Additional Substance Use Disorder (SUD) Treatment Services to Be a Benefit of Texas Medicaid

Information posted November 12, 2010

Effective for dates of service on or after January 1, 2011, additional substance use disorder (SUD) treatment services will be a benefit of Texas Medicaid. The additional SUD treatment services include residential detoxification, ambulatory (outpatient) detoxification, and residential treatment. The residential detoxification and residential treatment benefits will apply to clients in the following programs:

- Primary Care Case Management
- Fee-for-Service
- STAR Medicaid managed care program
- STAR+PLUS Medicaid managed care program.

Ambulatory detoxification was made a benefit only for clients enrolled in STAR and STAR+PLUS Medicaid managed care programs effective September 1, 2010. Ambulatory detoxification will become available to Primary Care Case Management and Fee for Service clients effective January 1, 2011.

These benefits will be extended to clients of all ages. Clients who are 20 years of age and younger already have access to these benefits through Texas Medicaid.

Reminder: Effective September 1, 2010, the following SUD treatment services were made a benefit of Texas Medicaid: assessment, outpatient treatment, and medication assisted therapy. Also effective September 1, 2010, ambulatory detoxification was made a benefit only for clients enrolled in STAR and STAR+PLUS Medicaid managed care programs.

Note: STAR and STAR+PLUS Medicaid managed care health plans may or may not mirror the billing requirements presented in this article. This article applies to clients in Primary Care Case Management and Fee for Service Medicaid. Contact the client’s STAR or STAR+PLUS health plan for more information on specific billing and prior authorization requirements.

Detoxification Services Overview

SUD detoxification services must be provided by a chemical dependency treatment facility (CDTF) that is licensed and regulated by the Department of State Health Services (DSHS) to provide SUD services within the scope of that facility’s DSHS license.

Detoxification services are a set of interventions that are aimed at managing acute physiological substance dependence. According to the Texas Administrative Code (TAC) § 448.902 detoxification services include, but are not limited to, the following components:

- Evaluation
- Monitoring
- Medication
Daily interactions

Clients who are admitted to a detoxification program must meet the *Diagnostic and Statistical Manual of Mental Disorders*, Fourth Edition, Text Revision (DSM-IV-TR) criteria for physiological substance dependence and must meet the admission requirements based on a nationally recognized standard. Services and provider requirements that are associated with this benefit can be found in Texas Department of Insurance (TDI) regulations (28 Texas Administrative Code [TAC], part 1 chapter 3 subchapter HH and TAC §448.902). Medical necessity for substance use disorder services will be determined based on the TDI regulations and nationally recognized standards, such as those from the American Society of Addiction Medicine (ASAM) or the Center for Substance Abuse Treatment (CSAT).

Crisis stabilization is not a component of detoxification; however, crisis stabilization for a mental health condition may be provided under a client’s mental health benefits as needed if the service is medically necessary and the clinical criteria for psychiatric care are met.

The following SUD services are *not* a benefit of Texas Medicaid:

- Detoxification services for hashish, cocaine, or marijuana addiction
- Detoxification with an opioid when the client has had two or more unsuccessful opioid detoxification episodes (has left the program against medical advice) within a twelve-month period (see 42 Code of Federal Regulations (CFR) § 8)
- Detoxification or substance abuse counseling services that are provided by electronic means (e.g., telemedicine, e-mail, or telephone)

Effective January 1, 2011, the following SUD services procedure codes will be a benefit of Texas Medicaid:

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<th>Procedure Codes</th>
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<td>H0016</td>
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<td>H0031</td>
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<td>H2035</td>
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<td>S9445</td>
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Procedure codes H0016, H0031, H0032, H0047, H0050, H2017, H2035, and S9445 may be reimbursed to a CDTF.

**Ambulatory (Outpatient) Detoxification**

Ambulatory (outpatient) detoxification (procedure code H0016) requires prior authorization and is appropriate when the client’s medical needs do not require close monitoring.

Procedure codes H0016, H0050 and S9445 must be used when billing for ambulatory (outpatient) detoxification along with modifier HF.

