



Performance-based solutions for behavioral health care

AwDC Report

*Recommendations for the new Medicaid Adults
without Dependent Children benefit*

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Health Care Policy and Finance

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Introduction

In response to the request by the Department of Healthcare Policy and Finance (HCPF), Signal Behavioral Health Network (Signal) has prepared the following recommendations for the new Adult without Dependent Children (AwDC) Medicaid benefit.

Signal is a managed service organization that manages public funds for substance abuse treatment in 35 Colorado counties. Signal is the state's largest substance abuse treatment system and data collection resource, managing 75% of the public funds for substance abuse treatment through its network of providers.

Signal collaborated with twenty four subject matter experts in the area of Substance Use Disorders, representing thirteen Providers and three Managed Service Organizations (MSO). The agencies that collaborated on this report include:

PROVIDERS

Addiction Research and Treatment Services (ARTS)
Arapahoe Douglas Mental Health Network
Arapahoe House
Centennial Mental Health Center
Crossroads/Turning Points
Denver Health
Jefferson Center for Mental Health
Larimer Center for Mental Health
North Range Behavioral Health
Partnership For Progress
San Louis Valley Mental Health Center
Sobriety House
The Council

MSO

Aspen Pointe
Signal Behavioral Health Network
West Slope Casa

Objective/Intent

The request from HCPF was for feedback regarding the development of the new AwDC Medicaid Benefit. The objective of this report is to provide that feedback from Providers who work in the field of Substance Use Disorder treatment in Colorado and have expertise in the needs of the population they serve.

The intent of this report has two parts.

1. To provide a comprehensive list of needed requirements for consideration by the department in developing the new AwDC benefit.
2. To provide feedback regarding the current Outpatient Substance Abuse benefit managed by the department.

As a 'wish list' the general recommendation of this report is that both the current Outpatient benefit and the new AwDC benefit would be combined into one encompassing Substance Use Disorder benefit used to cover all eligible populations adequately. In general this would mean taking the current Outpatient benefit and adding coverage of residential treatment, coverage of methadone, daily rate for detox, and general expansion of the number of permitted sessions.

Although this report uses language that we think is appropriate, we recognize that HCPF may have to modify the language to accomplish the intended change.

In recognition of the request from the department to specifically address the new AwDC benefit, this report has been prepared with two parts. The first part is a review of the current Outpatient benefit, addressing the benefits shortfalls as viewed by the subject matter experts, with suggested modifications. The end result of these modifications is the basis for recommendation for the new benefit.

The second part of this report deals with the additional recommendations suggested for the new benefit.

Although many of the recommendations would expand or increase the Substance Use Disorder Treatment Benefit, and that this would increase the short term costs, it is Signal's and our providers' belief that there will be significant cost savings through reduced emergency/crisis utilization and medical costs.

Addendums to this report have been added for reference and clarification.

- Addendum A – Current Outpatient Substance Abuse benefit
- Addendum B – Suggested AwDC Benefit
- Addendum C – Methadone Procedures List
- Addendum D – Drug and Alcohol Service Providers Organization of Pennsylvania Legal Memorandum [Attached]

Modifications

Any new Medicaid benefit concerning Substance Use Disorders is likely to be modeled after the current Outpatient Substance Abuse Medicaid benefit. It is this reports' recommendation that any new benefit use the following modifications to the current Outpatient benefit as a basis prior to any discussion of additional services.

Concerning 8.746 OUTPATIENT SUBSTANCE ABUSE TREATMENT

Under section 8.746.1 DEFINITIONS

ID #1249601 which reads:

"Alcohol and/or drug screening means the collection of urine to test for the presence of alcohol and/or drugs" Modified to:
"Alcohol and/or drug screening means the collection, and discussion with patient, of urine to test for the presence of alcohol and/or drugs"

NOTE: The addition of "and discussion with patient" was added because of confusion with whether the benefit is ONLY for collection or if screening also includes discussion about the process and results with the client.

ID#1249605 which reads:

"Substance Abuse Assessment means an evaluation designed to determine the level of drug/alcohol abuse or dependence and the comprehensive treatment needs of a client."

