



OUTPATIENT SUBSTANCE USE DISORDER SERVICES FEE-FOR-SERVICE

BRIEF COVERAGE STATEMENT

This benefit coverage standard describes outpatient Substance Use Disorder services (known as SUD Fee-For-Service (FFS) benefits) for the small percentage of Medicaid clients who are not enrolled in the Community Behavioral Health Services program. Colorado Medicaid provides most outpatient Substance Use Disorder (SUD) and Mental Health (MH) services through the Community Behavioral Health Services program. Clients enrolled in the Community Behavioral Health Services program may be eligible for a different set of services, and different benefit limitations may apply:

- Clients are automatically enrolled in the Community Behavioral Health Services program. Exceptions to that enrollment are outlined in the Eligible Clients section of this document.
- Clients and providers who wish to learn if they are enrolled in the Community Behavioral Health Services program may do so by calling their local Behavioral Health Organization (BHO). To learn which BHO serves a specific region of the state, visit the Behavioral Health Organization program page on the Department’s website.

Note: the benefits outlined within this benefit coverage standard only apply to SUD FFS.

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RELATED BENEFITS ADDRESSED IN OTHER BENEFIT COVERAGE STANDARDS

- Mental Health Fee-For-Service benefit
- Laboratory services benefit
- Pharmacy benefit
- Physician services benefit
- Inpatient hospital benefit



ELIGIBLE PROVIDERS

RENDERING PROVIDERS

Providers are eligible to render services if they meet all of the following criteria:

Licensed physicians who are also:	Licensed non-physicians who are also:	Licensed facilities that are supervised by licensed physicians or licensed non-physicians
<p>Certified in addiction medicine by the American Society of Addiction Medicine (ASAM), Or Certified Addiction Counselors (CAC II or CAC III) or Licensed Addiction Counselors (LAC) by Department of Regulatory Affairs (DORA), Or Certified by the National Association of Alcohol and Drug Abuse Counselors (NAADAC) as an NCAC II or MAC, Or Certified in addiction psychiatry by the American Board of Psychiatry and Neurology certified in Addiction Psychiatry (ABPN)</p>	<p>Psychologist (PhD, PsyD), Nurse Practitioner, LCSW, LPC, Licensed Marriage and Family Therapist, or LAC And one or both of the following: Certified by DORA as a CAC II or CAC III, Or Certified by NAADAC as an NCAC II or MAC.</p>	<p>Supervised professional personnel working at a facility licensed by the Office of Behavioral Health (OBH) to provide substance use disorder treatment services.</p>

Note: for the purposes of this benefit, a rendering provider is defined as the professional administering the service. The rendering provider may or may not be the rendering provider on the claim form, as not all provider types are able to enroll as a Colorado Medicaid provider. Rendering providers may or may not be the provider who signs the treatment plan (see below); not all rendering providers are qualified to sign treatment plans.



TREATMENT PLANNING

All clients require an approved treatment plan prior to receiving regular services. Treatment plans require approval from licensed staff that have in their scope of practice the authority to approve treatment plans.

Note: All services must be medically necessary and detailed in the client's treatment plan and progress notes.

ELIGIBLE MEDICAID CLIENTS

1. Client must currently be enrolled in Colorado Medicaid;
2. Client not enrolled in the Community Behavioral Health Services program pursuant to 10 C.C.R. 2505-10, Section 8.212.

In general, clients are not eligible to be enrolled in the Community Behavioral Health Services program if they:

- Are a qualified Medicare beneficiary;
- Are a qualified working disabled individual;
- Are a special low income Medicare beneficiary;
- Are an undocumented non-citizen;
- Are enrolled in PACE;
- Are an inpatient of a mental health institute;
- Are in a period of presumptive eligibility; or
- Are a child or youth in the custody of the Department of Human Services that has been placed in a Residential Child Care Facility

Please refer to rule [10 CCR 2505-10 8.212](#) for complete details on enrollment exemption.

COVERED SERVICES AND LIMITATIONS

Clients are not required to obtain a referral from their Primary Care Physician (PCP) or Primary Care Medical Provider (PCMP) to receive these services. Clients must have treatment plans that are approved by a licensed practitioner, such as a supervising therapist.

All services must be medically necessary and detailed in the client's treatment plan and progress notes.