Ambulatory (outpatient) detoxification is limited to once per day. Ambulatory (outpatient) detoxification is not a stand-alone service and must be provided in conjunction with ambulatory substance use treatment services.

Procedure code H0050 will only be reimbursed once a day, regardless of the time spent with the client.
Ambulatory (outpatient) detoxification (procedure codes H0050 and S9445) will be denied if billed without procedure code H0016.

Residential Detoxification

Residential detoxification (procedure code H2017) requires prior authorization. Residential detoxification is appropriate when a client’s medical needs do not warrant acute inpatient hospital admission, but the severity of the anticipated withdrawal requires close monitoring.

Medically supervised hospital inpatient detoxification is appropriate when one of the following criteria is met:

- The client has complex medical needs or complicated comorbid conditions that necessitate hospitalization for stabilization.
- The services that are provided to a client are incidental to other medical services that are provided as a part of an acute care hospital stay.

Procedure code H0031, H0032, H0047, H2017, or S9445 must be used when billing for residential detoxification along with modifier HF.

Residential detoxification (procedure code H0031, H0032, H2017, or S9445) is limited to once per day.

Procedure code H2017 will only be reimbursed a flat fee once a day, regardless of the time spent with the client.

Residential detoxification (procedure codes H0031, H0032, H0047, or S9445) will be denied if billed without procedure code H2017.

Room and board for residential detoxification (procedure code H0047) is limited to once per episode of care. Procedure code H0047 may be reimbursed for clients who are 21 years of age and older as an access based fee. For clients who are 20 years of age and younger, procedure code H0047 should be billed as an informational detail.

Residential Treatment

Residential treatment (procedure code H2035) may be a benefit of Texas Medicaid when provided by a CDTF in a residential facility.

Residential treatment requires prior authorization and may be authorized for up to 35 days per episode of care, with a maximum of two episodes of care per rolling six-month period and four episodes of care per rolling year (12 months from the date of service).

Residential treatment services include counseling and psychoeducation.

Residential treatment must be billed using procedure codes H0047 and H2035 along with modifier HF.

Residential treatment (procedure code H2035) is limited to once per day.

Residential treatment procedure code H0047 will be denied if billed without procedure code H2035.

Prior Authorization Requirements

Prior authorization is required for the following services:
- Ambulatory (outpatient) detoxification services
- Residential detoxification services
- Residential treatment services

Prior authorization for ambulatory or residential detoxification or treatment services will not be issued for clients who are 13 years of age and younger unless the request is accompanied by a waiver from the Department of State Health Services (DSHS) Regulatory and Licensing Division.

Authorization will be considered for the least restrictive environment appropriate to the client's medical need as determined in the client's plan of care and based on national standards.

Providers must submit the appropriate prior authorization request form for the initial or continuation of ambulatory (outpatient) or residential detoxification treatment and residential treatment services.

Providers must submit one of the following forms to obtain prior authorization:

- Ambulatory (outpatient) Detoxification Authorization Request Form
- Residential Substance Abuse Treatment Authorization Request Form
- Residential Detoxification Authorization Request Form

Effective December 17, 2010, the authorization forms will be available on the TMHP website at [www.tmhp.com](http://www.tmhp.com) under Texas Medicaid/Forms.

The primary procedure code (H0016, H2017, or H2035) must be documented on the prior authorization request form.

The prior authorization procedure to follow depends on the program in which the client is enrolled, as shown in the following table:

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<tr>
<th>Program</th>
<th>Prior Authorization Process</th>
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| Fee-for-Service | Prior authorization requests for substance use disorder services may be submitted to the TMHP Prior Authorization Unit on the TMHP website, by fax at 512-514-4211 or by mail to:  
Texas Medicaid & Healthcare Partnership
TMHP Prior Authorization Department
12357-B Riata Trace Parkway, Suite 150
Austin TX 78727  
Providers may contact the TMHP Prior Authorization Unit by telephone at 1-800-213-8877, Option 2, to obtain information about substance use disorder benefits, the prior authorization process, or the status of a prior authorization request. Prior authorization for substance use disorder services cannot be obtained through this line.  
Requests for a continuation of services must be received on or before the last day that was authorized or denied. When the TMHP Prior Authorization Unit notifies the provider by fax and the date of the determination letter is on or after the last date authorized or denied, the request for continuation is due by 5:00 p.m., Central Time of the next business day. |
Program | Prior Authorization Process
---|---
| Requests for a continuation of services will be denied if they are not received on or before the last day of the current authorization period. Online prior authorization requests for substance use disorder services are not currently available. Providers will be notified in a future notification when prior authorization requests for substance use disorder services can be submitted online.

