approved for an individual enrollment exemption, as set  
17 forth at 10 CCR 2505-10 Section 8.212.2.

18 **8.746.5 LIMITATIONS**

19 1. Clients are not required to obtain a referral from their Primary Care Physician (PCP) or  
20 Primary Care Medical Provider (PCMP) to receive these services.

21 2. Clients must have a treatment plan that is approved by a licensed practitioner listed in  
22 Section 8.746.2.

23 3. Outpatient Fee-for-Service Substance Use Disorder Treatment services may only be  
24 rendered by providers outlined in Section 8.746.2, with an exception for certain providers  
25 of Medication Assisted Treatment described below.

26 4. Services are covered only when client has been diagnosed with at least one of the  
27 following:

28 a. Alcohol use or induced disorder

29 b. Amphetamine use or induced disorder

30 c. Cannabis use or induced disorder

31 d. Cocaine use or induced disorder

32 e. Hallucinogen use or induced disorder

33 f. Inhalant use or induced disorder

34 g. Opioid use or induced disorder

1            h. Phencyclidine use or induced disorder

2            i. Sedative Hypnotic or Anxiolytic use or induced disorder

3            j. Tobacco use disorder

4    **8.746.6 COVERED SERVICES**

5    **8.746.6.A. Substance Use Disorder Assessment**

6            1. A substance use disorder assessment is an evaluation designed to determine the most  
7            appropriate level of care based on criteria established by the American Society of  
8            Addiction Medicine (ASAM), the extent of drug or alcohol use, abuse, or dependence and  
9            related problems, and the comprehensive treatment needs of a client with a substance  
10           use disorder diagnosis.

11           a. Course of treatment and changes in level of care must be based on best  
12           practices as defined by the current ASAM Patient Placement Criteria.

13           b. Re-assessments must be spaced appropriately throughout the course of  
14           treatment to ensure the treatment plan is effectively managing the client's  
15           changing needs.

16           c. Substance use disorder assessments are limited to two encounter-based units of  
17           service per State Fiscal Year. Each complete assessment corresponds to one  
18           unit of service.

19           d. An assessment may involve more than one session and may span multiple days.  
20           If the assessment spans multiple days, the final day of the assessment is  
21           reported as the date of service.

22    **8.746.6.B. Individual and Family Therapy**

23           1. Individual and family therapy is the planned treatment of a client's problem(s) as  
24           identified by an assessment and listed in the treatment/service plan. The intended  
25           outcome is the management and reduction, or resolution of the identified problem(s).

26           2. Individual and family therapy is limited to one client per session.

27           3. Individual and family therapy is limited to a combined 35 sessions per State Fiscal Year,  
28           and billed at 15 minutes per unit, with up to four units (one hour) per session.

29           a. A session is considered a single encounter with the client that can encompass  
30           multiple timed units.

31           4. Family therapy must be directly related to the client's treatment for substance use  
32           disorder or dependence.

33           5. Individual therapy and family therapy sessions are allowed on the same date of service.

34    **8.746.6.C. Group Therapy**

1 1. Group therapy refers to therapeutic substance use disorder counseling and treatment  
2 services, administered through groups of people who have similar needs, such as  
3 progression of disease, stage of recovery, and readiness for change.

4 2. Group therapy must include more than one patient.

5 3. Group therapy is limited to 36 sessions per State Fiscal Year.

6 a. A session of group therapy may last up to three hours and is billed in units of one  
7 hour each (e.g., a three hour group session would consist of three units).

8 b. A unit of service may be billed separately for each client participating in the group  
9 therapy session.

#### 10 **8.746.6.D. Alcohol / Drug Screening and Counseling**

11 1. Alcohol / drug screening and counseling is the collection of urine followed by a  
12 counseling session with the client to review and discuss the results of the screening.

13 a. The laboratory analysis of the urine specimen (urinalysis) must be billed by a  
14 laboratory using that laboratory's Medicaid Provider ID.

15 b. Substance use disorder providers will only be reimbursed for collecting the urine  
16 specimen and providing a counseling session to review and discuss the results of  
17 the urinalysis. Claims submitted for the collection of the urine sample without the  
18 subsequent counseling of urinalysis results will not be reimbursed.

