

Frequently Asked Questions (FAQ)

Residential Treatment for Individuals with Substance Use Disorder

Last Updated: 5/25/2017

The following answers to frequently asked questions are intended to offer clarification for providers who are interested in providing residential treatment services to adults with substance use disorders.

1. What is ASAM?

Founded in 1954, the American Society of Addiction Medicine (ASAM) is a professional society representing over 3,600 physicians, clinicians and associated professionals in the field of addiction medicine. ASAM is dedicated to increasing access and improving the quality of addiction treatment, educating physicians and the public, supporting research and prevention, and promoting the appropriate role of physicians in the care of patients with addiction.

2. What is the ASAM Criteria?

ASAM's criteria, formerly known as the ASAM patient placement criteria, is the result of a collaboration that began in the 1980s to define one national set of criteria for providing outcome-orientated and results-based care in the treatment of addiction. The ASAM criteria is the most widely used and comprehensive set of guidelines for placement, continued stay and transfer/discharge of patients with addiction and co-occurring conditions.

3. What are the levels of care reimbursable by Medicaid in Maryland?

Maryland Medicaid reimburses for the following levels of care*:

- Level 3.3 – A residential medium intensity program that provides services in a structured environment in combination with medium-intensity treatment and ancillary services to support and promote recovery for 20 to 35 hours weekly.
- Level 3.5 – A residential high intensity program that provides services in a highly-structured environment, in combination with moderate- to high-intensity treatment and ancillary services to support and promote recovery for a minimum of 36 hours weekly.
- Level 3.7 – A residential intensive program that provides a planned regimen of 24-hour professionally directed evaluation, care, and treatment in an inpatient setting.
- Level 3.7-WM – A withdrawal management service that offers 24-hour medically supervised evaluation and withdrawal management.
- **Level 3.1 is not covered by Maryland Medicaid. Level 3.1 services are covered through state funds only.*

4. What is the process to be certified as an adult residential SUD provider?

The program must obtain licensure for the levels of care they are qualified to provide from the Office of Health Care Quality.

5. How can I enroll in Medicaid and be reimbursed for my services?

Providers are required to apply as a Provider Type 54. To access the PT 54 Medicaid application see: <https://mmcp.dhmh.maryland.gov/Pages/residential-substance-use-disorder-treatment-for-adults.aspx>.

In order to complete the Medicaid application you will need:

- a. An Office of Health Care Quality (OHCQ) license for each ASAM level of care you provide.
- b. A copy of your facility's/ organization's NPI printout from the National Plan and Provider Enumeration System (NPPES). One NPI is required for each location. For more information about NPI number or to apply for a number, please visit the NPPES website here: <https://nppes.cms.hhs.gov/NPPES/Welcome.do>.

6. What if I am already enrolled as an ICF-A for children (Provider Type 55)?

Provider type 55s (residential services for under 21 year olds) who do **not** provide services to individuals 22 years or older do **not** need to enroll as a provider type 54.

If you would like to enroll to be reimbursed for services provided to adults, please follow the instructions on the residential SUD treatment for adults webpage (<https://mmcp.dhmh.maryland.gov/Pages/residential-substance-use-disorder-treatment-for-adults.aspx>) to enroll as a provider type 54 (Residential SUD for Adults) with a separate MA/NPI from your provider type 55.

7. Can a residential treatment program be eligible to deliver more than one ASAM level of care?

Yes, a facility can offer multiple ASAM levels of care. Each level of care will need to be licensed by OHCQ and abide by the regulations set forth in COMAR 10.09.06 and 10.63.

8. Does a facility need a separate MA/NPI number for each ASAM level of care?

No, a facility only needs one MA/NPI number. But each facility needs one MA/ NPI number per service per location. For example, if have a Provider Type 50 at the same location, you will need an additional MA/ NPI number for a Provider Type 54.

9. Can a patient continue to receive methadone while in residential care?

Yes. The weekly administrative fee (H0020 – HG) for Opioid Treatment Programs (OTPs) includes the cost of delivering Methadone from the OTP to participants in residential settings. The OTP can continue to be reimbursed for the administrative level of service while the patient is receiving care in a residential setting.

10. Will buprenorphine induction and/ or maintenance be a separately billed service?

No. The rate for an Adult residential SUD service is all inclusive. The exception to this is if a patient is receiving buprenorphine maintenance from an OTP, the OTP can continue to be reimbursed for the

administration level of service while the patient is receiving care in a residential setting. The administrative fee includes the cost of delivery for medications from the OTP to the SUD residential setting.

11. Can providers balance bill individuals who are enrolled in Medicaid or who receive state-funded services?

Providers are never permitted to balance bill Medicaid recipients for covered services. Providers are also not permitted to balance bill individuals who receive state-funded services financed by BHA.

12. Why are Level 3.3 and Level 3.5 being reimbursed at the same rate?

While there are fewer clinical services at level 3.3 versus level 3.5, there is a medical component that is included in level 3.3. The identical rate is a reflection of the service shift from higher level of clinical need to higher level of medical need.