

Medication Assisted Treatment For Opioid Use Disorder



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What is Medication Assisted Treatment, or MAT?

Substance Abuse and Mental Health Services Administration (SAMHSA) defines Medication Assisted Treatment (MAT) as the use of medications in combination with counseling and behavioral therapies for the treatment of substance use disorders. A combination of medication and behavioral therapies is effective in the treatment of substance use disorders and can help some people to sustain recovery.

This definition and other MAT Guidelines can be found at:

<https://www.samhsa.gov/medication-assisted-treatment>

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Program Overview

Arkansas Medicaid now supports clients with Opioid Use Disorder (OUD).

When receiving services associated with MAT, the program allows MAT clients to:

- Exceed the 12 physician visits per year limit
- Exceed the \$500 benefit limit for laboratory and x-ray services
- Exceed the number of prescriptions allowed per month

Clients will not be charged a co-pay for covered MAT services.

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Program Overview

MAT is covered for eligible Medicaid clients who have an Opioid Use Disorder when diagnosis and clinical impression is determined in the terminology of International Classification of Disease (ICD).

Providers are required to follow SAMHSA guidelines for the full provision of MAT.

A Primary Care Physician (PCP) referral is not required to provide MAT, but care coordination is recommended to the extent possible.

Providers are encouraged to use telemedicine services when in-person treatment is not readily accessible.

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How to Enroll as a Medicaid Provider offering MAT Services

To provide Medication Assisted Treatment (MAT) services as a current Medicaid provider, providers must submit:

- A written letter requesting their XDEA be added to their provider file

- A copy of their DEA certificate

- A copy of the XDEA approval letter from SAMHSA

Documentation should be uploaded on the Arkansas Medicaid HealthCare Provider Portal to qualify.

To enroll as a new Arkansas Medicaid provider offering MAT services, submit your enrollment application online through [MMIS-Provider Enrollment portal](#).

Upload your DEA certificate and SAMHSA approval letter as attachments to your application to ensure your XDEA is entered for your provider file.

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Who Can Obtain an XDEA?

Physician: Doctor of Medicine (MD) and Doctor of Osteopathic Medicine (DO)

Physician Assistant: Physician Assistant services are services furnished according to Arkansas Statute 17-105-101 and rules and regulations issued by the Arkansas State Medical Board. Physicians' Assistants are dependent medical practitioners practicing under the supervision of the physician, for which the physician takes full responsibility. The service is not considered to be separate from the physician's service.

Advanced Practice Registered Nurses: Certified Nurse Practitioners, Clinical Nurse Specialists, Certified Registered Nurse Anesthetists, and Certified Nurse Midwives.

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Who Can Prescribe Medication?

Only providers who have met the requirements of [Section 201.500](#) of the Physician Manual may prescribe medication required for the treatment of opioid use disorder for Arkansas Medicaid clients.

Coordinating all follow-up appointments and referrals for counseling and other services is also required.

The MAT program applies only to prescribers of FDA-approved drugs for treatment of Opioid Use Disorder. Prescribers of these drugs will not be reimbursed for the practice of pain management.

All MAT-related requirements outlined in the Physician Manual, other practitioner or agency rules for enrollment, and staffing requirements apply.

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Provider Responsibilities

In accordance with SAMHSA Guidelines, Arkansas Medicaid requires at minimum an initial evaluation and diagnosis of Opioid Use Disorder, including:

- Drug screening tests to accompany proper medication prescribing for MAT
 - Buprenorphine mono-therapy is typically reserved only for pregnant women and those with a documented anaphylactic reaction to other MAT medications like Buprenorphine/Naloxone Combinations
- Lab screening tests for communicable diseases based on the patient's history
- Use of all necessary consent forms for treatment and HIPAA compliant communication

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Provider Responsibilities

- Execution of Treatment Agreements or Contracts
 - SAMHSA's sample treatment agreement can be found under [TIP 63](#) on the [SAMHSA website](#)
 - Providers may develop their own agreement or contract if all elements listed within SAMHSA's sample agreement are provided
- Development of a Person-Centered Treatment Plan
- Referral for independent clinical counseling or documented plan for integrated follow-up visit including counseling
- Identification of a MAT team member to function as the Case Manager to offer support services

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Minimum Requirements for Continuing Treatment

For the first year, the Provider must:

- Conduct regular outreach to the patient to determine need for assistance
 - Provide information on available programs and supports in the community
 - Provide referrals to other practitioners as needed
- Perform at least one follow-up MAT office visit per month for medication and treatment management
- Provide drug testing in conjunction with each monthly visit
- Perform at least one independent clinical counseling visit or documented plan for integrated follow-up visit including counseling per month.