19 i) If the client does not return for the counseling of their urinalysis results,  
20 the collection of the sample cannot be claimed.

21 c. Substance use disorder counseling services to discuss and counsel the client on  
22 the test results must be provided by an eligible rendering provider, as outlined in  
23 Section 8.746.2.

24 d. The counseling portion of the service may be conducted during a session of  
25 individual or family therapy.

26 e. Multiple urine collections per date of service are not additionally reimbursed.

27 f. Alcohol / drug screening and counseling is limited to 52 specimen collections per  
28 State Fiscal Year.

29 g. Alcohol / drug screening and counseling is limited to one unit per date of service.

30 i) A unit of service is the single collection and subsequent counseling  
31 session.

#### 32 **8.746.6.E. Targeted Case Management**

33 1. Targeted case management refers to coordination and planning services provided with,  
34 or on behalf of, a client with a substance use disorder diagnosis.

35 a. The client does not need to be physically present for this service to be performed  
36 if it is done on the client's behalf.

- 1        2. Targeted case management services are limited to service planning, advocacy, and  
2        linkage to other appropriate medical services related to substance use disorder  
3        diagnosis, monitoring, and care coordination.
- 4        3. Targeted case management services are limited to:
  - 5        a. 52 units of service per State Fiscal Year.
  - 6        b. Up to four units of service per date of service.
- 7        4. A unit of service equals one 30-minute sessions of targeted case management, and  
8        consists of at least one documented contact with a client or person acting on behalf of a  
9        client, identified during the case planning process.

#### 10    **8.746.6.F. Social / Ambulatory Detoxification**

- 11        1. Facilities licensed by the Office of Behavioral Health (OBH) are the only provider type  
12        eligible to render social / ambulatory detoxification services.
- 13        2. Social / ambulatory detoxification services:
  - 14        a. Include supervision, observation, and support from qualified personnel for clients  
15        exhibiting intoxication or withdrawal symptoms.
  - 16        b. Are provided when there is minimal risk of severe withdrawal (including seizures  
17        and delirium tremens) and when any co-occurring mental health or medical  
18        conditions can be safely managed in an ambulatory setting.
- 19        3. Social / ambulatory detoxification is limited to five sessions per State Fiscal Year.
  - 20        a. A session is defined as the continuous treatment time from the first day to the  
21        last day of social/ambulatory detoxification.
  - 22        b. Each session may last a maximum of three days.
- 23        4. Room and board is not a covered social / ambulatory detoxification service. Claims billed  
24        for room and board will not be reimbursed.
- 25        5. Social / ambulatory detoxification is divided into four distinct services—physical  
26        assessment of detoxification progress, evaluation of level of motivation, safety  
27        assessment, and provision of daily living needs—with corresponding procedure codes,  
28        which may be provided and billed on the same date of service if medically necessary, as  
29        defined in rule at 10 CCR 2505-10 Section 8.076.1.8.

#### 30    **8.746.6.G. Medication-Assisted Treatment (MAT)**

- 31        1. Medication Assisted Treatment (MAT) is a benefit for opioid addiction that includes a  
32        medication approved by the U.S. Food and Drug Administration (FDA) for opioid  
33        addiction detoxification or maintenance treatment.
- 34        2. For the purposes of the Outpatient Fee-for-Service Substance Use Disorder Treatment  
35        benefit, MAT is defined as the administration, acquisition, and dispensing of Methadone  
36        to the client.

1 a. Only licensed physicians, physician assistants, or nurse practitioners are eligible  
2 to administer MAT. All providers must comply with the Office of Behavioral  
3 Health's Opioid Medication Assisted Treatment program requirements set forth at  
4 2 C.C.R. 502-1 21.320.

5 b. MAT is limited to one unit per date of service. A unit is a single dose  
6 administered to the client.

7 c. Take-home dosing is permitted in accordance with Office of Behavioral Health  
8 rules at 2 CCR 502-1 21.320.8. Therefore, one unit of MAT must be reported for  
9 each date of service the client ingests the dose of methadone.