Services are available to clients diagnosed with any of the following disorders:

- Alcohol (use or induced) disorders
- Amphetamine (use or induced) disorders
- Cannabis (use or induced) disorders
- Cocaine (use or induced) disorders



- Hallucinogen (use or induced) disorders
- Inhalant (use or induced) disorders
- Opioid (use or induced) disorders
- Phencyclidine (use or induced) disorders
- Sedative Hypnotic or Anxiolytic (use or induced) disorders
- Tobacco Use Disorder

SUBSTANCE USE DISORDER ASSESSMENT

- Substance use disorder assessment is an evaluation designed to determine the most appropriate level of care based on criteria established by the American Society of Addiction Medicine (ASAM), the extent of drug/alcohol use, abuse, or dependence and related problems, and the comprehensive treatment needs of a client with a SUD diagnosis.
- Course of treatment and changes in level of care should be based on the six assessment dimensions of ASAM Patient Placement Criteria, which include:
 - Withdrawal potential
 - Medical conditions/complications
 - Emotional, behavioral, or cognitive conditions and complications
 - Readiness to change
 - Relapse, continued use, or continued problem potential
 - Recovery/living environment
- Re-assessments should be spaced appropriately throughout the course of treatment to ensure the treatment plan is effectively managing the client's changing needs.
- Assessments may involve more than one session, but are limited to two encounter-based units per state fiscal year (July 1-June 30).
- For billing purposes report the last day of evaluation (if it spans more than one day) as the date of service. Each complete assessment corresponds to one unit of service.

INDIVIDUAL AND FAMILY THERAPY

- Individual and family counseling/therapy is the planned treatment of a client's problem(s) as identified by an assessment and listed in the treatment/service plan. The intended outcome is the management and reduction/resolution of the identified problem(s).
- Therapeutic SUD counseling and treatment services are limited to one client per session.
- Family therapy must be directly related to the client's treatment for SUD and/or dependence.
- Individual and family therapy is limited to 35 sessions per state fiscal year, and billed at 15 minutes per unit, with up to four units (one hour) per session. A session is considered a single encounter with the client that can encompass multiple timed units.
- Individual therapy and family therapy are allowed on the same date of service.



GROUP THERAPY

- Group therapy refers to therapeutic SUD counseling and treatment services, administered through groups of people who have similar needs, such as progression of disease, stage of recovery, and readiness for change.
 - Must include more than one client
- Group therapy is limited to 36 sessions per state fiscal year. A session of group therapy can last between one to three hours and is billed in units of one hour each (a three hour group session would consist of three units).

ALCOHOL/DRUG SCREENING COUNSELING

- Alcohol/drug screening is the collection of urine (to test for the presence of alcohol and/or drugs) followed by a counseling session with the client to review and discuss the results of the screening.
 - The laboratory analysis of the urine specimen (urinalysis) may be billed by a laboratory using that laboratory's Medicaid Provider ID. The service of alcohol/drug screening counseling does not reimburse SUD providers for the cost of specimen analysis, but only for the collection of the specimen and results counseling with the client. Therefore, a laboratory must bill Medicaid separately for analysis of the urine sample.
 - SUD counseling services to discuss and counsel the client on the test results must be provided, otherwise this service cannot be claimed for reimbursement.
 - Claiming for the collection of the urine sample without the subsequent counseling of urinalysis results is not reimbursable.
 - If the client does not return for the counseling of their urinalysis results, the collection of the sample cannot be claimed.
- Alcohol/ drug screening counseling is limited to 52 specimen collections per state fiscal year.

TARGETED CASE MANAGEMENT

- Targeted case management refers to coordination and planning services provided with, or on behalf of, a client with a SUD diagnosis. The client does not need to be physically present for this service to be reported if it is done on their behalf.
- Services may include service planning, advocacy, and linkage to other appropriate medical services related to SUD diagnosis, monitoring and care coordination.
- SUD case management services are limited to 52 contacts per state fiscal year.
- A unit of service consists of at least one documented contact with a client or person acting on behalf of a client, identified during the case planning process.

SOCIAL/AMBULATORY DETOXIFICATION

- Social/ambulatory detoxification services are provided by a facility licensed by the Office of Behavioral Health (OBH). Such services are:



- Provided on a residential basis, excluding room and board
- Include supervision, observation, and support from qualified personnel for individuals exhibiting intoxication/withdrawal symptoms
- Provided when there is minimal risk of severe withdrawal (including seizures and delirium tremens) and when any co-occurring mental health/medical conditions can be safely managed in an ambulatory setting
- Social/ambulatory detox is divided into four distinct services, with four corresponding procedure codes, which may be provided and billed together if medically necessary.
- Social/ambulatory detoxification is limited to five sessions, each lasting up to three days per state fiscal year.

