Comments for Chapter: 504 Substance Use Disorder

Effective Date: 10/1/2021

Number	Date Received	Comment	Status Result
1	1/5/2021	*still too many units per day except in very unusual circumstances* (regarding policy section: **Service Limits:** 16 units per Calendar Day)	This was negotiated with CMS to require 16 units per day prior to the Special Terms and Conditions, no modification required
2	1/5/2021	*this is a great addition, regarding supervision/oversight in the recovery housing* Regarding policy section: Providers should ensure that the services that are delivered are based upon the service definition of the procedure code that is being billed. Individuals may fulfill several roles such as PRSS, Supportive Counseling, TCM or paraprofessional but the definition of the service code needs to be the focus. Furthermore, providers must safeguard situations where dual role employees are not subjected to ethical conflicts or boundary issues that arise from possible dual relationships. PRSS services are not used for oversight, supervision or monitoring of individuals living in sober living residence or recovery homes.)	No modification required.
3	1/5/2021	*love this addition too!! there is no excuse for regular use of 16 units per day* Regarding policy section: Although there is a maximum of four hours (16 units) or daily PRSS services permitted, higher number units of billing should be a rare exception and justification for this duration will have to be well documented. Members requiring consecutive daily use of large number of units should be reassessed for the need for a higher level of care. This assessment should be documented in the member's file in clear terms with evidence of participation by the clinical supervisor.)	No modification required.

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4	1/5/2021	*also a great addition. Agree that the PRSS should not be billing while the member is attending to another speaker or AA/NA/SMART attendee! I feel you should add worship services for the sake of clarity***.** Regarding policy section: Peer recovery support services may not be provided during the same time/at the same place as any other direct support Medicaid service. TCM is the only service that can be billed as it is an indirect service. Peer recovery support services may be provided in any location *except* at the PRSS' home and location of service must be completed in a safe, harm-free environment that maintains confidentiality. Furthermore, PRSS services cannot occur during transportation of a member or during other recovery services such as group recovery meetings. A fundamental feature of peer recovery support is that the services are provided in the natural environment as much as possible with a primary PRSS developing rapport and a good recovery relationship. Telehealth may be utilized for these services and must follow all West Virginia Medicaid guidelines	No modification required.
5	1/5/2021	agree that this is necessary in order to create a true profession that is self regulating and has ethical standards and job role clarity. Regarding policy section: Beginning October 1, 2022, BMS will require the WVCBAPP Peer Recovery certification as credentials for all existing and new PRSS to be reimbursed for PRSS services. BMS will terminate its own certification process on September 30, 2022 and only those individuals' possessing the WVCBAPP's Peer Recovery certification on October 1, 2022 will be eligible for reimbursement.	No modification required.
6	1/5/2021	hopefully this addition will add direction and clarity to the activities of the PRSS.	No modification required.

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		Regarding policy section: Recovery Plan: If there is a Service Plan, PRSS intervention should be reflective as a goal and/or objective on the plan. The progress note must include the reason for the service, symptoms and functioning of the member, and the member's response to the intervention and/or treatment. Mental health service plan development can be found in Section 503.16.1, Chapter 503, Licensed Behavioral Health Centers policy manual. If clinical services have been terminated but recovery services continue, a recovery plan/strategery is developed to reflect recovery goals and objectives This should include determining wellness markers, recognizing triggers, determining warning signs and managing crisis. PRSS should be able to recognize signs of relapse and assist in making appropriate referrals to clinical services if relapse occurs. This recovery plan must be signed by the member, the PRSS and their immediate supervisor and reviewed/updated on a 90-day basis.	
7	1/5/2021	"at what point is the MCO notified of disciplinary action taken by the ethics committee? this will be something that NCQA would expect us to be tracking, I would imagine". Regarding policy section: Certification may be suspended during the investigation of a complaint, depending on the severity of the complaint. Reeducation or corrective action may be required as determined by the Peer Recovery Support Services Unit in its sole discretion. The complainant will be notified at the completion of the investigation but will not receive notification of the actions taken. All ethics complaints and grievances will be shared and transitioned to the board of WVBCAPP. An ethics complaint should never take the place of notifying law enforcement or other authority. Appeals Procedures An individual desiring to appeal a decision regarding certification or recertification status must do so in writing, addressed to the President of the West Virginia Certification Board for Addiction and Prevention Professionals within 30 days of the postmark of	BMS will develop with the WVCBAPP a report to notify MCOs about suspension with PRSS certification. No modification to policy.

