

Thank You

Thank you for joining us, we will get started in just a few minutes to allow others to call in.

Please make sure your line is muted.

To receive the slides shared today please enter your name and email address in the Q&A section



June SUD Expanded Benefit Provider Forum

Agenda

- 01** Welcome & Introductions

- 02** Half Day Coding for ASAM 3.2WM

- 03** Questions & Open Discussion

- 04** Reminders

- 05** Upcoming Events

Chapter

01

Welcome & Introductions

Welcome!

Please enter your name, organization, and email
In the Chat



Beacon / Health Colorado / Northeast Health Partners

- Contact Information

COProviderRelations@BeaconHealthOptions.com

Chapter

02

Half Day Coding for ASAM 3.2WM

Half Day Coding for ASAM 3.2WM

- Effective 7/1/2021
- If service duration is between 11 hrs. 59 mins. and 24 hrs., the full per diem should be billed.
- If service duration is between 4 hrs. 8 mins. and 11 hrs. 59 mins., the partial per diem should be billed with second place modifier U1.
- If service duration is less than 4 hrs. 8 mins., neither the partial nor the full per diem can be billed.
- Individual services provided when the duration is less than 4 hrs. 8 mins. may be billed with their outpatient codes.
- Room and board is billed separately to the Office of Behavioral Health or their designee (MSO).

Chapter

03



Questions & Open Discussion

Chapter

04

Reminders

Clinical Request Inbox

Effective immediately you can email your clinical requests instead of faxing them (faxes will still be accepted)

COMedicaidSUD@beaconhealthoptions.com

Sending requests to this email box will ensure that requests are worked timely. If requests are sent to a specific person they could be delayed if that person is out of the office.

Reminder – the Service Authorization Review Form is available to assist you in requesting authorizations



Beacon Health Options Service Authorization Review Form ASAM Levels 2.1/3.1/3.3/3.5/3.7/3.7 WM

Initial 3.7 and 3.7 WM requests MUST be called in.
No Service Authorization Needed for ASAM Levels 0.5/1.0/3.2 WM

Fax Completed Form and Current Treatment Plan to Beacon Health Options: 719-538-1439

Email Completed Form and Current Treatment Plan to Beacon Health Options: COMedicalSUD@beaconhealthoptions.com

PLEASE TYPE INFORMATION IN THIS FORM – MUST BE COMPLETED BY CREDENTIALLED ADDICTION TREATMENT PROFESSIONAL
Supporting clinical information may be documented on last page or attached to this form. For adolescents criteria if additional documentation is needed please summarize in the additional clinical documentation section.

MEMBER INFORMATION	
Member Name: <input type="text"/>	DOB: <input type="text"/>
Member Medicaid ID: <input type="text"/>	If retroactively enrolled, provide enrollment date: <input type="text"/>
PROVIDER INFORMATION	
Provider/Facility: <input type="text"/>	Clinical Contact: <input type="text"/>
Servicing Street Address: <input type="text"/>	Physician Contact: <input type="text"/>
City State Zip: <input type="text"/>	Provider ID/NPI: <input type="text"/>
Phone: <input type="text"/>	Fax: <input type="text"/>
Email Address: <input type="text"/>	Utilization Review Contact: <input type="text"/>
REQUESTED SERVICE START DATE: <input type="text"/>	<input type="checkbox"/> Initial Request <input type="checkbox"/> Concurrent Request
ICD-10 DIAGNOSIS CODE(S) (Enter primary and any applicable co-occurring ICD-10 diagnosis codes)	
1. <input type="text"/>	3. <input type="text"/>
2. <input type="text"/>	4. <input type="text"/>

SUBSTANCE USE DISORDER TREATMENT HISTORY (Describe other ASAM Levels of Care utilized in past 12 months) (OR ATTACH IN CLINICAL NOTE)				
ASAM Level of Care	Name of Provider	Duration	Approximate Dates	Outcome
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

MEDICATION			
Please list medications, dosage, frequency and prescriber below (OR ATTACH MEDICATION LIST). N/A <input type="checkbox"/> Unable to Obtain <input type="checkbox"/>			
Name of Medication	Dosage	Frequency	Prescriber
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>