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Quarterly Minimum Requirements for Continuing Treatment

During subsequent years, the provider must:

- Conduct regular outreach to the patient to determine need for assistance
 - Provide information on available programs and supports in the community
 - Provide referrals to other practitioners as needed
- Provide at least one follow-up MAT office visit quarterly for medication and treatment management
 - Offer drug testing in conjunction with each quarterly visit
- Conduct at least one independent clinical counseling visit or documented plan for integrated follow-up visit
 - Visit must include counseling at an amount and duration medically necessary for continued recovery

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Compliance with SAMHSA Guidelines 230.100

Arkansas Medicaid, or its designated authority, will periodically review claims for MAT to ensure provider compliance with minimum requirements set forth by Medicaid and per the SAMSHA Guidelines.

Failure to comply with minimum requirements for the program may result in recoupment or other sanctions outlined in [Section I](#) of the Physician Manual.

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Compliance with SAMHSA Guidelines

MAT providers are expected to adhere to the SAMHSA Guidelines; they are responsible for case management and adjusting the treatment plan for the client's maximum progress.

Documentation regarding how the MAT provider is monitoring and addressing non-compliance will be reviewed.

The Patient/Prescriber Agreement shall reflect established expectations in accordance with SAMHSA Guidelines.

- If counseling or other components of treatment are being referred, providers' records are subject to post payment review and recoupment for undocumented services

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Special Billing Rules for MAT Program

When Provided in a Physician Clinic or an Outpatient Behavioral Health Agency

Physician Manual, 272.600

Inclusive Rate – available only when participating MAT providers can provide all MAT components per SAMHSA Guidelines within their own program and without referring to another provider.

The inclusive method of billing may be used when all SAMHSA Guideline services are set forth at a minimum in [Section 230.000](#) of the Physician Manual and service is provided on the same date of service by the same billing group

- There must be at least one performing provider enrolled with Arkansas Medicaid that has a MAT program XDEA number on file.

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Special Billing Rules for MAT Program

When Provided in a Physician Clinic or an Outpatient Behavioral Health Agency

For new patients, the provider group may use HCPCS code H0001, modifier X2, and list an Opioid Use Disorder ICD-10 code as primary.

For established patients requiring maintenance follow-up MAT treatment, the provider group may use HCPCS code H0001, modifiers U8, X4, and list an Opioid Use Disorder ICD-10 code as primary.

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Special Billing Rules for Medication Assisted Treatment Program

The performing provider must be enrolled as a MAT provider, and the claim will pay a single rate for all follow-up services as indicated on the treatment plan and set forth at a minimum in [Section 230.000](#) of the Physician Manual (Office Visit, counseling and medication induction/maintenance, etc.).

Drug and lab testing/screening will continue to be billed separately, using an X4 modifier with the proper code for the test or screen.

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Reimbursement Rates

Patient Type	Billing Codes	Reimbursement Rate
New Patient	H0001, X2	\$157.57
Est. Patient, Continuing Care	H0001, U8, X2	\$139.62
Est. Patient, Continuing Care Telemedicine	H0001, U8, X2, GT	\$139.62
Est. Patient, Maintenance Care	H0001, U8, X4	\$139.62
Est. Patient, Maintenance Care	H0001, U8, X4, GT	\$139.62

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Special Billing Rules for MAT Program

- Allowable ICD-10 codes for Opioid Use Disorder may be found in the Physician Manual and are applicable for all provider types eligible to participate as a MAT provider.
- Allowable lab and screening codes may be found in the Physician Manual and are applicable for all provider types eligible to participate as a MAT provider.
- Providers utilizing telemedicine, regardless of method, shall adhere to telemedicine rules listed in [Section 105.190](#) and [Section 305.000](#) in addition to those above.
 - The provider at the distance site shall use both the GT modifier and the X2 or X4 modifier on the service claim.

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