



State-Funded Service Definition

Title:	Opioid Treatment Program Bundle		
Type:	State	Codes:	H0020 U3OU
Effective Date:	3/1/2020		
SERVICE DESCRIPTION			
<p>Opioid Treatment Program (OTP) bundle is an evidence-based treatment for Opioid Use Disorder (OUD). This bundle will include all services provided in the OTP clinic setting after the initial comprehensive clinical assessment. Regular visits with the prescriber, observed dosing, and take-home medication, counseling visits (individual or group), random drug screens, crisis contacts, and treatment planning are all components of this service. This treatment will help to reduce the number of deaths and incarceration from OUD.</p> <p>Opioid Treatment Programs are specially licensed clinics under federal rules that may provide daily dosing of either methadone or buprenorphine products to individuals with OUD. The State Opioid Treatment Authority manages and monitors the programs and the primary billing code is H0020. The cost of urine drug tests, medication management, and counseling would be bundled under a monthly all-inclusive rate.</p> <p>Provider will administer, or supply take home medications based on clinical needs to manage withdrawal and promote recovery activities. Counseling and active recovery planning and management will be provided through individual, group and/or family sessions at least twice per month. Random drug screens will be provided with definitive testing at initiation and when clinically necessary. Coordination of care with other providers and linking consumers to local resources to address social determinants of health needs and recovery promotion will occur. Providers will maintain a crisis line to mitigate crises and help reduce unnecessary use of the emergency department, overdose events, or institutionalization.</p>			
PROVIDER REQUIREMENTS			
<p>This service must be provided at a licensed Outpatient Treatment Program under 10A NCAC27G.3600. Service is required to be provided in a licensed OTP site.</p> <p>Treatment must be provided and overseen by a physician or mid-level provider with addictions experience and caseloads may not exceed those federal limits. Services may be provided to adults, age 18 and older with a diagnosis of OUD.</p> <p>Individual and group clinical services are expected, and will be driven by individual consumer need, rather than program requirements. A minimum of two counseling contacts per month will be provided to all active members; group or individual is acceptable. Service unit limits are: 1 unit = 1 week; max 5 units per month; max 53 units per year.</p>			

Consumers who relapse or struggle with recovery will also be seen more frequently, have medications adjusted and be referred to higher levels of care, when appropriate under ASAM guidelines. ASAM Level of Care for H0020 U3OU: OTP.

Counselor to patient ratio will not exceed 1 per 50.

24/7/365 on call for crisis intervention is a requirement. And the clinic must be open a minimum of six days per week.

STAFFING REQUIREMENTS

Counseling may be provided by an Licensed Clinical Addictions Specialist (LCAS), Registered Nurse (RN), or Certified Substance Abuse Counselor (CSAC) or comparable credential based on NC licensure standards with skills and experience treating addiction.

Professional licensed staff must receive the level of supervision required under their NC license. All Medication-Assisted Treatment (MAT) must be overseen by the prescribing provider. Regular communication between team members is expected to maximize consistent, clinically appropriate care. All staff will have training in treating addictions and MAT.

POPULATIONS ELIGIBLE

The beneficiary is eligible for this service when all the following criteria are met:

- a. A DSM-5 (or any subsequent editions of this reference material) diagnosis of a moderate or severe Opioid Use Disorder;
- b. American Society for Addiction Medicine (ASAM) for Opioid Treatment Services (OTS) leveling completed and indicates appropriateness of this service;
- c. Eligible and enrolled in State Benefit Plan for ASOUD or ASCDR
- d. Willing to engage in Medication-Assisted Treatment (MAT)

UTILIZATION MANAGEMENT

Currently, OTP Bundle is unmanaged service. No Prior authorization is required.

SERVICE ORDERS

Service Orders must be completed by a physician (MD or DO) prior to or on the day services are to be provided. A physician's order is required for medication to be administered.

CONTINUED STAY CRITERIA

The beneficiary shall meet the following criteria for continued service:

- a. The beneficiary is attending office visits and counseling as required, but the desired outcome or level of functioning has not been restored, improved, or sustained over the timeframe outlined in the beneficiary's treatment plan; or
- b. The beneficiary has attended office visits and counseling as required, has achieved current treatment plan goals, and additional goals are indicated as evidenced by documented symptoms.

Withdrawal symptoms are mitigated by medication, consumer is actively participating in treatment and recovery work.

DISCHARGE CRITERIA

Either ONE of the following criteria must be met:

- a. The beneficiary or legally responsible person no longer wishes to receive these services;
- b. The beneficiary, based on presentation and failure to show improvement, despite modifications in the treatment plan, requires a more appropriate level of care;
- c. The beneficiary has achieved current treatment plan goals and the desired outcome or level of functioning has been restored, improved, or sustained over the timeframe outlined in the beneficiary's treatment plan.

Service is expected to last a minimum of nine months, with a year or longer preferred.

A strong foundation in active recovery, and a consumer desire to titrate off medications are critical elements for successful discharge.

Consumers who fail 60% or more of their appointments over 45 days, or continue to use illicit or non-prescribed substances (including alcohol) after intervention and adjustment of medication and treatment regimen may be titrated off for clinical and safety reasons after 30 days of non-improvement.

DOCUMENTATION REQUIREMENTS

Comprehensive assessment, including lab work will be completed by prescribing provider prior to induction. This can be done collaboratively with office team. Payment for this is included in this service.

A treatment plan with evidence of consumer participation and agreement needs to be developed, based on this assessment, and formalized with achievable and personalized goals within the first 30 days of treatment.

A Medication Administration Record (MAR) must be completed for all doses dispensed. In addition, a modified service note shall be written at least weekly, or per date of service if the individual receives the service less frequently than weekly.

NOTE: In addition to the above requirements, a modified service note is required for any and all significant events, changes in status, or situations outside the scope of medication administration.

A documented discharge plan shall be discussed with the individual and included in the service record.

In addition, a completed LME-MCO Consumer Admission and Discharge Form shall be submitted to the LME-MCO.

Refer to the DMH/DD/SAS Records Management.

SERVICE EXCLUSIONS

No billing for behavioral health E&M codes, Outpatient CPT, or Behavioral Health Counseling Codes. No billing for Office Based Opioid Treatment, SAIOP, SACOT, or Ambulatory Detox.