ASAM LEVEL OF CARE REQUESTED AND NUMBER OF UNITS (1 unit = 1 day)			
Code/Description Check Appropriate Code	Units	Code/Description Check Appropriate Code	Units
<input type="checkbox"/> Non-hospital: H0015 ASAM 2.1 Mod HE HF Intensive Outpatient	<input type="text"/>	<input type="checkbox"/> Non-hospital: H2036 ASAM 3.7 MOD HF U7 Medically Monitored Intensive Inpatient Services	<input type="text"/>
<input type="checkbox"/> Hospital: Rev 0906 ASAM 2.1 Intensive Outpatient	<input type="text"/>	<input type="checkbox"/> Hospital: Rev 1000 ASAM 3.7 Medically Monitored Intensive Inpatient Services	<input type="text"/>
<input type="checkbox"/> Non-hospital: H2036 ASAM 3.1 Mod HF U1 Clinically Managed Low-Intensity Residential Services	<input type="text"/>	<input type="checkbox"/> Non-hospital: H0010 ASAM 3.2 WM Mod HF Clinically Managed Residential Withdrawal Management	<input type="text"/>
<input type="checkbox"/> Non-hospital Special Connections: H2036 ASAM 3.1 Mod HF U1 HD Clinically Managed Low-Intensity Residential Services	<input type="text"/>	<input type="checkbox"/> Non-hospital: H0011 ASAM 3.7 WM Mod HF Medically Monitored Inpatient Withdrawal Management	<input type="text"/>
<input type="checkbox"/> Non-hospital: H2036 ASAM 3.5 Mod HF U5 Clinically Managed High-Intensity Residential Services	<input type="text"/>	<input type="checkbox"/> Hospital: Rev 1002 ASAM 3.7 WM Medically Monitored Inpatient Withdrawal Management	<input type="text"/>
<input type="checkbox"/> Non-hospital Special Connections: H2036 ASAM 3.5 Mod HF U5 HD Clinically Managed High-Intensity Residential Services	<input type="text"/>		
		ESTIMATED DURATION OF THIS EPISODE OF CARE FOR REQUESTED ASAM LEVEL (days) <input type="text"/>	

Member's treatment plan is required. Please submit with your request.

ASSESSMENT AND SCORING	
DIMENSION 1 Acute Intoxication and/or Withdrawal Potential	
<input type="checkbox"/>	No withdrawal
<input type="checkbox"/>	Minimal Risk of severe withdrawal (ASAM Level 2.1)
<input type="checkbox"/>	Moderate risk of severe withdrawal (ASAM Level 2.5)
<input type="checkbox"/>	No withdrawal risk, or minimal or stable withdrawal (ASAM Level 3.1)
<input type="checkbox"/>	At minimal risk of severe withdrawal (ASAM Level 3.3 or 3.5)
<input type="checkbox"/>	ASAM LEVEL 3.7 ONLY: Patient has the potential for life threatening withdrawal (must meet at least two of the six dimensions, at least one of which is within dimension 1, 2, or 3)
<input type="checkbox"/>	ASAM LEVEL 3.7 WM ONLY: Patient has life threatening withdrawal symptoms, possible or experiencing seizures or DT's or other adverse reactions are imminent
Provide brief summary of the member's needs/strengths for Dimension 1 (OR ATTACH CLINICAL NOTE WITH ASAM ASSESSMENT): For members with an Opioid Use Disorder, please describe the plan to offer medication assisted treatment (MAT): <input type="text"/>	
ASAM Level:	<input type="text"/>
Provide all supporting clinical documentation to justify your assessment in this dimension and your recommended ASAM Level (via attachments).	



MAT Toolkit

The Centers for Medicare and Medicaid Services (CMS) requires that all providers receiving Medicaid reimbursement for residential and inpatient SUD services offer Medication Assisted Treatment (MAT) onsite, or facilitate access to MAT offsite.

The Department has partnered with the Office of Behavioral Health (OBH) at the Colorado Department of Human Services to develop a [MAT Toolkit for providers incorporating MAT into their programs](#).

<https://drive.google.com/file/d/1vAcsES96vAG9JTj2gawjJokbTgSidM2q/view>

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Upcoming Events

HCPF Provider Office Hours

The Department of Health Care Policy and Financing, in conjunction with its partners at the Colorado Office of Behavioral Health, Regional Accountable Entities, and Managed Services Organizations, will host a series of 60-minute Provider Office Hour sessions, where residential and inpatient SUD treatment providers may ask questions and receive support on issues relating to the SUD benefit expansion.

To submit a question or for more information visit
<https://www.colorado.gov/pacific/hcpf/ensuring-full-continuum-sud-benefits>

FIRST Wednesday of the month	THIRD Wednesday of the month
2:00 - 3:00 p.m.	2:00 - 3:00 p.m.
Meeting link: meet.google.com/ypv-vtau-kfp	Meeting link: meet.google.com/jsw-mjwf-khk
Call-in number: (419) 812-2582	Call-in number: (916) 836-2601
PIN: 931 626 035#	PIN: 951 467 943#
May 5th - Cancelled	May 19th
June 2nd - Cancelled	June 16th
July 7th	July 21st
August 4th	August 18th
September 1st	September 15th

Join Us Next Month due the RAE Roundtable!

The 2nd Friday of the month

July 9th at 10am

Chapter

06

Questions & Open Discussion

Thank You

Contact Us



 888-502-4189

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 northeasthealthpartners@beaconhealthoptions.com

 <https://www.facebook.com/northeasthealthpartners.org/>

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