

Routine Medical Services in Part 820 Programs

Medical and Clinical Services at Part 820 Programs may be:

1. Included within the Part 820 Per Diem Reimbursement Rate, or
 2. May be outside of the Per Diem and can be billed separately, either by
 - a. The Part 820 Program itself, **IF** the procedure and its associated code has been added to the insurance plan contract for reimbursement purposes,
- OR
- b. Apart from the Part 820 Program by a separate entity.

1. **Medical and Clinical Services within the Part 820 Per Diem Rate.**

These services **may not be billed separately** from the Part 820 treatment service per diem by either the Part 820 program **or** another service provider.

- All - group; individual; and routine care;
- Mental Health assessment and routine care, including treatment for co-occurring addiction/MH disorders;
- Evaluation to determine benefit / need for medication assisted treatment;
- Routine psychiatric services and management, including medication management and monitoring;
- Routine Physical examinations including Health history evaluation / assessment / review (e.g., baseline examinations, medical history reviews); and,
- Medical treatment of mild to moderate withdrawal symptoms, urges and cravings including the medical treatment of physical and mental health conditions to stabilize these conditions.

2. **Medical and Clinical services outside the scope of the Part 820 Stabilization/Rehabilitation Program.**

These services **may be billed separately** from the Part 820 Per Diem to the service recipient's Medicaid Managed care plan or other insurance coverage entity. However, the Part 820 program must contact the specific insurer to have the insurer add the specific procedure code e.g. H0014 to their contract. If the code is not added to the contract it will be denied by the managed care plan.

Then, when submitting the claim for this additional service, the Part 820 stabilization or rehabilitation program would submit the claim utilizing the appropriate **Part 820 rate code AND the additional CPT /HCPC code.**



Routine Medical Services in Part 820 Programs

- Buprenorphine Induction
- Prescriptions –including, but not limited to those associated with medication for supported recovery for opioid and/ or alcohol dependence.
- Acute Physical / Mental Health when provided beyond the description above.

Example One: Individual enters program, begins having cravings. Program's waived prescribing professional provides an Addiction Medication Induction Service to address the cravings.

Example Two: Individual presents with Substance use as primary and LOCADTR qualifying condition for admission with a serious co-occurring eating disorder with significant medical complications that require specific initial / ongoing medical workups/ review to determine severity of initial and ongoing medical complications. This may also apply to mental health services with a trained clinician and potentially nursing or dietary services.

Example Three: Individual is treated for serious wound by PCP with special nursing and medical follow-up to be provided by residential staff to prevent return visits to PCP.

3. Medical and Clinical Treatment services outside the scope of the Part 820 Stabilization / Rehabilitation

These ***may be billed separately*** by another service provider to the service recipient's Medicaid Managed care or other insurance coverage entity. Service delivery and claiming are subject to the certification/claiming laws; rules; regulations and contractual agreements associated with the specific service and delivering provider or program.

- Buprenorphine Induction
- Prescriptions –including, but not limited to those associated with medication for supported recovery for opioid and/ or alcohol dependence.
- Specialty care when clinically indicated (radiology; oncology; etc.)
- Laboratory / toxicology services when delivered off site by a licensed / certified laboratory.
- All acute / emergency specialty / medical care when clinically required.
- Dental services

