

Attention substance use disorder providers

West Virginia | Mountain Health Trust

Wellpoint appreciates the compassion and dedication with which you care for your patients and our members. We also know that the provision of high quality and timely health services for Wellpoint members requires successful collaboration with you, the professionals who care for them. Because timely notifications and detailed information are an important part of successful collaboration, we encourage you to review the following information.

As previously communicated, substance use disorder (SUD) waiver services, with the exception of opioid treatment programs (methadone), transitioned to the Medicaid MCO effective July 1, 2019. As a result, for patients enrolled with Wellpoint, SUD providers will receive prior authorizations (PAs) from and submit billing for services direct to Wellpoint.

PA requests

Wellpoint will review PA requests based on the American Society of Addiction Medicine (ASAM) criteria. Based on ASAM, “Residential levels should formally review progress once a week and more often if the person is quite unstable” (*The ASAM Criteria*, page 110). Wellpoint will authorize up to seven days for ASAM 3.3 level of care or higher. In order to receive authorization decisions before the expiration of a PA, Wellpoint encourages the treatment provider to telephone or fax additional clinical information for a continuing care utilization review (UR) request **before** the last authorization ends.

To avoid delays in processing, please include the servicing provider and facility Tax Identification Number (TIN) and National Provider Identification (NPI) number on all requests.

ASAM resources can be found at:

- <https://www.asam.org/resources/the-asam-criteria/about>.
- https://www.asam.org/docs/default-source/public-policy-statements/1man-care-supplement-3-09.pdf?sfvrsn=d3fcdf24_0.

Billing methodology

To streamline the claims process, and ensure eligible claims are processed accurately and in a timely manner, please review the following:

- SUD claims should be billed on a *HCFA 1500* form.
- SUD services should be billed with bundle code H2036; modifier U1, U3, U5 or U7; and the HF modifier.
- SUD claims should be billed with Place of Service (POS) 55 — Residential Substance Abuse Treatment Facility.

Additional SUD details can be found at:

- [https://dhhr.wv.gov/bms/Programs/WaiverPrograms/Pages/Substance-Use-Disorder-\(SUD\)-Waiver.aspx](https://dhhr.wv.gov/bms/Programs/WaiverPrograms/Pages/Substance-Use-Disorder-(SUD)-Waiver.aspx).
- <https://dhhr.wv.gov/bms/Provider/Documents/Manuals/Chapter%20504%20Substance%20Use%20Disorder%20Services%20Manual.1.12.18%20Final.pdf>.

SUD services provided to Medicaid members who are not enrolled in an MCO will continue to submit requests for authorization and claims through the fee-for-service program.

Questions?

If you have questions about this communication, received it in error or need assistance with any other item, please contact our Customer Care Center at **800-782-0095**.