MEDICATION-ASSISTED TREATMENT (MAT)

- MAT is a benefit for opioid addiction that includes a medication (e.g., methadone) approved by the U.S. Food and Drug Administration (FDA) for opioid addiction detoxification or maintenance treatment. Colorado Medicaid adheres to the program guidelines set for by the Office of Behavioral Health (OBH) in 2 C.C.R. 502-1 21.320 “Opioid Medication Assisted Treatment.”
 - Procedure code H0020 should be used to report MAT services related to Methadone administration, acquisition, and dispensing to the client. It is limited to one unit per date of service.
 - Take-home dosing is permitted in accordance with OBH Rules. Therefore, one unit of H0020 should be reported for each date of service the client ingests the dose of Methadone. If the client ingests their dose at the facility, the place of service should be reported as “office.” If the client ingests their dose at home, the place of service should be reported as “home.” Records must include documentation to substantiate claims for take-home doses.
 - Ongoing counseling and therapy associated with MAT follows the same policy as individual and group counseling listed previously and should be reported using procedure codes H0004 and H0005, respectively.
 - Additional medical and laboratory services, such as physical health monitoring and assays of drug use, should be billed FFS and are considered Physician Service benefits or Laboratory benefits, which are separate from the SUD FFS benefit. These additional services should not be reported with modifier HF appended.

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

Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) is a federal Medicaid program that requires the state Medicaid agency to cover services, products, or procedures for



Medicaid clients ages 20 and younger if the service is medically necessary health care to correct or ameliorate a defect, physical or mental illness, or a condition (health problem) identified through a screening examination (includes any evaluation by a physician or other licensed clinician). EPSDT covers most of the medical or remedial care a child needs to improve or maintain his/her health in the best condition possible, compensate for a health problem, prevent it from worsening, or prevent the development of additional health problems.

EPSDT does not require the state Medicaid agency to provide any service, product, or procedure that is:

- Unsafe, ineffective, or experimental/investigational.
- Not medical in nature or not generally recognized as an accepted method of medical practice or treatment.

Service limitations on scope, amount, duration, frequency, and/or other specific criteria described in clinical coverage policies may be exceeded or may not apply as long as the provider documentation shows how the service, product, or procedure will correct or improve or maintain the recipient’s health in the best condition possible, compensate for a health problem, prevent it from worsening, or prevent the development of additional health problems.

PROCEDURE CODING FOR OUTPATIENT SUD FFS

These procedure codes comprise the entirety of the outpatient SUD FFS benefit:

Service	Unit	Unit amount/frequency	HCPCS	Modifier
Alcohol/drug assessment	Untimed	1 unit per day, 2 per fiscal year	H0001	HF
Individual/family counseling and therapy	15 minute	8 units per day, 140 per fiscal year	H0004	HF
Group counseling and therapy	1 hour	3 units per day, 108 per fiscal year	H0005	HF
Targeted case management	30 minute	4 units per day, 216 per fiscal year	H0006	HF
Alcohol/drug screening counseling	Untimed	1 unit per day, 52 per fiscal year	S9445	HF
Detox: safety assessment	15 minute	1 units per day, 15 per fiscal year	S3005	HF
Detox: assessment of detoxification progression and monitoring	15 minute	3 units per day, 45 per fiscal year	T1007	HF
Detox: provision of daily needs	15 minute	3 units per day, 45 per fiscal year	T1019	HF



Detox: level of motivation assessment	15 minute	3 units per day, 45 per fiscal year	T1023	HF
Medication Assisted Treatment: administration, acquisition, and dispensing of Methadone	Untimed	1 unit per day	H0020	HF

PRIOR AUTHORIZATION REQUIREMENTS

There are no prior authorization requirements for outpatient SUD FFS services.

Note: Detailed billing instructions can be found in the Specialty Billing Manual located on the Department's website.