| PCCM | Authorization for PCCM urgent or emergent inpatient detoxification services must be obtained before submission of the claim. Scheduled PCCM inpatient admissions for detoxification require authorization before admission. Prior authorization requests for PCCM clients may be submitted to the PCCM Outpatient Prior Authorization Department on this website, by telephone at 1-888-302-6167, or by fax at 1-512-302-5039.

| STAR and STAR+PLUS | Generally, prior authorization and extensions for Medicaid managed care clients in STAR or STAR+PLUS are handled by the client’s health plan. Contact the client’s health plan for more information. Prior authorization is not required for substance use disorder services for dual eligible clients enrolled as STAR PLUS MQMBs.

The following sections define the admission and continued stay criteria for ambulatory (outpatient) detoxification, residential detoxification, and residential treatment.

**Admission Criteria for Ambulatory (Outpatient) Detoxification**

To be considered eligible for treatment in an ambulatory detoxification service, a client must meet the following conditions:

**Chemical substance withdrawal**

- The individual is expected to have a stable withdrawal from alcohol or drugs
- The diagnosis must meet the criteria for the definition of substance (chemical) dependence, as detailed in the most current revision of the ICD-9-CM, or the most current revision of the *Diagnostic and Statistical Manual for Professional Practitioners*, accompanied by evidence that some of the symptoms have persisted for at least one month or have occurred repeatedly over a longer period of time.

**Medical functioning**

The client must meet all of the following criteria:

- No history of recent seizures or past history of seizures during withdrawal.
- No clinical evidence of altered mental state as manifested by disorientation to self, alcoholic hallucinations, toxic psychosis, or altered level of consciousness (clinically significant obtundation, stupor, or coma).
- The symptoms are due to withdrawal and not due to a general medical condition. Absence of any presumed new asymmetric or focal findings (i.e., limb weakness, clonus, spasticity, unequal pupils, facial asymmetry, eye ocular movement paresis, papilledema, or localized cerebellar dysfunction, as reflected in asymmetrical limb coordination).
• Stable vital signs as interpreted by a physician. The client must also be without a previous history of complications from acute chemical substance withdrawal and judged to be free of a health risk as determined by a physician.

• No evidence of a coexisting serious injury or systemic illness either newly discovered or progressive in nature.

• Absence of serious disulfiram-alcohol (Antabuse) reaction with hypothermia, chest pains, arrhythmia, or hypotension.

• Clinical condition that allows for a comprehensive and satisfactory assessment.

Family, social, academic dysfunction
The client must meet at least one of the following criteria with regards to family, social, and academic dysfunction:

• The client's social system and significant other(s) are supportive of recovery to the extent that the client can adhere to a treatment plan and treatment service schedules without substantial risk of reactivating the client's addiction.

• The client's family or significant other(s) are willing to participate in the ambulatory (outpatient) detoxification treatment program.

• The client may or may not have a primary or social support system to assist with immediate recovery, but the client has the social skills to obtain such a support system or to become involved in a self-help fellowship.

• The client does not live in an environment where licit or illicit mood altering substances are being used.

Emotional and behavioral status
The client must meet all of the following criteria with regards to emotional and behavioral status:

• Client is coherent, rational, and oriented for treatment.

• The mental state of the client does not preclude the client's ability to comprehend and understand the materials presented, and the client is able to participate in the ambulatory detoxification treatment process.

• Documentation exists in the medical record that the client expresses an interest to work toward ambulatory detoxification treatment goals.