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		The announcement of the certification status being appealed. This letter must include the following: •The specific decision being appeared •The outcome desired •The justification for the outcome The review committee will review the appeal and all appropriate data. The committee will respond to the appeal letter within 30 days with a letter clearly stating the action taken by the review committee regarding the outcome. Please refer to Chapter 504, Appendix A Documentation for Peer Recovery Support Specialist Services as a	
8	1/5/2021	The changes to Section 504.13 add First Day of Service code 90791 to allow billing for Psychiatric Diagnostic Evaluation of new patients on the first day of service separate from the bundled weekly rate. This is consistent with the comment made by the Bureau for Medical Services ("BMS") when it approved adding Methadone MAT to the services it covered and the commitment BMS made in discussions earlier this year. Acadia commends BMS for this change	No modification required.
9	1/5/2021	Acadia has only one request for a change to Section 504.13. It is Acadia's understanding that the First Day of Service code 90791 can be billed for services effective August 12, 2020. The manual does not clarify that the service code can be billed retroactively for services beginning August 12, 2020 as opposed to the effective date of the manual update. Acadia requests that this effective date be added to the manual.	The OTP contract in the system reflect the August 12th 2020 effective date, however since other section of the policy were affected by updates the effective date of the policy is October 1st 2020. No modification required.
10	1/12/2021	**Include Definitions for All FDA-approved Drugs for Medication Assisted Treatment of Opioid Use Disorder** Chapter 504 defines some but not all drugs approved by the federal Food and Drug Administration (FDA) for medication-assisted treatment (MAT) of	No modification required; Pharmacy department is responsible for definition of medication.

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		opioid use disorder (OUD). We recommend the state define all FDA-approved MAT drugs, including buprenorphine and naltrexone, so that patients, health care professionals and stakeholders recognize State of West Virginia alignment with contemporary scientific evidence in OUD treatment. Consistent with other drug definitions in Section 504, we recommend BMS add the following definitions at the appropriate points: **Buprenorphine:** A partial opiate agonist that prevents the effects of full opiate agonists including respiratory depression, sedation and hypotension. Sold as generic buprenorphine/naloxone sublingual tablets sublingual films and under the following brand names: Subutex® (buprenorphine sublingual tablets), Suboxone® (buprenorphine/naloxone sublingual films), Zubsolv® (buprenorphine/naloxone sublingual tablets), Bunavail® (buprenorphine/naloxone buccal film), and Sublocade® (buprenorphine extended-release injection). **Naltrexone:** A drug that antagonizes morphine and other opiates. Naltrexone is a pure opiate antagonist and prevents or reverses the effects of opioids including respiratory depression, sedation and hypotension. Sold under the brand name of Vivitrol®. We further recommend the state revise the Chapter 504 definition of methadone for clarity and consistency as follows: **Methadone:** A synthetic opiate. A long-acting opioid agonist which reduces opioid craving and withdrawal and blunts or blocks the effects of opioids	

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11	1/12/2021	**Incorporate All Recognized MAT Payment Bundles** Section 504.13 defines one of the several MAT services bundles recognized within the Healthcare Common Procedure Coding System (HCPCS). Since Chapter 504 was last revised, additional HCPCS codes have been developed and implemented for use describing care of patients with OUD by health care professionals and recognized by major health plans including the Medicare program. We recommend to the extent Chapter 504 recognizes MAT services payment bundles, it should recognize them all and indicate by reference where additional bundle descriptions may be found as they are periodically revised. So that West Virginia health care professionals and facilities have convenient access to the most current MAT bundle coding information, and not just one bundle, we recommend BMS consider adding to Chapter 504 the most current services bundle descriptors consistent with the following HCPCS G codes, which are recognized by Centers for Medicare & Medicaid Services (CMS) for MAT services:[2] G2067 Medication assisted treatment, methadone; weekly bundle including dispensing and/or administration, substance use counseling, individual and group therapy, and toxicology testing, if performed (provision of the services by a Medicare-enrolled opioid treatment program) G2068 Medication assisted treatment, buprenorphine (oral); weekly bundle including dispensing and/or administration,	No modification required. Each state can choose HPCS codes, CPT codes and payment methodologies.

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		substance use counseling, individual and group therapy, and toxicology testing if performed (provision of the services by a Medicare-enrolled opioid treatment program) G2069 Medication assisted treatment, buprenorphine (injectable); weekly bundle including dispensing and/or administration, substance use counseling, individual and group therapy, and toxicology testing if performed (provision of the services by a Medicare-enrolled opioid treatment program) G2070 Medication assisted treatment, buprenorphine (implant insertion); weekly bundle including dispensing and/or administration, substance use counseling, individual and group therapy, and toxicology testing if performed (provision of the services by a Medicare-enrolled opioid treatment program) G2071 Medication assisted treatment, buprenorphine (implant removal); weekly bundle including dispensing and/or administration, substance use counseling, individual and group therapy, and toxicology testing if performed (provision of the services by a Medicare-enrolled opioid treatment program) G2072 Medication assisted treatment, buprenorphine (implant insertion and removal); weekly bundle including dispensing and/or administration, substance use counseling, individual and group therapy, and toxicology testing if performed (provision of the services by a Medicare-enrolled opioid treatment program)	