10 d. If the client ingests their dose at the facility, the place of service must be reported  
11 as office. If the client ingests their dose at home, the place of service must be  
12 reported as home. Records must include documentation to substantiate claims  
13 for take-home doses.

14 e. Ongoing counseling and therapy services associated with MAT have the same  
15 respective benefit limitations as individual, family, and group therapy services  
16 listed in Sections 8.746.6.B. and 8.746.6.C.

#### 17 **8.746.7 PRIOR AUTHORIZATION REQUIREMENTS**

18 **8.746.7.A.** There are no prior authorization requirements for Outpatient Fee-for-Service Substance  
19 Use Disorder Treatment benefit.

#### 20 **8.746.8 NON-COVERED SERVICES**

21 **8.746.8.A.** The following services are not covered under the Outpatient Fee-for-Service Substance  
22 Use Disorder Treatment benefit:

23 1. Day Treatment Program Services

24 2. Intensive Outpatient Psychiatric Rehabilitation

25 3. Peer Advocate Services

26 4. Residential treatment services, with the exception of those provided in a Residential Child  
27 Care Facility, as set forth in Section 8.765.

28 5. Court-ordered DUI services that are independent of a substance use disorder diagnosis.

29 6. Services provided by a third party that is under contract with the provider.

30 7. Any substance use disorder treatment service not specified as covered in Section  
31 8.746.6.

1 ~~10 CCR 2505-10 § 8.746, APPENDIX A: OUTPATIENT FEE-FOR-SERVICE SUBSTANCE USE~~  
2 ~~DISORDER TREATMENT SERVICES BENEFIT COVERAGE STANDARD~~

3 Capitalized terms within this Benefit Coverage Standard that do not refer to the title of a benefit,  
4 program, or organization, have the meaning specified in the Definitions section.

5 **BRIEF COVERAGE STATEMENT**

6 This Benefit Coverage Standard describes Outpatient Fee-For-Service (FFS) Substance Use  
7 Disorder (SUD) Treatment Services benefits for Colorado Medicaid clients who are not enrolled in  
8 the Community Behavioral Health Services program.

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4 **RELATED BENEFITS ADDRESSED IN OTHER BENEFIT COVERAGE STANDARDS**

- 5 1. ~~Outpatient Fee For Service Mental Health~~
- 6 2. ~~Laboratory Services~~
- 7 3. ~~Pharmacy~~
- 8 4. ~~Physician Services~~
- 9 5. ~~Inpatient Hospital~~

10 **ELIGIBLE PROVIDERS**

11 Providers eligible to render services are limited to the following:

- 12 1. ~~Licensed physicians who are also:~~
  - 13 a. ~~Certified in addiction medicine by the American Society of~~
  - 14 ~~Addiction Medicine (ASAM); or~~
  - 15 b. ~~Certified as Certified Addiction Counselors (CAC II or CAC III) or~~
  - 16 ~~Licensed Addiction Counselors (LAC) by the Department of~~
  - 17 ~~Regulatory Agencies (DORA); or~~
  - 18 c. ~~Certified as National Certified Addiction Counselors II (NCAC II)~~
  - 19 ~~or Master Addiction Counselors (MAC) by the National~~
  - 20 ~~Association of Alcohol and Drug Abuse Counselors (NAADAC);~~
  - 21 ~~or~~
  - 22 d. ~~Certified in addiction psychiatry by the American Board of~~
  - 23 ~~Psychiatry and Neurology certified in Addiction Psychiatry~~
  - 24 ~~(ABPN).~~
- 25 2. ~~Licensed non-physicians who are also:~~
  - 26 a. ~~Psychologists (PhD, PsyD),~~
  - 27 b. ~~Nurse Practitioners,~~

- c. Licensed Addiction Counselors, or
- d. Master's Level Clinicians
  - i) Licensed Clinical Social Worker (LCSW)
  - ii) Licensed Professional Counselor (LPC), or
  - iii) Licensed Marriage and Family Therapist (LMFT);

and either:

- a. Certified by DORA as a CAC II or CAC III; or
  - b. Certified by NAADAC as an NGAC II or MAG.
3. Licensed facilities that are supervised by one or more licensed physicians or non-physicians; supervised professional personnel who are:
- a. Working at a facility licensed by the Office of Behavioral Health to provide substance use disorder treatment services; and
  - b. Supervised by one or more licensed physicians or licensed non-physicians found in Part 1 or 2 of this Eligible Providers section.