• Client has no neuropsychiatric condition that places client at imminent risk of harming self or others (e.g. pathological intoxication or alcohol idiosyncratic intoxication).

• Client has no neurological, psychological, or uncontrolled behavior that places the client at imminent risk of harming self or others (depression, anguish, mood fluctuations, overreactions to stress, lower stress tolerance, impaired ability to concentrate, limited attention span, high level of distractibility, negative emotions, or anxiety).

• Client has no documented DSM-IV axis I condition or disorder that, in combination with alcohol or drug use, compounds a pre-existing or concurrent emotional or behavioral disorder and presents a major risk to the client.
• The client has no mental confusion or fluctuating orientation.

Chemical substance use

The client must meet the criteria in at least one of the following conditions for recent chemical substance use:

• The client’s chemical substance use is excessive, and the client has attempted to reduce or control it but has been unable to do so (as long as chemical substances are available).

• The client is motivated to stop using alcohol or drugs and is in need of a supportive structured treatment program to facilitate withdrawal from chemical substances.

Continued Stay Criteria for Ambulatory (Outpatient) Detoxification

A client is considered eligible for continued stay in the ambulatory detoxification treatment service when the client meets at least one of the conditions for either chemical substance withdrawal or psychiatric or medical complications.

Prior authorization for ambulatory (outpatient) treatment services beyond the annual limitation of 135 hours of group services and 26 hours of individual services per calendar year, may be considered for clients who are 20 years of age and younger with documentation from a physician (who does not need to be affiliated with the CDTF) of the supporting medical necessity for continued treatment services. Requests must be submitted before providing the extended services.

The documentation must include the following information:

• The client is meeting treatment goals.

• The client demonstrates insight and understanding into relationship with mood altering chemicals, but continues to present with issues addressing the life functions of work, social, or primary relationships without the use of mood-altering chemicals.

• One of the following:
  o Although physically abstinent from chemical substance use, the client remains mentally preoccupied with such use to the extent that the client is unable adequately to address primary relationships or social or work tasks. Nevertheless, there are indications that, with continued treatment, the client will effectively address these issues.
  
o Although other psychiatric or medical complications exist that affect the client’s treatment, documentation exists that the client continues to show treatment progress and that there is evidence to support the benefits of continued treatment.

Chemical substance withdrawal

• Client, while physically abstinent from chemical substance use, is exhibiting incomplete stable withdrawal from alcohol or drugs, as evidenced by psychological and physical cravings.

• Client, while physically abstinent from chemical substance use, is exhibiting incomplete stable withdrawal from alcohol or drugs, as evidenced by significant drug levels.

Psychiatric or medical complications
• Documentation in the medical record indicates an intervening medical or psychiatric event that was serious enough to interrupt ambulatory detoxification treatment, but also that the client is again progressing in treatment.

**Admission Criteria for Residential Detoxification**

Detoxification services may be authorized for up to 21 days. The level of service and number of days authorized will be based on the substance(s) of abuse, level of intoxication and withdrawal potential, and the client's medical needs.

Requests for detoxification services for clients who are 20 years of age and younger and who need more than 21 days of residential detoxification require Medical Director review with documentation of medical necessity from a physician familiar with the client.

Clients are eligible for admission to a residential detoxification service when they have failed two previous individual treatment episodes of ambulatory (outpatient) detoxifications or when they have a diagnosis that meets the criteria for the definition of chemical dependence, as detailed in either the most current revision of the ICD-9-CM, or the most current revision of the *Diagnostic and Statistical Manual for Professional Practitioners*.