Modified to:

"Clinical Assessment means a multifaceted set of strategies, including, at a minimum, the use of a standardized, structured instrument approved by DBH and a clinical interview, aimed at ascertaining a comprehensive view of personal, family and environmental strengths and weaknesses related to substance use. This process results in a collection of detailed information including at a minimum drug and alcohol use, treatment readiness, current psychiatric functioning, medical problems, employment, legal issues, and family and social problems. This information becomes the basis for treatment planning. Clinical assessment is an ongoing process throughout treatment."

NOTE: Providers recommended using the Division of Behavioral Health's definition for 'Clinical Assessment' to replace the current benefit definition of Substance Abuse Assessment.

Concerning 8.746 OUTPATIENT SUBSTANCE ABUSE TREATMENT

Under section 8.746.3 Provider Requirements

ID #1249610 which reads:

"8.746.3.A. Outpatient substance abuse services shall be provided in an approved facility or by certain licensed health care practitioners with certification in addiction counseling."

Modified to:

"8.746.3.A. Substance abuse services shall be provided in an approved facility or by certain licensed health care practitioners with certification in addiction counseling."

NOTE: "Outpatient" was removed because it limited access to the Benefit for clients in other Substance Use Disorder treatment programs

ID #1249612 which reads:

"a. Facilities licensed by ADAD to offer outpatient services."

Modified to:

"a. Facilities licensed by The Division of Behavioral Health."

NOTE: "Outpatient" was removed because it limited access to the Benefit for clients in other Substance Use Disorder treatment programs

Concerning 8.746 OUTPATIENT SUBSTANCE ABUSE TREATMENT

Under section 8.746.4 Covered Services

ID #1249629 which reads:

"1. Outpatient Substance Abuse Treatment services are limited to:"

Modified to:

"1. Substance Abuse Treatment services include:"

ID #1249630 which reads:

"a. Substance Abuse Assessment, which shall be limited to three sessions per state fiscal year."

Modified to:

"a. Substance Abuse Assessment, which shall be limited to three assessments per state fiscal year."

NOTE: Assessments can take place over multiple days and the word "sessions", in the original benefit, could potentially use two or three of the yearly sessions if the assessment took longer than one day. Therefore the recommendation was to change sessions to "assessments".

ID #1249631 which reads:

"b. Individual and Family Therapy, which shall be limited to 25 sessions at 15 minutes per unit, up to four units per session per state fiscal year."

Modified to:

"b. Individual and Family Therapy, which shall be limited to 35 sessions, up to four units per session, at 15 minutes per unit, per state fiscal year."

NOTE: Number of sessions increased to match Mental Health in anticipation of Integration and Parity. The Primary concern was to increase the number of sessions and match mental health, but also some discussion as to whether or not Individual and Family should be separated with limits for each.

ID #1249632 which reads:

"c. Group Therapy sessions, which shall be up to an including three hours per session and limited to 36 sessions per state fiscal year."

Modified to:

"c. Group Therapy sessions shall include the following:

- **Enhanced Outpatient, which shall be up to and including three hours per session and limited to 36 sessions per state fiscal year.**
- **Intensive Outpatient, which shall be up to and including five hours per session and limited to 36 sessions per state fiscal year.**
- **Outpatient, which shall be up to and including three hours per session and limited to 36 sessions per state fiscal year."**

NOTE: Signal collects data on Group Services at different levels for Group Therapy, the most common being OP, IOP, EOP. The current benefit is so limited it interferes with the client's ability to move from one level of therapy to another (i.e. from IOP to OP). We recommend that there are different limits for the three basic types of Outpatient Group Therapy in the system. Additionally for IOP, because it requires between 9 - 20 hours a week of services (according to ASAM criteria), we specifically recommend that the number of hours per session be increased to 5 hours.

ID #1249633 which reads:

"d. Alcohol/Drug Screening, which shall be limited to 36 specimen collections per state fiscal year. Substance abuse counseling services shall be provided along with screening to discuss results with client."

Modified to:

"d. Alcohol/Drug Screening, which shall be limited to 52 specimen collections per state fiscal year. Substance abuse counseling services shall be provided along with screening to discuss results with client."

NOTE: Signal is proposing the increase in collections to account for clients being in treatment for extended periods of time, where the current benefit has run out before the client has completed treatment. In many cases, the client may begin in IOP, and thus need more frequent screenings. Then as the client moves into lower levels of care, their benefit has already run out.