### **TREATMENT PLANNING**

An approved treatment plan must be in place for each client prior to the client receiving services. An initial assessment is required to establish a treatment plan. Treatment plans require approval from the licensed provider indicated in the Eligible Providers section with the authority to approve treatment plans within their scope of practice.

All rendered services must be medically necessary, as defined in Colorado Medical Assistance Program rule at 10 C.C.R. 2505-10 Section 8.076.1.8., and must be detailed in the client's treatment plan and progress notes. Initial SUD Assessments are exempt from inclusion in the treatment plan.

### **ELIGIBLE MEDICAID CLIENTS**

- 1. To be eligible for the FFS SUD Treatment Services benefit, client:
  - a. Must currently be enrolled in Colorado Medicaid; and
  - b. Must not be enrolled in the Community Behavioral Health Services program pursuant to 10 C.C.R. 2505-10 Section 8.212.

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- 2. ~~All Colorado Medicaid clients are automatically enrolled in the Community Behavioral Health Services program, unless one of the following is true:~~
  - a. ~~Client is not eligible for enrollment in the Community Behavioral Health Services program, per 10 CCR 2505-10 Section 8.212.1; or~~
  - b. ~~Client is approved for an individual enrollment exemption, as set forth at 10 CCR 2505-10 Section 8.212.2~~

**LIMITATIONS**

- 1. ~~Clients are not required to obtain a referral from their Primary Care Physician (PCP) or Primary Care Medical Provider (PCMP) to receive these services.~~
- 2. ~~Clients must have a treatment plan that is approved by a licensed practitioner listed in the Eligible Providers section.~~
- 3. ~~FFS SUD services may only be rendered by providers outlined in the Eligible Providers section, with an exception for certain providers of Medication Assisted Treatment described below.~~
- 4. ~~Services are covered only when client has been diagnosed with at least one of the following:~~
  - a. ~~Alcohol (use or induced) disorders~~
  - b. ~~Amphetamine (use or induced) disorders~~
  - c. ~~Cannabis (use or induced) disorders~~
  - d. ~~Cocaine (use or induced) disorders~~
  - e. ~~Hallucinogen (use or induced) disorders~~
  - f. ~~Inhalant (use or induced) disorders~~
  - g. ~~Opioid (use or induced) disorders~~
  - h. ~~Phencyclidine (use or induced) disorders~~
  - i. ~~Sedative Hypnotic or Anxiolytic (use or induced) disorders~~
  - j. ~~Tobacco Use Disorder~~

- 1 5. Additional medical and laboratory services, such as physical health monitoring,  
2 therapeutic drug monitoring, and alcohol/drug screenings, are covered services  
3 under the Physician Service benefit or Laboratory benefit, which are separate  
4 from the FFS SUD benefit.

## 5 **COVERED SERVICES**

### 6 **Substance Use Disorder Assessment**

7 SUD assessment is an evaluation designed to determine the most appropriate level of  
8 care based on criteria established by the American Society of Addiction Medicine  
9 (ASAM), the extent of drug/alcohol use, abuse, or dependence and related problems, and  
10 the comprehensive treatment needs of a client with a SUD diagnosis.

- 11 a. Course of treatment and changes in level of care must be based on best  
12 practices as defined by the current ASAM Patient Placement Criteria.
- 13 b. Re-assessments must be spaced appropriately throughout the course of  
14 treatment to ensure the treatment plan is effectively managing the  
15 client's changing needs.
- 16 c. SUD assessments are limited to two encounter-based units of service  
17 per State Fiscal Year. Each complete assessment corresponds to one  
18 unit of service.
- 19 d. An assessment may involve more than one session and may span  
20 multiple days. If the assessment spans multiple days, the final day of the  
21 assessment is reported as the date of service.

### 22 **Individual and Family Therapy**

23 Individual and family therapy is the planned treatment of a client's problem(s) as  
24 identified by an assessment and listed in the treatment/service plan. The intended  
25 outcome is the management and reduction, or resolution of the identified problem(s).