In addition, the client must meet at least one of the following criteria for chemical substance withdrawal, major medical complication, or major psychiatric illness for admission to residential treatment for detoxification:

**Chemical substance withdrawal**

• Impaired neurological functions as evidenced by:
  - Extreme depression (e.g., suicidal).
  - Altered mental state with or without delirium as manifested by disorientation to self; alcoholic hallucinosis, toxic psychosis, altered level of consciousness, as manifested by clinically significant obtundation, stupor, or coma.
  - History of recent seizures or past history of seizures on withdrawal.
  - The presence of any presumed new asymmetric and/or focal findings (i.e., limb weakness, clonus, spasticity, unequal pupils, facial asymmetry, eye ocular movement paresis, papilledema, or localized cerebellar dysfunction, as reflected in asymmetrical limb incoordination).
  - Unstable vital signs combined with a history of past acute withdrawal syndromes that are interpreted by a physician to be indication of acute alcohol or drug withdrawal.
  - Evidence of coexisting serious injury or systemic illness, newly discovered or progressive.
  - Clinical condition (e.g., agitation, intoxication, or confusion) that prevents satisfactory assessment of the above conditions and indicates placement in residential detoxification service may be justified.
  - Neuropsychiatric changes of such severity and nature that they put the client at imminent risk of harming self or others (e.g., pathological intoxication or alcohol idiosyncratic intoxication, etc.).
Serious disulfiram-alcohol (Antabuse) reaction with hypothermia, chest pains arrhythmia, or hypotension.

Major Medical Complications
The individual must present a documented condition or disorder that, in combination with alcohol or drug use, presents a determined health risk (e.g., gastrointestinal bleeding, gastritis, severe anemia, uncontrolled diabetes mellitus, hepatitis, malnutrition, cardiac disease, hypertension, etc.).

Major psychiatric illness
The client must meet at least one of the following conditions with regards to major psychiatric illness:

- Documented DSM III-R AXIS I condition or disorder that, in combination with alcohol or drug use, compounds a preexisting or concurrent emotional or behavioral disorder and presents a major risk to the individual.
- Severe neurological and psychological symptoms: (e.g., anguish, mood fluctuations, overreactions to stress, lowered stress tolerance, impaired ability to concentrate, limited attention span, high level of distractibility, extreme negative emotions, or extreme anxiety).
- Danger to others or homicidal.
- Uncontrolled behavior that endangers self or others, or documented neuropsychiatric changes of a severity and nature that place the individual at imminent risk of harming self or others.
- Mental confusion or fluctuating orientation.

Continued Stay Criteria for Residential Detoxification
Eligibility for continued stay for residential detoxification services is based on the client meeting at least one of the criteria for chemical substance withdrawal, major medical complications, or major psychiatric complications.

Chemical substance withdrawal
Incomplete medically stable withdrawal from alcohol or drugs, as evidenced by documentation of at least one of the following conditions:

- Unstable vital signs.
- Continued disorientation.
- Abnormal laboratory findings related to chemical dependency.
- Continued cognitive deficit related to withdrawal so that the client is unable to recognize alcohol or drug use as a problem.
- Laboratory finding that, in the judgment of a physician, indicates that a drug has not sufficiently cleared the client's system.

Major Medical Complications
Documentation in the medical record must indicate that a medical condition or disorder (e.g., uncontrolled diabetes mellitus) continues to present a health risk and is actively being treated.
Major Psychiatric Complications

The client must meet at least one of the following:

- Documentation in the medical record that a DSM III-R AXIS I psychiatric condition or disorder that, in combination with alcohol or drug use, continues to present a major health risk, is actively being treated.
- Documentation in the medical record that severe neurological or psychological symptoms have not been satisfactorily reduced but are actively being treated.

Admission Criteria for Residential Treatment

The diagnosis meets the criteria for the definition of chemical dependence, as detailed in the most current revision of the ICD-9-CM, or the most current revision of the Diagnostic and Statistical Manual for Professional Practitioners, accompanied by evidence that some of the symptoms have persisted for at least one month or have occurred repeatedly over a longer period of time.