ID #1249634 which reads:

"e. Targeted Case Management, which shall be limited to 36 contacts per state fiscal year. Services may include service planning, advocacy and linkage to other medical services related to substance abuse diagnosis, monitoring, and care coordination."

Modified to:

"e. Targeted Case Management, which shall be limited to 52 contacts per state fiscal year. Services may include service planning, advocacy and linkage to other medical services related to substance abuse diagnosis, monitoring, recovery support services, and care coordination."

NOTE: Increase in Case Management would help pro-actively prevent clients from needing other medical services at higher costs (i.e. ER's, PCP visits etc...)

ID #1249635 which reads:

"f. Social/Ambulatory Detoxification, which shall be limited to seven days per state fiscal year and includes supervision, observation and support for individuals whose intoxication/withdrawal signs and symptoms are severe enough to require a 24 hour structured program but do not require hospitalization."

Modified to:

"f. Social/Ambulatory Detoxification, which shall be limited to ten sessions per state fiscal year. Each session shall be limited to three days and includes supervision, observation and support for individuals whose intoxication/withdrawal signs and symptoms are severe enough to require a 24 hour structured program but do not require hospitalization."

NOTE: The Signal Network of providers average length of stay for Detox clients for FY09/10 was 2 (two) days. Additionally 18.6% of Signal Networks Detox clients received services more than once during the year, however, those 18.6% of clients amounted to 49% of the total detox admissions for FY09/10.

Additions

Using the above modifications to the Outpatient Substance Abuse benefit as a base, the following additions are suggested for the new Adults without Dependent Children Medicaid benefit:

- g. Detoxification Daily Rate
Combine 'Detox Safety Assessment', "Assessment of Detox Progression", "Detox Provision of Daily Living Needs", and "Motivation For Treatment Evaluation" into One Daily Rate
- h. Medication Assisted Therapy (MAT)
In addition to MAT's covered by other programs, coverage for Methadone treatment to include:
 - 1) Physicians Services
 - 1. Consultation/Assessment by Physician or Physical Extender
 - 2) Cost of Medication
 - 3) Administration
 - 1. Monitoring/dispensing

*NOTE: Colorado is currently only 1 (one) of 5 (five) States that does not cover Methadone
See Addendum C for list of suggested Methadone Procedures to be added to the benefit*

- i. Residential Treatment

NOTE: See attached Legal Memorandum [Addendum C] from the Drug and Alcohol Service Providers Organization of Pennsylvania which concludes, in part: "The Parity Act prohibits treatment limitations on the behavioral health side of the ledger that are not also present on the medical/surgical side of the ledger. Inpatient nonhospital rehabilitation is indisputably available for physical illness. INRF care as a form of substance use disorder treatment corresponds clearly and powerfully to inpatient nonhospital rehabilitation facility care for physical illness, a correspondence that is confirmed not only by clinical consensus, but also by the Secretary of the Department of Health and Human Services' own Medicare regulations. INRF care needs to be included in the essential benefits package."

Signal's network of providers all agreed that Residential Treatment is a critical part of any treatment benefit. However they differed on the limits or even if there should be limits if the coverage is modeled after the physical benefit. Some of the providers felt it was acceptable to set a limit at the network's Average Length of Stay (ALOS). Others felt the limit should be higher, since those completing the treatment successfully typically have a longer length of stay than those falling out of the program and such, the average would not be sufficient to cover those who are getting the best outcomes.

- 1) Intensive Residential Treatment (IRT)
 - i. Length of Stay – limited to 37 days

NOTE: Signal Network average length of stay network-wide during FY09/10 for IRT = 37 days.

- 2) Transitional Residential Treatment (TRT)
 - i. Length of Stay – limited to 45 days

NOTE: Signal Network average length of stay network-wide during FY09/10 for TRT = 45 days.

- 3) Therapeutic Community (TC)
 - i. Length of Stay – limited to 180 Days

NOTE: The Expected length of stay for TC is between 180-540 days (6-18 months). Signal Network average length of stay (los) network-wide during FY09/10 for TC = 205 days.