- 26 a. Family therapy must be directly related to the client's treatment for SUD  
27 and/or dependence.
- 28 b. Individual and family therapy is limited to one client per session.
- 29 c. Individual and family therapy is limited to a combined 35 sessions per  
30 State Fiscal Year, and billed at 15 minutes per unit, with up to four units  
31 (one hour) per session. A session is considered a single encounter with  
32 the client that can encompass multiple timed units.
- 33 d. Individual therapy and family therapy sessions are allowed on the same  
34 date of service.

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## 1 **Group Therapy**

2 Group therapy refers to therapeutic SUD counseling and treatment services,  
3 administered through groups of people who have similar needs, such as progression of  
4 disease, stage of recovery, and readiness for change.

5 a. Group therapy must include more than one patient.

6 b. Group therapy is limited to 36 sessions per State Fiscal Year. A session  
7 of group therapy may last up to three hours and is billed in units of one  
8 hour each (e.g., a three hour group session would consist of three units).  
9 A unit of service may be billed separately for each client participating in  
10 the group therapy session.

## 11 **Alcohol/Drug Screening Counseling**

12 Alcohol/drug screening counseling is the collection of urine followed by a counseling  
13 session with the client to review and discuss the results of the screening.

14 a. The laboratory analysis of the urine specimen (urinalysis) must be billed  
15 by a laboratory using that laboratory's Medicaid Provider ID.

16 b. SUD providers will only be reimbursed for collecting the urine specimen  
17 and providing a counseling session to review and discuss the results of  
18 the urinalysis. Claims submitted for the collection of the urine sample  
19 without the subsequent counseling of urinalysis results will not be  
20 reimbursed.

21 c. SUD counseling services to discuss and counsel the client on the test  
22 results must be provided by an eligible rendering provider, as outlined in  
23 the above Eligible Providers section.

24 d. If the client does not return for the counseling of their urinalysis results,  
25 the collection of the sample cannot be claimed.

26 e. The counseling portion of the service may be conducted during a session  
27 of individual or family therapy.

28 f. Multiple urine collections per date of service are not additionally  
29 reimbursed.

30 g. Alcohol/ drug screening counseling is limited to 52 specimen collections  
31 per State Fiscal Year.

32 h. Alcohol/ drug screening counseling is limited to one unit per date of  
33 service. A unit of service is the single collection and subsequent  
34 counseling session.

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## 1 Targeted Case Management

2 Targeted case management refers to coordination and planning services provided with,  
3 or on behalf of, a client with a SUD diagnosis. The client does not need to be physically  
4 present for this service to be performed if it is done on their behalf.

5 a. Services are limited to service planning, advocacy, and linkage to other  
6 appropriate medical services related to SUD diagnosis, monitoring, and  
7 care coordination.

8 b. SUD targeted case management services are limited to 52 units of  
9 service per State Fiscal Year.

10 i) A unit of service consists of at least one documented contact  
11 with a client or person acting on behalf of a client, identified  
12 during the case planning process.

13 ii) A unit of service equals one 30-minute session of targeted case  
14 management. Up to four units of service may be rendered per  
15 date of service.

## 16 Social/Ambulatory Detoxification

17 Facilities licensed by the Office of Behavioral Health (OBH) are the only provider type  
18 eligible to render social/ambulatory detoxification services.

19 a. Social/ambulatory detoxification services:

20 i) Include supervision, observation, and support from qualified  
21 personnel for clients exhibiting intoxication or withdrawal  
22 symptoms.

23 ii) Are provided when there is minimal risk of severe withdrawal  
24 (including seizures and delirium tremens) and when any co-  
25 occurring mental health or medical conditions can be safely  
26 managed in an ambulatory setting.

27 b. Social/ambulatory detoxification is limited to five sessions per State  
28 Fiscal Year.

29 i) A session is defined as the continuous treatment time from the  
30 first day to the last day of social/ambulatory detoxification.

31 ii) Each session may last a maximum of three days.

32 c. Room and board is not a covered social/ambulatory detoxification  
33 service. Claims billed for room and board will not be reimbursed.

