HUMAN SERVICES DEPARTMENT

Michelle Lujan Grisham, Governor
David R. Scrase, M.D., Secretary
Nicole Comeaux, J.D., M.P.H., Director

Letter of Direction #45

Date: **August 28, 2020**

To: **Centennial Care 2.0 Managed Care Organizations**

From: **Nicole Comeaux, Director, Medical Assistance Division**
Neal Bowen, Director, Behavioral Health Services Division

Subject: **Adult Accredited Residential Treatment Centers**

Title: **Implementation of Adult Accredited Residential Treatment Center Services**

The purpose of this Letter of Direction (LOD) is to provide guidance and directives to the Centennial Care 2.0 Managed Care Organizations (MCOs) for implementation of the Adult Accredited Residential Treatment Center (AARTC) services.

Adult Accredited Residential Treatment Center Services

Adult Accredited Residential Treatment Center (AARTC) services are covered for all adult Medicaid populations who meet the American Society of Addiction Medicine (ASAM) level three criteria. This includes recipients who are covered by the Alternative Benefit Plan (ABP). The State encourages self-referral to Substance Use Disorder (SUD) treatment, and referrals from an independent practitioner are not required. In addition to national accreditation, AARTCs must be certified through an application process by the Behavioral Health Services Division (BHSD) and providers must submit such certification to the MCOs to be contracted for AARTC services. MCOs are directed to pay for services rendered by any Medicaid-enrolled AARTC within their network of providers.

Expedited Credentialing, Contracting and Configuration

MCOs are directed to expedite credentialing and contracting with Adult Accredited Residential Treatment Centers (AARTC) that have been approved by BHSD to provide services and have enrolled with Conduent as a MAD provider type 216/261. MCOs are also directed to expedite any systems configurations necessary to recognize the AARTC as a network provider with sufficient accuracy to pay claims using the billing codes included in this LOD.

Retroactive payment
MCOs are directed to pay AARTC claims retroactive to July 1, 2020, for any AARTC providers that were enrolled with Conduent as a MAD provider type 216/261 as of July 1, 2020. For all other AARTCs, MCOs are directed to pay claims with dates of service on or after the date of enrollment with Conduent.

Prior Authorization
For in-state placements, prior authorization is not required until after five business days. In-state placements that last longer than five business days do require a prior authorization. After five business days, the New Mexico Health Insurance Prior Authorization Act, as stated in Supplement 20-01, requires that expedited prior authorization requests must be adjudicated within twenty-four (24) hours and routine prior authorization requests must be adjudicated within seven (7) business days after receipt of all necessary and relevant documentation supporting a prior authorization request. All Medicaid Services are subject to medical necessity.

The Prior Authorization Act also states that prior authorizations shall be deemed granted for determinations that are not made within the twenty-four (24) hour and seven (7) business days turn-around time.

For out-of-state AARTCs, prior authorization is required prior to placement; there is no five-day waiver of prior authorization.

MCOs are directed to waive PA requirements from July 1, 2020, until MCOs have fully configured their system with the changes in this LOD or 30 days from the date of this LOD, whichever is greater.

AARTC Billing Codes

All fees will be based on established individual provider rates. HSD has provided a letter with approved rates established to each provider. The providers will then present the letter to the MCOs to establish the individual provider rates. The following billing codes are to be used when billing Medicaid MCOs for AARTC services on the institutional claim form using Type of Bill Codes 0110 - 0118:

- Tier One, ASAM level 3.1 = Revenue code 1003 and HCPCS H0019
- Tier Two, ASAM levels 3.2WM, 3.2, 3.3, 3.5 = Revenue code 1003 & HCPCS H0018
- Tier Three, ASAM levels 3.7 and 3.7WM = Revenue code 1003 & HCPCS H0017

Informational Only: BHSD (State General Fund) will pay an additional $50 per client per day of AARTC services for room and board, billed through the BHSD Star system. This funding is only available for AARTCs who are billing Medicaid for AARTC services as specified above. If this code should get billed on the ARTC claim received by the MCO, it should be denied by the MCO.

- Room and board per diem ($50 per client per day) = HCPCS H0047

American Society of Addiction Medicine (ASAM) Assessment
An ASAM assessment, H0002, for ASAM placement in a level of care was added to be used in addition to other assessments to determine if a member has a SUD. This assessment code can be billed on the professional claim by any qualified behavioral health professional. This is a requirement within the 1115 waiver. It will be priced the same as the H0031 assessment at $168.35.

Note: The 10/1/19 behavioral health fee schedule had H0017 and H0019 reversed but this has since been corrected. HSD is working on getting the new code H0002 added to the fee schedule. Until the fee schedule is updated, this LOD is the controlling document.

Sunset
This LOD will sunset with the next iteration of the Behavioral Health Policy and Billing Manual.

Any questions regarding this LOD should be directed to Melissa Lopez, AARTC program manager, melissaj.lopez@state.nm.us