



State of New Mexico
 Medical Assistance Program Manual
Supplement



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TO: BEHAVIORAL HEALTH PROVIDERS

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SUBJECT: MEDICAID BEHAVIORAL HEALTH SERVICES UPDATES

- I: Adult Accredited Residential Treatment Centers – regulatory update**
- II: Eligible Populations**
- III: American Society of Addiction Medicine (ASAM) Assessment**
- IV: AARTC Billing Codes**

This Supplement to existing rule offers guidance and policy updates pending issuance of an updated Behavioral Health Policy and Billing Manual and updates to 8.321.2.10 NMAC. It is being issued in advance of the rule promulgation of 8.321.2 NMAC so that these corrections will be in effect on July 1, 2020. There will be an opportunity to submit public comment during the rule promulgation process, which is anticipated to follow in the next several weeks.

I: Adult Accredited Residential Treatment Centers – regulatory update

- A. The name has been changed from Accredited Residential Treatment Center (ARTC) to Adult Accredited Residential Treatment Center (AARTC) to differentiate the adult centers from the adolescent centers (ARTC).

8.321.2.10 ADULT ACCREDITED RESIDENTIAL TREATMENT CENTER (AARTC) FOR ADULTS WITH SUBSTANCE USE DISORDERS (SUD)

- B. Added a statement to the eligible facilities section that a new facility must be certified through an application process by Behavioral Health Services Division (BHSD). This is a requirement that CMS stipulated during the 1115 waiver discussions.
 - A. Eligible facilities:
 - (1) To be eligible to be reimbursed for providing AARTC services to an eligible recipient, an AARTC facility:
 - (a) must be accredited by Joint Commission (JC), Council on Accreditation (COA), or Commission on Accreditation of Rehabilitation Facilities (CARF) as an adult (19 and older) residential treatment facility;
 - (b) **must be certified through an application process by the Behavioral Health Services Division (BHSD); and**
 - (c) must complete a MAD 335 application to become a provider type 216, specialty 261

- C. Removed the statement requiring an independent referral for admission. The State is encouraging self-referrals for SUD. Often the extra step of finding and making an appointment with an independent practitioner discourages the recipient from going forward with a much-needed service. The ASAM placement assessment together with the prior authorization which is required within 5 days of admission will replace the need for a referral from an independent practitioner prior to admission.

8.321.2.10.C.2 Covered Services

- (1) AARTCs treating all recipients meeting ASAM level three criteria. MAD covers residential treatment services which are medically necessary for the diagnosis and treatment of an eligible recipient's condition. A clinically-managed AARTC facility must provide 24-hour care with trained staff.
 - (2) **(removed) Referrals from an independent practitioner are required.**
- D. 8.321.2(6) (a) (v): Current language states 3.2 WM typically lasts for no more than 30 days. Changed language reads **3.2 WM's length of stay is typically 3 – 5 days upon which transfer to another level of care is indicated.** This is only the withdrawal management length of stay.

II. Eligible Populations

Adult Accredited Residential Treatment Center (AARTC) services are covered for all adult Medicaid populations 19 years or older who meet American Society of Addiction Medicine (ASAM) level three criteria. This includes recipients who are covered by the Alternative Benefit Plan (ABP).

III. American Society of Addiction Medicine (ASAM) Assessment

Added an ASAM assessment billing code, H0002, for placement in a level of care to determine SUD diagnosis. This code is required for the third-party assessor (TPA) to determine Fee for Service (FFS) benefit prior authorizations. The State will not require a specific assessment form, but are available through ASAM training.

H0002 will be priced the same as the H0031 assessment at \$168.35. This assessment code can be billed on the professional claim form by any qualified behavioral health professional.

IV. AARTC Billing Codes

All fees will be based on established individual provider rates. HSD has provided a letter with approved FFS rates established to each provider. The providers will then present the letter to the MCOs to establish the individual MCO provider rates. The following billing codes are to be used when billing Medicaid and MCOs for AARTC services on the institutional claim form UB-04 using Type of Bill Codes 0110 - 0118:

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

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 only and not billed to Medicaid or the MCO. Medicaid does not cover room and board. 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 AARTC claim received by the MCO or Medicaid, it will be denied.

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