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d. ~~Social/ambulatory detoxification is divided into four distinct services— physical assessment of detoxification progress, evaluation of level of motivation, safety assessment, and provision of daily living needs—with corresponding procedure codes, which may be provided and billed on the same date of service if medically necessary, as defined in rule at 10 CCR 2505-10 Section 8.076.1.8.~~

**Medication-Assisted Treatment (MAT)**

MAT is a benefit for opioid addiction that includes a medication approved by the U.S. Food and Drug Administration (FDA) for opioid addiction detoxification or maintenance treatment.

For the purposes of the FFS SUD Treatment Services benefit, MAT is defined as the administration, acquisition, and dispensing of Methadone to the client.

a. ~~Only licensed physicians, physician assistants, or nurse practitioners are eligible to administer MAT. All providers must comply with the Opioid Medication Assisted Treatment program requirements set forth by Office of Behavioral Health in rule at 2 C.C.R. 502-1-21.320.~~

b. ~~MAT is limited to one unit per date of service. A unit is a single dose administered to the client.~~

c. ~~Take-home dosing is permitted in accordance with OBH rules at 2 CCR 502-1-21.320.8. Therefore, one unit of MAT must be reported for each date of service the client ingests the dose of methadone.~~

d. ~~If the client ingests their dose at the facility, the place of service must be reported as office. If the client ingests their dose at home, the place of service must be reported as home. Records must include documentation to substantiate claims for take-home doses.~~

e. ~~Ongoing counseling and therapy services associated with MAT have the same respective benefit limitations as individual, family, and group therapy services listed previously in COVERED SERVICES, INDIVIDUAL AND FAMILY THERAPY, and GROUP THERAPY.~~

**SPECIAL PROVISION: EXCEPTION TO POLICY LIMITATIONS FOR CLIENTS AGED 20 AND YOUNGER**

For Medicaid clients ages 20 and younger, FFS SUD Treatment Services are covered in accordance with the provisions of the Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) program found at 10 CCR 2505-10 Section 8.280.

1 **PROCEDURE CODING**

2 Current procedure coding is detailed in the Outpatient Behavioral Health FFS Billing Manual,  
3 found in the Billing Manual section of the Department of Health Care Policy and Financing  
4 website at [colorado.gov/hcpf](http://colorado.gov/hcpf).

5 **PRIOR AUTHORIZATION REQUIREMENTS**

6 There are no prior authorization requirements for FFS SUD Treatment services.

7 **SERVICES NOT COVERED BY THE OUTPATIENT FEE-FOR-SERVICE SUBSTANCE USE**  
8 **DISORDER TREATMENT BENEFIT**

- 9 1. ~~Day Treatment Program Services~~
- 10 2. ~~Intensive Outpatient Psychiatric Rehabilitation~~
- 11 3. ~~Peer Advocate Services~~
- 12 4. ~~Residential treatment services, with the exception of Residential Child Care~~  
13 ~~Facilities~~
- 14 5. ~~Court ordered DUI services that are independent of a substance use disorder~~  
15 ~~diagnosis.~~
- 16 6. ~~Services provided by a third party that is under contract with the provider.~~
- 17 7. ~~Any SUD treatment service not specified as covered in this Benefit Coverage~~  
18 ~~Standard.~~

19 The majority of Colorado Medicaid clients are enrolled in the Community Behavioral Health  
20 Services program and must receive services from a BHO network provider. The FFS SUD  
21 Treatment benefit is available to the small percentage of clients who are not enrolled in the  
22 Community Behavioral Health Service program, and whose service claims must be submitted to  
23 the Department of Health Care Policy and Financing's fiscal agent.

24 **DEFINITIONS**

25 The following definitions are applicable only within the scope of this Benefit Coverage Standard.

26 **Colorado Medicaid.** The free or low-cost public health insurance program that provides health  
27 care coverage to low-income individuals, families, children, pregnant women, seniors, and people  
28 with disabilities. Colorado Medicaid is funded jointly by the federal and state government, and is  
29 administered by the Colorado Department of Health Care Policy and Financing.