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		G2073 Medication assisted treatment, naltrexone; weekly bundle including dispensing and/or administration, substance use counseling, individual and group therapy, and toxicology testing if performed (provision of the services by a Medicare-enrolled opioid treatment program) G2074 Medication assisted treatment, weekly bundle not including the drug, including substance use counseling, individual and group therapy, and toxicology testing if performed (provision of the services by a Medicare-enrolled opioid treatment program) G2075 Medication assisted treatment, medication not otherwise specified; weekly bundle including dispensing and/or administration, substance use counseling, individual and group therapy, and toxicology testing, if performed (provision of the services by a Medicare-enrolled opioid treatment program) G2076 Intake activities, including initial medical examination that is a complete, fully documented physical evaluation and initial assessment by a program physician or a primary care physician, or an authorized healthcare professional under the supervision of a program physician qualified personnel that includes preparation of a treatment plan that includes the patient's short-term goals and the tasks the patient must perform to complete the short-term goals; the patient's requirements for education, vocational rehabilitation, and employment; and the medical, psycho- social, economic, legal, or other supportive services that a patient needs, conducted by qualified personnel (provision of the services by a	

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		Medicare-enrolled opioid treatment program); list separately in addition to code for primary procedure G2077 Periodic assessment; assessing periodically by qualified personnel to determine the most appropriate combination of services and treatment (provision of the services by a Medicare-enrolled opioid treatment program); list separately in addition to code for primary procedure. G2078 Take-home supply of methadone; up to 7 additional day supply (provision of the services by a Medicare-enrolled opioid treatment program); list separately in addition to code for primary procedure G2079 Take-home supply of buprenorphine (oral); up to 7 additional day supply (provision of the services by a Medicare-enrolled opioid treatment program); list separately in addition to code for primary procedure G2080 Each additional 30 minutes of counseling in a week of medication assisted treatment, (provision of the services by a Medicare-enrolled opioid treatment program); list separately in addition to code for primary procedure.	
12	1/12/2021	**Eliminate Prior Authorization Requirements for MAT, as Recommended by Major National Professional Societies and Stakeholders**	No modification required; this is a responsibility of the Pharmacy department.

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		Section 504.23 notes that MAT services may be subject to prior authorizations (PAs), a barrier to care that impairs patients in need from accessing treatment that their qualified health care professionals recommend. Eliminating barriers to patient access for all forms and formulations of MAT for patients' OUD is supported by the most distinguished professional, scientific and governmental authorities in the field, including the American Society for Addiction Medicine (ASAM) and the American Medical Association (AMA), the National Commission on Correctional Health Care and National Sheriffs Association, and the Centers for Disease Control & Prevention. States surrounding West Virginia have acted to temporarily or permanently eliminate PAs for MAT, including Kentucky, New York, New Jersey, North Carolina, Ohio and Pennsylvania. To ensure patient access to treatment consistent with the most recent and robust standards, and with the practices of surrounding states, we recommend BMS revise Chapter 504 to eliminate PAs for MAT in West Virginia. Thank you for making these provisions open to public comment. Your additional questions and responses are welcome. Please direct them to me at josh.getty@indivior.com	
13	1/13/21	Movement between phases must be clearly documented within the clinical record: Regarding policy section: The medical director or physician who is responsible for the member's MAT is required to move a member from Phase 2 to Phase 1 if there is non-compliance with therapy or urine drug screens. As part of this process, the physician or medical director must request a review of the therapeutic component in terms of effectiveness, relationship to medication adherence, the need for	Modification made: Section 504.13.3 The medical director or physician who is responsible for the member's MAT is required to move a member from Phase 2 to Phase 1 if there is non-compliance with therapy or urine drug

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		treatment adjustments, etc. The medical director or physician/physician extender and the treating clinician will consult on revisions to the treatment plan and therapeutic approach that will be made to potentially improve adherence to the medication regimen.	screens. As part of this process, the physician or medical director must request a review of the therapeutic component in terms of effectiveness, relationship to medication adherence, the need for treatment adjustments, etc. The medical director or physician/physician extender and the treating clinician will consult on revisions to the treatment plan and therapeutic approach that will be made to potentially improve adherence to the medication regimen. Movement between phases must be clearly documented within the clinical record. **Urine drug screen requirements:** Phase 1 members are required to have two random urine drug screens per calendar month. Phase 2 members are required to have one random drug screen per month. In addition to urine screens, the medical director or physician/physician extender is responsible for monitoring alcohol use during treatment and assessing members for alcohol use disorders as appropriate.
14	1/13/21	Might want to add the language from 503.25 Service Exclusions: "any activity provided for the purpose of leisure or recreation" is excluded: Regarding the definition of PRSS in the first section.	Modification made: Section 504.15.1

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			Peer recovery support services may not be provided during the same time/at the same place as any other direct support Medicaid service. TCM is the only service that can be billed as it is an indirect service. Peer recovery support services may be provided in any location ***except*** at the PRSS' home and location of service must be completed in a safe, harm-free environment that maintains confidentiality. Furthermore, PRSS services cannot occur during transportation of a member or during other recovery services such as group recovery meetings. Any peer recovery service provided for the purpose of leisure or recreation is excluded. A fundamental feature of peer recovery support is that the services are provided in the natural environment as much as possible with a primary PRSS developing rapport and a good recovery relationship. Telehealth may be utilized for these services and must follow all West Virginia Medicaid guidelines