Clients must meet the following conditions in order to receive treatment in a residential treatment service program:

Medical functioning

The following must be present for medical functioning:

- Documented medical assessment following admission (except in instances where the client is being referred from an inpatient service) indicates that the client is medically stable and not in acute withdrawal.
- The client is not bed-confined and has no medical complications that would hamper participation in the residential service

Family, Social, or Academic Dysfunction and Logistic Impairments

At least one of the following must be present for family, social, or academic dysfunction and logistic impairment:

- The client manifests severe social isolation or withdrawal from social contacts.
- The client lives in an environment (social and interpersonal network) in which treatment is unlikely to succeed (e.g., a chaotic family dominated by interpersonal conflict, which undermines client's efforts to change).
- Client's family or significant other(s) are opposed to the client's treatment efforts and are not willing to participate in the treatment process.
- Family members or significant other(s) living with the client manifest current chemical dependence disorders and are likely to undermine treatment.
- Logistic impairments (e.g., distance from treatment facility or mobility limitations) preclude participation in a partial hospitalization or ambulatory (outpatient) treatment service.

Emotional and Behavioral Status

The client must meet all three of the following criteria for emotional and behavioral status:

- Client is coherent, rational, and oriented for treatment.
• Mental state of the client does not preclude the client's ability to comprehend and understand the materials presented and participate in rehabilitation or treatment process.

• The medical record contains documentation that with continued treatment the client will be able to improve or internalize the client's motivation toward recovery within the recommended length of stay time frames (e.g., becoming less defensive, verbalizing, and working on alcohol or drug related issues). Interventions, treatment goals, or contracts are in place to help the client deal with or confront the blocks to treatment (e.g., family intervention or employee counseling confrontation).

Chemical Substance Use

The client must meet at least one of the following criteria for chemical substance use:

• The client's chemical substance use is excessive, and the client has attempted to reduce or control it but has been unable to do so (as long as chemical substances are available).

• Virtually all of the client's daily activities revolve around obtaining, using, or recuperating from the effects of chemical substances, and the client requires a secured environment to control the client's access to chemical substances.

Clients who are 13 through 17 years of age must meet all above conditions and the following conditions in order to receive treatment in an adolescent residential treatment service program.

• At the maturation level, the adolescent client must meet both of the following criteria:
  o The client is assessed as manifesting physical maturation at least in middle adolescent range (i.e., post-pubescent; not growth-retarded).
  o The history of the adolescent reflects cognitive development of at least 11 years of age.

• The adolescent client must display at least one of the following with regards to developmental status:
  o Documented history of inability to function within the expected age norms despite normal cognitive and physical maturation (e.g., refusal to interact with family members, overt prostitution, felony, or other criminal charges).
  o A recent history of moderate to severe conduct disorder, as defined in the Diagnostic and Statistical Manual for Professional Practitioners, or impulsive disregard for social norms and rights of others.
  o Documented difficulty in meeting developmental expectations in a major area of functioning (e.g., social, academic, or psychosexual) to an extent that interferes with the capacity to remain behaviorally stable.

Continued Stay Criteria for Residential Treatment

At least one of the following conditions must be present for continued stay in a residential treatment program:

• Chemical dependency rehabilitation or treatment complications:
The client recognizes or identifies with the severity of the alcohol or drug problem but demonstrates minimal insight into the client’s defeating the use of alcohol or drugs. However, documentation in the medical record indicates that the client is progressing in treatment.

The client identifies with the severity of the alcohol or drug problem and manifests insight into the client’s personal relationship with mood-altering chemicals, yet does not demonstrate behaviors that indicate the development of problem-solving skills that are necessary to cope with the problem.

The client would predictably relapse if moved to a lesser level of care.

- Psychiatric or medical complications:
  - Documentation in the medical record indicates an intervening medical or psychiatric event that was serious enough to interrupt rehabilitation or treatment, but the client is again progressing in treatment.
  - Documentation in the medical record indicates that the client is being held pending an immediate transfer to a psychiatric, acute medical service, or inpatient detoxification alcohol or drug service.

**Reimbursement Limitations**

Ambulatory (outpatient) treatment (procedure codes H0004 and H0005) will be denied if billed on the same date of service as residential detoxification procedure codes H0031, H0032, H0047, H2017 or residential treatment procedure code H2035.

Medication assisted therapy (procedure codes H0020 and H2010) will be denied as part of another service when billed for the same date of service as procedure codes H0016, H0031, H0032, H0047, H0050, H2017, H2035, or S9445.