For all Levels of Residential Treatment, Signal's network would suggest a Daily rate to cover all services provided not including Room and Board.

j. Day Treatment

- 1) ASAM Level II.5 (More than 20 hours per week)
- 2) Suggest that billing be a bundled rate for a day or ½ day of services

NOTE: This service is provided in Colorado. The current benefit does not seem to readily allow for billing for this level of care

Conclusion

While Outpatient Treatment is where the majority of Substance Use Disorder clients need to be treated, there is a small percentage of the population who belong in Residential treatment and it is the recommendation of this report that limiting any Medicaid benefit for Substance Use Disorders to Outpatient only prohibits that small percentage of users from obtaining the appropriate treatment they deserve.

NOTE: Only 18.7% of Treatment Admissions in FY09/10 were Residential across the entire Signal Network

Perhaps the biggest 'barrier to treatment' is the current connection between the Medicaid Substance Abuse Benefit and a limit of 1 (one) billable service per day. It is the conclusion of this report that any new Medicaid Benefit which includes Substance Use Disorder benefits must allow for more than 1 (one) service to be billed to Medicaid per day.

NOTE: By only allowing one service to be billed to Medicaid per day a client who is assessed and shown to need further treatment cannot get into treatment immediately thus creating a 'barrier to treatment'; additionally, this same restriction does not exist on the Mental Health side of Behavioral Health Medicaid Benefits and thus in anticipation of Parity this limit should be removed

Following this report is an Appendix B document which shows the recommended components for the new Adults without Dependent Children Medicaid benefit as it relates to Substance Use Disorders. Although this is presented specifically for the new benefit, it is the recommendation of this report that the most efficient way to treat Substance Use Disorders as a Medicaid benefit is not to have separate benefits for varying populations, but rather one comprehensive benefit with the varying populations specified under the eligibility sections of the benefit.

We hope this information is helpful to the department as it develops this new benefit and that the information contained herein can serve as a basis for future discussions regarding Substance Use Disorders and Medicaid coverage.

Addendum A – Current Outpatient Substance Abuse Benefit

CODE OF COLORADO REGULATIONS

DEPARTMENT: 2505,1305 Department of Health Care Policy and Financing

AGENCY: 2505 Medical Services Board

CCR TITLE: 10 CCR 2505-10 8.700 MEDICAL ASSISTANCE - SECTION 8.700

1249599	8.746 OUTPATIENT SUBSTANCE ABUSE TREATMENT
1249600	8.746.1 DEFINITIONS [Emer. Rule eff 9/ 8 /06; Perm. Rule eff 10/1/06]
1249601	Alcohol and/or drug screening means the collection of urine to test for the presence of alcohol and/or drugs.
1249602	Group Therapy means therapeutic substance abuse counseling and treatment services with more than one client.
1249603	Individual and Family Therapy means therapeutic substance abuse counseling services with one client per session. Family therapy shall be directly related to the client's treatment for substance abuse and/or dependence.
1249604	Social/Ambulatory Detoxification means services provided on a residential basis by a facility licensed by the Alcohol and Drug Abuse Division (ADAD) of the Department of Human Services based on American Society of Addiction Medicine (ASAM) criteria.
1249605	Substance Abuse Assessment means an evaluation designed to determine the level of drug/alcohol abuse or dependence and the comprehensive treatment needs of a client.
1249606	Targeted Case Management means medically necessary coordination and planning services provided with or on behalf of a client with a substance abuse diagnosis.
1249607	8.746.2 Client Eligibility [Emer. Rule eff 9/8/06; Perm. Rule eff 10/1/06]
1249608	8.746.2.A. Clients identified as being appropriate for the Substance Abuse Treatment program shall be assessed as having drug/alcohol abuse or dependence.
1249609	8.746.3 Provider Requirements [Emer. Rule eff 9/8/06; Perm. Rule eff 10/1/06]
1249610	8.746.3.A. Outpatient substance abuse services shall be provided in an approved facility or by certain licensed health care practitioners with certification in addiction counseling.
1249611	8.746.3.B. Providers shall be one of the following:
1249612	a. Facilities licensed by ADAD to offer outpatient services.
1249613	b. Licensed physicians who are also:
1249614	i) Certified in Addiction Medicine by the American Society of Addiction Medicine (ASAM), or
1249615	ii) Certified Addiction Counselors (CAC II or CAC III) or Licensed Addiction Counselors (LAC) by Department of Regulatory Agencies (DORA), or
1249616	iii) Certified by the National Association of Alcohol and Drug Abuse Counselors (NAADAC) as an NCAC II or MAC.