1 **Community Behavioral Health Services Program.** The program described in rule at 10 CCR  
2 2505-10-Section 8.212, by which program-enrolled Medicaid clients receive behavioral health  
3 treatment services.

4 **Day Treatment Program Services.** A non-residential treatment program designed for children  
5 and adolescents under the age of 21 who have emotional, behavioral, and neurobiological or  
6 SUD problems and may be at high risk for out-of-home placement. Day Treatment Program  
7 Services include family, group, and individual psychotherapy; parent-child education; skill and  
8 socialization training focused on improving functional and behavioral deficits; and intensive  
9 coordination with schools and/or other child service agencies.

10 **Inpatient Hospital SUD Treatment.** Organized service delivered by medical and nursing  
11 professionals in a facility licensed as a hospital by the state. Provides for 24-hour medically  
12 directed evaluation and withdrawal management in an acute care inpatient setting, specifically  
13 designed for acute medical detoxification. This is considered an inpatient hospital benefit and is  
14 not part of the FFS SUD benefit.

15 **Intensive Outpatient Psychiatric Rehabilitation Services.** Services that focus on maintaining  
16 and improving functional abilities for the client through a time-limited, multi-faceted approach to  
17 treatment.

18 **Masters Level Clinician.** A provider who is clinical social worker licensed pursuant to CRS 12-  
19 43-404, marriage and family therapist licensed pursuant to CRS 12-43-504, professional  
20 counselor licensed pursuant to CRS 12-43-603, or advanced practice nurse licensed pursuant to  
21 CRS 12-38-111.5.

22 **Medicaid Provider ID.** The unique eight-digit number assigned to a provider who enrolls in the  
23 Colorado Medical Assistance Program.

24 **Peer Advocate Services.** A scheduled therapeutic activity led by a trained client who is self-  
25 identified as receiving behavioral health services.

26 **Psychologist, Psy.D/PhD.** A provider who has a doctoral degree from an accredited program  
27 offering psychology courses approved by the American Psychological Association and is licensed  
28 as a psychologist by the State Board of Psychologist Examiners pursuant to CRS 12-43-304.

29 **Physician Assistant.** A provider who is a graduate of an education program accredited by the  
30 Accreditation Review Commission on Education for the Physician Assistant, certified by the  
31 National Commission on Certification of Physician Assistants, and licensed as a physician  
32 assistant pursuant to CRS 12-36-107.4.

33 **Physician/Psychiatrist.** A provider who has a Doctor of Medicine or Osteopathic Medicine  
34 degree, engages in the practice of medicine as defined by, and is licensed as a physician  
35 pursuant to CRS 12-36-107.

1 provider who serves as a medical home for Accountable Care Collaborative (ACC) Members. A  
2 PCMP may be a federally qualified health center, regional health center, clinic or other group  
3 practice that provides the majority of an ACC Member's comprehensive primary, preventive and  
4 sick care. A PCMP may also be individual or pods of PCMPs that are physicians, advanced  
5 practice nurses or physician assistants with a focus on primary care, general practice, internal  
6 medicine, pediatrics, geriatrics or obstetrics and gynecology.

7 **Primary Care Physician (PCP).** A physician who provides the majority of a Colorado Medicaid  
8 client's primary care.

9 **Residential Child Care Facility (RCCF).** A facility licensed to provide twenty-four-hour group  
10 care and treatment for five or more children operated under private, public, or nonprofit  
11 sponsorship. RCCF includes community-based residential child care facilities, shelter facilities,  
12 and therapeutic residential child care facilities as defined in rule by the state board, and  
13 psychiatric residential treatment facilities as defined in CRS 25.5-4-103 (19.5). A RCCF may be  
14 eligible for designation by the executive director of the state department pursuant to Article 65 of  
15 Title 27, C.R.S.

16 **Residential Treatment.** A short-term residential treatment program offering 24-hour intensive  
17 residential treatment, habilitative, and rehabilitative services for up to 30 days in a highly  
18 structured, community-oriented environment.

19 **State Fiscal Year (SFY).** July 1 — June 30.

20 **Targeted Case Management.** Medically necessary coordination and planning services provided  
21 with or on behalf of a client with a substance use disorder diagnosis.