NON-COVERED SERVICES AND GENERAL LIMITATIONS

- Day treatment program services
- Inpatient hospital SUD Treatment
- Intensive outpatient psychiatric rehabilitation
- Peer advocate services
- Residential treatment, excluding Residential Treatment Facilities
- Court-ordered DUI services
- Reimbursement for contractual arrangements between the provider and a third party
- Any SUD treatment service not specified as covered in this document

Note: The majority of Medicaid clients are enrolled in the Community Behavioral Health Services program and must receive services from a BHO network provider. This SUD FFS benefit is available to the small percentage of clients whose services are not reimbursed by a BHO, and must be reimbursed by the Department's fiscal agent.



DEFINITIONS

All the terms herein are not necessarily part of the benefit but are mentioned within the body of this document and are defined below.

TERM	DEFINITION
Masters Level Clinician	Provider is a licensed clinical social worker (as defined in CRS 12-43-404), licensed marriage and family therapist (as defined in CRS 12-43-504), licensed professional counselor (as defined in CRS 12-43-603), or advanced practice nurse (as defined in CRS 12-38-111.5).
Physician/Psychiatrist	Provider has a Doctor of Medicine or Osteopathic Medicine degree, engages in the practice of medicine as defined by, and licensed as a physician pursuant to, the Colorado Revised Statutes (CRS) at CRS 12-36-101.
Physician Assistant	Provider 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 12-36-106.
Psychologist, Psy.D/PhD	Provider 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.
Targeted Case Management	Targeted Case Management means medically necessary coordination and planning services provided with or on behalf of a client with a substance use disorder diagnosis (as defined in 10 CCR 2505-10 8.746.1)



TERM	DEFINITION
Day Treatment Program Services	Behavioral Health (BH) Day Treatment is a non-residential treatment program designed for children and adolescents under the age of 21 who have emotional, behavioral, and neurobiological/SUD problems and may be at high-risk for out-of-home placement. Day Treatment services include psychotherapy (family, group, individual); parent-child education; skill and socialization training focused on improving functional and behavioral deficits; and intensive coordination with schools and/or other child service agencies.
Inpatient Hospital SUD Treatment	Organized service delivered by medical and nursing professionals in a facility licensed as a hospital by the state. Provides for 24-hour medically directed evaluation and withdrawal management in an acute care inpatient setting, specifically designed for acute medical detoxification. This is considered an inpatient hospital benefit and is not part of the SUD FFS benefit.
Intensive Outpatient Psychiatric Rehabilitation	Intensive Outpatient Psychiatric (IOP) Services focus on maintaining and improving functional abilities for the client through a time-limited, multi-faceted approach to treatment.
Peer Advocate Services	This is a scheduled therapeutic activity led by a trained client who is self-identified as receiving Behavioral Health services.
Residential Treatment, excluding Residential Treatment Facilities	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.



REFERENCES

American Society of Addiction Medicine. *ASAM PPC-2R: ASAM Patient Placement Criteria for the Treatment of Substance Abuse-Related Disorders*. 2001.

Commonwealth of Massachusetts MassHealth Provider Manual: Substance Abuse Treatment Manual. Effective 1 July, 2006.

Michigan Department of Community Health: Medicaid Provider Manual. Effective July 2010.

Riekmann, et al. "Adoption of practice guidelines and assessment tools in substance abuse treatment." March 2010. *Substance Abuse Treatment Prevention and Policy*: 5(4).

United Behavioral Health, PacifiCare Behavioral Health, and US Behavioral Health Plan, California. 2010 Level of Care Guidelines: Substance Abuse.

US Dept of Health and Human Services - Substance Abuse and Mental Health Services Administration Consensus Panel. Treatment Improvement Protocol 41: Substance Abuse Treatment – Group Therapy. 2005.

US Dept of Health and Human Services - Substance Abuse and Mental Health Services Administration Consensus Panel. Treatment Improvement Protocol 43: Medication-Assisted Treatment for Opioid Addiction in Opioid Treatment Programs. Revised 2012.

Washington State Dept of Social and Health Services: Outpatient Hospital Services Billing Instructions (WAC 388-550). Effective 9 May 2010.

10 C.C.R. 2505-10 8.746 Outpatient Substance Abuse Treatment

2 C.C.R. 502-1 21.320 Opioid Medication Assisted Treatment

CO-1500: Colorado Specialty Billing Manual

2013 Uniform Service Coding Standards Manual

2013 Substance Use Disorder Uniform Coding Standards Manual

Medicaid Director Signature

4.8.15

Date