1249617	iv) Certified in Addiction Psychiatry by the American Board of Psychiatry and Neurology (ABPN).
1249618	c. Licensed non-physician practitioners are any of the following:
1249619	i) Psychologist, PhD.
1249620	ii) Nurse Practitioner.
1249621	iii) Licensed Clinical Social Worker (LCSW).
1249622	iv) Marriage and Family Therapist.
1249623	v) Licensed Professional Counselor (LPC).
1249624	vi) Licensed Addiction Counselor (LAC).
1249625	d. The above licensed non-physician practitioners shall also be certified addiction counselors with one of the following credentials:
1249626	i) Certified by DORA as a CAC II, CAC III.
1249627	ii) Certified by NAADAC as an NCAC II or MAC.
1249628	8.746.4 Covered Services [Emer. Rule eff 9/8/06; Perm. Rule eff 10/1/06]
1249629	1. Outpatient Substance Abuse Treatment services are limited to:
1249630	a. Substance Abuse Assessment, which shall be limited to three sessions per state fiscal year.
1249631	b. Individual and Family Therapy, which shall be limited to 25 sessions at 15 minutes per unit, up to four units per session per state fiscal year.
1249632	c. Group Therapy sessions, which shall be up to an including three hours per session and limited to 36 sessions per state fiscal year.
1249633	d. Alcohol/Drug Screening, which shall be limited to 36 specimen collections per state fiscal year. Substance abuse counseling services shall be provided along with screening to discuss results with client.
1249634	e. Targeted Case Management, which shall be limited to 36 contacts per state fiscal year. Services may include service planning, advocacy and linkage to other medical services related to substance abuse diagnosis, monitoring, and care coordination.
1249635	f. Social/Ambulatory Detoxification, which shall be limited to seven days per state fiscal year and includes supervision, observation and support for individuals whose intoxication/withdrawal signs and symptoms are severe enough to require a 24 hour structured program but do not require hospitalization.

Addendum B – Suggested Adults without Dependent Children Benefit

DEFINITIONS

Alcohol and/or drug screening means the collection, and discussion with patient, of urine to test for the presence of alcohol and/or drugs.

Group Therapy means therapeutic substance abuse counseling and treatment services with more than one client.

Individual and Family Therapy means therapeutic substance abuse counseling services with one client per session. Family therapy shall be directly related to the client's treatment for substance abuse and/or dependence.

Social/Ambulatory Detoxification means services provided on a residential basis by a facility licensed by the Division of Behavioral Health of the Department of Human Services based on American Society of Addiction Medicine (ASAM) criteria.

Clinical Assessment means a multifaceted set of strategies, including, at a minimum, the use of a standardized, structured instrument approved by DBH and a clinical interview, aimed at ascertaining a comprehensive view of personal, family and environmental strengths and weaknesses related to substance use. This process results in a collection of detailed information including at a minimum drug and alcohol use, treatment readiness, current psychiatric functioning, medical problems, employment, legal issues, and family and social problems. This information becomes the basis for treatment planning. Clinical assessment is an ongoing process throughout treatment.

Targeted Case Management means necessary coordination and planning services provided with or on behalf of a client with a substance abuse diagnosis.

Client Eligibility

Clients suspected of or identified as being potentially appropriate for the Substance Abuse or Co-Occurring Treatment program shall be assessed as having drug/alcohol abuse or dependence.

Provider Requirements

Substance abuse services shall be provided in an approved facility or by certain licensed health care practitioners with certification in addiction counseling.

Providers shall be one of the following:

- a. Facilities licensed by The Division of Behavioral Health.
- b. Licensed physicians who are also:
 - i) Certified in Addiction Medicine by the American Society of Addiction Medicine (ASAM), or
 - ii) Certified Addiction Counselors (CAC II or CAC III) or Licensed Addiction Counselors (LAC) by Department of Regulatory Agencies (DORA), or
 - iii) Certified by the National Association of Alcohol and Drug Abuse Counselors (NAADAC) as an NCAC II or MAC.
 - iv) Certified in Addiction Psychiatry by the American Board of Psychiatry and Neurology (ABPN).

- c. Licensed non-physician practitioners are any of the following:
 - i) Psychologist, PhD.
 - ii) Nurse Practitioner.
 - iii) Licensed Clinical Social Worker (LCSW).
 - iv) Marriage and Family Therapist.
 - v) Licensed Professional Counselor (LPC).
 - vi) Licensed Addiction Counselor (LAC).
- d. The above licensed non-physician practitioners shall also be certified addiction counselors with one of the following credentials:
 - i) Certified by DORA as a CAC II, CAC III.
 - ii) Certified by NAADAC as an NCAC II or MAC.

Covered Services

1. Substance Abuse Treatment services include:
 - a. Substance Abuse Assessment, which shall be limited to three assessments per state fiscal year.
 - b. Individual and Family Therapy, which shall be limited to 35 sessions, up to four units per session, at 15 minutes per unit, per state fiscal year.
 - c. Group Therapy sessions shall include the following:
 - Enhanced Outpatient, which shall be up to and including three hours per session and limited to 36 sessions per state fiscal year.
 - Intensive Outpatient, which shall be up to and including five hours per session and limited to 36 sessions per state fiscal year.
 - Outpatient, which shall be up to and including three hours per session and limited to 36 sessions per state fiscal year.
 - d. Alcohol/Drug Screening, which shall be limited to 52 specimen collections per state fiscal year. Substance abuse counseling services shall be provided along with screening to discuss results with client.
 - e. Targeted Case Management, which shall be limited to 52 contacts per state fiscal year. Services may include service planning, advocacy and linkage to other medical services related to substance abuse diagnosis, monitoring, recovery support services, and care coordination.
 - f. Social/Ambulatory Detoxification, which shall be limited to ten sessions per state fiscal year. Each session shall be limited to three days and includes supervision, observation and support for individuals whose intoxication/withdrawal signs and symptoms are severe enough to require a 24 hour structured program but do not require hospitalization.
 - g. Detoxification Daily Rate
Combine 'Detox Safety Assessment', 'Assessment of Detox Progression', 'Detox Provision of Daily Living Needs', and 'Motivation For Treatment Evaluation' into One Daily Rate

h. Medication Assisted Therapy (MAT)

In addition to MAT's covered by other programs, coverage for Methadone treatment to include:

1. Physicians Services
 - a. Consultation/Assessment by Physician or Physical Extender
2. Cost of Medication
 - a. Administration
 - b. Monitoring/dispensing

i. Residential Treatment

1. Intensive Residential Treatment (IRT)
 - a. Length of Stay – limited to 37 days
2. Transitional Residential Treatment (TRT)
 - a. Length of Stay – limited to 45 days
3. Therapeutic Community (TC)
 - a. Length of Stay – limited to 180 Days

j. Day Treatment

1. ASAM Level 25 (More than 20 hours per week)
2. Billing to be a bundled rate for a day or ½ day of services

Addendum C – Methadone Procedures List

[As provided by Addictions and Research Treatment Services (ARTS)]

Dosing / Nursing Services				
Established Patient Evaluation 5 mins	99211	Office or other outpatient visit for the evaluation and management of an established patient, that may not require the presence of a physician. Usually, the presenting problem(s) are minimal. Typically, 5 minutes are spent performing or supervising these services. INCLUDES: Established patients: received prior care from the physician or another physician in the practice of the same specialty in the previous three years	17.15 / Each	Nurse
Methadone Dosing	H0020	Methadone administration and/or service programs provide opioid replacement treatment (ORT) or opioid maintenance treatment (OMT), including the administration of methadone to an individual for detoxification from opioids and/or maintenance treatment. Overall treatment must be delivered, which should include counseling/therapy, case review, and medication monitoring. ORT/OMT is delivered by providers functioning under a defined set of policies and procedures, including admission, discharge, and continued service criteria stipulated by state law and regulations, Substance Abuse and Mental Health Services Administration (SAMHSA) regulations, and Drug Enforcement Agency (DEA) regulations. The ORT must be licensed by the Drug Enforcement Agency. The ORT should also have accreditation from the Joint Commission on the Accreditation of Healthcare Organizations (JCAHO), Committee for Accreditation (COA), and/or the Commission on the Accreditation of Rehabilitation Facilities (CARF). The ORT/OMT must meet the requirements of the Substance Abuse and Mental Health Administration.	0 (need rate)	Nurse
Antabuse Dosing	H0033	Oral medication administration, direct observation. Patients are assisted or observed by professional medical staff during the administration of oral medication. This is often used in the administration of drugs such as methadone when it must be established that the patient has received the medication.	0 (need rate)	Nurse
Suboxone Dosing	H0033	Oral medication administration, direct observation. Patients are assisted or observed by professional medical staff during the administration of oral medication. This is often used in the administration of drugs such as methadone when it must be established that the patient has received the medication.	0 (need rate)	Nurse
Oral Naltrexone	H0033	Oral medication administration, direct observation. Patients are assisted or observed by professional medical staff during the administration of oral medication. This is often used in the administration of drugs such as methadone when it must be established that the patient has received the medication. Naltrexone depot is an opioid antagonist. The drug binds to specific opioid receptors blocking the effects stimulated by alcohol ingestion. A depot suspension is a drug that remains in the body long term in storage and is slowly released into the blood. The depot form is indicated as a treatment of alcohol dependence in patients who are unable to abstain from alcohol consumption during outpatient therapy treatments. The drug should be a part of a comprehensive treatment management program. Patients should not be actively consuming alcohol during the time of initiation of naltrexone depot treatment. Naltrexone depot is administered by intramuscular injection into the gluteus once a month. Recommended dosage is 380 mg once a month. The depot form is not self-administrable. HCPCS Level II code J2315 represents 1 mg of naltrexone depot. Use this code for Vivitrol.	0 (need rate)	Nurse
Vivitrol Injection	J2315	Oral medication administration, direct observation. Patients are assisted or observed by professional medical staff during the administration of oral medication. This is often used in the administration of drugs such as methadone when it must be established that the patient has received the medication. Naltrexone depot is an opioid antagonist. The drug binds to specific opioid receptors blocking the effects stimulated by alcohol ingestion. A depot suspension is a drug that remains in the body long term in storage and is slowly released into the blood. The depot form is indicated as a treatment of alcohol dependence in patients who are unable to abstain from alcohol consumption during outpatient therapy treatments. The drug should be a part of a comprehensive treatment management program. Patients should not be actively consuming alcohol during the time of initiation of naltrexone depot treatment. Naltrexone depot is administered by intramuscular injection into the gluteus once a month. Recommended dosage is 380 mg once a month. The depot form is not self-administrable. HCPCS Level II code J2315 represents 1 mg of naltrexone depot. Use this code for Vivitrol.	2.39 / Each	Nurse

Counseling Services				
Individual Counseling 20-30 mins with medication mgt.	90805	Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an office or outpatient facility, approximately 20 to 30 minutes face-to-face with the patient; with medical evaluation and management services. The therapist provides individual psychotherapy in an office or outpatient facility using supportive interactions, suggestion, persuasion, reality discussions, re-education, behavior modification techniques, reassurance, and the occasional aid of medication. These interactions are done with the goal of gaining further insight and affecting behavior change or support through understanding. Individual psychotherapy is performed face to face with the patient for 20-30 minutes. Report 90804 if the patient received psychotherapy only and 90805 if medical evaluation and management services were also furnished.	43.96 / each	Counselor

<p>Individual Counseling 45-50 mins with medication mgt.</p>	<p>90807</p>	<p>Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an office or outpatient facility, approximately 45 to 50 minutes face-to-face with the patient; with medical evaluation and management services. The therapist provides individual psychotherapy in an office or outpatient facility using supportive interactions, suggestion, persuasion, reality discussions, re-education, behavior modification techniques, reassurance, and the occasional aid of medication. These interactions are done with the goal of gaining further insight and affecting behavior change or support through understanding. Individual psychotherapy is performed face to face with the patient for 45-50 minutes. Report 90806 if the patient received psychotherapy only and 90807 if medical evaluation and management services were also furnished.</p>	<p>63.55 / each</p>	<p>Counselor</p>
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Urine Desk Services

<p>Breathalyzer</p>	<p>82075</p>	<p>Alcohol (ethanol); breath. This test may be used primarily in screening for ethanol levels above the legal limit for driving. The legal limit varies from state to state with levels above 0.08-0.1 g/dL usually being defined as legally intoxicated.</p>	<p>14.98 / Each</p>	<p>N/S</p>
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Addendum D – Drug and Alcohol Service Providers Organization of Pennsylvania Legal Memorandum

SEE ATTACHED PDF "Parity and Residential Treatment.pdf"